

RAJARAM AUTO SALES

NH-24 SITAPUR ROAD NEAR POLICE STATION, OPP ALLAHABAD UP GRAMIN BANK, UCHAULIYA, KHERI, 261505, UP, India

State Code: 9 Contact: 7704099099, 8953999853 , ,

GSTIN No: 09AAQFR0980E2ZV

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	22992-02-REST-0126-235	Date	04-01-2026
Customer Name	INTKHER .	Contact No.	7458846184
VIN	MBLHAW218SHA04409	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP31CK5595
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	83410AAEB00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
3	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
4	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
7	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
8	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
9	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
10	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
Parts Total											0.00	6,194.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	6,194.00
Labour Total	1,000.64
SGST (Parts) 9%	472.42
CGST (Parts) 9%	472.42
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	7,194.64

Rupees in Words: Seven Thousand One Hundred Ninety Four and paise Sixty Four Only

Authorised Signatory

22992 - Main W/S

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



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.	9559149983 IN+khas
2	Vehicle No. / वाहन संख्या	UP 31CK 5595
3	Policy No. / पालिसी संख्या	252400/31/2025/91043
4	Period of Insurance / बीमा अवधि	02.03.25 to 01.03.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02.01.26 3:00pm
6	Place of Accident / दुर्घटना का स्थान	Barkheriya Jat
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3120220002013 IN+khas
8	Estimated Loss / अनुमानित हानि	7194
09.	Cause of Accident / दुर्घटना का कारण : चालक इतवार गाड़ी लेकट जैव जीव से घर जा रहा था तभी अश्वेशिया जट के पाल अंक कुछ आचोक अंक कुला उभा गया। तिलले अचाने की कोशिश में गाड़ी Right side में दिस्क इतिवत हो गई!	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	8953999855 Rajaram Auto Sales

Date / दिनांक : 04.01.26
हस्ताक्षर

इतवार
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. 252400/31/2025/91043

Tel. No. _____

Period of Insurance 02.03.25 to 01.03.26
Claim No. _____

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

1. INSURED

(a) Name : Mitkhat
(b) Address for correspondence : Chatiya Saraiya Faranda Khedi
(c) Telephone : 9559149983

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>A13740</u> Chassis No. <u>A04409</u>	Registration No. <u>UP31CK 5595</u>
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- (a) Was the vehicle in proper working condition? NO
- (b) For what purpose was the vehicle being used at the time of accident?
- (c) Was trailer attached?
- (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 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 : _____

N.A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Intkhas
- (b) Age : Chatiya Sabaiya Faranda mohammadi
- (c) Address : Khexi
- (d) Is the Driver
 - 1. Owner : OWNER
 - 2. paid driver? : _____
 - 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 : UP31 2022 0002013
- (h) Issuing Authority : Khexi
- (i) Date of Expiry : 10.09.2021
- (j) Was the licence temporary/permanent : _____
- (k) Details of endorsement/suspension, if any : _____
- (l) Has he been involved in any accident before?: _____
- (m) Has he been charged by the policy? If so, Why?: _____

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 02.01.26 3:00 Pm
- (b) Place : Baxkhexi Jvat
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : वकी बखरीया जाट के पास एक ड्राइवरक एक कौवा
- (e) If any third party was responsible for this accident give the name and address : आ गया बिमर लभाने की कौडिशान के जाडी
Right side के बिसक ड्राइवर से जाडी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Partial Damage
- (b) Estimated cost of repairs : 7194
- (c) When and where can the damaged vehicle be inspected : Rajaram Auto sales

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? : _____

8. INJURY TO DRIVER/OCCUPANT

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

N.A.

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. : _____

N.A.

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 : _____

N.A.

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 04.01.2016

Signature of the insured Sorkhil

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. UP31CK5595 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 Son 2/12
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

11293

Registration No : UP31CK5595 Registration Date : 04-Mar-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , 153-262701
 Owner Name : INTKHAR Son/wife/daughter of : S/O ISMAYIL
 Full Address: (Permanent) : CHATIYA SARAIYA, FARENDA, KHERI, KHERI, UTTAR PRADESH-262804
 Full Address: (Temporary) : CHATIYA SARAIYA, FARENDA, KHERI, KHERI-UTTAR PRADESH-262804
 Fitness UpTo : 03-Mar-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 : AA1040417704 Rear HSRP No : AA2122430543
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW218SHA04409
 Engine No : HA11E7SHA13748 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC.(DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

3

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 : 02-Mar-2025 Sale Amt : 81601/-
 OTT Date : 02-Mar-2025 Amount/Rcpt No : 8161 / UP31D25030000610
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 07-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Mar-2025 to 03-Mar-2040

Date : 18-Apr-2025 09:22:23

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 18-Apr-2025

Q 2812346



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

Page No: 1

The Document is English Report
Report: RA-19 (Form 51)
Date: Sun, Mar 3, 2025 09:57:30 IST
Reason: Expired Policy for CRUL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE				
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)				
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4Z1U)				
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	02-MAR-25
Policy No	252400/31/2025/91043		Proposal No.& Date	U/252400/31/2025/68325 & 02-MAR-2025
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 12:31 ON 02/03/2025 TO MIDNIGHT OF 01/03/2026
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 12:31 ON 02/03/2025 TO MIDNIGHT OF 01/03/2026
Insured Name	INTKHAR (GSTIN: 0)			
Insured Address	C/O ISMAYIL, CHATIYA SARAIYA, FARENDA, LAKHIMPUR KHIERI, NA,		Lead /BreakIn No	/
			Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	77521
Engine -Chassis No	HA11E7SHA13748 - MBL1AW218SHA04409		TMF CONTRACT NO	
Cubic Capacity	100		Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1		Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1299.25	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36H3	0
		Net Liability Premium (B)	3851
Deductibles		Total Premium (A+B)	4046
Voluntary Deductibles (IMT 22A)	0	GST	728
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	STAMP DUTY	0.00
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishni Kalyan Cess@0.50%	0
SIP Discount	1104	Gross Premium Paid	4774
Sub-Total Deductibles	1104		
Add-On Coverages			
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	195		

Note:
1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT,7,10,28,

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
POS Name		NA	POS ID	NA
			POS PAN NO/Aadhar No	NA
			Amount	4774

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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 insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org or on demand from the policy issuing office.
Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).
Claim 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 252400 on 02-MAR-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. See 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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials
g) Any Purpose in 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989
Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 Lakhs P.A. Cover under section III for owner-Driver is RS
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/45%, preceding five consecutive years/50% of NCB on OD premium. 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 : 2550925MD
Approved On : 02-MAR-25
Place : MRT
Printed On : 02-MAR-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

भारत सरकार
Government of India



इन्तखार
Intkhar
जन्म तिथि/DOB: 11/08/2001
पुरुष/ MALE

8688 4421 0191

VID : 9136 7246 8128 5123

मेरा आधार, मेरी पहचान



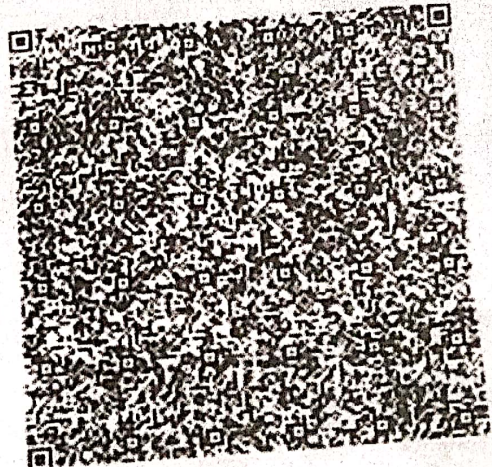
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: इस्माईल, छतिया सरैया, फरेंदा, खीरी,
उत्तर प्रदेश - 262804

Address:
S/O: Ismayil, chatiya saraiya, Farenda, Kheri,
Uttar Pradesh - 262804

Download Date: 24/06/2022



8688 4421 0191

VID : 9136 7246 8128 5123



1947



help@uidai.gov.in



www.uidai.gov.in



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आयकर विभाग
INCOME TAX DEPARTMENT

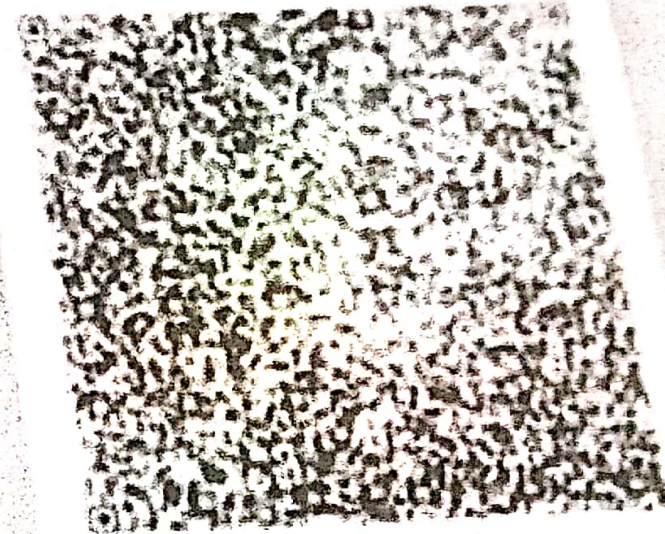


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

APBPI3733C



नाम / Name
INTKHAR

पिता का नाम / Father's Name
ISMAYIL

जन्म की तारीख /
Date of Birth
11/08/2001

इ. व. खार
हस्ताक्षर / Signature

091029