

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-0126-15	Date	13-01-2026
Customer Name	LADALI KHATOON	Contact No.	7738609138
VIN	MBLHAW487SGM03597	Model	SPLENDOR +
Insurance Company		Reg No	UP57CB6136
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	83410AAEC00VS -FRONT VISOR NH-1(T4)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
2	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	612.00
4	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00

Parts Total

0.00 778.00

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

Jobs Total

0.00 590.00

Parts Total	778.00
Labour Total	590.00
SGST (Parts) 9%	211.61
CGST (Parts) 9%	211.61
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
Total	3367.00

Rupees in Words: Three Thousand Three Hundred Sixty Seven Only

Authorized 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. Vehicle may be inspected in Workshop premise or outside the premise
 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 FAZILNAGAR Jurisdiction Only.
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

21318 - 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.	LAOLI Khotkoon 99190 670785
2	Vehicle No. / वाहन संख्या	UP 57 CB 6182
3	Policy No. / पालिसी संख्या	252400/31/2026/66903
4	Period of Insurance / बीमा अवधि	21/12/2025 TO 20/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/01/2026 : 4:00PM
6	Place of Accident / दुर्घटना का स्थान	सुमै
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	GAMESH
8	Estimated Loss / अनुमानित हानि	3500/-
09.	Cause of Accident / दुर्घटना का कारण :	डा. डी. गमेश चमार रहे थे, एक से चौराहे जा रहे थे इस क्षण में सुमै में सामने से आमियालित, वाइक, वागा, आ रहे थे। जिससे हमारी मोटोरो आप 21.12.25 को आघात 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.	RAJ auto mobil Farninagen UP AKSHAY mishra 965140295

Date / दिनांक : 12/01/2026
हस्ताक्षर

लादली खातुन
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 252400/31/2026/66903
 Tel. No. _____ Period of Insurance 21/12/2025 TO 20/12/2026
 Claim No _____

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

1. THE INSURED

(a) Name LADLE KHATOON
 (b) Address for correspondence _____
 (c) Telephone 9919670705

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No <u>203537</u> Chassis No <u>203597</u>	Registration No <u>UP57</u> <u>CBG186</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 NA
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

III. ADDITIONAL INFORMATION (COMMERCIAL VEHICLES)

The following questions need be answered for 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 _____
- M/NA



3 DRIVER AT THE TIME OF ACCIDENT

- (a) Name GANESH
- (b) Age 01-01-1989
- (c) Address NOKTHA URF
- (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 UP5720230002519
- (h) Issuing Authority KUSHINAGAR
- (i) Date of Expiry 14-02-2023
- (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 police? If so, Why? NA

4 OTHER INSURANCE

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

5 DETAILS OF ACCIDENT

- (a) Date and Time 11/01/2026 @ 4:00PM
- (b) Place SHAR
- (c) Speed of vehicle at the time of accident 40KM
- (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 As per estimate
- (b) Estimated cost of repairs 3500
- (c) When and where can the damaged vehicle be inspected or

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?

n/s



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? : _____ 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 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 on the Contents of the require in respect of the said accident, which 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 whole of the accident shall be forfeited.

Date 12-01-2026
_____ 200

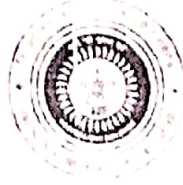
नाडली खातुन
Signature of the insured _____

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. _____

THE ORIENTAL
INSURANCE COMPANY
LIMITED
NEW DELHI

Witness
Name
Signature
Address

Signature
Occupation लॉडली स्काउज
Address
.....
.....

Bank Account Number
Name of the Bank



TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FRI MISTAN CINEMA MARKET, 01214063570 (GSTIN: 09AAAAC0627R4ZU)

Policy Type	INDENT POLICY (MOTORISED TWO WHEELER)	Policy Issued On	21-DEC-25
Policy No	25240031202500003	Proposal No & Date	R/252400312025/007473917/B & 21-DEC-2025
Agent/Broker Code	BA00003544	Policy Period (OWN DAMAGE)	FROM 14:02 ON 21-12-2025 TO MIDNIGHT OF 20-12-2026
Agent/Broker Name	ABHINAV BHAT	Policy Period (LIABILITY)	FROM 14:02 ON 21-12-2025 TO MIDNIGHT OF 20-12-2026
Insured Name	LADAKU KHATOON GSTIN	Lead Breakin No	
Insured Address	C/O GURJILLAN MIYA R/O VILL. NAKATAHAURE HARJAR CHHAPAR PO- NAKATAHA MISIR, P.S. CHAURA KHAN PADRAUNA KUSHINAGAR, N.A.O.	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)	
Make	HERO MOTOR CORP	Vehicle	70977
Model & Variant	HERO SPLENDOOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	70977
Engine & Basso No	BA10F58AL0557 - NBL14W4S7SGAD3597	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1	Geographical Area	
Type Of Body	S260	Type Of Fuel	PETROL
RTU Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1172.49	Basic Third Party Liability	3851
Electrical Accessories	0	Compulsory PA Cover Premium	0
Non-Elec. Accessories	0	PA Cover for 0 Person Of Rs(0) each (IMT-16)	0
Basic Premium	176.49	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Fxta (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	4027
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0
Discount For Vehicle designed for handicapped	0	STAMP DUTY	0
STP (Optional)	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductions	0	Krishi Kalyan Cess @ 0.50%	0
Net Premium	176	Gross Premium Paid	4751
Net Depreciation	0		
Return on Income	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	176		

Suminsuree Details	Nominee Name	Age	Relation
Payment Details	Payment Method	Cheque No/Transaction No.	Bank Name
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch
POS Name	POS ID	NA	POS PAN N/A, Aadar No
Amount	4751		NEW DELHI

In the event of a loss under this policy (excluding B) the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available on all our operating offices as well as our website.

The insured hereby certifies that the information furnished in this schedule of premium (including all exclusions, JMTs and OLC endorsements mentioned herein above) which are available on our company's website is true and correct and that in the event of a claim, the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claims are 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 this 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 respect of the insured being authorized by and on behalf of the company has been taken to set their hands at 252400 on 21-DEC-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 a claim is recoverable from the insured by the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

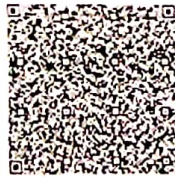
Limitations as to use: Use only for local domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward; (2) Carriage of goods (other than samples or personal baggage); (3) Organized racing; (4) Pace Making; (5) Speed testing; (6) Reliability trials; (7) Any Purpose or connection with motor trials.

Driver's License: 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 is holding an effective license in the name of the driver's vehicle & that such a person satisfies the requirements of Rule 104 of the Central Motor Vehicles Rules, 1989.

Limit of Liability: Clause (under section 114) of the policy - Death for body injury. Such amount is necessary to meet the requirement of the motor vehicle act, 1988. Loss Section (B) of the policy - Damage to third party property in Rs. 3 Lakhs. P.A.C. (except under section 114) for non-driver is Rs. 0.

No Claim Bonus: In this policy is provided for a No Claim Bonus (NCB) on the own damage section of the policy at the rate of 5% per annum for the preceding year or part thereof. The preceding year 20% preceding year 35% preceding year 45% preceding year 55% preceding year 65% preceding year 75% preceding year 85% preceding year 95% preceding year 100% preceding year. No Claim Bonus will be allowed provided the policy is renewed for the next year.

Assignment: This policy is not assignable as well as the cover of insurance provided in this schedule with the motor vehicle act, 1988. Section 193 of M.V. Act, 1988.



Approval No: N/A (25/12/25)
Approved On: 21/12/25
Place: MRT
Printed On: 21/12/25

अधिकारी and on behalf of
7081415800
General Manager
Authorized Signature



भारत सरकार

Government of India



लाडली खातून

Ladali Khatoon

जन्म तिथि / DOB : 01/01/2001

महिला / Female



5447 4463 3911

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता

आत्मजा, भूलन मिया, नकटहा उर्फ
हरिहर छापर, कुशीनगर, नकटहा
मिश्र, उत्तर प्रदेश, 274401

Address

D/O Bhulan Miya, Nakataha Uri
Harihar Chhapar, Kushinagar,
Nakataha Misir, Uttar Pradesh,
274401

5447 4463 3911



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in




Scanned with OKEN Scanner

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20230002519

Issue Date: 15-02-2023 Validity (NT): 14-02-2033 Validity (TR):

Name: **GANESH**
 Date of Birth: 01-01-1989 Blood Group:
 Son/Daughter/Wife of: **INDRAJEET**
 Address: **Nakataha Urf Harihar Chhapar Kushinagar
 Uttar Pr 274401**


Holder's Signature: 

Organ Donor: **N**

Date of First Issue: **15-02-2023**

(Handwritten mark)

DL No: UP57 20230002519 UPDL 00001026624

 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
MCWG	UP57	15-02-2023	NT				
LMV	UP57	15-02-2023	NT				
MVSD							


Emergency Contact Number _____

Licensing Authority
UP57 KUSHINAGAR

Copy to be kept with application

Tax Invoice cum Acknowledgement receipt of PAN Application (Form 49A)

Date- 07 Jan 2026

Tax Invoice cum Acknowledgement Number	P - 910243512348715			
Category	INDIVIDUAL	GSTIN of Applicant	NA	
Applicant's Name	LADALI KHATOON			
Name on Card	LADALI KHATOON			
Father's Name	BHULAN MIYA			
Mother's Name	Not mentioned			
Date of Birth/ Incorporation	01 Jan 2001	Communication Address State	UTTAR PRADESH (9)	
Telephone/ Mobile Number	91-7738609138	E-mail ID	NTSDFZ1@GMAIL.COM	
Proof of Identity	AADHAAR Card issued by the Unique Identification Authority of India			
Proof of Address	AADHAAR Card issued by the Unique Identification Authority of India			
Proof of DOB	AADHAAR Card issued by the Unique Identification Authority of India			
On behalf of Protean eGov Technologies Limited PAN Centre Managed by Protean. Branch ID: 9102435 Integrated Data Management Services Private Limited SHOP NO- 2 VILL-JAMALPUR NEAR PRIMARY SCHOOL MEERUT UTTAR PRADESH 250222		PAN application fee	₹91.00	
		SGST 9%	₹0.00	
		CGST 9%	₹0.00	
		IGST 18%	₹16.38	
		Total(Rounded Off)	₹107.00	
GSTIN:27AAACN2082N1Z8	CIN: L72900MH1995PLC095642	SAC : 998319		

This is a computer generated receipt and does not require signature.

Online PAAM 1.2



**GOVERNMENT OF UTTAR PRADESH**

Transport Department

PADRAUNA(KUSHI NAGAR),Uttar Pradesh

RECEIPT/APPL No: UP57D25120002537/UP25122289452558
 Vehicle Class: M-Cycle/Scooter
 Received From: LADALI KHATOON
 Receipt date: 23-Dec-2025
 Chassis No: MBLHAW487SGM03597
 FinancerName: HERO FINCORP LTD
 Bank Ref No: CPAGBJVEH1
 Remarks: ONLINE-PAYMENT

Vehicle No: UP57CB6136
 Sale Amount : 73764/-
 Transaction Id: UPY2512235544942

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(21-Dec-2025 to One Time)	7377	0	7377

GRAND TOTAL (in Rs): 8177/- (EIGHT THOUSAND ONE HUNDRED AND SEVENTY SEVEN ONLY)

Note- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

AJAY SIR
GUPTA AUTOMOBILES

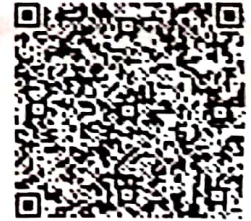
Customer Copy

Printed On: 13-Jan-2026 12:42:48

**GOVERNMENT OF UTTAR PRADESH**

Transport Department

PADRAUNA(KUSHI NAGAR),Uttar Pradesh



RECEIPT/APPL No: UP57D25120002537/UP25122289452558
 Vehicle Class: M-Cycle/Scooter
 Received From: LADALI KHATOON
 Receipt date: 23-Dec-2025
 Chassis No: MBLHAW487SGM03597
 FinancerName: HERO FINCORP LTD
 Bank Ref No: CPAGBJVEH1
 Remarks: ONLINE-PAYMENT

Vehicle No: UP57CB6136
 Sale Amount : 73764/-
 Transaction Id: UPY2512235544942

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(21-Dec-2025 to One Time)	7377	0	7377

GRAND TOTAL (in Rs): 8177/- (EIGHT THOUSAND ONE HUNDRED AND SEVENTY SEVEN ONLY)

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GUPTA AUTOMOBILES