

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-0226-20	Date	22-02-2026
Customer Name	TAUSIF ALAM	Contact No.	8382072147
VIN	MBLJFW648SGC02288	Model	DESTINI 125
Insurance Company		Reg No.	UP57BY6927
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Net Amount
1	ABSE6A0050BGGG - BODY SIDE LEFT NH-341P	87141090	Paid	2,069.49	1	9.00	9.00	0.00	0.00	0.00	2,442.00
Parts Total											
0.00											
2,442.00											

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Net Amount
1	102032 - ACCIDENTAL LABOUR-DESTINI 125	998729	Paid	400.00	9.00	9.00	0.00	0.00	0.00	472.00
Jobs Total										
0.00										
472.00										

Parts Total	
Labour Total	2,442.00
SGST (Parts) 9%	472.00
CGST (Parts) 9%	186.25
SGST (Labour) 9%	186.25
CGST (Labour) 9%	36.00
Total	2,914.00

Rupees in Words: Two Thousand Nine Hundred Fourteen Only

Authorised Signatory

21318 - Main W/S

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. Vehicle may be inspected in Workshop premise or outside the premise
 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 FAZILNAGAR 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.	Tausif Alam 8382072147
2	Vehicle No. / वाहन संख्या	UP57BY6927
3	Policy No. / पालिसी संख्या	2324003112028/26813
4	Period of Insurance / बीमा अवधि	9/7/2025 / 8/7/2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/2/2026 : 4:20PM
6	Place of Accident / दुर्घटना का स्थान	Panimgan (UP)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tausif Alam
8	Estimated Loss / अनुमानित हानि	3000/-
09.	Cause of Accident / दुर्घटना का कारण :	Office से घर जा रहे थे तभी Left side से एक motorcycle wale माट किया , जिससे Left side off गार्ड क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NINA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फोन नं.	RAJAJUKO PANIMGAN (UP) AKSHAY MISHRA (9651400295)

Date / दिनांक : 23/02/2026
हस्ताक्षर


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. 252240/31/2026/26013
 Tel. No. _____ Period of Insurance 01/7/25 to 01/7/26
 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
 Name : TAUSIF ALAM
 Address for correspondence : _____
 Telephone : 9202072143

2. THE INSURED VEHICLE

Make & Year <u>9025</u>	Engine No. <u>Y03075</u> Chassis No. <u>Y02208</u>	Registration No. <u>UP57BX</u> <u>6927</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? passan wos
 (c) Was trailer attached? _____
 (d) If a Motor Cycle/scooter
 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 Chaltan No.	_____
(d) Nature of permit	<u>NA</u>
(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 JAVIER ALLEN
 (b) Age 41
 (c) Address 111012000
 (d) Is the Driver
 1. Owner YES
 2. paid driver? N/A
 3. Owner's relative or friend? N/A
 (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 Licence Number UP5720190002292
 (h) Issuing Authority BUSMANGOR (UP)
 (i) Date of Expiry 25/07/2024
 (j) Was the licence temporary/permanent permanent
 (k) Details of endorsement/suspension, if any N/A
 (l) Has he been involved in any accident before? N/A
 (m) Has he been charged by the police? 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 20/21 2026 4:20 pm
 (b) Place BUSMANGOR (UP)
 (c) Speed of vehicle at the time of accident AS per Estmt
 (d) Give a short description of the accident
 (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 estmt
 (b) Estimated cost of repairs 2000/-
 (c) When and where can the damaged vehicle be inspected CC

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 : _____

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 23/2/2026 200

Signature of the insured Tausif

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 *Tauqir*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BY6927 Registration Date : 11-Jul-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 : TAUSIF ALAM Son/wife/daughter of : MD. ZAHRUDDIN ANSARI
 Full Address: (Permanent) : VILL- FAZILNAGAR, PO- FAZILNAGAR, PS- PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401
 Full Address: (Temporary) : VILL- FAZILNAGAR, PO- FAZILNAGAR, PS- PATHERWA, KUSHINAGAR-UTTAR PRADESH-274401

Fitness Up To : 10-Jul-2040 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : HUSNERA KHATOON
 Ownership : INDIVIDUAL Nominee Name : BHARAT STAGE VI
 Relationship with the Nominee : Mother Norms :
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2131527093
 Front HSRP No : AA2132809825 Month/Year of Manuf. : 03/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLJFW648SGC02288
 No of Cylinders : 1 Fuel : PETROL
 Engine No : JF17ESSGC03075 Cubic Capacity : 124.60
 Horse Power(BHP) : 8.98 Wheelbase : 1302
 Maker's Classification : DESTINI 125 ZX+ Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 115
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 245
 Colour : PEARL FADELESS WHITE AC Fitted : NO
 Other Criteria : 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 : 08-Jul-2025 Sale Amt : 91685/-
 OTT Date : 08-Jul-2025 Amount/Rcpt No : 9169 / UP57D25070001086
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 18-Jul-2025

Other State/Transfer/Conversion/Reassign Details :
 Previous RegNo :
 Previous Owner : Entry Date :
 Old State : Conversion Date :
 Transfer Date :
 This certificate is valid from 11-Jul-2025 to 10-Jul-2040

Date : 23-Jul-2025 14:12:48
 Signature of Registering Authority :
 Date : 23-Jul-2025

Taxation Particulars / Advance Registration Mark Fee Details
 Q 4494361



UNION OF INDIA Driving Licence

UP NT

UP57 20190002292



गरी करी की तिथि

Date of issue

26/02/2019

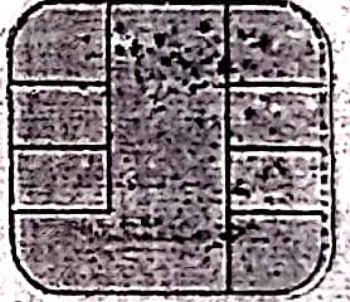
04/04/2000

Date of Birth

गरी तिथि

Blood Group

वैधता / Validity
25/02/2039



गरी / Name

TAUSIF ALAM

पिता/पति का गरी / Son/Daughter/Wife of

ZAHRUDDIN ANSARI

भारत सरकार
GOVT. OF INDIA



आयकर विभाग
INCOME TAX DEPARTMENT



CUSPA1040G

Permanent Account Number Card

स्थायी लेखा संख्या कार्ड

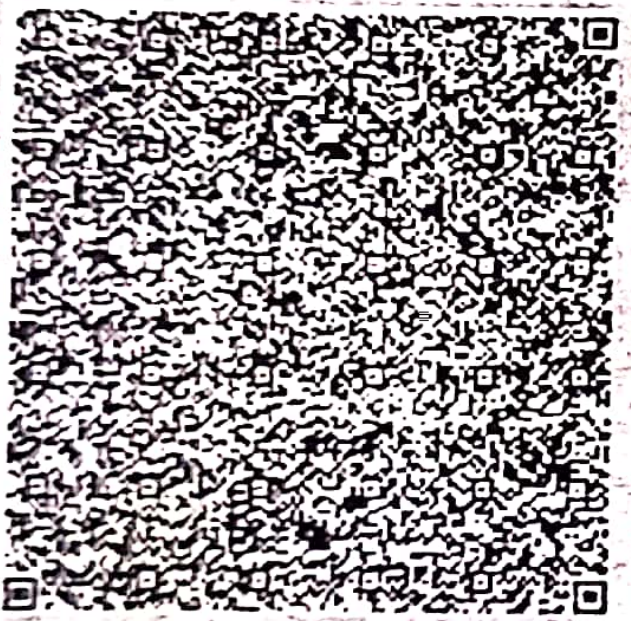
नाम / Name
TAUSIF ALAM

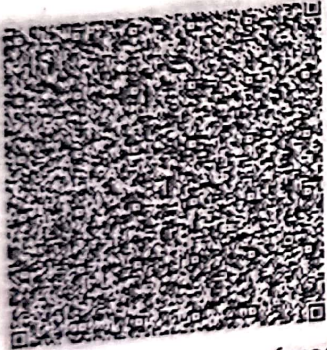
पिता का नाम / Father's Name
ZAHRUDDIN ANSARI

जन्म की तिथि /
Date of Birth
04/04/2000

हस्ताक्षर / Signature

Tausif Alam





4587 9164 3219

 VID : 9162 0893 2881 9347

Details as on: 26/02/2024

 Address: C/O Zahruddin Ansari, Ward No 14, Nagar

 Panchayat, Fazil Nagar, PO: Fazilnagar,

 DIST: Kushinagar,

 Uttar Pradesh - 274401

पता:

 श्री सहदेव अंसारी, वार्ड नं. 14, नगर

 पंचायत, फ़ाज़िलनगर, पो: फ़ाज़िलनगर,

 ज़िला कुशीनगर,

 उत्तर प्रदेश - 274401

Unique Identification Authority of India

 भारतीय पहचान प्रमाणिका

1947

 help@uidai.gov.in | www.uidai.gov.in


 भारत सरकार

 Government of India

तौसीफ आलम

 Tausif Alam

 जन्म तिथि/DOB: 04/04/2000

 पुरुष/ MALE



 Aadhaar no. issued: 17/01/2015

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या स्कैनर या
 ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
 Aadhaar is proof of identity, not of citizenship
 or date of birth. It should be used with verification
 authentication, or scanning of QR code / XML

4587 9164 3219

 मेरा आधार, मेरी पहचान