

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-1225-10	Date	25-12-2025
Customer Name	ALOK KUMAR PANDEY	Contact No.	8506982471
VIN	MBLHAW487SHFJ6110	Model	SPLENDOR +
Insurance Company		Reg No.	UP57B27B34
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	6100AAE200RS -FRONT FENDER NH-1	87141090	Paid	1132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1132.20
2	83410AAE300TS -FRONT VISOR NH-1 TYPE-3	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	866.95
3	3310AKCC710AS -LIGHT ASSY. HEAD(W/O BULB)	85122010	Paid	360.17	1	9.00	9.00	0.00	0.00	0.00	0.00	360.17
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	389.83
5	53178AAAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	71.19
Parts Total											0.00	3320.34

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	480.00	9.00	9.00	0.00	0.00	0.00	0.00	568.80	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	549.00	
Jobs Total											0.00	1117.80

Parts Total	3320.34
Labour Total	1117.80
SGST (Parts) 9%	298.33
CGST (Parts) 9%	298.33
SGST (Labour) 9%	100.60
CGST (Labour) 9%	100.60
Total	4484.40

Authorized Signatory

Rupees in Words: Four Thousand Four Hundred Eighty Four and paise Forty Only

21318 - Rest - 775

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. Vehicle may be inspected in Workshop premise or outside the premise
 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 FAZILNAGAR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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.	Alok Kumar Pandey 7309360646
2	Vehicle No. / वाहन संख्या	UP57B27084
3	Policy No. / पालिसी संख्या	252400/312026/43320
4	Period of Insurance / बीमा अवधि	14/10/2025 to 13/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025 @ 9:00 PM
6	Place of Accident / दुर्घटना का स्थान	रहस्य बजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nirpesh Pandey
8	Estimated Loss / अनुमानित हानि	4500/-
9	Cause of Accident / दुर्घटना का कारण	ग्राफी निरपेक्ष वादी पलार्स के जॉवट बजाए वे धरु डारुई ने गाले मे अपानर वदर दुई का जिस के का कोट डिकर नध ग्राफे ग्राफी ड्राग्रे ड्रटारवा मे गहो लउ गड
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	RAJ Auto Repairing LOP AKSHAY Mishra - 9651400245

Date / दिनांक : 24/12/25
हस्ताक्षर

Alok Kumar Pandey
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 MUMBAI Certificate Policy No. 252400/31/2024/43320
 Tel. No. Period of Insurance 10/10/2025 TO 13/10/2024
 Claim No. _____

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

1. THE INSURED
 (a) Name ALOK Kumar Pandey
 (b) Address for correspondence _____
 (c) Telephone 7309360 646

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>7883</u> Chassis No. <u>7J6110</u>	Registration No. <u>UP57B2</u> <u>7884</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 NA
 1. Was a side-car attached NA
 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 Chalan 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 : Nishesh Pandey
- (b) Age : 20/6/1984
- (c) Address : HIHAR BA.
- (d) Is the Driver
 - 1. Owner : NA
 - 2. paid driver? : NA
 - 3. Owner's relative or friend? : YE
- (e) If paid driver, how long has he been in your employment : NA
- (f) Was he under the influence of intoxication Liquor or drugs? : NA
- (g) Driving Licence Number : UPS720070123682
- (h) Issuing Authority : KUSHINAGAR
- (i) Date of Expiry : 20-11-2017
- (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 police? 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 : 20/12/2015 9:00 PM
- (b) Place : Left Side
- (c) Speed of vehicle at the time of accident : 40 KM
- (d) Give a short description of the accident : OK
- (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 estimate
- (b) Estimated cost of repairs : 40000
- (c) When and where can the damaged vehicle be inspected : OK

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?
- N/A

8 INJURY TO DRIVER OCCUPANT

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

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 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 or any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or whole accident shall be forfeited

Date 24/12/25 200

Signature of the Insured Alak Kumar Jena

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. _____

One Rupee
Rupee Stamp
When Amount
Exceeds Rs. 5000

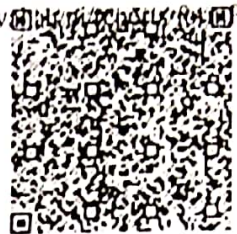
Witness
Name
Signature
Address

Signature Alok Kumar Pandey
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BZ7884 Registration Date : 16-Oct-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : ALOK KUMAR PANDEY Son/wife/daughter of : RAMKRIPAL PANDEY
Full Address: (Permanent) : VILL- BIHAR BUZURG, PO- BIHAR BUZURG, PS- TAMKUHI RAJ, KUSHINAGAR, UTTAR PRADESH-274401
Full Address: (Temporary) : VILL- BIHAR BUZURG, PO- BIHAR BUZURG, PS- TAMKUHI RAJ, KUSHINAGAR-UTTAR PRADESH-274401
Fitness UpTo : 15-Oct-2040 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : SUBHAWATI DEVI
Relationship with the Nominee : Mother Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2133167115 Rear HSRP No : AA2134818938
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
No of Cylinders : 1 Chassis No : MBLHAW487SHFJ6110
Engine No : HA11F7SHFC7883 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 14-Oct-2025 Sale Amt : 73764/-
OTT Date : 14-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100004016
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 11-Nov-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 16-Oct-2025 to 15-Oct-2040

Date : 11-Dec-2025 17:29:46
Taxation Particulars / Advance Registration Mark Fee Details

A.R.T. (S)
Signature of Registering Authority
Date : 11-Dec-2025

Q 6219453

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20070123682

जारी करने की तिथि / Date of Issue: 21/11/2007



वैधता / Validity: 20/11/2027

जन्म तिथि / Date of Birth: 20/06/1984

Blood Group: UNKNOWN

नाम / Name: **NRIPESH PANDEY**

पिता/पति का नाम / Son/Daughter/Wife of: **RAMKRIPAL PANDEY**

UP57 20070123682

UP03315509RS

LMV 21/11/2007




MCWG 21/11/2007

पता / Address: **BIHAR BUJURG
BIHAR BUJURG
KUSHINAGAR**

जारीकर्ता / Issuing Authority Sign: **KUSHINAGAR**

Holder's Signature


Form 7 (Rule 162)

Mob.: 9598622 27

ESTIMATE

भारत सरकार
Government of India

 अलोक कुमार पाण्डेय
ALOK KUMAR PANDEY
जन्म तिथि / DOB: 10/05/1988
पुरुष/MALE

4244 3341 1471

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address: S/o: Ramkripal Pandey
Bihar Buzurg
Kushinagar
Uttar Pradesh-274401

पता: आत्मज: रामकृपाल पाण्डेय
बिहार बुजुर्ग कुशीनगर
उत्तर प्रदेश 274401

4244 3341 1471



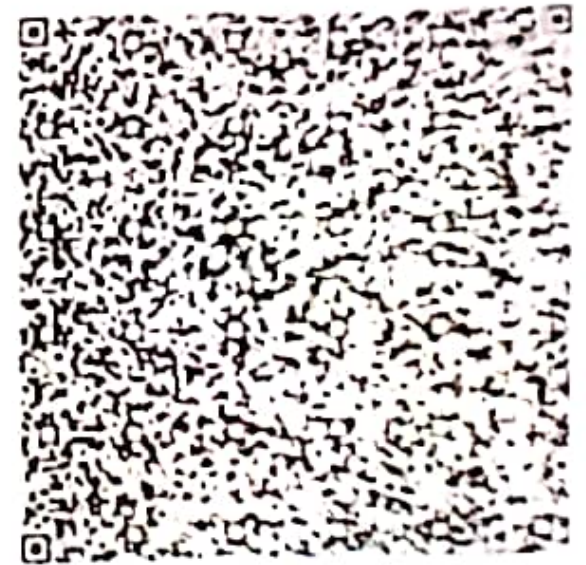
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
HHQPP1026M



नाम / Name

ALOK KUMAR PANDEY

पिता का नाम / Father's Name

RAMKRIPAL PANDEY

जन्म की तारीख / Date of Birth

10/05/1988

Alok Kumar Pandey

हस्ताक्षर / Signature

15786

