

RAJARAM AUTO SALES

NH-24 SITAPUR ROAD NEAR POLICE STATION, OPP ALLAHABAD UP GRAMIN BANK,UCHAULIYA, KHERI, 261505, UP, India

State Code: 9 Contact: 7704099099, 8953999853 , ,

GSTIN No: 09AAQFR0980E2ZV

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	22992-02-REST-0226-261	Date	08-02-2026
Customer Name	BADAL KUMAR MISHRA	Contact No.	9793592757
VIN	MBLJAU025SGA08666	Model	XTREME 125R
Insurance Company		Reg No.	UP31CK2228
HMCGL Card No	2299224840000726	HMCGL Card Category	Platinum
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ABH501S -LIGHT ASSY HEAD	85122010	Paid	2,737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	3,230.00
2	61301ACL000S -COWL FRONT	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
3	61322ACL000AS -FRONT COWL RIGHT NH-1	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
4	88110AABA000S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
5	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
6	83546ACL000DS -TANK COVER RIGHT SIDE NH-194M-U	87141090	Paid	269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	318.00
7	17555ACL000AS -TANK COVER FRONT RIGHT BLACK NH1	87141090	Paid	648.31	1	9.00	9.00	0.00	0.00	0.00	0.00	765.00
8	17530ACL000DS -TANK COVER TOP NH-194M-U	87141090	Paid	600.85	1	9.00	9.00	0.00	0.00	0.00	0.00	709.00
9	50470ACL000AS -GRIP REAR REAR NH-1	87141090	Paid	554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	654.00
10	83550ACL000AS -SIDE SHROUD OUTER RIGHT BLACK NH-1	87141090	Paid	335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	396.00
11	83553ACL000S -SIDE SHROUD INNER BACK R	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
12	18312ACL000S -COVER MUFFLER	87141090	Paid	241.53	1	9.00	9.00	0.00	0.00	0.00	0.00	285.00
13	6110AACL000AS -FRONT FENDER SUB ASSEMBLY BLACK NH-1	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
14	33400ABWJ01S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	400.00
15	50470ACL000BS -GRIP REAR REAR R-321	87141090	Paid	554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	654.00
Parts Total											0.00	9,533.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	9,533.00
Labour Total	1,000.64
SGST (Parts) 9%	727.09



SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	10,533.64

Rupees in Words: Ten Thousand Five Hundred Thirty Three and paise Sixty Four Only

Authorised Signatory

1. Terms Cash

22992 - 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 LAKHIMPUR KHERI Jurisdiction Only

#HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.



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.	9793592757 Badal kumar mishra
2	Vehicle No. / वाहन संख्या	UP31CK2928
3	Policy No. / पालिसी संख्या	252400/31/2025/84177
4	Period of Insurance / बीमा अवधि	09.02.25 to 09.02.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06.02.26 4:00 Pm
6	Place of Accident / दुर्घटना का स्थान	PasGawan
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3120230000ने2 Rishu
8	Estimated Loss / अनुमानित हानि	10,533
09.	Cause of Accident / दुर्घटना का कारण :	चालक पिछाड़ी गाड़ी लेकल घटके मोटरमदी जा रहा था तभी धमकाव के पास रुक अगे धाले ले लमाले ले लेकल भाट दी जिमले डिब्रेलम घेकल गाडी गिरकल इतिहासत ही गर्ब !
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	8953999855 Rajaram Auto Sales

Date / दिनांक : 08.02.26
हस्ताक्षर

बादल
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. 252400/31/2025/04177

Tel. No. _____

Period of Insurance 09.02.25 to 09.02.26
 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 : Badal Kumar Mishra
 (b) Address for correspondence : Giam Sukhwasa post Sukhwasa Kheri
 (c) Telephone : 9793592757

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>A03645</u> Chassis No. <u>A00666</u>	Registration No. <u>UP31CK</u> <u>2228</u>
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- (a) Was the vehicle in proper working condition? No
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : lohanshu
(b) Age : _____
(c) Address : Gisam Sukhbasa Sukhbasa Kheti
(d) Is the Driver :
1. Owner : relative
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 : UP 31 2023 00000072
(h) Issuing Authority : Kheti
(i) Date of Expiry : 02.05.2041
(j) Was the licence temporary/permanent : _____
(k) Details of endorsement/suspension, if any : _____
(l) Has he been involved in any accident before?: _____
(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 : 06.02.26 4:00 Pm
(b) Place : Pasgawan
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : पसगाँव के पास एक ड्राइंग वाले को भुजाते से
(e) If any third party was responsible for this accident give the name and address : कचल गाँव की पुलिस डिस्ट्रिबलन होकर गयी
गिरफ्तार किया गया है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : total damage
(b) Estimated cost of repairs : 10,533
(c) When and where can the damaged vehicle be inspected : Raja Ram Auto sales

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 : _____

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 09.02.2006

Signature of the insured [Signature]

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. UP31C/K 2229 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. _____

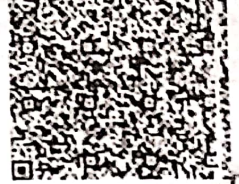
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature ALG
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

CERTIFICATE OF REGISTRATION



Registration No : UP31CK2228 Registration Date : 13-Feb-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, . . . 153-262701
 Owner Name : BADAL KUMAR MISHRA Son/wife/daughter of : S/O KAMAL KISHOR MISHRA
 Full Address: (Permanent) : GRAM SUKHWASA, POST SUKHWASA, SUKHWASA, LAKHIMPUR, KHERI, UTTAR
 PRADESH-261505
 Full Address: (Temporary) : GRAM SUKHWASA, POST SUKHWASA, SUKHWASA, LAKHIMPUR, KHERI-UTTAR
 PRADESH-261505

Fitness Up To : 12-Feb-2040 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 : AA2120939022 Rear HSRP No : AA2120645310
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJAU025SGA08666
 Engine No : JA07AVSGA03645 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 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 SHRIRAM FINANCE LIMITED, HPA, KANPUR, KANPUR, . Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 09-Feb-2025.

Purchase dt : 09-Feb-2025 Sale Amt : 101439/-
 OTT Date : 09-Feb-2025 Amount/Rcpt No : 10144 / UP31D25020002077
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 13-Feb-2025 to 12-Feb-2040

Date : 07-Mar-2025 17:46:02

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपुर खैरी
 07-Mar-2025

Q 1643299

(भारत सरकार का उपक्रम) (Govt. of India Undertaking)
U66010DL1947GOI007158 U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE OF POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OFF. FILMISTAN CINEMA MEERUT

Policy Issued On 09-FEB-25

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Proposal No. & Date	U/252400/31/2025/63772 & 09-FEB-2025
Policy No	252400/31/2025/84177	Policy Period (OWN DAMAGE)	FROM 15:02 ON 09/02/2025 TO MIDNIGHT OF 08/02/2026
Agent/Broker Code	BA0000155144	Policy Period (LIABILITY)	FROM 15:02 ON 09/02/2025 TO MIDNIGHT OF 08/02/2026
Agent/Broker Name	ABHINAV BHATI	Lead /Breakin No	/
Insured Name	BADAL KUMAR MISHRA (OSTIN: 0)	Insured State	UTTAR PRADESH
Insured Address	C/O KAMAL KISHOR MISHRA, GRAM SUKHWASA,,POST SUKHWASA, SUKHWASA,,LAKHIMPUR KHERI, NA.		

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (In Rs.)

Make	HERO MOTOCORP	Vehicle	96367
Model & Variant	XTREME 125R ABS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	96367
Engine - Chassis No	JA07AVSGA03645 - MBLJAU025SGA08666	TMF CONTRACT NO	
Cable Capacity	124.7	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	OTHERS	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount In Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1615.11	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1615.11	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Exts (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 Add-ition	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 21A)	0	Net Liability Premium (B)	4093
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	736
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1373	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1373	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4829
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	242		

- Note:
1. Policy Insurance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT.7,10,28,

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No/Transaction No.	Bank Name
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch
POS Name	NA	FOS ID	NA
			POS PAN NO/Aadhar No
			Amount
			4829

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and DIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranty that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is 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 the 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 witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 09-FEB-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 wider terms appearing in the certificate in order to comply with the MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Luggage of goods (other than such as: spices or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

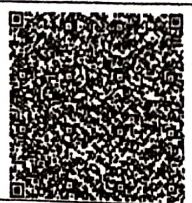
Driver's Consent: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs F.A. Cover under section III for owner-Driver is Rs

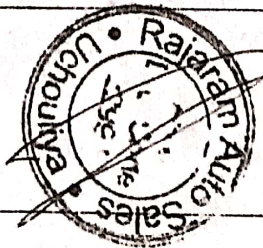
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the: The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding four consecutive years/45%, preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre existing damages



Approved By : 65952583MD
Approved On : 09-FEB-25
Place : MRT
Printed On : 09-FEB-25

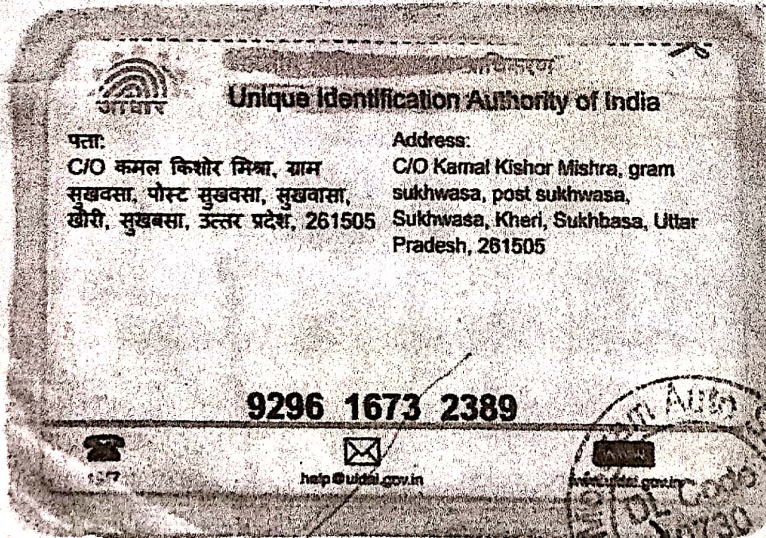


For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



नादन

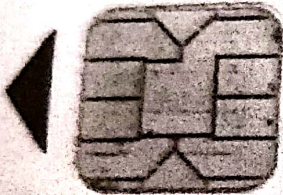




Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20230000072



Issue Date
04-01-2023

Validity (NT)
02-05-2041

Validity (TR)*



Holder's Signature

(04-01-2023)

Date of First Issue

Name:

PRANSHU

Date of Birth: 03-05-2001

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: KAUSHAL KISHORE

Address:

gram sukhwasa Sukhwasa Kheri Uttar Pradesh 261505

DL No: UP31 20230000072

UPDL000010099686



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	UP31	04-01-2023	NT			
	LMV	UP31	04-01-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPURKHERI



आयकर विभाग
INCOME TAX DEPARTMENT

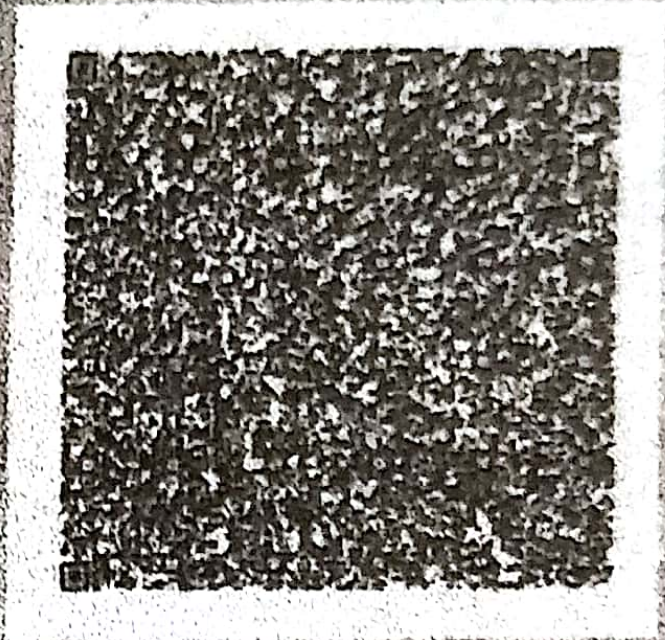


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HUJPN0284C



नाम / Name
BADAL KUNAR MISHRA

पिता का नाम / Father's Name
KANAL KISHOR MISHRA

कार्ड की तारीख / Issue Date
02/07/2002

हस्ताक्षर / Signature

Signature

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