

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-0126-137	Date	11-01-2026
Customer Name	HARIRAM. ...	Contact No.	7355256463
VIN	MBLHAW225P4M12547	Model	SPLENDOR +
Insurance Company		Reg No.	UP52BZ2535
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	83410AAEC00XS -FRONT VISOR NH-1(T6)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
2	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
3	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	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	2,615.00

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	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
Jobs Total											0.00	354.00

Parts Total	2,615.00
Labour Total	354.00
SGST (Parts) 9%	199.45
CGST (Parts) 9%	199.45
SGST (Labour) 9%	27.00
CGST (Labour) 9%	27.00
Total	2,969.00

Rupees in Words: Two Thousand Nine Hundred Sixty Eight 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
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 DEORIA Jurisdiction Only

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.	HAKIRAM 979270615
2	Vehicle No. / वाहन संख्या	UP52BZ2535
3	Policy No. / पालिसी संख्या	2025/7001/0/46578/421539
4	Period of Insurance / बीमा अवधि	30/03/2025 - 29/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/2025 06:00 PM
6	Place of Accident / दुर्घटना का स्थान	पचोहियां
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	HAKIRAM UP52 20230017161 979270615
8	Estimated Loss / अनुमानित हानि	2969/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी लंबे अपनी किसी भी नौकरी कार्य करने के लिए गौरीबाजार से बिशुनपुरा चौराहे के लिए जा रहा था तभी पचोहियां अचानक सामने से जानवर आ गया मेरी गाड़ी सामने से 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 / फ़ोन नं.	ADITYA MOTARS GAURI BAZAR 8948395612

Date / दिनांक : 09/01/2026
हस्ताक्षर
Abhishek Singh

हरि राम
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. 2025/7001/0146575/4215
39

Tel. No. _____

Period of Insurance 30/03/2025 - 29/03/2026
 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 : HARIRAM
 (b) Address for correspondence : MATHIYA TIWARI, P.O. MATHIYASAHU, Deoria
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SPL+ 2024</u>	Engine No. <u>15069</u> Chassis No. <u>12847</u>	Registration No. <u>UP52 B2</u> <u>2535</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : HARI RAM
- (b) Age : 37/male
- (c) Address : MATHIYA, PO. MATHIYASHAU.
- (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 : UPS290230017169
- (h) Issuing Authority : Deoria, UP
- (i) Date of Expiry : 19/10/2033
- (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 : 28/12/2025 06:00 PM.
- (b) Place : Pachuhya, Deoria
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : _____
- (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 : front visor, Handle, R. Winkeer, fender etc.
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : 2969/-

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? : NA
- (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 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 ~~03/01/2026~~ 2026
11/01/2026

Signature of the insured हरि राय

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 : UP52BZ2535 Registration Date : 02-Feb-2024
 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 : HARIRAM Son/wife/daughter of : GUPTAR PRASAD
 Full Address: (Permanent) : VILL- MATHIYA TIWARI PO- MATHIYA, SAHU NAME GAURI GAURI BAZAR DEORIA, ,
 DEORIA, UTTAR PRADESH-274202
 Full Address: (Temporary) : VILL- MATHIYA TIWARI PO- MATHIYA, SAHU NAME GAURI GAURI BAZAR DEORIA, ,
 DEORIA-UTTAR PRADESH-274202
 Fitness UpTo : 01-Feb-2039 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	Rear HSRP No	: AA2091810910
Front HSRP No	: AA1031376643	Month/Year of Manuf.	: 12/2023
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW225P4M12547
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E8P4M15069	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1236
Maker's Classification	: SPLENDOR+ I3S (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 111
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 241
Colour	: BLACK GREY STRIPE	AC Fitted	: NO
Other Criteria	:		
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 LIC OF INDIA, DEORIA, , , Deoria, Uttar Pradesh-274001 w.e.f. 31-Jan-2024.

Purchase dt	: 27-Jan-2024	Sale Amt	: 76426/-
OTT Date	: 27-Jan-2024	Amount/Rcpt No	: 7643 / UP52D24020000224
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 08-Feb-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Feb-2024 to 01-Feb-2039

Date : 27-Feb-2024 14:35:02

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 27-Feb-2024

P 6560073

Program Proposal Two-Wheeler Package Contract - Bundled

Contract No.: MS/2025/7001/O/46575/421539

Motorsathi Care Private Limited

Bass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
HARIRAM	1988-05-26	9792170615	S O GUPTAR PRASAD	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Ty
SILVER	UP52BZ2535	HA11E8P4M15069	MBLHAW225P4M12547	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
56500.00	NA	0.00	0.00	0.00	56500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	LIC OF INDIA	---	2	1347.19	
Address			City / District	Pin Code	State	
VILL- MATHIYA TIWARI PO- MATHIYA, SAHU NAME GAURI GAURI BAZAR DEORIA, Deoria, Uttar Pradesh.				274202	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MEERA DEVI	Female	29 Years	WIFE	2025-03-30 11:20	Midnight of 2026-03-29	

Section A, VRC: 756.36 TCR: 266.68 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1023.04
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B)**: 0.00 **GST (CGST @9% + SGST @9%) (B)**: 0.00 **Total with GST(B)**: 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 **Total MS Services with GST(C)**: 0.00
 Section D, Drive Assure: 274.70 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.45 **Total with GST(D)**: 324.15

Total(Section A+B+C+D) Offered Price After Discount: 1347

Package Period Covered	2025-03-30 To 2026-03-29	2026-03-30 To 2027-03-29	2027-03-30 To 2028-03-29	2028-03-30 To 2029-03-29	2029-03-30 To 2030-03-29
ADV	56500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-01-25 (DETAILS ARE PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/- No The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

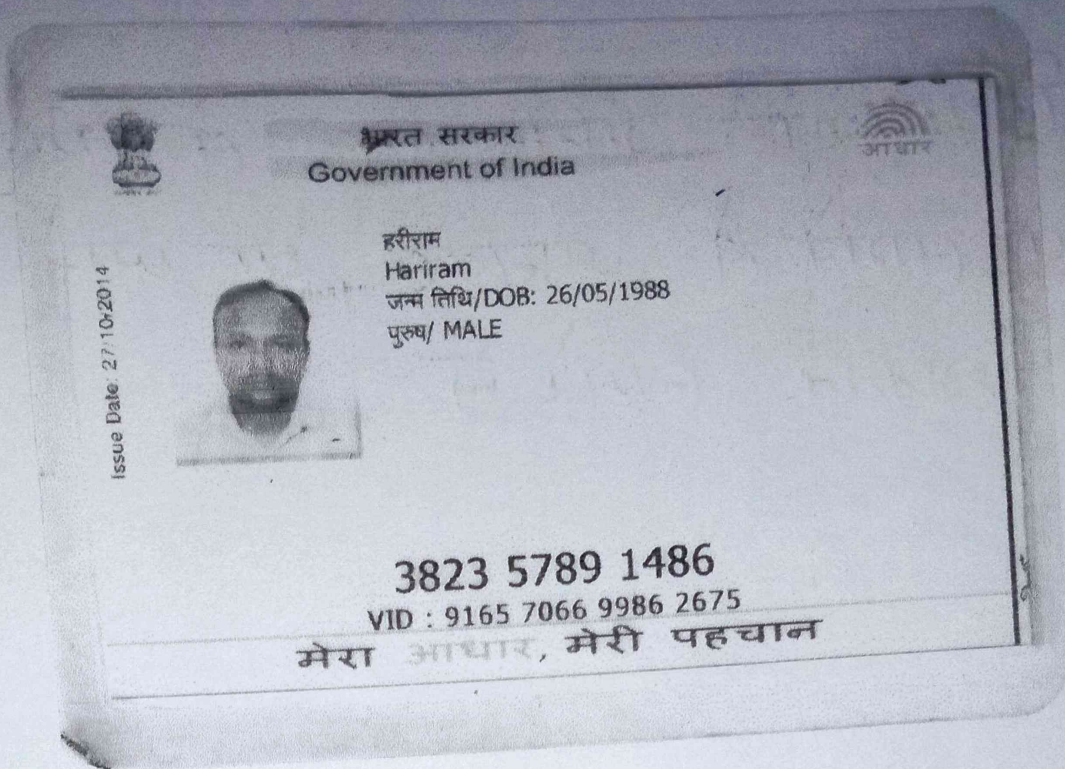
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:79410506- email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

#: Received with Thanks Rs 1347.2 ON 2025-03-30 from Mr./Ms. HARIRAM against the ARN No. INCP00421539
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Issue Date: 27/10/2014

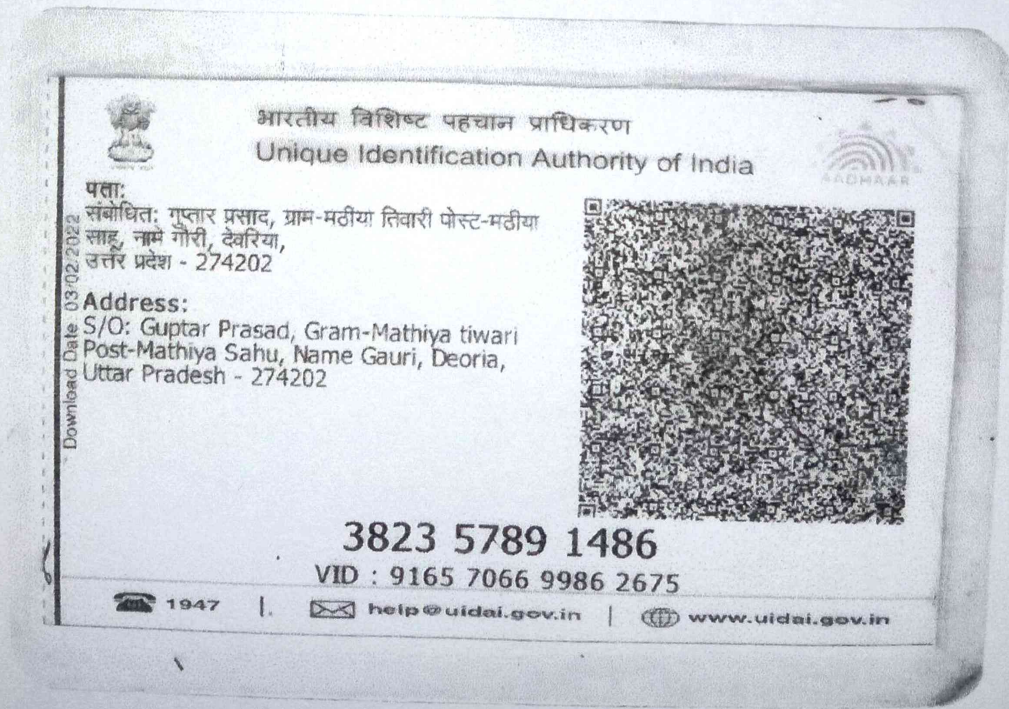


हरिराम
Hariram
जन्म तिथि/DOB: 26/05/1988
पुरुष/ MALE

3823 5789 1486

VID : 9165 7066 9986 2675

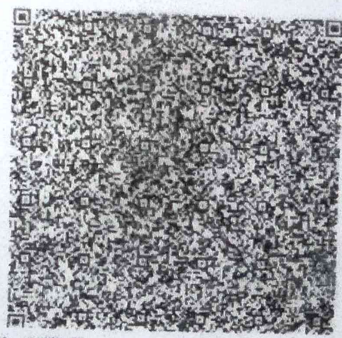
मेरा आधार, मेरी पहचान



Download Date: 03/02/2022

पता:
संबोधित: गुप्तार प्रसाद, ग्राम-मठीया तिवारी पोस्ट-मठीया
साहू, नाम गौरी, देवरिया,
उत्तर प्रदेश - 274202

Address:
S/O: Guptar Prasad, Gram-Mathiya tiwari
Post-Mathiya Sahu, Name Gauri, Deoria,
Uttar Pradesh - 274202



3823 5789 1486

VID : 9165 7066 9986 2675

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

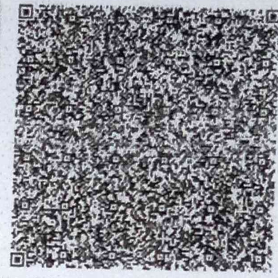
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AHWPH6969E



नाम / Name
HARIRAM

पिता का नाम / Father's Name
GUFTAR PRASAD

जन्म की तारीख /
Date of Birth
26/05/1988



25082024

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed

Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20230017161

Issue Date: 20-10-2023 Validity (NT): 19-10-2023 Validity (TR): _____

Name: **HARRAM**

Date of Birth: 26-05-1988 Blood Group: _____ Organ Donor: **N**

Son/Daughter/Wife of: **GUPTAR PRASAD**

Address:
 Gram Mathiya Ewari Post Mathiya Saha
 Name Gazri Deoria Uttar Pradesh 274202

Date of First Issue: 20-10-2023

DL No: UP52 20230017161 UPDL 900011054289

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
Motor Vehicle	MCVS	UP52	20-10-2023	BT			
Light Motor Vehicle	LMT	UP52	20-10-2023	BT			
Motor Cycle							
Auto Rickshaw							

Emergency Contact Number _____

UP52 DEORIA

Form 7 Rule 16(2)