

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-0226-146
 Customer Name DILEEP ..
 VIN MBLHAW217PHM06460
 Insurance Company
 HMCGL Card No
 Part Details

Date 02-02-2026
 Contact No. 9838717836
 Model SPLENDOR+ XTEC
 Reg No. UP52BZ2407
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAEB00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
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	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
5	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
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	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
8	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
9	51500KWA941S -FORK ASSY. L FR	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
10	81200AAD300S -CARRIER REAR.	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00
Parts Total											0.00	9,233.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ 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											9,233.00	
Labour Total											590.00	
SGST (Parts) 9%											704.21	
CGST (Parts) 9%											704.21	
SGST (Labour) 9%											45.00	
CGST (Labour) 9%											45.00	
Total											9,823.00	

Rupees in Words: Nine Thousand Eight Hundred Twenty Three 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

66913 - Main W/S

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.	DILEEP , 9838717836
2	Vehicle No. / वाहन संख्या	UP52 B72407
3	Policy No. / पालिसी संख्या	2028/7001/0/46578/413913
4	Period of Insurance / बीमा अवधि	06/03/2025 + 05/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/01/2026 , 11:00 AM.
6	Place of Accident / दुर्घटना का स्थान	नरेन्द्र चौक
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Govind , 9838717836 UP5220140002915
8	Estimated Loss / अनुमानित हानि	98231/-
09.	Cause of Accident / दुर्घटना का कारण : मेरा भाइका गोविन्द अपनी किसी नीची कार को ठेके के लिए पथरूट से इन्ड्रुट जा रहा था कभी नरेन्द्र चौक पर घट पीड़े से गाड़ी का बायां लाके मेरी गाड़ी को तक्काट मार दिया जिससे मेरी गाड़ी गिरकर 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 MOTORS KAURI BAZAR 8448395612

Date / दिनांक : 02/02/2026

हस्ताक्षर

Abhishek Singh Rajpoot

दिलीप जासवाल

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. 2025/7001/0146575/413913
 Tel. No. _____ Period of Insurance 06/03/2025 - 05/03/2026
 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 : DILEEP
 (b) Address for correspondence : PATHRATH, PO- GAUKI BAZAR.
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>SPL+TEC</u> <u>2024</u>	Engine No. <u>11473</u> Chassis No. <u>06460</u>	Registration No. <u>UP52BZ</u> <u>20407</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
 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 :
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Corind.
 (b) Age : 30, male
 (c) Address : PATHRATH. PO - GAUR DAZAR
 (d) Is the Driver
 1. Owner : SON
 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 : UP52 2014 0002915
 (h) Issuing Authority : DEORIA, UP
 (i) Date of Expiry : 27/02/2024
 (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

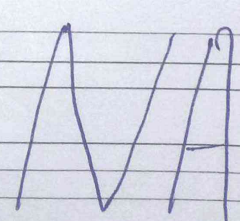
5. DETAILS OF ACCIDENT

- (a) Date and Time : 25/01/2026, 11:00 AM
 (b) Place : गुर-दर चौक
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : अचानक सामने में मानव शरीर
 (e) If any third party was responsible for this accident give the name and address : वर्मा अ गाँव दाय बाइस 111/000 C & लिमिटेड दौ-152

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front fender, visor, muffler Covers etc.
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : 9823/-

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? : _____
- (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 02/02/2016

दिनीय ली अशाह
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. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

विनीत वाजरावा

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 : UP52BZ2407 Registration Date : 01-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 : DILEEP Son/wife/daughter of : NEBULAL JAYSWAL
 Full Address: (Permanent) : VILL-PATHARHAT, PO-PATHARHAT, PS-GAURI BAZAR, DEORIA, UTTAR PRADESH-274202
 Full Address: (Temporary) : VILL-PATHARHAT, PO-PATHARHAT, PS-GAURI BAZAR, DEORIA-UTTAR PRADESH-274202
 Fitness Up To : 31-Jan-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 : AA1031376623 Rear HSRP No : AA2091810890
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2023
 No of Cylinders : 1 Chassis No : MBLHAW217PHM06460
 Engine No : HA11E7PHM11473 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Quilt

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, . . . , Deoria, Uttar Pradesh-274001 w.e.f. 31-Jan-2024.

Purchase dt : 27-Jan-2024 Sale Amt : 80511/-
 OTT Date : 27-Jan-2024 Amount/Rcpt No : 8052 / UP52D24020000089
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Feb-2024

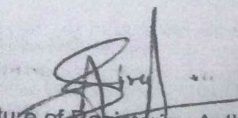
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Feb-2024 to 31-Jan-2039

Date : 27-Feb-2024 13:57:54

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 27-Feb-2024

P 6594153

Program Proposal Two-Wheeler Package Contract - Bundled

MS/2025/7001/O/46575/413913

Motorsathi Limited

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

+91 50643

@motorsathi.com

help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
DILEEP	1984-01-01	9838717836	S/O NEBULAL JAYSWAL	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SPL+ XTEC E20	UP52BZ2407	HA11E7PHM11473	MBLHAW217PHM06460	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
53500.00	NA	0.00	0.00	0.00	53500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD	---	2	1560.66	
Address			City / District	Pin Code	State	
VILL-PATHARHAT,PO-PATHARHAT,PS-GAURI BAZAR,274202				274202	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
REKHA DEVI	Female	38 Years	WIFE	2025-03-06 17:35	Midnight of 2026-03-05	
Section A, VRC: 716.20 TCR: 252.52 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 968.72						
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): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00						
Section D, Drive Assure: 260.12 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 46.82 Total with GST(D): 306.94						
Total(Section A+B+C+D) Offered Price After Discount: 1561						
Package Period Covered	2025-03-06 To 2026-03-05	2026-03-06 To 2027-03-05	2027-03-06 To 2028-03-05	2028-03-06 To 2029-03-05	2029-03-06 To 2030-03-05	
ADV	53500	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 2029-01-17 (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 Companys 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 1560.66 ON 2025-03-06 from Mr./Ms. DILEEP against the ARN No. INCP00413913


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




दिलीप
Dileep
जन्म तारीख/DOB:01/01/1984
पुरुष Male



9667 8908 7692

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
आत्मज: नेबूलाल जायसवाल,
ग्राम- पथरहट, पोस्ट- पथरहट
पाथर हाट, गौरी बाज़ार,
देवरिया
उत्तर प्रदेश, 274202

Address:
S/O: Nebulal Jayswal, Gram-
Patharhat, Post- Patharhat
Pathar Hat, Gauri Bazar,
Deoria
Uttar Pradesh, 274202

9667 8908 7692

MERA AADHAAR, MERI PEHACHAN

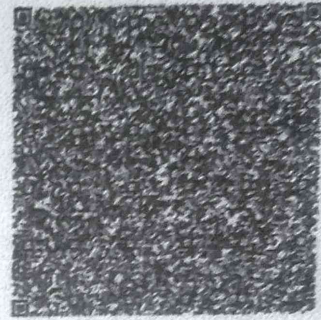
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GLSPD3649R



नाम / Name
DILEEP

पिता का नाम / Father's Name
NEBULAL JAYSWAL

27072020

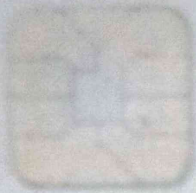
जन्म की तारीख /
Date of Birth
01/01/1984

हस्ताक्षर / Signature

UNION OF INDIA Driving Licence



UP52 20140002915



दिनांक प्रकाशित
Date of Issue

28/02/2014

प्रकाशित तिथि
Date of Issue

27/02/2034

जन्म तिथि
Date of Birth

12/07/1995

रक्त समूह
Blood Group

Unknown



नाम
Name

GOVIND GOND

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

RAMKESHWAR GOND

UP52 201400002915

UP01001217M



LMV
28/02/2014



MCWG
28/02/2014

पता
Address

VILL&PO PATNARHAT GAURI BAZAR
PS GAURI BAZAR
DEORIA

होल्डर का हस्ताक्षर
Holder's Signature

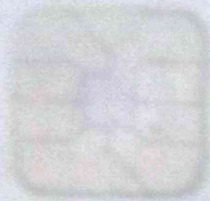
प्रकाशित/प्रकाशक का हस्ताक्षर
Issued/Issuing Authority Sign
DEORIA



UNION OF INDIA Driving Licence



UP52 20140002915



Date of Issue

28/02/2014

Date of Birth

12/07/1995

Valid Until

27/02/2034

Blood Group

Unknown



Name

GOVIND GOND

Relationship to Issuer: Son/Daughter/Wife of

SHAMKESHVAR GOND

UP52 201400002915

UP010012378



LMV
28/02/2014



MCWG
28/02/2014

Address

VILLAGE PATIARHAT GAURI BAZAR
PS GAURI BAZAR
DEORIA

Holder's Signature



Issued / Issuing Authority Sign
DEORIA