

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-0126-139
 Customer Name GEETA YADAV
 VIN MBLHAW120NHE09534
 Insurance Company
 HMCGL Card No

Date 15-01-2026
 Contact No. 7567374511
 Model SPLENDOR +
 Reg No. UP52BQ6420
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE3054S -FRONT VISOR NH-1 TYPE-4	37141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
2	33100KCC710AS -LIGHT ASSY HEAD (W/O BULB)	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
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	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
6	17520AAEA00RS -FUEL TANK (BLACK NH-1)	87141090	Paid	4,335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	5,116.00
7	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	8,702.00

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	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
Jobs Total											0.00	472.00

Parts Total	8,702.00
Labour Total	472.00
SGST (Parts) 9%	663.71
CGST (Parts) 9%	663.71
SGST (Labour) 9%	36.00
CGST (Labour) 9%	36.00
Total	9,174.00

Rupees in Words: Nine Thousand One Hundred Seventy Three Only

Authorised Signatory

1. Terms Cash

66913 - Main W/S

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

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.	LIETA YADAV 9236706454
2	Vehicle No. / वाहन संख्या	UP52 BQ 6420
3	Policy No. / पालिसी संख्या	2025/7001/0146578/438422
4	Period of Insurance / बीमा अवधि	17/05/2025 - 16/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026 04:00 Pm.
6	Place of Accident / दुर्घटना का स्थान	इंडूपूर चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJAN YADAV UP522021001B35C, 9236706454
8	Estimated Loss / अनुमानित हानि	9174/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी पति राजन यादव अपने किसी भी कार्प कलेके लिए घर से इंडूपूर था रहे थे तभी अचानक से से लेष रफ्तार वाहुक आ गयी पिलसे मेरी गाडी से अडकल क्षतिग्रस्त हो गयी
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 CAURZ BAZAR 894839562

Date / दिनांक : 15/01/2026
हस्ताक्षर

Abhishek Singh

गीता यादव

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. 2025/700/0/46575/43849
 Tel. No. _____ Period of Insurance 17/05/2025-16/05/2026
 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 : Geeta Yadav
 (b) Address for correspondence : BHAGWA, PO. GAURI BAZAR.
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SPL+</u>	Engine No. <u>07112</u> Chassis No. <u>3592</u>	Registration No. <u>UP52 BQ</u> <u>6420</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 : RAJAN SADAV
(b) Age : 23 / male
(c) Address : CABAKANI, Po. CAURIBAZAR
(d) Is the Driver :
1. Owner : Husband
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 : MPS2 2021 0018356
(h) Issuing Authority : DEORIA LUP
(i) Date of Expiry : 11-04-2022
(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

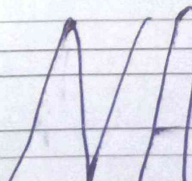
5. DETAILS OF ACCIDENT

- (a) Date and Time : 06/01/2026 04:00 PM
(b) Place : 2554
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक से हमने ब्रेम रफ्तार वाइजना गयी
(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 : Fuel Tank, visor, fender, Handle.
(b) Estimated cost of repairs : Winker, Lever etc.
(c) When and where can the damaged vehicle be inspected : 9174

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? : NA
(b) If yes, give full details : NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : NA
(b) Did a Police Constable take particulars of The accident? : NA
(c) Was accident reported to Police? If not, Why? : NA
(d) If yes, to which Police Station? : NA
(e) Date and Diary No. : NA

10. THEFT

- (a) Date and Time : NA
(b) Place : NA
(c) What was stolen? : NA
(d) Estimated cost of replacement? : NA
(e) By whom discovered and reported? : NA
(f) Has theft been reported to Police? : NA
(g) When? : NA
(h) Which Policy Station? : NA
(i) C.R. diary Number : NA

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 15/01 / 2006

Signature of the insured गीता धारवा

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 जीता यादव
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

CERTIFICATE OF REGISTRATION

Registration No : **UP52BQ6420** Registration Date : **22-May-2022**
 Description of Vehicle : **M-CYCLE/SCOOTER** Purpose For Printing RC : **NEW**
 Dealer's Name : **GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA,**
 Owner Name : **GEEETA YADAV** Son/wife/daughter of : **RAMDILARE YADAV**
 Full Address (Owner) : **VILL BHAGUA, GAURI BAZAR, DEORIA, UTTAR PRADESH-274202**
 Full Address (Dealer/Shop) : **VILL BHAGUA, GAURI BAZAR, DEORIA-UTTAR PRADESH-274202**
 Fitness Up To : **21-May-2037** Tax Up To : **One Time**
 Owner Serial No : **1**

Detailed Description
 Class of Vehicle : **M-CYCLE/SCOOTER** Link Vehicle No :
 Ownership : **INDIVIDUAL** Norms : **BHARAT STAGE VI**
 Mfg. Name : **HERO MOTOCORP LTD**
 Front HSN No : **AA2054757245** Rear HSRP No : **AA2056930298**
 Type of Entry : **SOLO WITH PILLION** Month/Year of Manuf. : **05/2022**
 Engine No : **HA11EDNHE07112** Fuel : **PETROL**
 Horse Power : **7.91** Cubic Capacity : **97.20**
 Maker's Classification : **SPLENDOR+ BLACK AND A** Wheelbase : **1236**
 Seating Capacity : **2** Standing Cap : **0**
 Strap : **0** Unladen Wt (kgs) : **112**
 Accessories : **BLACK AND ACCENT** Earthen Wt (kgs) : **242**
 Other Criteria : **Fully Built** AC Fitted : **NO**

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Make	Description	As Regd.	Weight(in kgs)
a) Front			
b) Rear			
c) Other			

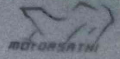
The above described is subject to Hypothecation in favour of **SHRIRAM CITY UNION**

FINANCE : **Deoria, Uttar Pradesh-274001 w.e.f. 22-May-2022**
 Purchase dt : **17-May-2022** Sale Amt : **70640/-**
 OTI Date : **17-May-2022** Amount/Rept No : **7064 / UP52022050008384**
 Tax Up To : **One Time** Vehicle is Govt./ Pvt. : **PRIVATE**
 Tax Exempt : **NOT EXEMPTED** Date of Approval : **13-Jun-2022**

Other State Transfer/Conversion Details
 Previous Reg No :
 Old State :
 Transfer Date :
 Conversion Date :
 This certificate valid from **22-May-2022 to 21-May-2037**

Date : **20-Jun-2022** Signature of Registering Authority :
 Taxation Details : **Vehicle Registration Mark Fee Details** Date : **28-Jun-2022**

Special Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/438423

Motorsathi Care Private Limited
 B.Dass 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
GEETA YADAV	2005-01-02	9236706454	D/O RAMDULARE YADAV	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
SPL+ I3S SELF DRUM	UP52BQ6420	HA11EDNHE07112	MBLHAW120NHE09534	2022-05-22	100 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV
39500.00	NA	0.00	0.00	0.00	39500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
DEORIA	Solo	SHRIRAM FINANCE LTD.	---	2	1043.90
Address			City / District	Pin Code	State
VILL- BHAGUA			DEORIA	274202	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
VISHAL YADAV	Male	23 Years	HUSBAND	2025-05-17 12:58	Midnight of 2026-05-16

Section A, VRC: 608.10 TCR: 326.27 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 151.08 **Total with GST(A)** 783.29
 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: **220.86** AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 39.75 **Total with GST(D):** 260.61
Total(Section A+B+C+D) Offered Price After Discount: 1044

Package Period Covered	2025-05-17 To 2026-05-16	2026-05-17 To 2027-05-16	2027-05-17 To 2028-05-16	2028-05-17 To 2029-05-16	2029-05-17 To 2030-05-16
ADV	39500	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 2027-05-16 (DETAILS ARE AS 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) c) 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 or 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 the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: 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 or 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.:7941050643 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 1043.91 ON 2025-05-14 from Mr./Ms. GEETA YADAV against the ARN No. INCP00438423
 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



भारत सरकार
Government of India


गीता यादव
Geeta Yadav
 जन्म तिथि/DOB: 02/01/2005
 महिला/ FEMALE



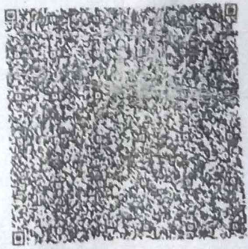
7379 0774 9119
 VID : 9193 6973 2105 1430

मेरा आधार, मेरी पहचान






भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
 आत्मजा: रामदुलारे यादव, भगुआ, देवरिया,
 उत्तर प्रदेश - 274202

Address:
 D/O: Ramdulare Yadav, Bhagua, Deoria,
 Uttar Pradesh - 274202



7379 0774 9119
 VID : 9193 6973 2105 1430

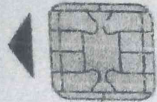
help@uidai.gov.in www.uidai.gov.in



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20210018356



Issue Date: **03-12-2021** Validity (NT): **11-04-2042** Validity (TR): _____



Holder's Signature

Date of First Issue (03-12-2021)

Name: **RAJAN YADAV**
Date of Birth: **12-04-2002** Blood Group: _____
Son/Daughter/Wife of: **OM PRAKASH YADAV**

Organ Donor: **N**

Address:
**WARD NO 1 LABKANI GAURI BAZAR
Rudrapur, Deoria, UP 274202**

DL No: **UP52 20210018356**

UPOL000408052190



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	UP52	03-12-2021	NT				
LNV	UP52	03-12-2021	NT				
MVSD							

Emergency Contact Number: _____

[Signature]
LIC Issuing Authority
UP52 DEORIA