

RAJ AUTOMOBILES

COLLEGE ROAD, OPP.POWER HOUSE,FAZILNAGAR, KUSHINAGAR, 274401, UP, INDIA

State Code: 9 Contact: 05564-267228, 9415910944 , ,

GSTIN No: 09AZXPS2639D1ZQ .

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 21318-02-REST-0226-18
 Customer Name GUDDIYA DEVI
 VIN MBLHAW220SHB06215
 Insurance Company
 HMCGL Card No
 Part Details

Date 18-02-2026
 Contact No. 6389775367
 Model SPLENDOR +
 Reg No. UP57BY4194
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	83410AAE300TS -FRONT VISOR NH-1 TYPE-3	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
3	3310AKCC710AS -LIGHT ASSY. HEAD(W/O BULB)	85122010	Paid	360.17	1	9.00	9.00	0.00	0.00	0.00	0.00	425.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
Parts Total											0.00	9,244.00

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	500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	
Jobs Total											0.00	1,000.00

Parts Total	9,244.00
Labour Total	1,000.00
SGST (Parts) 9%	705.05
CGST (Parts) 9%	705.05
Total	10,244.00

Rupees in Words: Ten Thousand Two Hundred Fourty Four Only

Authorised Signatory

1.Terms Cash

- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- vehicle may be inspected in Workshop premise or outside the premise
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- All disputes subject to jurisdiction of FAZILNAGAR Junsdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

21318 - 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.	सुधीय देवी 6389775367 (1)
2	Vehicle No. / वाहन संख्या	UP57BY4193
3	Policy No. / पालिसी संख्या	252400/31/2026/22230
4	Period of Insurance / बीमा अवधि	12/6/2025 to 11/6/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/07/2026 : 9:00 PM.
6	Place of Accident / दुर्घटना का स्थान	समझर बाजार (UP)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SURAJ CHANDRA 6390197237
8	Estimated Loss / अनुमानित हानि	9800/-
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी सुधीय गामि चल रही थी समझर बाजार में धर जा रही थी तब मैं समझर हामने से एक काला आ गया जिस बच्चे के चक्कर में गाड़ी वा. ड्राइवरी छोड़ने के बाद ही चक्कर में गाड़ी चली गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	RAJ AUTO REPAIR MARGAR (UP) AKSHAY MISHRA (9661100015)

Date / दिनांक : 19/07/2026
हस्ताक्षर

सुधीय 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 Mumbai

Certificate/Policy No. 252411/31/2020/22230

Tel. No.

Period of Insurance 12/06/2025 TO 11/06/2024
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I, INSURED
 (a) Name : Cudiyar Per
 (b) Address for correspondence : _____
 (c) Telephone : 6389775367

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>12911</u> Chassis No. <u>206215</u>	Registration No. <u>UP57BY</u> <u>4194</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 NA
 1. Was a side-car attached NA
 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 : NA
 (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 : Suraj Shyam
(b) Age : 1-1-2004
(c) Address : Balun - 271102 -
(d) Is the Driver :
1. Owner : NA
2. paid driver? : NA
3. Owner's relative or friend? : YES
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UP57-20240004665
(h) Issuing Authority : Kushinagar
(i) Date of Expiry : 31/12/2024
(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 : 16/02/2026 9:00pm-
(b) Place : 271102 - Balun
(c) Speed of vehicle at the time of accident : NA
(d) Give a short description of the accident : Car -
(e) If any third party was responsible for this accident give the name and address : (As per Estmt.)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estmt.
(b) Estimated cost of repairs : 40Km -
(c) When and where can the damaged vehicle be inspected : NA

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NA
(b) Address : NA
(c) Full Details of personal injury sustained : NA
(d) Name and address of any person/hospital giving medical attention to injured person : N/W
(e) Full details of property damaged : NA
(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 : _____

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 10/02/2025

Signature of the insured गुडिया देवी

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 सुडिया देवी
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank





Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20240004665



(18-03-2024)



Issue Date 18-03-2024 Validity (NT) 31-12-2043 Validity (TR) _____

Holder's Signature

Name: SURAJ SHARMA Organ Donor: N
Date of Birth: 01-01-2004 Blood Group: _____

Son/Daughter/Wife of: ATAM SHARMA

Address:
baluwa shamsher shahi Bagahi Kushinagar
Uttar Pradesh 274407

Date of First Issue

DL No: UP57 20240004665

UPDL000013014496



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	UP57	18-03-2024	NT			
	LMV	UP57	18-03-2024	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारतीय विशिष्ट पहचान आधिकारण
Unique Identification Authority of India

पता:
अर्धांगिनी: धर्मेन्द्र गौड, बिहार बुजुर्ग,
कुशीनगर, बिहार बुजुर्ग, उत्तर प्रदेश,
274401

Address:
W/O: Dharmendra Gond, Bihar
Buzurg, Kushinagar, Bihar
Buzurg, Uttar Pradesh, 274401

3906 5664 6805

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार
3906 5664 6805
आम आदमी का अधिकार

गुडिया देवी
Gudiya Devi
जन्म तिथि / DOB : 01/01/1987
महिला / Female

भारत सरकार
Government of India



भारत सरकार
विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name

GUDDHYA DEVI

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

HQEPD1622L

पिता का नाम / Father's Name

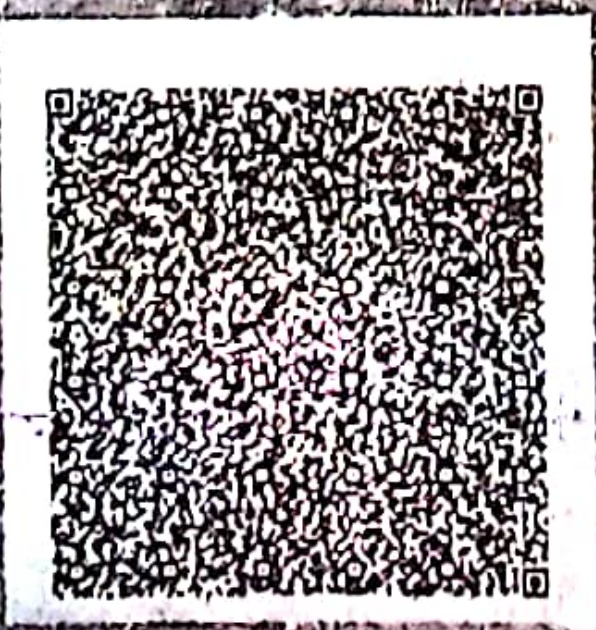
BHUTELI PRASAD

जन्म की तारीख / Date of Birth

01/01/1987

हस्ताक्षर /

Signature



10822

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY4194 Registration Date : 17-Jun-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC :NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : GUDIYA DEVI Son/wife/daughter of : DHARMENDRA GOND
 Full Address: (Permanent) : VILL- BIHAR BUZURG, PO- BIHAR BUZURG, PS- PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401
 Full Address: (Temporary) : VILL- BIHAR BUZURG, PO- BIHAR BUZURG, PS- PATHERWA, KUSHINAGAR-UTTAR PRADESH-274401

Fitness UpTo	: 16-Jun-2040	Owner Serial No	: 1	Net amount	116.0
Detailed Description					0
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:		023.0
Ownership	: INDIVIDUAL	Nominee Name	: DHARMENDRA GOND		0
Relationship with the Nominee	: Spouse	Norms	: BHARAT STAGE VI		25.00
Maker's Name	: HERO MOTOCORP LTD				60.00
Front HSRP No	: AA1043240545	Rear HSRP No	: AA1043058762		336.0
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 02/2025		0
No of Cylinders	: 1	Chassis No	: MBLHAW220SHB06215		22.00
Engine No	: HA11E7SHB12911	Fuel	: PETROL		262.00
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20		244.00
Maker's Classification	: SPLENDOR+ BLK STRIPE 13S (DRS)	Wheel base	: 1236		
Seating Cap(in all)	: 2	Standing Cap	: 0		
Sleeper Cap	: 0	Unladen Wt (kgs)	: 111	Net Amou	500 (
Colour	: BLACK AND ACCENT	Laden/GV Wt (kgs)	: 241		
Other Criteria	:	AC Fitted	: NO		500.
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:				1,000
b) Rear:				2,244
c) Other:				1,000
d) Tandem:				705
				705
				2,24

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt	: 12-Jun-2025	Sale Amt	: 78366/-
OTT Date	: 12-Jun-2025	Amount/Rcpt No	: 7837 / UP57D25060002417
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 21-Jun-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 17-Jun-2025 to 16-Jun-2040

Date : 16-Jul-2025 12:02:04

Taxation Particulars / Advance Registration Mark Fee Details

Q 4424177

कर/पंजीयन अधिकारी
 Signature of Registering Authority
 Date : 16-Jul-2025
 कशीनगर