

HERO MOTORS
 HATA ROAD, GAURI BAZAR, GAURI BAZAR, DEORIA, 274202, UP, India
 State Code: 9 Contact: 7651881414, , ,
 GSTIN No: 09CTBPM8181N1ZY
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66913-03-REST-1225-122	Date	24-12-2025
Customer Name	VIRENDRA NISHAD	Contact No.	8957787306
VIN	MBLHAW235SHB58934	Model	SPLENDOR +
Insurance Company		Reg No.	UP52CF0889
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
2	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
3	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
4	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
5	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
8	51500KWA941S -FORK ASSY. L FR	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
9	83410AAEC00VS -FRONT VISOR NH-1(T4)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
Parts Total											0.00	7,396.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
Jobs Total											0.00	531.00
Parts Total											7,396.00	
Labour Total											531.00	
SGST (Parts) 9%											564.10	
CGST (Parts) 9%											564.10	
SGST (Labour) 9%											40.50	
CGST (Labour) 9%											40.50	
Total											7,927.00	

Rupees in Words: Seven Thousand Nine Hundred Twenty Six Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of DEORIA Jurisdiction Only

66913 - 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.	VIRENDRA NISHAD UP52CF0889 8957887306
2	Vehicle No. / वाहन संख्या	UP52CF0889
3	Policy No. / पालिसी संख्या	252400/31/2026/5933
4	Period of Insurance / बीमा अवधि	22/04/2025 To 21/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/12/2025 12:00-01:00 के
6	Place of Accident / दुर्घटना का स्थान	गौधीवावाट रोड वीरमों के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DUGHDESHWAR NISHAD UP52 20/140007604
8	Estimated Loss / अनुमानित हानि	7927/-
09.	Cause of Accident / दुर्घटना का कारण :	मैटी गाड़ी में दोस्त अपनी क्लिबिगिरी कार्ड करने के लिए आया तब गौधीवावाट रोड वीरमों के पास आकर वापस आ रहे थे तभी गौधीवावाट रोड वीरमों के पास सामने से अचानक पिकप आ गया जिससे गाड़ी डिस्केलेंस हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ADITYAMOTARS LAURI BAZAR 8948395612

Date / दिनांक : 24/12/2025
हस्ताक्षर

Abhishek Singh


Signature of Insured / बीमाधारक के



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. 282400/31/2020/5933

Tel. No. _____

Period of Insurance 22/04/2025 - 21/04/2020
 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 : VERENDRA NISHAD
 (b) Address for correspondence : BIRWA, Po - LABKANI
 (c) Telephone : 8957787306

2. THE INSURED VEHICLE

Make & Year <u>SPLT 2028</u>	Engine No. <u>38345</u> Chassis No. <u>58934</u>	Registration No. <u>UP52CF 0889</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? Personal use
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried /NA

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 :
 (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 : DEEPIHDESHWAR NISHAD
(b) Age : 35 melle
(c) Address : Vrinda labkani Deoria UP.
(d) Is the Driver
1. Owner :
2. paid driver? : friend
3. Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UP522014007604
(h) Issuing Authority : DEORIA UP
(i) Date of Expiry : 28/05/2034
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : NA
(l) Has he been involved in any accident before? : NA
(m) Has he been charged by the policy? If so, Why? : NA

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 12:00 - 01:00 pm.
(b) Place : Gauri Bazar Deoria
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक सामनेले विगल आ गय,
(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 : fender, visor, fork, mirror - L/R, Handle etc.
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : 7927/-

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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

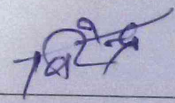
- (a) Give names and addresses of passengers/other Witness, if any : _____
 - (b) Did a Police Constable take particulars of The accident? : _____
 - (c) Was accident reported to Police? If not, Why? : _____
 - (d) If yes, to which Police Station? : _____
 - (e) Date and Diary No. : _____
-

10. THEFT

- (a) Date and Time : _____
 - (b) Place : _____
 - (c) What was stolen? : _____
 - (d) Estimated cost of replacement? : _____
 - (e) By whom discovered and reported? : _____
 - (f) Has theft been reported to Police? : _____
 - (g) When? : _____
 - (h) Which Policy Station? : _____
 - (i) C.R. diary Number : _____
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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 24/12/ 2008

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. _____ insured under Policy No. _____ 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. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52CF0889 Registration Date : 27-Apr-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, 190-274001
 Owner Name : VIRENDRA NISHAD Son/wife/daughter of : RAMBELAS
 Full Address: (Permanent) : VILL- BIRWA PO- LABKANI, DEORIA, DEORIA, UTTAR PRADESH-274202
 Full Address: (Temporary) : VILL- BIRWA PO- LABKANI, DEORIA, DEORIA-UTTAR PRADESH-274202
 Fitness UpTo : 26-Apr-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2124556333	Rear HSRP No	: AA2124114618
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 02/2025
No of Cylinders	: 1	Chassis No	: MBLHAW235SHB58934
Engine No	: HA11E8SHB38345	Fuel	: PETROL
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ (DRS)	Wheel base	: 1236
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 109
Colour	: BLUE BLACK	Laden/GV Wt (kgs)	: 239
Other Criteria	:	AC Fitted	: NO
Vehicle Purchase As	Fully Built		

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 25-Apr-2025.

Purchase dt	: 22-Apr-2025	Sale Amt	: 77026/-
OTT Date	: 22-Apr-2025	Amount/Rcpt No	: 7703 / UP52D25040003878
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 09-May-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 27-Apr-2025 to 26-Apr-2040

Date : 30-May-2025 14:35:49

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 30-May-2025



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: YGHR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-21114063578, (GSTIN: 09AAACT062784ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breaker No, Insured State.

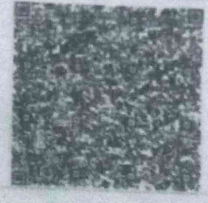
Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Table with 2 main sections: OWN DAMAGE SECTION(A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extra (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Add-On Coverages) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-20), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Not Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid).

Table with 4 columns: Nominee Name, Age, Relation, Amount; Payment Method, Cheque No./Transaction No., Bank Name, Amount; Financer Name, HERO FINCORP LTD., Financer Branch; POS Name, NA, POS ID, NA, POS PAN NO/Aadhar No, NA.

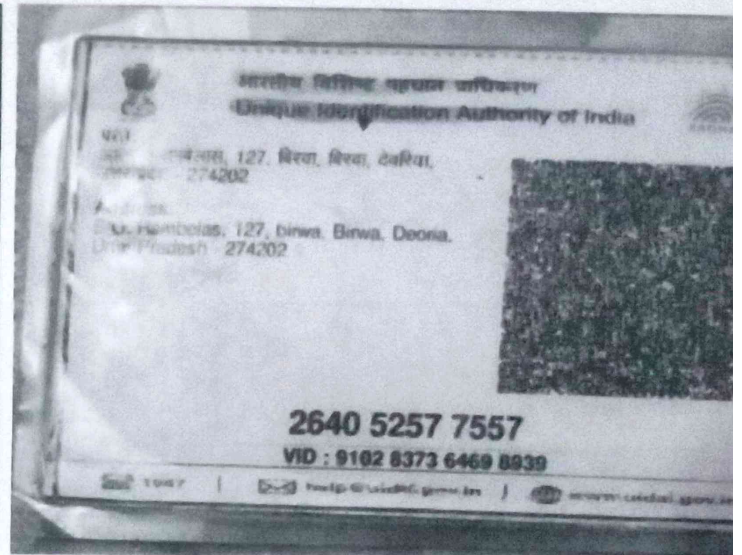
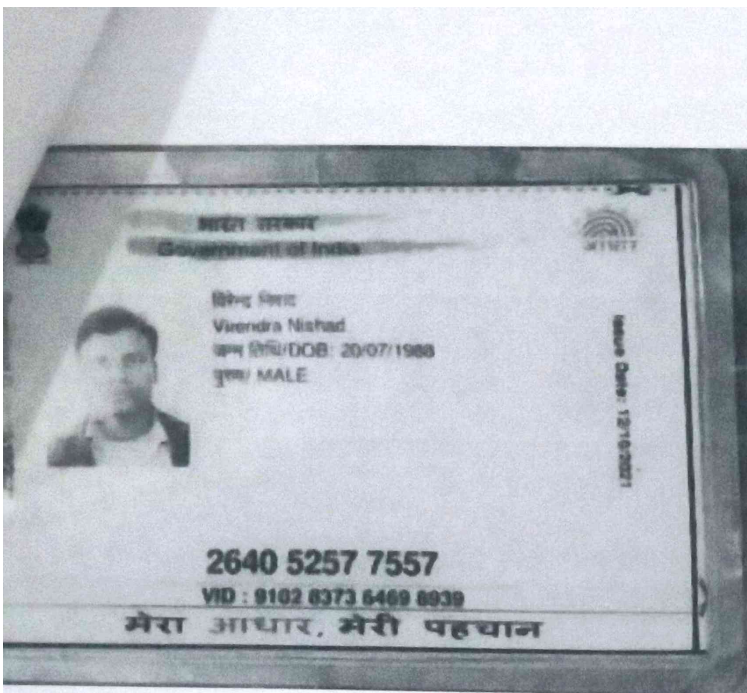
In the event of a claim under the policy exceeding Rs.100 or a claim the value of premium exceeding Rs.100 the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website. The insured under the policy is subject to conditions, terms, exclusions, IMTs and OI's endorsements mentioned herein above which are available on company's website. Warranted that in case of dishonour of premium cheques (s) 400 Company shall not be liable under the policy and the policy shall be void ab initio (from inception). Claims is not admissible if driving license is found fake or is not valid whether or not in the knowledge of the insured. I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 25/400 on 22-APR-25. IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured for the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose or connection with motor trade. Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license is named in section II-1 (a) of the policy. Death of or body injury: Such amount is necessary to meet these requirements of the motor vehicle act 1988. Under Section II-1 (a) of the policy. Damage to third party property is Rs. 7.5 lakhs F.A.C. (over and over section II) for owner Driver is RE. No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) from the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the following year: 20% preceding first consecutive year; 25% preceding first consecutive year; 35% preceding first consecutive year; 45% preceding first consecutive year; 50% preceding first consecutive year. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy. I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988. This insurance excludes all pre-existing damages.



Approved By: 6992158421
Approved On: 22-APR-25
Place: MEY
Issued On: 25-APR-25


For and on behalf of The Oriental Insurance Company Limited
General Manager
Authorized Signatory



UNION OF INDIA **Driving Licence** (UP) (NT)
 UP52 20140007604

जारी तारीख की तिथि / Date of issue: 29/05/2014
 वैधता / Validity: 28/05/2034
 जन्म तिथि / Date of Birth: 10/09/1990
 Blood Group: Unknown

नाम / Name: **DUGHDESHWAR NISHAD**
 सम्बन्ध / Relation: Son/Daughter/Wife of
 NEBODD LAI



UP52 20140007604 UP012288/DMT

LMV 29/05/2014
 MCWG 29/05/2014

पता / Address:
 VIRWA
 LAWKANI
 DEORIA

जारीकर्ता / Issuing Authority Sign: DEORIA

(UP)
 कानून / Rule 16(2)

जारीकर्ता / Issuing Authority Sign: DEORIA

आयकर विभाग
INCOME TAX DEPARTMENT

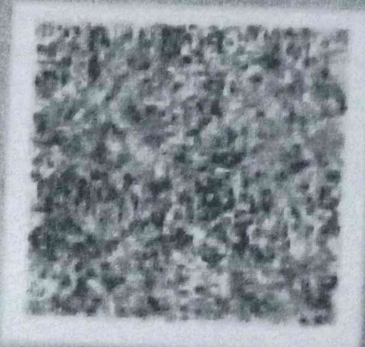


भारत सरकार
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BQMPV6620A



नाम / Name
VIRENDRA NISHAD

पिता का नाम / Father's Name
RANDELAS

जन्म की तारीख /
Date of Birth
20/07/1988


हस्ताक्षर / Signature

271000021