

RAJ AUTOMOBILES

COLLEGE ROAD, OPP.POWER HOUSE,FAZILNAGAR, KUSHINAGAR, 274401, UP, INDIA

State Code: 9 Contact: 05564-267228, 9415910944 , ,

GSTIN No: 09AZXPS2639D1ZQ

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 21318-02-REST-1225-9
 Customer Name ISHAN KUMAR
 VIN MBLJFN43XSGG05970
 Insurance Company
 HMCGL Card No
 Part Details

Date 23-12-2025
 Contact No. 8210062913
 Model DESTINI PRIME
 Reg No. UP57BY9631
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64309ABS300YS -FRONT COVER LOWER (MET. NEXUS BLUE BL(BR	87141090	Paid	1,093.22	1	9.00	9.00	0.00	0.00	0.00	0.00	1,290.00
2	64305ABS300YS -SET COVER FR. UPPER (MET. NEXUS BLUE BL(87141090	Paid	1,171.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,322.00
3	6433AABS300YS -COVER L FLOOR SIDE SUB ASSY MNB BR 013MG	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
4	53205ABS000RS -COVER HANDLE FR PBM (NH-B08M)	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
Parts Total											0.00	4,473.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
Jobs Total											0.00	590.00

Parts Total	4,473.00
Labour Total	590.00
SGST (Parts) 9%	341.16
CGST (Parts) 9%	341.16
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
Total	5,063.00

Rupees in Words: Five Thousand Sixty Three Only

Authorised Signatory

1.Terms Cash

- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- vehicle may be inspected in Workshop premise or outside the premise
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- All disputes subject to jurisdiction of FAZILNAGAR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

21318 - Main W/S



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

Subject / विषय : Claim Intimation Letter / दावा 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.	ISHAN KUMAR 9761976100
2	Vehicle No. / वाहन संख्या	UPS7BY9681
3	Policy No. / पालिसी संख्या	2524001812826181598
4	Period of Insurance / बीमा अवधि	6/8/2025 to 8/28/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025 @ 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	फर्रुखा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ISHAN KUMAR
8	Estimated Loss / अनुमानित हानि	6000 /
09.	Cause of Accident / दुर्घटना का कारण :	डुबाने से घट जा रहा था
		दरम्यान में सामने से अनियंत्रित वाहन आरंभ का जोर बचने के चक्र में आते, अतीव तेज चल जाते और दुर्घटना हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MR
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MR Auto Fami Name
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	RKSHABH Mishra - 965140029

Date / दिनांक : 23/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

ISHAN KUMAR





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 Muscat Certificate/Policy No. 252400/81/2024/81598
 Tel. No. 00/0/000 9/0/2026
 Period of Insurance 00/0/000 9/0/2026
 Claim No.

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

I. INSURED
 (a) Name ISHAN PUMAR
 (b) Address for correspondence
 (c) Telephone

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>205880</u> Chassis No. <u>205990</u>	Registration No. <u>UP57BX</u> <u>9681</u>
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(a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? PASSENGER USE
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter
 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 for commercial vehicles only

(a) Registered laden weight	
(b) Unladen Weight	
(c) Weight of goods carried/Load Chalfan No.	
(d) Nature of permit	
(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	



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name ISHAN KUMAR
(b) Age 18/07/1998
(c) Address _____
(d) Is the Driver
1. Owner YES
2. paid driver? N/A
3. Owner's relative or friend? N/A

(e) If paid driver, how long has he been in your employment N/A

(f) Was he under the influence of intoxication (Liquor or drugs)? N/A

(g) Driving Licence Number BR 2820/40049985
(h) Issuing Authority BIHAR
(i) Date of Expiry 9/7/24
(j) Was the licence temporary/permanent permanent
(k) Details of endorsement/suspension, if any N/A
(l) Has he been involved in any accident before? N/A
(m) Has he been charged by the police? If so, Why? N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time 20/11/2025 : 9:00 AM
(b) Place 5077
(c) Speed of vehicle at the time of accident 40 Km
(d) Give a short description of the accident a
(e) If any third party was responsible for this accident give the name and address _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTMUT
(b) Estimated cost of repairs 6000
(c) When and where can the damaged vehicle be inspected a

7. THIRD PARTY INJURY PROPERTY DAMAGE

(a) Name _____
(b) Address _____
(c) Full Details of personal injury sustained _____
(d) Name and address of any person/hospital giving medical attention to injured person N/A
(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? Not
(b) If yes, give full details _____

9. WITNESS

(a) Give names and addresses of passenger/s/other Witness, if any _____

(b) Did a Police Constable take particulars of The accident? Not

(c) Was accident reported to Police? If not, Why? _____

(d) If yes, to which Police Station? _____

(e) Date and Diary No. _____

10. THEFT

(a) Date and Time _____

(b) Place _____

(c) What was stolen? _____

(d) Estimated cost of replacement? _____

(e) By whom discovered and reported? Not

(f) Has theft been reported to Police? _____

(g) When? _____

(h) Which Police 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 27/12/25 200

Signature of the insured, [Signature]

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. _____ insured under Policy No. _____ of _____
the said company and accident which occurred on or about _____ 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. _____

The Rupee
& Vehicle Stamp
When Amount
Exceeds Rs. 5000

Signature
[Handwritten Signature]

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department
PADRAUNA(KUSHI NAGAR), Uttar Pradesh

RECEIPT/APPL No:

Vehicle Class:

Received From:

Receipt date:

Chassis No:

Transaction Id:

Remarks:

UP57D25080000738/UP25080746048843

M-Cycle/Scooter

ISHAN KUMAR

08-Aug-2025

MBLJFN43XSGG05970

UPY2508085134680

ONLINE-PAYMENT

UP57BY9631

77255/-

CPAFMFJPP3

Particular

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
MV Tax(06-Aug-2025 to One Time)	7726	0	7726
GRAND TOTAL (in Rs): 8026/- (EIGHT THOUSAND AND TWENTY SIX ONLY)			

Note-- This is computer generated slip, no need of signature (https://parivahan.gov.in).

(Note:- This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority. In case

of disapproval, vehicle registration number shall not be valid.)

AJAY SIR
GUPTA AUTOMOBILES

Customer Copy



GOVERNMENT OF UTTAR PRADESH
Transport Department
PADRAUNA(KUSHI NAGAR), Uttar Pradesh

RECEIPT/APPL No:

Vehicle Class:

Received From:

Receipt date:

Chassis No:

Transaction Id:

Remarks:

UP57D25080000738/UP25080746048843

M-Cycle/Scooter

ISHAN KUMAR

08-Aug-2025

MBLJFN43XSGG05970

UPY2508085134680

ONLINE-PAYMENT

UP57BY9631

77255/-

CPAFMFJPP3

Printed On: 16-Dec-2025 13:11:15

Particular

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
MV Tax(06-Aug-2025 to One Time)	7726	0	7726
GRAND TOTAL (in Rs): 8026/- (EIGHT THOUSAND AND TWENTY SIX ONLY)			

Note-- This is computer generated slip, no need of signature (https://parivahan.gov.in).

(Note:- This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority. In case of disapproval, vehicle registration number shall not be valid.)




AJAY SIR
GUPTA AUTOMOBILES

RTD
Raj Auto
99 84 511585
Raj Auto
16/11/25

Raj Auto
N.H.-28 Fazlimgar
Kushinagar (U.P.)
(Rajeev Singh)

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



ISHAN KUMAR
NANDLAL PRASAD
19/08/1990
Permanent Account Number
BTMPK0636A

इशान कुमार
Signature

INDIAN DRIVING LICENCE
GOVERNMENT OF BIHAR

DL: BR-2820140049935

FORM-7

Name : ISHAN KUMAR

SM/D of : NANDLAL PRASAD
Address : AT & PO & Ps. KATEYA,
GOPALGANJ



Valid Till (Transport)

09-07-2034

DOB : 18-06-1990

BG: B+

Valid Till (Non-Transport)

09-07-2034

Badge No. : 3111
*Authorisation to drive the following vehicle class throughout India. Signature of Holder

Type of Vehicles : LMV NT MCWG Only

Issued on: 10-07-2014

ID 040

DL: BR-2820140049935

Original LA : DTO, GOPALGANJ

Old DL No :

Date Of Issue : 10-07-2014

Class Of Vehicles:

LMV-NT Issue Date

10-07-2014

MCWG Issue Date

10-07-2014

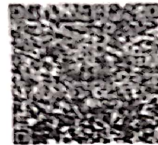




भारत सरकार
Government of India



इशान कुमार
Ishan Kumar
जन्म तिथि/DOB: 18/08/1990
पुरुष/ MALE



9281 1837 5109

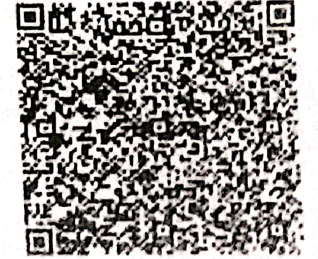
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: नन्दलाल प्रशाद, म0न0 78, वार्ड न03, कटैया,
वेलवनिया, कटिया, गोपालगंज,
बिहार - 841437

Address:
S/O: Nandlal Prashad, M.N.78, WARD.
NO 3, KATAIYA, VATVANIYA, Katiya,
Gopalganj,
Bihar - 841437



9281 1837 5109

