

**SHANU MOTORS**

"GATA NO- 73A, 73B,  
CSB ROAD", SAURIKH, KANAKMALLI, 22997228, U.P.P, India  
State Code: 9 Contact: 05559126300  
GSTIN No: 09AACPU0195N1ZS  
Associate Dealer: Hero MotoCorp Ltd.

J-5107

**ESTIMATE**

Estimate No.	22718-02-REST-1225-34	Date	22-12-2025
Customer Name	AJMER SINGH	Contact No.	99558084956
VIN	MBLHAW489SHGJ5060	Model	SPLENDOR +
Insurance Company	THE ORIENTAL INSURANCE CO LTD	Reg No.	UP74AP9205
HMCGL Card No		HMCGL Card Category	
Part Details			

S No	Part Number	HBN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	80100AAE300S -FENDER COMPLETE REAR	8270410190	Paid	796.00	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
2	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
3	ADHMS6A0030BBGS -VISOR FRONT NH-1(T2)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
4	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	463.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
5	61100KST940ZAS -FENDER COMPLETE FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
6	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	366.80
7	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
8	37100ADHB3099S -METER ASSEMBLY COMB	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
9	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
10	K42426AAED230S -KIT WHEEL COMP REAR	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
<b>Parts Total</b>											0.00	12,122.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	309011 - FORK COMP FRONT LH (Dismantle/ Assemble )- SPLENDOR +	998729	Paid	159.00	9.00	9.00	0.00	0.00	0.00	0.00	187.62	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00	
3	309001 - FORK COMP FRONT RH (DISMANTLE/ ASSEMBLE )- SPLENDOR +	998729	Paid	159.00	9.00	9.00	0.00	0.00	0.00	0.00	187.62	
4	307018 - STEM STEERING ALIGNMENT-SPLENDOR +	998729	Paid	267.00	9.00	9.00	0.00	0.00	0.00	0.00	315.06	
5	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00	
<b>Jobs Total</b>											0.00	4,820.30

Parts Total	12,122.00
Labour Total	4,820.30
SGST (Parts) 9%	934.566
CGST (Parts) 9%	934.566
SGST (Labour) 9%	367.85
CGST (Labour) 9%	367.85

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / द्वयका सूचना पत्र.

Sir / महोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे  
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	AJMER SINGH S/O RAM NARESH 9695908156
2	Vehicle No. / वाहन संख्या	UP74AB205 / UP74AP9205
3	Policy No. / पालिसी संख्या	252400/34/2026/46928
4	Period of Insurance / बीमा अवधि	19/10/2025 TO 18/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/12/2025 09:00 AM
6	Place of Accident / दुर्घटना का स्थान	TADARAYPUR ME
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRANSHU S/O VIMLESH KUMAR UP7420250003074
8	Estimated Loss / अनुमानित हानि	20,000/-
09	Cause of Accident / दुर्घटना का कारण	मेरे चाचा का लड़का प्रान्शु मेरी गाडी से सोखिब जा रहा था रास्ते में तडारायपुर में नादेमऊ की तरफ से तेजरफ्तार पिकअप ने पीछे से टक्कर मार दी जिससे मेरी गाडी दक्षिणतः होकर दूर जा गिरी। इस घटना में कोई जनहानि नहीं हुयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल फ़ोन नं.	SHANU MOTORS C.S.B ROAD, SAURIKH, KANNAU 8896873786

Date / दिनांक : 20/12/2025  
हस्ताक्षर

अजमेर सिंह  
Signature of Insured / बीमाधारक के

22 December 2025 6:07 pm



The Oriental Insurance Company Limited  
 (Incorporated in India, subsidiary of General Insurance Corporation of India)  
 Regd. Office: Oriental House, P.B. No. 7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/46928

Tel. No. \_\_\_\_\_

Period of Insurance 19/10/2025 TO 18/10/2026  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

1. INSURED  
 (a) Name : ATMER SINGH Sp RAM NARESH  
 (b) Address for correspondence : NAGLA TEJ, SARAI THEKU, KANNAWJ. UP  
 (c) Telephone : 9695908156

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOR CORP</u> <u>SPL+</u>	Engine No. <u>HJJF7SHGK4696</u>	Registration No. <u>UP74AP</u>
	Chassis No. <u>MBLHAW489SHJ5060</u>	<u>9205</u>

(a) Was the vehicle in proper working condition? YES  
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter NO  
 1. Was a side-car attached? NO  
 2. Was a pillion rider carried? NO

ii. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

(a) Registered laden weight : \_\_\_\_\_  
 (b) Unladen Weight : \_\_\_\_\_  
 (c) Weight of goods carried/Load Challan No. : \_\_\_\_\_  
 (d) Nature of permit : NA  
 (e) Nature of goods carried : \_\_\_\_\_  
 (f) Was the vehicle plying for hire : \_\_\_\_\_  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : PRANSHU S/O VIMLESH KUMAR  
 (b) Age : 11-11-2006  
 (c) Address : NAGLA TEJ, SARAI THERU, KANNAUJ, UP  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : RELATIVE / BROTHER  
 (e) If paid driver, how long has he been in your employment : NO  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP7420250003074  
 (h) Issuing Authority : ARTO KANNAUJ  
 (i) Date of Expiry : 10-11-2046  
 (j) Was the licence temporary/permanent : PERMANENT  
 (k) Details of endorsement/suspension, if any : NO  
 (l) Has he been involved in any accident before?: NO  
 (m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 19/12/2025 09:00 AM  
 (b) Place : TADARAIPUR  
 (c) Speed of vehicle at the time of accident : 50-60 km/hr  
 (d) Give a short description of the accident : मेरे चाचा को लडका मारा गाड़ी से सोरिब जा रहा था  
 (e) If any third party was responsible for this accident give the name and address : रास्ते में हजारायपुर में नादमऊ की लूट से तेजरप्तार पिकअप ने पीट से टक्कर मार दी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : BACK / FRONT / LEFT / RIGHT  
 (b) Estimated cost of repairs : 20,000/-  
 (c) When and where can the damaged vehicle be inspected : SHANU MOTORS SAURIKH

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :  
 (b) Address : NA  
 (c) Full Details of personal injury sustained :  
 (d) Name and address of any person/hospital giving medical attention to injured person : NA  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? \_\_\_\_\_
- (b) If yes, give full details \_\_\_\_\_ NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? \_\_\_\_\_ NA
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_
- (d) If yes, to which Police Station? \_\_\_\_\_
- (e) Date and Diary No. \_\_\_\_\_ NA

10. THEFT

- (a) Date and Time \_\_\_\_\_
- (b) Place \_\_\_\_\_
- (c) What was stolen? \_\_\_\_\_
- (d) Estimated cost of replacement? \_\_\_\_\_
- (e) By whom discovered and reported? \_\_\_\_\_
- (f) Has theft been reported to Police? \_\_\_\_\_
- (g) When? \_\_\_\_\_
- (h) Which Policy Station? \_\_\_\_\_
- (i) C.R. diary Number \_\_\_\_\_

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 20/12/2025

अजमेर सिंह  
Signature of the insured

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 200 \_\_\_\_\_  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_  
(In words Rupees \_\_\_\_\_)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UP74AP9205 insured under Policy No. 46928 of  
the said company and accident which occurred on or about \_\_\_\_\_ I/We give  
the discharge receipt to the Company in full and final settlement of all my/our claims  
present of future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

315/1212  
One Rupee  
Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature AJMER SINGH SH RAMNARE  
Occupation FARMER  
Address NAGLA TEJ. SARAI  
THEKU, KANNAUJ  
UP, 209728

Bank Account Number 760718210019983  
Name of the Bank BANK OF INDIA  
IFSC CODE - BKID0007607  
MICR CODE - 209013522





**Indian Union Driving Licence  
Issued by Uttar Pradesh**



**UP74 20250003074**



Issue Date: 02-04-2025    Validity (NT): 10-11-2046    Validity (TR):



PRANSHU  
Holder's Signature

Date of First Issue: 02-04-2025

Name: **PRANSHU**  
 Date of Birth: **11-11-2006**    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **VIMLESH KUMAR**  
 Address:  
**NAGLA TEJ SARAI THEKU KANNAUJ  
 CHHIBRAMAU, KANNAUJ, UP 209728**

**DL No: UP74 20250003074**

**UPDL741000094642**



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*    Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP74	02-04-2025	NT				
LMV	UP74	02-04-2025	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number


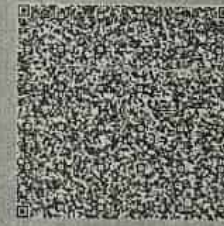
Licensing Authority  
**UP74 KANNAUJ**

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ई- स्थायी लेखा संख्या कार्ड  
e - Permanent Account Number (e-PAN) Card  
ULJPS7126B

नाम / Name	AJMER SINGH	
पिता का नाम / Father's name	RAM NARESH	
जन्म की तारीख / Date of Birth	01/01/1980	
लिंग / Gender	Male	
		Signature Not Verified Digitally signed by Income Tax Deptt. Date: 2025.12.19 04:00:14 IST
हस्ताक्षर / Signature		

- ✓ Permanent Account Number (PAN) facilitate Income Tax Department linking of various documents, including payment of taxes, assessment, tax demand tax arrears, matching of information and easy maintenance & retrieval of electronic information etc. relating to a taxpayer.  
स्थायी लेखा संख्या (पैन) एक करदाता से संबंधित विभिन्न दस्तावेजों को जोड़ने में आयकर विभाग को सहायक होता है, जिसमें करों के भुगतान, आकलन, कर मांग, टैक्स बकाया, सूचना के मिलान और इलेक्ट्रॉनिक जानकारी का आसान रखरखाव व बहाली आदि भी शामिल है।
- ✓ Quoting of PAN is now mandatory for several transactions specified under Income Tax Act, 1961 (Refer Rule 114B of Income Tax Rules, 1962)  
आयकर अधिनियम, 1961 के तहत निर्दिष्ट कई लेनदेन के लिए स्थायी लेखा संख्या (पैन) का उल्लेख अब अनिवार्य है (आयकर नियम, 1962 के नियम 114B, का संदर्भ लें)
- ✓ Possessing or using more than one PAN is against the law & may attract penalty of upto Rs. 10,000.  
एक से अधिक स्थायी लेखा संख्या (पैन) का रखना या उपयोग करना, कानून के विरुद्ध है और इसके लिए 10,000 रुपये तक का दंड लगाया जा सकता है।
- ✓ The PAN Card enclosed contains Enhanced QR Code which is readable by a specific Android Mobile App. Keyword to search this specific Mobile App on Google Play Store is "Enhanced QR Code Reader for PAN Card".  
संलग्न पैन कार्ड में एनहांस क्यूआर कोड शामिल है जो एक विशिष्ट एंड्रॉइड मोबाइल ऐप द्वारा पठनीय है। Google Play Store पर इस विशिष्ट मोबाइल ऐप को खोजने के लिए कीवर्ड "Enhanced QR Code Reader for PAN Card" है।

Cut

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
ULJPS7126B

  
नाम / Name  
AJMER SINGH

पिता का नाम / Father's Name  
RAM NARESH

जन्म की तारीख / Date of Birth  
01/01/1980



यदि कार्ड खोने/पाने पर कृपया सूचित करें/बतवाएं:  
आयकर पैन सेवा केंद्र, प्रोसेसिंग यूनिट  
एनएच सीटी, टाउनशिप, कलकत्ता, कलकत्ता, कलकत्ता  
सिवासे विभाग, कोलकाता, कोलकाता  
पिन 700 011

If this card is lost / someone's lost card is found,  
please inform / return to:  
Income Tax PAN Services Unit, Process eCon Technologies Limited  
11/11/11, Township, Kalyani Mula Compound,  
Sector 11/11/11, Kalyani, West Bengal,  
Pincode 700 011  
Tel: 011-26-2721 (for more information visit: www.pan.gov.in)  
आयकर पैन सेवा केंद्र, प्रोसेसिंग यूनिट, एनएच सीटी, टाउनशिप, कलकत्ता, कलकत्ता, कलकत्ता

22 December 2025 6:08 pm



भारत सरकार  
Government of India



नाम / Name  
Anur Singh  
जन्म तिथि / DOB: 01/05/1980  
पुरुष / Male



3516 8384 9111

आधार - आम आदमी का अधिकार



भारत सरकार  
Unique Identification Authority of India

पता:  
S/O: राम नरेश, नगला तेज, सराय  
ठेकु, कान्हाज, सराई ठेकु, उत्तर  
प्रदेश, 209728

Address:  
S/O: Ram Naresh, Nagla Tej,  
Sarsi Theku, Kanneuj, Sarai  
Theku, Uttar Pradesh, 209728

3516 8384 9111

1547  
1800 300 1547

help@uidai.gov.in

www.uidai.gov.in

22 December 2025 6:08 pm

डा. राजेश शर्मा

खाता नं० 760718216019983

(4515)

बैंक ऑफ इंडिया  
BANK OF INDIA



शाखा / Branch

खाता संख्या / S/B Account  
SAVINGS

760718216019983

नाम / Name

760718216019983

AJMER SINGH

व्यवसाय / Occupation

पता / Address

AGRICULTURE AND ALLIED AC  
NA. WERIA TOL  
JHANSI ROAD, KANHAJI  
SATEISH DIST. KANHAJI  
M.P. INDIA

REGISTRATION NO. NOT KNOWN

जारी करने की तारीख / Date of Issue

मुख्य अधिकारी / Manager



अजमेर सिंह