

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-1225-12
 Customer Name JUMARATI
 VIN MBLHAW227RHL67302

Date 28-12-2025
 Contact No. 9554192218
 Model SPLENDOR +
 Reg No. UP57BW5124
 HMCGL Card Category

Insurance Company
 HMCGL Card No

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,132.20
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	1,023.90
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	408.17
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
Parts Total											0.00	3,564.00

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	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	400.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	
Jobs Total											0.00	990.00

Parts Total	3,564.00
Labour Total	990.00
SGST (Parts) 9%	271.83
CGST (Parts) 9%	271.83
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
Total	4,554.00

Rupees in Words: Four Thousand Five Hundred Fifty Four 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 - Man 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.	Jumrati 9779484133
2	Vehicle No. / वाहन संख्या	UPS7BW 0124
3	Policy No. / पालिसी संख्या	252400/01/2025/91494.
4	Period of Insurance / बीमा अवधि	9/03/2025 to 0/3/25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/11/25 : 2:00PM
6	Place of Accident / दुर्घटना का स्थान	घर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JANMATH MUSHAN
8	Estimated Loss / अनुमानित हानि	45007
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी जन्तत दुर्घटना घटा रहे थे. घर से बिलवा करवाना भा रहे थे रास्ते में रास्ते में सामने से आरटी अन्तर्क बॉर्डर से टकरा हो गया	
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.	RAJAPAD MOBILE REPAIRING AKSHAY MISHRA - 9651400298

Date / दिनांक : 28/11/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

जुमराती अंसारी





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-110002

MOTOR CLAIM FORM

Div. Br. Office Address _____ Certificate Policy No. 252400/9/2025/91494
 Tel No _____ Period of Insurance 9/03/2025 TO 8/3/26
 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 Jummati
 (b) Address for correspondence _____
 (c) Telephone 8779404133

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>70966</u> Chassis No. <u>20400 67302</u>	Registration No. <u>UP57BW</u> <u>SI27</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 N/A
 1. Was a side-car attached? N/A
 2. Was a pillion rider carried? N/A

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 permits _____
- n/a



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name JANNAT HUSAIN
(b) Age 710211995
(c) Address ASHOKAWA
(d) Is the Driver
1. Owner NA
2. paid driver? NA
3. Owner's relative or friend? YES
(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 UP5720150005575
(h) Issuing Authority KUSHINABAR
(i) Date of Expiry 12/03/2025
(j) Was the licence temporary permanent Permanent
(k) Details of endorsement suspension, if any NT
(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 25/12/2025 : 2:00 PM
(b) Place SECRET
(c) Speed of vehicle at the time of accident 40 KM
(d) Give a short description of the accident AT
(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 5000
(c) When and where can the damaged vehicle be inspected

7. THIRD PARTY INJURY PROPERTY DAMAGE

(a) Name
(b) Address
(c) Full Details of personal injury
(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? W/N

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? Y/N
(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? N/A
(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 _____

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 20/11/28 200

Signature of the insured

जुमराली अंसारी

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. _____

ORIENTAL
Insurance Company
New Delhi
Issued By: _____

Witness
Name
Signature
Address

Signature जुमरानी मंसारी
Occupation
Address

Bank Account Number
Name of the Bank





Registration No : UP57BW8124 Registration Date : 07-Mar-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 : JUMARATI Son/wife/daughter of : SALIM
 Full Address: (Permanent) : VILL-ASOGAWA BUZURGIRUNHWA TOLA PO- FAZILNAGAR, PS- PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401
 Full Address: (Temporary) : VILL-ASOGAWA BUZURGIRUNHWA TOLA PO- FAZILNAGAR, PS- PATHERWA, KUSHINAGAR-UTTAR PRADESH-274401
 Fitness UpTo : 06-Mar-2040 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : IBRAN ANSARI
 Relationship with the Nominee : Son Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1039712763 Rear HSRP No : AA2120690400
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW227RHL67302
 Engine No : HA11E7RHL70996 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
 Sleeper 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.	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 w.e.f.

Purchase dt : 03-Mar-2025 Sale Amt : 78366/-
 OTT Date : 03-Mar-2025 Amount/Rcpt No : 7837 / UP57D25030000882
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 23-Apr-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 07-Mar-2025 to 06-Mar-2040

Date : 08-May-2025 15:04:08

Taxation Particulars : Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 08-May-2025
 KUSHI NAGAR



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



UP57 20150005575



Issue Date: 27-05-2023
Validity (NT): 12-03-2035
Validity (TR)*: 27-12-2024



Holder's Signature

Name: **JANNAT HUSAIN**
Date of Birth: 07-02-1995 Blood Group:
Son/Daughter/Wife of: **MUSTARIM**
Address:
**VILL- ASHOGAWA BUZURG PO- FAZILNAGAR
,PS- PATHERAWA Kasya, Kashinagar, UP
274401**

Organ Donor: **N**

Date of First Issue (13-03-2015)

DL No: UP57 20150005575

UPDL000010804109



Invalid Carriage (Reon 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	UP57	13-03-2015	NT				
LMV	UP57	13-03-2015	NT				
TRANS	UP57	28-12-2019	TR				
MVSD							

Emergency Contact Number

Issuing Authority
UP57 BUSHINAGAR

Form 7 (Ref: 16/2)



भारत सरकार
Government of India



पुरुष / Male
जन्म तिथि / DOB 04/09/1981
पुरुष / Male



4189 4720 5682

आधार - आम आदमी का अधिकार

भारत सरकार
Unique Identification Authority of India

पता
S/O Smt. Anurag Singh
Postage Kuthnagar, Lila
Puducherry, 605001

4189 4720 5682

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW8124 Registration Date : 07-Mar-2025
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 Full Address: (Permanent) : VILL-ASOGAWA BUZURG(RUNIHWA TOLA), PO- FAZILNAGAR, PS- PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401
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Fitness UpTo : 06-Mar-2040 Owner Serial No : 1

Detailed Description

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Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 07-Mar-2025 to 06-Mar-2040

Date : 08-May-2025 15:04:08

Taxation Particulars / Advance Registration Mark Fee Details

Q 3353236

Signature of Registering Authority
 Date : 08-May-2025

आयकर विभाग
INCOME TAX DEPARTMENT

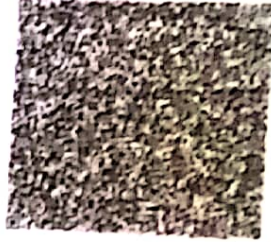


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CEXPJ2787J



नाम / Name
JUMARATI

पिता का नाम / Father's Name
SALIM

जन्म की तारीख /
Date of Birth
04/09/1981

जुमरती
हस्ताक्षर / Signature

16102020

