

**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-0126-244	Date	12-01-2026
Customer Name	SATISH KUMAR	Contact No.	9005097048
VIN	MBLJAW409S9A10851	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP27BR1225
HMCGL Card No	2299224880000729	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount
1	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
2	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
4	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
5	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
6	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,161.00
7	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
8	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
9	3340BAAF40099S - WINKERS FR R(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
10	3345BAAF40099S - WINKERS FR L(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
<b>Parts Total</b>											<b>0.00</b>	<b>9,396.00</b>

**Labour Details**

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

Parts Total	9,396.00
Labour Total	1,000.64
SGST (Parts) 9%	716.64
CGST (Parts) 9%	716.64
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
<b>Total</b>	<b>10,396.64</b>

Rupees in Words: Ten Thousand Three Hundred Ninety Six and paise Sixty Four Only

Authorised Signatory

1. Terms Cash

2. Prices &amp; 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

22992 - Main W/S



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

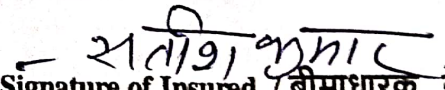
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	9005097048 Satish Kumar
2	Vehicle No. / वाहन संख्या	UP27BR1225
3	Policy No. / पालिसी संख्या	252400/31/2025/04414
4	Period of Insurance / बीमा अवधि	10.02.25 to 09.02.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11.01.26 3:00 Pm
6	Place of Accident / दुर्घटना का स्थान	Behni
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP27 20170003505 Pankaj Kumar (9985292006)
8	Estimated Loss / अनुमानित हानि	चक्र कुल 10396
09.	Cause of Accident / दुर्घटना का कारण :	चक्र कुल घूमते हुए से रोमाइड जड़ रहा था लेकिन ठोकी चौड़ाई पर एक काजब लजाने आ गई लिमले लजाने की कोशिश में गाड़ी सिरकट इस्किन्त 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 / फ़ोन नं.	0953999055 Rajaram Auto Sales

Date / दिनांक : 12.01.26  
हस्ताक्षर

  
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. 252400/31/2025/00414

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

Period of Insurance 10.02.25 to 09.02.26  
 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 : Sadish Kumar  
 (b) Address for correspondence : Sehramu Dakshin Behti Sehramu South  
 (c) Telephone : 9005097048 Shahjahanpur

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>A14205</u> Chassis No. <u>A10051</u>	Registration No. <u>UP27BR</u> <u>1225</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 : pankaj kumar  
(b) Age :  
(c) Address : Behi Sahamau South Shahjahanpur  
(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 : UP 27 2017 000 3505  
(h) Issuing Authority : Shahjahanpur  
(i) Date of Expiry : 30.08.2037  
(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 : 11.01.26 8:00pm  
(b) Place : Behi  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : गाड़ी गेट से बाहर के पार्क जगह पर रुक गई थी  
(e) If any third party was responsible for this accident give the name and address : गाड़ी गेट से बाहर के पार्क जगह पर रुक गई थी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Partial Damage  
(b) Estimated cost of repairs : 10396  
(c) When and where can the damaged vehicle be inspected : Rosharam 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? :  
M.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 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 12.01.2026

Signature of the insured — 21/1/2026

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. UP27BR1225 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/-

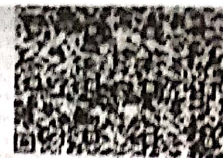
Witness  
Name .....  
Signature .....  
Address .....

Signature ..... श्रीशिवशर्मा  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



**Transport Department SAHJAHANPUR  
FORM 23  
CERTIFICATE OF REGISTRATION**



Registration No : UP27BR1225 Registration Date : 13-Feb-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 : SATISH KUMAR Son/wife/daughter of : S/O BAIJ NATH  
 Full Address: (Permanent) : SEHRAMU DAKSHINI,BEHTI, SEHRAMAU SOUTH, , SHAHJAHANPUR, UTTAR  
 PRADESH-242406  
 Full Address: (Temporary) : SEHRAMU DAKSHINI,BEHTI, SEHRAMAU SOUTH, , SHAHJAHANPUR-UTTAR  
 PRADESH-242406  
 Fitness UpTo : 12-Feb-2040 Owner Serial No : 1

5837

**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	: AA2120938955	Rear HSRP No	: AA2120645243
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 01/2025
No of Cylinders	: 1	Chassis No	: MBLJAW409S9A10851
Engine No	: JA07AMS9A14205	Fuel	: PETROL
Horse Power(BHP)	: 10.72	Cubic Capacity	: 124.70
Maker's Classification	: SUPER SPLENDOR XTEC D	Wheel base	: 1267
	R		
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Uhladen Wt (kgs)	: 122
Colour	: BLACK	Laden/GV Wt (kgs)	: 252
Other Criteria	:	AC Fitted	: NO
Vehicle Purchase As	: Fully Built		

2

**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 HERO FINCORP LTD,HPA, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 10-Feb-2025.

Purchase dt	: 10-Feb-2025	Sale Amt	: 82461/-
OTT Date	: 10-Feb-2025	Amount/Rcpt No	: 8247 / UP27D25020001440
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 27-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 13-Feb-2025 to 12-Feb-2040**

Date . 03-Apr-2025 15:14:10

Taxation Particulars / Advance Registration Mark Fee Details

प्रजीयन अधिकारी  
 Signature of Registrar  
 शाहजहाँपुर  
 03(Apr)2025  
 यू.पी. 27

2859356



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 246 KHAIR NAGAR, OPP. FIMISTAN CINEMA NEAR BUT... (GSTIN) #9AACT64TR4ZU

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead Branch No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year of Manufacture, Engine-Chassis No, Cable Capacity, Seating Capacity, Type of Body, Type of Fuel, RTO Location) and INSURED DECLARED VALUE (IVV) (in Rs.) (Vehicle, Year, Total IDV, FNF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs.) Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-totals and add-on coverages like NDL Depreciation, Return to Invoice, Key Replacement, Consumables.

Payment Details Table with columns: Number Details, Name, Age, Relation, Payment Method, Cheque No./Transaction No, Bank Name, Amount, Financer Name, Financer Branch, Financer Type, POS Name, POS ID, POS PAN No/Aadhar No.

Legal notices and conditions: In the event of a claim under the policy... The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with the conditions... IMPORTANT NOTICE

Limitations on use: Use only for social domestic and pleasure purposes... Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license... No Claim Bonus: The insured is entitled to a No Claim Bonus (NCB) for the own damage section of the policy...

Approval and Signature section: Approved By: UNIV251430, Approved On: 10-FEB-23, Filed: MKT, Printed On: 10-FEB-23. Includes a large circular stamp of The Oriental Insurance Company Limited and a signature.



भारत सरकार  
Government of India



सतीश कुमार  
SATISH KUMAR  
जन्म तिथि / DOB : 23/01/1987  
पुरुष / Male

9847 6935 5122



आधार - आप आदमी का अधिकार



भारत सरकार  
Unique Identification Authority of India

पता:  
S/O: बैज नाथ, - , - , सेरामस  
दक्षिणी, बहेरी, शाहजहापुर, सेरामस  
सीडय, उत्तर प्रदेश, 242406

Address:  
S/O: Baij Nath, - , - , SEHRAMU  
DAKSHINI, Behri, Shahjahanpur,  
Serama(south), Uttar Pradesh,  
242406

9847 6935 5122

1800 300 1947

help @ uidai.gov.in

www.uidai.gov.in

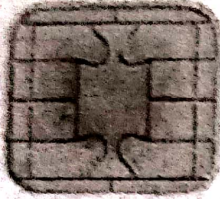




# UNION OF INDIA Driving Licence

UP NT

UP27 20170003505



जारी करने की तिथि  
Date of Issue  
31/03/2017

वैधता / Validity  
30/03/2037

जन्म तिथि  
Date of Birth  
15/09/1998

Blood Group  
Unknown



नाम / Name

**PANKAJ KUMAR**

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

**BHAI LAL**

UP27 20170003505

UP05176805MT



LMV  
31/03/2017



MCWG  
31/03/2017



UP

Form 7 Rule 16(2)

पता / Address

**BEHTI SEHRAMAU SOUTH  
SHAHJAHANPUR**

Holder's Signature

जारीकर्ता / Issuing Authority Sign  
**SHAHJAHANPUR**



**“FORM NO. 60 [See second proviso to rule 114B]**

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

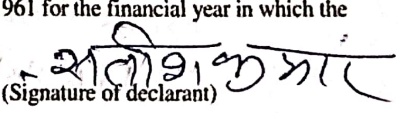
1		First Name <b>S A T I S H K U M A R</b>										2		Date of Birth/ Incorporation of declarant										
		Middle Name												D	D	M	M	Y	Y	Y	Y			
		Surname												2	3	0	1	1	9	0	7			
3			Father's Name (in case of individual)										First Name		<b>B A I J N A R H</b>									
			Middle Name																					
			Surname																					
4				Flat/ Room No.				5				Floor No.												
6				Name of premises				7				Block Name/No.												
8				Road/ Street/ Lane				9				Area/ Locality												
				<b>Behni</b>																				
10				Town/ City				11				District				12		State						
				<b>Schandam Dakshini</b>								<b>Shahjahanpur</b>						<b>Uttar Pradesh</b>						
13				Pin code				14				Telephone Number (with STD code)				15				Mobile Number				
				<b>242406</b>												<b>9005097048</b>								
16				Amount of transaction (Rs.)												18				In case of transaction in joint names, number of persons involved in the transaction				
17				Date of transaction				D	D	M	M	Y	Y	Y	Y									
19																Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other								
20				Aadhaar Number issued by UIDAI (if available)				<b>9847 6935 5122</b>																
21				If applied for PAN and it is not yet generated enter date of application and acknowledgement number				D	D	M	M	Y	Y	Y	Y									
22																If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held								
a																Agricultural income (Rs.)								
b																Other than agricultural income (Rs.)								
23				Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf)				Docu ment code		Document identification number				Name and address of the authority issuing the document										
24				Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)				Docu ment code		Document identification number				Name and address of the authority issuing the document										

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Place: \_\_\_\_\_

  
(Signature of declarant)

**Note:**

- Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable,-
  - in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
  - in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

