

**D P MOTORS**

BHAVAN SANKHYA 0282, SARAF COMPLEX ,, SUMER SAGAR, NEAR VIJAY CHOWK, GORAKHPUR, GORAKHPUR,  
 273001, UP, India  
 State Code: 9 Contact: 9151025502, ..  
 GSTIN No: 09AALFD0651P1Z0  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	11790-05-REST-1225-54	Date	24-12-2025
Customer Name	KIRAN GUPTA	Contact No.	7985929265
VIN	MBLHAW229SHA78611	Model	SPLENDOR +
Insurance Company		Reg No.	UP53FH0251
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	83410AAE3054S -FRONT VISOR NH-1 TYPE-4	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
2	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
3	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
4	37100AAE31099S -METER ASSY COMB	87141090	Paid	995.76	1	9.00	9.00	0.00	0.00	0.00	0.00	1,175.00
5	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
6	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
7	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
8	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
9	31300AAJB0099S -USB CHARGER ASSEMBLY	85369090	Paid	488.14	1	9.00	9.00	0.00	0.00	0.00	0.00	576.00
<b>Parts Total</b>											0.00	6,942.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	301007 - SET FR VISOR (R/R)- SPLENDOR +	998729	Paid	109.00	1	9.00	9.00	0.00	0.00	0.00	0.00	128.62
2	504004 - SPEEDOMETER COMP (R/R)-SPLENDOR +	998729	Paid	95.00	1	9.00	9.00	0.00	0.00	0.00	0.00	112.10
3	309011 - FORK COMP FRONT LH (Dismantle/ Assemble) - SPLENDOR +	998729	Paid	178.00	1	9.00	9.00	0.00	0.00	0.00	0.00	210.04
4	309001 - FORK COMP FRONT RH (DISMANTLE/ ASSEMBLE) - SPLENDOR +	998729	Paid	178.00	1	9.00	9.00	0.00	0.00	0.00	0.00	210.04
<b>Jobs Total</b>											0.00	660.80

Parts Total	6,942.00
Labour Total	660.80
SGST (Parts) 9%	660.80
CGST (Parts) 9%	529.47
SGST (Labour) 9%	529.47
CGST (Labour) 9%	50.40
<b>Total</b>	<b>7,602.80</b>

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.	KIRAN GUPTA 7985929265
2	Vehicle No. / वाहन संख्या	UPS3FH.0251
3	Policy No. / पालिसी संख्या	252900/31/2028/8863.
4	Period of Insurance / बीमा अवधि	14/09/2028.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/2025 & 3:00 PM.
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shivam Chaudhary, UPS320280010108.
8	Estimated Loss / अनुमानित हानि	5000/-
09.	Cause of Accident / दुर्घटना का कारण :	बेदिहात से सड़क पर घटने के कारण स्वयं अपातक एक दो पड़िया वाहन वाला आगे से टकरा कर अप घुस जाया गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Hero D.P. MOTOR SUMER SARIAR GORAKHPUR

Date / दिनांक : 23/12/2025  
हस्ताक्षर

- किरन  
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. 252404/3/2026/3863

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

Period of Insurance 14.04.2026

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 : KIRAN GUPTA  
 (b) Address for correspondence : GORAKHNATH GORAKHPUR  
 (c) Telephone : 785929265

2. THE INSURED VEHICLE

Make & Year <u>2025 X</u> <u>Hero</u>	Engine No. <u>82465</u> Chassis No. <u>78611</u>	Registration No. <u>UPS3</u> <u>FL-0281</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

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 241  
 (b) Unladen Weight : 161  
 (c) Weight of goods carried/Load Challan No. : NO  
 (d) Nature of permit : NO  
 (e) Nature of goods carried : NO  
 (f) Was the vehicle plying for hire : Yes.  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : NO  
 (h) Number of passengers carried : 07  
 (i) Number of Passenger permitted : 02





8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? NO  
(b) If yes, give full details NO

9. WITNESS

(a) Give names and addresses of passengers/other  
Witness, if any NO

(b) Did a Police Constable take particulars of  
The accident? NO

(c) Was accident reported to Police? If not, Why? NO

(d) If yes, to which Police Station? NO

(e) Date and Diary No. NO

10. THEFT

(a) Date and Time NO

(b) Place NO

(c) What was stolen? NO

(d) Estimated cost of replacement? NO

(e) By whom discovered and reported? NO

(f) Has theft been reported to Police? NO

(g) When? NO

(h) Which Policy Station? NO

(i) C.R. diary Number NO

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 23/11/2025

[Signature]  
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 R.s. 5000/-

19/2/21

Witness

Name .....

Signature .....

Address .....

Signature .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....





Transport Department Gorakhpur RTO  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FH0251 Registration Date : 17-Apr-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , 188-273010  
 Owner Name : KIRAN GUPTA Son/wife/daughter of : W/O: MANOJ GUPTA  
 Full Address: (Permanent) : 12 HUMAYUPUR NORTH GORAKHPUR, GORAKHNATH, , GORAKHPUR, UTTAR PRADESH-273015  
 Full Address: (Temporary) : 12 HUMAYUPUR NORTH GORAKHPUR, GORAKHNATH, , GORAKHPUR-UTTAR PRADESH-273015

Fitness Up To : 16-Apr-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI  
 Ownership : INDIVIDUAL Norms :  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2124460837 Rear HSRP No : AA1040186835  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025  
 No of Cylinders : 1 Chassis No : MBLHAW229SHA78611  
 Engine No : HA11E7SHA82465 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236  
 S (DRS)

Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 111  
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241  
 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.	As Regd.	Description	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 15-Apr-2025.

Purchase dt : 15-Apr-2025 Sale Amt : 78366/-  
 OTT Date : 15-Apr-2025 Amount/Rept No : 7837 / UP53D25040004750  
 Vehicle is Govt/ Pvt : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 28-Apr-2025

Other State/Transfer/Conversion/Reassign Details

PREVIOUS OWNER : PREVIOUS REGN :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :  
 This certificate is valid from 17-Apr-2025 to 16-Apr-2040 Entry Date :  
 Conversion Date :

Date 06 May 2025 13:23:18

Taxation Details / Advance Registration Details 15-Apr-2040

This certificate is valid from 17-Apr-2025 to 16-Apr-2040

Q 3101625  
 Date 06 May 2025 13:23:18

Signature of Registering Authority  
 Date 06 May 2025

भारत सरकार  
Government of India

किरन गुप्ता  
Kiran Gupta  
जन्म तिथि/DOB: 12/07/1982  
महिला/ FEMALE

5102 4594 4105  
VID: 9127.0255.1143.3167

मेरा आधार, मेरी पहचान

भारत सरकार  
Government of India

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VID: 9127.0255.1143.3167

मेरा आधार, मेरी पहचान

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

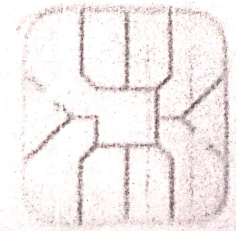
KIRAN GUPTA  
RAJENDRA GUPTA  
25/12/1982  
Permanent Account Number  
BNJPG3332C

किरण देवी  
Signature

09642014

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

**UP53 20250010708**



Issue Date    Validity (NT)    Validity (TR)

07-04-2025    26-05-2044

Holder's Signature

**SHIVAM CHAUDHRY**

Date of Birth: 27-05-2004    Blood Group:    Organ Donor: **N**

Relationship: Daughter/Wife of: **VIRENDRA CHAUDHRY**

Address:

**S. JAGARNATHPUR POST SADAR GORAKHPUR  
 GORAKHPUR SAHJANWA GORAKHPUR UTTAR  
 PRADESH 273001**

Licence No: **UP53 20250010708**    UFDL5310000017268



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	UP53	07-04-2025	NT			
	LMV	UP53	07-04-2025	NT			
AVSD							

Emergency Contact Number

Licensing Authority  
**UP53 GORAKHPUR**



भारत सरकार  
Government of India



Issue Date: 10/10/2014



किरण गुप्ता  
Kiran Gupta  
जन्म तिथि/DOB: 12/07/1982  
महिला/ FEMALE

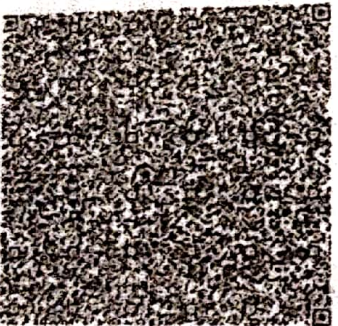
5102 4594 4105  
VID : 9127 0255 1143 3167  
मेरा आभार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
संबंधित: मनोज गुप्ता, 12, हुमायुन नगर, गोरखनाथ,  
गोरखपुर, गोरखपुर,  
उत्तर प्रदेश - 273015  
Address:  
W/O: Manoj Gupta, 12, Humayunpur north,  
Goraknath, Gorakhpur, Gorakhpur,  
Uttar Pradesh - 273015



5102 4594 4105  
VID : 9127 0255 1143 3167