

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-0226-149
 Customer Name RAMANAND ..
 VIN MBLHAW211RHE03513
 Insurance Company
 HMCGL Card No 1115324540001785
 Part Details

Date 07-02-2026
 Contact No. 8545015321
 Model SPLENDOR+ XTEC
 Reg No. UP52CC2286
 HMCGL Card Category Gold

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	37100AAEC23099S - METER ASSEMBLY COMBINATION	87141090	Paid	2,777.12	1	9.00	9.00	0.00	0.00	0.00	0.00	3,277.00
3	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
4	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
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
Parts Total											0.00	7,546.00

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	350.00	9.00	9.00	0.00	0.00	0.00	0.00	413.00	
Jobs Total											0.00	413.00

Parts Total	7,546.00
Labour Total	413.00
SGST (Parts) 9%	575.54
CGST (Parts) 9%	575.54
SGST (Labour) 9%	31.50
CGST (Labour) 9%	31.50
Total	7,959.00

Rupees in Words: Seven Thousand Nine Hundred Fifty Nine 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.	Ramanand, 9001399645
2	Vehicle No. / वाहन संख्या	UP52CC2286
3	Policy No. / पालिसी संख्या	2025/7001/0/46575/466748
4	Period of Insurance / बीमा अवधि	17/09/2025 - 16/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/02/2026 12:00 PM.
6	Place of Accident / दुर्घटना का स्थान	Langadi chauraha.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP53 19980017542 Ramanand, 9001399645
8	Estimated Loss / अनुमानित हानि	7959/-
09.	Cause of Accident / दुर्घटना का कारण : मैं रामानन्द अपनी गाड़ी ब्रेके अपने किसी निष्पी कार्य करने के लिए अपने घाट देवगांव से देवतिया जा रहा था तभी लगदी चौराहे पर अचानक सामने से जानवर आ गया गाड़ी कि ब्रेक मालने से गाड़ी दामे साइड गिरक 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 Lauri Bazar 8948395612

Date / दिनांक : 07/02/2026
हस्ताक्षर Abhishek Singh Rajpoot

Ramanand.
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. 2025/7001/0/46578/466748

Tel. No. _____

Period of Insurance 17/09/2025-16/09/2026

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 : Ramanand
 (b) Address for correspondence : DEOGAON, LAURI BAZAR
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SPL+ETCE</u> <u>2024</u>	Engine No. <u>07702</u> Chassis No. <u>03513</u>	Registration No. <u>UP52 CC</u> <u>2286</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ramanand.
(b) Age : 53 Male.
(c) Address : Deogan. Cauri Bazar.
(d) Is the Driver
1. Owner : Owner.
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 : UP53/9980017542
(h) Issuing Authority : Deoria, UP.
(i) Date of Expiry : 15/03/2032
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?: / NA
(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 : 01/02/2026 12:00 PM.
(b) Place : De Langadi Chauraha.
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक सामने से लावारत आवाहन
(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 : Front fender, Visor, Handle, Cover full etc.
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : 7959/-

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? : _____
- (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 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 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 07/02/2008

Ramchand
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/-

Witness
Name
Signature
Address

Signature *Ramanand*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CC2286 Registration Date : 18-Oct-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 : RAMANAND Son/wife/daughter of : GANGA RAJBHAR
 Full Address: (Permanent) : VILL DEOGAON, PS GAUR BAZAR, , DEORIA, UTTAR PRADESH-274202
 Full Address: (Temporary) : VILL DEOGAON, PS GAUR BAZAR, , DEORIA-UTTAR PRADESH-274202
 Fitness UpTo : 17-Oct-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	: AA2113570707	Rear HSRP No	: AA2110019489
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 05/2024
No of Cylinders	: 1	Chassis No	: MBLHAW211RHE03513
Engine No	: HA11E7RHE07702	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
Sleeper Cap	: 0	Unladen Wt (kgs)	: 112
Colour	: BLACK TORNADO GREY	Laden/GV Wt (kgs)	: 242
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	: 15-Oct-2024	Sale Amt	: 81101/-
OTT Date	: 15-Oct-2024	Amount/Rcpt No	: 8111 / UP52D24100002553
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 26-Oct-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Oct-2024 to 17-Oct-2039

Date : 11-Nov-2024 16:49:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 11-Nov-2024

Program Proposal Two-Wheeler Package Contract - Bundled



ARN No.: MS/2025/7001/O/46575/466748

Motorsathi Private Limited
Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

Phone: 79410 50643
Email: info@motorsathi.com
For help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RAMANAND	1972-08-15	9001399645	GANGA RAJBHAR	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SPL+ XTEC E20	UP52CC2286	HA11E7RHE07702	MBLHAW211RHE03513	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
51000.00	NA	0.00	0.00	0.00	51000.00	
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	1610.00	
Address			City / District	Pin Code	State	
VILL DEOGAON, PS GAURI BAZAR, DEORIA				274202	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KAMLESH DEVI	Female	49 Years	WIFE	2025-09-17 12:49	Midnight of 2026-09-16	

Section A, VRC: 716.87 TCR: 300.90 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1017.77

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: 260.36 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%)**: 46.87 **Total with GST(D)**: 307.23

Total(Section A+B+C+D) Offered Price After Discount: 1610

Package Period Covered	2025-09-17 To 2026-09-16	2026-09-17 To 2027-09-16	2027-09-17 To 2028-09-16	2028-09-17 To 2029-09-16	2029-09-17 To 2030-09-16
ADV	51000	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 2029-09-14 (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.

FOR REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643
mail 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 Meerut.

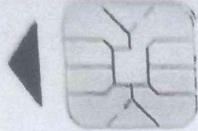
Received with Thanks Rs 1610 ON 2025-09-17 from Mr./Ms. RAMANAND against the ARN No. INCP00466748
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



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



UP53 19980017542



Issue Date Validity (NT) Validity (TR)
31-05-2025 15-03-2032 15-03-2027



Holder's Signature

Date of First Issue 19-05-1998

Name: **RAMANAND**
 Date of Birth: **15-08-1972** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **GANGA**
 Address:
GAURI BAZAR DEOGAON DEOGAON DEORIA
 Uttar Pradesh 274202

DL No: UP53 19980017542

UPDL521000017213



Invalid Carriage (Regn Numbers)
 Hazardous Validity^a Hill Validity^a

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge issued By ^a
	MCWG	UP53	19-05-1998	NT			
	LMV	UP52	19-05-1998	NT			
	TRANS	UP52	15-03-2001	TR			
	CRANE	UP53	23-01-2025	NT			

Emergency Contact Number

Auto Approved
 Licensing Authority
 DEOGAON DEORIA



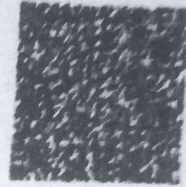
भारत सरकार
Government of India



रामानंद
Ramanand
जन्म तिथि/DOB: 15/08/1972
पुरुष/ MALE

8510 0373 8764

VID : 9119 0218 2245 4491



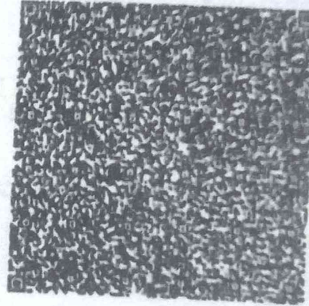
मेरा आधार. मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O गंगा राजभर, गौरी बाजार, देवगाँव, देवरिया,
उत्तर प्रदेश - 274202

Address:
S/O Ganga Rajbhar, GAURI BAZAR,
Deogaon, Deoria,
Uttar Pradesh - 274202



QR Code with Photograph

8510 0373 8764

VID : 9119 0218 2245 4491



www.uidai.gov.in