

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-0226-21	Date	23-02-2026
Customer Name	DHARMENDRA KUMAR	Contact No.	8176801072
VIN	MBLHAW234SHA45041	Model	SPLENDOR +
Insurance Company		Reg No.	UP57BW8916
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	17520AAE300RS -FUEL TANK BLACK NH 1 TYPE 1	87141090	Paid	4,687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	5,531.00
2	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
3	63410AAE300TS -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
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	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
Parts Total											0.00	12,959.00

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	520.00	9.00	9.00	0.00	0.00	0.00	0.00	613.60	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
Jobs Total											0.00	1,321.60

Parts Total	12,959.00
Labour Total	1,321.60
SGST (Parts) 9%	988.40
CGST (Parts) 9%	988.40
SGST (Labour) 9%	100.80
CGST (Labour) 9%	100.80
Total	14,280.60

Rupees in Words: Fourteen Thousand Two Hundred Eighty and paise Sixty 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 Jurisdiction 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.	DHARMENDRA Kumar 9090020381
2	Vehicle No. / वाहन संख्या	UP 57 BW 8916
3	Policy No. / पालिसी संख्या	252400/31/2025/93409
4	Period of Insurance / बीमा अवधि	10/3/2025 to 9/3/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/02/2026 : 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	तमकुद्री रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MUNNA PATEL
8	Estimated Loss / अनुमानित हानि	12000
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी मुन्ना पटेल चला रहे थे बाद से जा जितना बा रहे थे राते में इयाक एक लगे बले में चला हो गई इयाक गाड़ी आगे से कभीपल हो गई	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	RAJ Auto Ferni Nagar UP Rajshay Mishra 9651110295

Date / दिनांक : 23/02/26
हस्ताक्षर

Signature of Insured / बीमाधारक के
Dharmendra.



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. 25240/31/2025/93409

Tel. No. _____

Period of Insurance 10/3/2025 To 9/3/2026

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 DHARMENDR Kumar
 (b) Address for correspondence :
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>20009</u> Chassis No. <u>45061</u>	Registration No. <u>UP57B0</u> <u>2916</u>
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- (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
 (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 MUMMA Patel
- (b) Age 16-1992
- (c) Address SARCAATTYVA
- (d) Is the Driver
 - 1. Owner N/A
 - 2. paid driver? N/A
 - 3. Owner's relative or friend? YES
- (e) If paid driver, how long has he been in your employment N/A
- (f) Was he under the influence of intoxication Liquor or drugs? N/A
- (g) Driving License Number UP592M0003430
- (h) Issuing Authority KUSHNARAM
- (i) Date of Expiry 31/12/2034
- (j) Was the licence temporary/permanent perm
- (k) Details of endorsement/suspension, if any NP
- (l) Has he been involved in any accident before? N/A
- (m) Has he been charged by the policy? If so, Why? N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time 20-02-26. 8: PM
- (b) Place DDKM
- (c) Speed of vehicle at the time of accident NS
- (d) Give a short description of the accident perm
- (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 AS Per estimate 120000
- (b) Estimated cost of repairs 12000
- (c) When and where can the damaged vehicle be inspected

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? N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

[Handwritten signature]

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.

[Handwritten signature]

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

[Handwritten signature]

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 23/02/26 2000

Signature of the insured *[Handwritten signature]*

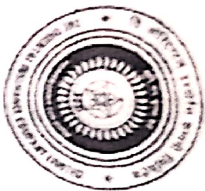


Discharge Voucher

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 *Dharamendra*

Occupation

Address

.....

Bank Account Number

Name of the Bank



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20200003430

Issue Date 28-08-2022 Validity (NT) 31-12-2031 Validity (TR)* 27-06-2027

(28-02-2020)



Holders Signature

Name:

MUNNA PATEL

Date of Birth: 07-01-1992

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: HAPILDEV PATEL

Address:

VILL. SARAGAJIA KARAN PATTIPO. KORAH
PS SEORAH. Tankeul. Ra. Kushinagar. UP
274406

Date of First issue

DL No: UP57 20200003430

UPDL000005598476

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
Auto	BA/CWG	UP57	28-08-2020	MT			
LMV	LMV	UP57	28-02-2020	MT			
TR	TR/HRIS	UP-27	28-06-2022	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



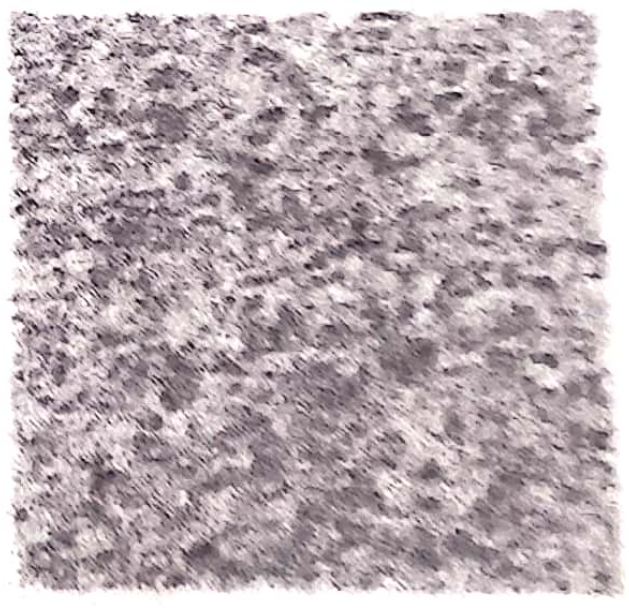
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



पारदर्शी वित्त वर्ष
Permanent Account Number Card

OCTPK6538L



नाम : **DEBANEENDAR KUNAR**

पिता का नाम : **Father's Name**

RAMAI PRASAD

वर्ष की शुरुआत

Date of Birth

01/01/2000

वर्ष की समाप्ति

31/03/2000

1030



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW8916 Registration Date : 13-Mar-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 : DHARMENDAR KUMAR Son/wife/daughter of : RAMAI PRASAD
 Full Address: (Permanent) : VILL- BARAMPUR (GOBARAHI), PO- DHARAMPUR, PS- SEVARHI, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : VILL- BARAMPUR (GOBARAHI), PO- DHARAMPUR, PS- SEVARHI, KUSHINAGAR, UTTAR PRADESH-274302
 Fitness UpTo : 12-Mar-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : CHHATHIYA DEVI
 Relationship with the Nominee : Mother Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1047588392
 Front HSRP No : AA2147212670 Month/Year of Manuf. : 01/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAWZ34SHA45041
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11E8SHA20009 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1236
 Maker's Classification : SPLENDOR+ (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 109
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 239
 Colour : BLACK GREY STRIPE AC Fitted : NO
 Other Criteria :
 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 HERO FINCORP LTD, NEW DELHI, New Delhi, Delhi-110057 w.e.f. 10-Mar-2025.

Purchase dt : 10-Mar-2025 Sale Amt : 77026/-
 OTT Date : 10-Mar-2025 Amount/Rcpt No : 7703 / UP57D25030001762
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 26-Apr-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

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

Date : 04-Feb-2026 14:02:57

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 04-Feb-2026

Q 7705610