

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-0226-154	Date	27-02-2026
Customer Name	TEJ PRATAP KANOJIYA	Contact No.	6005419453
VIN	MBLHAW112LHL81687	Model	SPLENDOR +
Insurance Company		Reg No.	UP52BJ4589
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	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
3	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
4	53100AAD000S -PIPE STEERING HANDLE	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
5	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
6	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
7	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
Parts Total											0.00	3,635.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	3,635.00
Labour Total	413.00
SGST (Parts) 9%	277.25
CGST (Parts) 9%	277.25
SGST (Labour) 9%	31.50
CGST (Labour) 9%	31.50
Total	4,048.00

Rupees in Words: Four Thousand Fourty Seven 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.	Teypratap Kanojiya 6005419453
2	Vehicle No. / वाहन संख्या	UP52BJ4589
3	Policy No. / पालिसी संख्या	2025/7001/0/46575/450400
4	Period of Insurance / बीमा अवधि	10/06/2025 - 18/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/02/2026 02:00 PM
6	Place of Accident / दुर्घटना का स्थान	वैतालपुर डिपो
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Abhay Kumar, 6005419453 UP5220240021584
8	Estimated Loss / अनुमानित हानि	4048/-
09. Cause of Accident / दुर्घटना का कारण : मेरे बेटे अभय कुमार मेरी गाडी लेके अपने किसी भी कार्म करने के लिए घर से देखा जा रहे थे। तभी वैतालपुर डिपो के पास अचानक सामने से साइकल आ गया जिससे बचने के थक्कर में गाडी बस गयी और दायाे साइड गिरकर 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 : 27/02/2026
हस्ताक्षर

Abhishek Singh Roypoor

Tey Pratap
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. 2025/7001/0/46575/450400

Tel. No. _____

Period of Insurance 19/06/2025 - 18/06/2026

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 : Tejpratap Kanajiya
 (b) Address for correspondence : Tendua Bhagua, Po- Siram Khas Deoria UP.
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SPL + 2020</u>	Engine No. <u>9797</u> Chassis No. <u>81687</u>	Registration No. <u>UP52BJ</u> <u>4589</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
 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 : Abhay Kumar
(b) Age : 20 / male
(c) Address : Tendua Sirjam khas
(d) Is the Driver
1. Owner : Son
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 : UP52 20240021584
(h) Issuing Authority : Deoria, UP
(i) Date of Expiry : 15-01-2046
(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? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 20-02-2026 02:00 pm.
(b) Place : बैतालपुर डिपो
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक सामनेसे साइकल आ गया
(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 visor, front fender, R. mirror etc
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : 40481-

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 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 27/02/ 2016

Signature of the insured Ty Pratap

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 *Tej Pratap*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

623
GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BJ4589 Registration Date : 29-Dec-2020
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW/TMP
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, ...
 Owner Name : TEJPRATAP KANOJIYA Son/wife/daughter of : RAM PRASAD
 Full Address: (Permanent) : VILL-TENDUA BHAGUA, POST-SIRJAM KHAS, P/S-GAURI BAZAR, DEORIA, UTTAR
 PRADESH-274202
 Full Address: (Temporary) : VILL-TENDUA BHAGUA, POST-SIRJAM KHAS, P/S-GAURI BAZAR, DEORIA-UTTAR
 PRADESH-274202
 Valid Up To : 28-Dec-2035 Tax Up To : One Time
 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 : AA2018412611 Rear HSRP No : AA2021238612
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2020
 No of Cylinders : 1 Chassis No : MBLHAW112LHL81687
 Engine No : HA11EVLHLC9797 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR + (SELF-DRUM- Wheel base : 1236
 CAST)
 Seating Cap(in all) : 2 Standing Cap : 0
 Rear Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK-SILVER STR Laden/GV Wt (kgs) : 241
 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.	As Regd.
Description	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 : 09-Dec-2020 Sale Amt : 63175/-
 DT Date : 09-Dec-2020 Amount/Rept No : 6318 / UP52D20120002577
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 29-Dec-2020
 Other State/Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 29-Dec-2020 to 28-Dec-2035

Date : 18-Jan-2021 12:38:27

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 18-Jan-2021

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/450400

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Tejpratap Kanojiya	1976-10-12	6005419453	Ram Prasad	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Typ
SILVER	UP52BJ4589	HA11EV1LHLC9797	MBLHAW112LHL81687	2020	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
25000.00	NA	0.00	0.00	0.00	25000.00	
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	946.04	
Address			City / District	Pin Code	State	
Vill-Tendua Bhagua, Post-Sirjam Khas, P/S-Gauri Bazar, Deoria, Uttar Pradesh,				274202	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ASHA DEVI	Female	46 Years	WIFE	2025-06-19 12:15	Midnight of 2026-06-18	

Section A, VRC: 435.08 TCR: 324.50 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 759.58

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): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 158.02 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 28.44 Total with GST(D): 186.46

Total Section A+B+C+D) Offered Price After Discount: 946

Package Period Covered	2025-06-19 To 2026-06-18	2026-06-19 To 2027-06-18	2027-06-19 To 2028-06-18	2028-06-19 To 2029-06-18	2029-06-19 To 2030-06-18
ADV	25000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Lakh	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2025-12-05 (DETAILS ARE AS PROVIDED BY THE CERTIFICATE).

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 baggage) c) Organized Racing d) Race Making e) Speed Training f) 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 Company's 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.


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

* Received with Thanks Rs 946.04 ON 2025-06-19 from Mr./Ms. Tejpratap Kanojiya against the ARN No. INCP00450400
 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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



भारत सरकार
Government of India


तेजप्रताप कानोजिया
Tejpratap Kanojiya
पिता : राम प्रसाद
Father : Ram Prasad
जन्म तिथि / DOB : 12/10/1976
पुरुष / Male




8267 2612 9736


आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: राम प्रसाद, तेन्दुआ, Address: S/O: Ram Prasad, TENDUA,
भगुआ, सिरजम खास, देवरिया, उत्तर Bhagua, Sirjam Khas, Deoria, Uttar
प्रदेश, 274202 Pradesh, 274202

8267 2612 9736

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1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

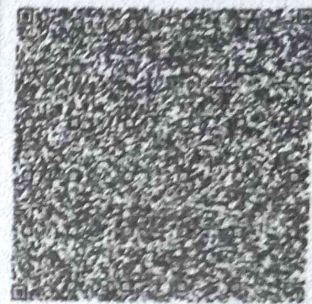
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
APGPK0741K



नाम / Name
TEJPRATAP KANOJIYA

पिता का नाम / Father's Name
RAM PRASAD

जन्म की तारीख /
Date of Birth
12/10/1976


हस्ताक्षर / Signature

09112018

DL No: UP52 20240021584

UPDL000014471100



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	UP52	29-10-2024	NT			
	LMV	UP52	29-10-2024	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA



Indian Union Driving Licence Issued by Uttar Pradesh



UP52 20240021584



Issue Date Validity (NT) Validity(TR)*
29-10-2024 15-01-2046



Holder's Signature

Name: ABHAY KUMAR

Date of Birth: 16-01-2006 Blood Group: + VE Organ Donor: N

Son/Daughter/Wife of: TEJPRATAP KANORIYA

Address:
TENDUA SIRJAM KHAS BHAGUA BHATPAR RANI
DEORIA UTTAR PRADESH 274202

Date of First Issue
29-10-2024