

**ADITYA 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-0126-136  
 Customer Name PINKI DEVI  
 VIN MBLJFW585PGL02678  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 07-01-2026  
 Contact No. 6307578116  
 Model PLEASURE+ XTEC  
 Reg No. UP52CE6526  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	1831AAL900S - PROTECTOR EXH PIPE ASSY	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
2	80106AAL500S -FENDER REAR LOWER	87141090	Paid	300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	354.00
3	33702AAL501S -UNIT COMP REAR	85122010	Paid	833.05	1	9.00	9.00	0.00	0.00	0.00	0.00	983.00
4	61105AALE20TS -FRONT FENDER MAT NH-105	87141090	Paid	944.92	1	9.00	9.00	0.00	0.00	0.00	0.00	1,115.00
5	64310AALC00TS -COVER FRONT LOWER)(MAT BLACK) (NH-105)	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
6	64320AALD20TS -COVER R FLOOR SIDE MAT BLACK NH 105	87141090	Paid	280.51	1	9.00	9.00	0.00	0.00	0.00	0.00	331.00
7	64340AAL900S -PILLON STEP COVER R SIDE	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
8	64210AALE20TS -FR UPPER COVER MAT BLACK NH 105	87141090	Paid	1,639.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,935.00
Parts Total											0.00	6,219.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PLEASURE+ XTEC	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
Jobs Total											0.00	590.00

Parts Total	6,219.00
Labour Total	590.00
SGST (Parts) 9%	474.33
CGST (Parts) 9%	474.33
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
<b>Total</b>	<b>6,809.00</b>

Rupees in Words: Six Thousand Eight Hundred Nine 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

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.	Pinki Devi 8858929324
2	Vehicle No. / वाहन संख्या	UP52CE6526
3	Policy No. / पालिसी संख्या	252400/31/2025/95553
4	Period of Insurance / बीमा अवधि	18/03/2025 - 17/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/2025 02:00 Pm
6	Place of Accident / दुर्घटना का स्थान	पथर हट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dharmendra Kumar Yadav UP5220160002535 8858929324
8	Estimated Loss / अनुमानित हानि	6809/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी हमारे रिस्तेदार धर्मेंद्र अपनी किसी नौजवा कार्य करने के लिए घर से कहीं जा रहे थे। तभी स्टार्ट करके इसलेट लिए तो गाड़ी का अचानक पहिया उठ गया जिससे गाड़ी पूरी तरह से खड़ी हो गई। ओट दाया साइड गिरकर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Aditya motars Gauri Bazar 8948395612

Date / दिनांक : 07/01/2026  
हस्ताक्षर

Abhishek Singh

पिंकी देवी

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. 252400/31/2028/95553

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

Period of Insurance 18/03/2028 - 17/03/2028  
 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 : Rinki Deyi  
 (b) Address for correspondence : Petharhat, Po. Lauri Bazar  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Pleasure + ZX + 2025</u>	Engine No. <u>03297</u> Chassis No. <u>02678</u>	Registration No. <u>UP52CF 6526</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

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3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Dharmendra Kumar Yadav  
(b) Age : 42 / male  
(c) Address : Larkani Deoria UP  
(d) Is the Driver :  
1. Owner : Relative  
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 : UPS22016002535  
(h) Issuing Authority : Deoria UP  
(i) Date of Expiry : 14/07/2033  
(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 : 04/01/2026  
(b) Place : Pathrahat Deoria  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : ड्राइवर स्पिड ही यानत  
(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 Rear, front fender, upper cover etc.  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : 6809/-

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 : 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 : \_\_\_\_\_

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 07/01/2026

पिकी रैत  
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 .....

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE6526 Registration Date : 26-Mar-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 : PINKI DEVI Son/wife/daughter of : AKLESH YADAV  
Full Address: (Permanent) : VILL- PATHARHAT, PO- GAURI BAZAR DEORIA, , DEORIA, UTTAR PRADESH-274202  
Full Address: (Temporary) : VILL- PATHARHAT, PO- GAURI BAZAR DEORIA, , DEORIA-UTTAR PRADESH-274202  
Fitness UpTo : 25-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 : AA1039709672 Rear HSRP No : AA2121563959  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2023  
No of Cylinders : 1 Chassis No : MBLJFW585PGL02678  
Engine No : JF16EWPGL03297 Fuel : PETROL  
Horse Power(BHP) : 8.04 Cubic Capacity : 110.90  
Maker's Classification : PLEASURE + ZX+ Wheel base : 1238  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 103  
Colour : MATT BLACK Laden/GV Wt (kgs) : 233  
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 SHRIRAM FINANCE LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 22-Mar-2025.

Purchase dt : 20-Mar-2025 Sale Amt : 79963/-  
OTT Date : 20-Mar-2025 Amount/Rcpt No : 7997 / UP52D25030003240  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 07-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 26-Mar-2025 to 25-Mar-2040

Date : 03-May-2025 11:52:38

Taxation Particulars / Advance Registration Mark Fee Details

क्र/पंजीयन अधिकारी  
मोटर वाहन विभाग  
Signature of Registering Authority  
03-May-2025

Q 2660322



 **भारत सरकार**  
**Government of India**


  
**पिंकी देवी**  
**Pinki Devi**

जन्म तिथि / DOB: 01/01/1991  
लिंग / Gender: महिला / Female

**7182 7968 7288**




**आधार - आम आदमी का अधिकार**


 **अधिकारण**  
**Unique Identification Authority of India**


पता: अधीशनी: अक्लेश यदव  
ग्राम-पथरहट, पथर हट, पथरहट  
देवरिया, उत्तर प्रदेश, 274202

**Address: W/O: Aklesh Yadav,  
Gram-PATHRAMAT, Pathar  
Hat, Deoria, Patherhat, Uttar  
Pradesh, 274202**

**7182 7968 7288**

 1947  
1800-300 1947

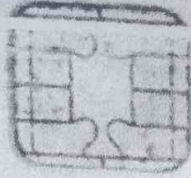
 help@uidai.gov.in

 www.uidai.gov.in

UNION OF INDIA Driving Licence



UP52 20160002535



जारी करने की तिथि

वैधता / Validity

15/02/2016

14/07/2033

जन्म तिथि / Date of Birth

Blood Group

15/07/1983

Unknown

नाम / Name



DHARMENDRAKUMAR YADAV

पिता/पति का नाम / Son/Daughter/Wife of

RAM BAHARAI YADAV

UP52 20160002535

UP03611842NT



15/02/2016

15/02/2016

पता / Address

LAVKANI  
GAURI BAZAR  
DEORIA -



Form 7, Rule 16(2)

जारीकर्ता / Issuing Authority Sign

DEORIA