

**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-0126-141	Date	19-01-2026
Customer Name	SALIL YADAV	Contact No.	6392062428
VIN	MBLJFW492RGB00493	Model	PLEASURE+ XTEC
Insurance Company		Reg No.	UP52CA7864
HMCL Card No		HMCL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	18318AALD00S - PROTECTOR MUFFLER	87141090	Paid	616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	728.00
2	18300AAL901S -MUFFLER COMP EXH	87141090	Paid	8,722.03	1	9.00	9.00	0.00	0.00	0.00	0.00	10,292.00
3	11100ABH000S -CRANK CASE COMP RIGHT	84099192	Paid	2,284.75	1	9.00	9.00	0.00	0.00	0.00	0.00	2,696.00
4	K86613AALG500S -KIT GARNISH RL BODY COVER	87141090	Paid	250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	295.00
5	83450AALE20TS -R BODY COVER MAT BLACK NH 105	87141090	Paid	1,190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	1,405.00
Parts Total											0.00	15,416.00

**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	15,416.00
Labour Total	590.00
SGST (Parts) 9%	1,175.80
CGST (Parts) 9%	1,175.80
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
<b>Total</b>	<b>16,006.00</b>

Rupees in Words: Sixteen Thousand Six 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.	SALIL YADAV 9211537568
2	Vehicle No. / वाहन संख्या	UP52CA7864
3	Policy No. / पालिसी संख्या	ms/2025/7001/0146575/450158
4	Period of Insurance / बीमा अवधि	18/06/2025 - 17/06/2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/01/2026 07:30 pm
6	Place of Accident / दुर्घटना का स्थान	नायरा पेट्रोल पंप गौटीवापार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VINOD KUMAR YADAV UP5320050083200, 9211537568
8	Estimated Loss / अनुमानित हानि	16006/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे पति मेरी गाड़ी लेते अपने किसी तीर्थ कार्य करने के लिए गौटीवापार गए। वही गौटीवापार नायरा पेट्रोल पंप पे खेव लेते जा रहे थे वही दाहिने हाइड्रु सेवानि लेव रफ्तार वाइक वाकि मार दिमा पिलसे गाडी बसकत क्षतिग्रस्त होगी
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 CAURI BAZAR 8948395612

Date / दिनांक : 19/01/2026  
हस्ताक्षर

Ablishek Singh

सलिल 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. ms/9025/7001/0/46575/450  
 Tel. No. \_\_\_\_\_ Period of Insurance 18/06/2025 - 17/06/2026  
 Claim No. 158

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 : SALIL YADAV  
 (b) Address for correspondence : BUJALJI, HETIMPUR DEORIA.  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>PLEASURE + 2024</u>	Engine No. <u>01416</u> Chassis No. <u>00493</u>	Registration No. <u>UP52CA 7864</u>
---	---	--

(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 / NA  
 2. Was a pillion rider carried

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 :

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : VINOD KUMAR YADAV  
 (b) Age : 43 / male  
 (c) Address : BUDAULT HETEMPUR.  
 (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 : UP53200500063200  
 (h) Issuing Authority : BHARUA, UP  
 (i) Date of Expiry : 07/06/2035  
 (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 : 16/01/2026 07:30pm  
 (b) Place : गीरी बाजार पेट्रोलपंप  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : तेज चलते वाहन ने दाहिने साइड से मल टिप्पा  
 (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 : muffer, Muffer cover, Kit Grommish, etc.  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : 16006/-

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? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA  
(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 19/01/2016

Signature of the insured शुभिका देवा

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 ..... शक्ति देवी .....  
Occupation .....  
Address .....  
.....  
.....

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

GOVERNMENT OF UTTAR PRADESH

<https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPa>

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CA7864 Registration Date : 26-May-2024  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,  
 . . 189-274403  
 Owner Name : SALIL YADAV Son/wife/daughter of : W/O- VINOD YADAV  
 Full Address: (Permanent) : VILL- BHUJAULI, PO- HETIMPUR, PS- MAHUADIH, DEORIA, UTTAR PRADESH-274206  
 Full Address: (Temporary) : VILL- BHUJAULI, PO- HETIMPUR, PS- MAHUADIH, DEORIA-UTTAR PRADESH-274206  
 Fitness UpTo : 25-May-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  
 Front HSRP No : AA2103629812 Rear HSRP No : AA2099970010  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2024  
 No of Cylinders : 1 Chassis No : MBLJFW492RGB00493  
 Engine No : JF16EWRGB01416 Fuel : PETROL  
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90  
 Maker's Classification : PLEASURE + CX Wheel base : 1238  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 106  
 Colour : MATT BLACK Laden/GV Wt (kgs) : 236  
 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 w.e.f. .

Purchase dt : 23-May-2024 Sale Amt : 83763/-  
 OTT Date : 23-May-2024 Amount/Rcpt No : 8377 / UP52D24050600064  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 06-Aug-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 26-May-2024 to 25-May-2039

Date : 08-Aug-2024 13:28:42

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 08-Aug-2024

P 9256894

# Program Proposal Two-Wheeler Package Contract - Bundled

Contract No.: MS/2025/7001/O/46575/450158



Care Private Limited

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

as at:

+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	
SALIL YADAV	1984-01-01	6392062428	W/O VINOD YADAV	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle
HPLNPDRZCFI	UP52CA7864	JF16EWRGB01416	MBLJFW492RGB00493	2024	110	TV
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			2	1347.19	
Address			City / District	Pin Code	State	
Vill- Bhujauli, Po- Hetimpur, Ps- Mahuadih, Deoria, Uttar Pradesh,				274206	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
VINOD YADAV	Male	42 Years	FATHER	2025-06-18 13:31	Midnight of 2026-06-18	

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 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

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

Package Period Covered	2025-06-18 To 2026-06-17	2026-06-18 To 2027-06-17	2027-06-18 To 2028-06-17	2028-06-18 To 2029-06-17	2029-06-18 To 2030-06-17
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 2029-05-22 (DETAILS A 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 56 of the 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. 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 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 accountants shall 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 customer to 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 2025-06-18 from Mr./Ms. SALIL YADAV against the ARN No. INCP00450158

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)



भारत सरकार  
Government of India



सलिल यादव  
Salil Yadav  
जन्म तिथि / DOB : 01/01/1984  
महिला / Female



6367 4811 1720

आधार - आम आदमी का अधिकार



भारत सरकार  
Unique Identification Authority of India

पता: संबोधित: विनोद यादव,  
सड़क/मार्ग/गली: भूजौली,  
गांव/कस्बा/शहर: हेतिमपुर, जिला:  
देवरिया, पोस्ट ऑफिस: हेतिमपुर,  
राज्य: उत्तर प्रदेश, पिन कोड:  
274206

Address: W/O: Vinod Yadav,  
Street/Road/Lane: bhujauli,  
Village/Town/City: Hetimpur, District:  
Deoria, P.O.: Hetimpur, State: Uttar  
Pradesh, PinCode: 274206

6367 4811 1720

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी सेवा संख्या कार्ड  
Permanent Account Number Card

FIEPS4303F



नाम / Name  
SALE YADAV

पिता का नाम / Father's Name  
BADAN YADAV

जन्म की तारीख /  
Date of Birth  
01/01/1984

हस्ताक्षर / Signature

00152010



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

UP

**UP53 20050083200**

Issue Date    Validity (NT)    Validity(TR)  
28-06-2025    27-06-2035    25-11-2026



Holder's Signature

Date of First Issue 03-06-2005

Name: **VINOD KUMAR YADAV**  
Date of Birth: **10-10-1982**    Blood Group:  
Son/Daughter/Wife of: **LALJEE YADAV**  
Address:  
**BHUJALI HETIMPUR MAHUJDIH**  
**DEORIA 274206**

Organ Donor: **N**

DL No: **UP53 20050083200**

UPDL521000620957



Invalid Carriage (Regn Numbers)  
Hazardous Validity<sup>d</sup>    Hill Validity<sup>d</sup>

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>d</sup>	Badge Issued Date <sup>d</sup>	Badge Issued By <sup>d</sup>
	MCWG	UP53	03-06-2005	NT			
	LMV	UP53	03-06-2005	NT			
	TRANS	UP52	13-09-2012	TR			

Emergency Contact Number

Licensing Authority  
UP52 DEORIA