

**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-0326-22	Date	06-03-2026
Customer Name	NAIMUDDIN .	Contact No.	9115038810
VIN	MBLHAW461SHF45620	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP57BY8449
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	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
2	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
3	83410AAEC00VS -FRONT VISOR NH-1(T4)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
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	33600KCC710S -WINKER ASSY R RR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
<b>Parts Total</b>											0.00	2,605.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
<b>Jobs Total</b>											0.00	1,062.00

Parts Total	2,605.00
Labour Total	1,062.00
SGST (Parts) 9%	198.69
CGST (Parts) 9%	198.69
SGST (Labour) 9%	81.00
CGST (Labour) 9%	81.00
<b>Total</b>	<b>3,667.00</b>

Rupees in Words: Three Thousand Six Hundred Sixty Seven Only

Authorised Signatory

**1. Terms Cash**

2. Prices &amp; 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.

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.	Naimuddeh 7318495580
2	Vehicle No. / वाहन संख्या	UP5N BY 8U49
3	Policy No. / पालिसी संख्या	252400/31/2026/29094
4	Period of Insurance / बीमा अवधि	21/01/2025 TO 20/1/2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/02/2026 : 8:30 PM
6	Place of Accident / दुर्घटना का स्थान	(JOKWA)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	TABAREJ RAJ 9115038800
8	Estimated Loss / अनुमानित हानि	6000/-
9	Cause of Accident / दुर्घटना का कारण :	गाड़ी तबरेज राजा चला रहे थे फाजिल नगर से कसैया जा रहे थे रास्ते में जोकवा से सामने से ठाण्डिया वाला गाड़ी चला कर टक्कर मारी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	RAJATO Faza Nigony (opp) AKSHAY Mishra - 9651600245

Date / दिनांक : 05/02/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
नसुदीन



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. 252400/31/2026/29004  
 Tel. No. \_\_\_\_\_ Period of Insurance 21/7/2023 TO 20/7/28  
 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 : Naimuddin  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9310475580

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>50435</u> Chassis No. <u>U5620</u>	Registration No. <u>UP57BY</u> <u>Shri</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? PERSON-USE  
 (c) Was trailer attached? N/A  
 (d) If a Motor Cycle/scooter N/A  
 1. Was a side-car attached N/A  
 2. Was a pillion rider carried N/A

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 N/A  
 (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 : TABAREJ RAJA  
(b) Age : 1/1/2006  
(c) Address : \_\_\_\_\_  
(d) Is the Driver  
1. Owner : \_\_\_\_\_  
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 Licence Number : UP5720240013 068  
(h) Issuing Authority : KUSHINAGAR  
(i) Date of Expiry : 31/12/2025  
(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 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 : 2/2/26 : 3:30 PM  
(b) Place : JOKARA (JOKARA)  
(c) Speed of vehicle at the time of accident : 100K  
(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 : 6000/-  
(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 : N/A  
(e) Full details of property damaged : \_\_\_\_\_  
(f) Has notice of any claim been given to you? : \_\_\_\_\_





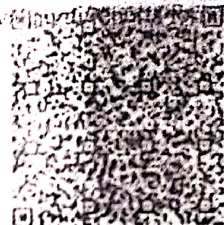


# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BY8449      Registration Date : 26-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 : NAIMUDDIN      Son/wife/daughter of : MD. SARIF  
 Full Address: (Permanent) : VILL- PIPRA KANAK BODHA TOLA, PO- PIPRA KANAK, PS- PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401  
 Full Address: (Temporary) : VILL- PIPRA KANAK BODHA TOLA, PO- PIPRA KANAK, PS- PATHERWA, KUSHINAGAR- UTTAR PRADESH-274401

Fitness Up To : 25-Jul-2040      Owner Serial No : 1  
**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Nominee Name : TABREJ ALAM  
 Relationship with the Nominee : Son      Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2132848558      Rear HSRP No : AA1043830526  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1      Chassis No : MBLHAW4613HF45620  
 Engine No : HA11F6SHF50435      Fuel : PETROL  
 Horse Power(BHP) : 8.17      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS)      Wheel base : 1235  
 Seating Cap(in-all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY      Laden/GV Wt (kgs) : 243  
 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 FAINANCE LIMITED, NEW DELHI, . . . New Delhi, Delhi-110057 w.e.f. 21-Jul-2025.

Purchase dt : 21-Jul-2025      Sale Amt : 83351/-  
 OTT Date : 21-Jul-2025      Amount/Rcpt No : 8336 / UP57D25070002809  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 28-Jul-2025

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

This certificate is valid from 26-Jul-2025 to 25-Jul-2040


Date : 28-Aug-2025 16:27:34  
 Taxation Particulars / Advance Registration Mark Fee Details



Signature of Registering Authority  
 Date : 28-Aug-2025

Q 5142931

**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**

**UP57 20240013868**

Issue Date: 31-07-2024    Validity (NT): 31-12-2045    Validity (TR): 

      
 Holder's Signature

Name: **TABAREJ RAJA**    Organ Donor:

Date of Birth: 01-01-2006    Blood Group:   


Son/Daughter/Wife of: **NAMUDDIN SIDDIQUI**




Address:  
 300HA TOLA PIPRA KANAK PIPRA KANAK  
 TANKUNI RAJ KUSHINAGAR UTTAR PRADESH  
 274401

31-07-2024  
Date of First Issue

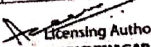
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**DL No: UP57 20240013868**

    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	31-07-2024	NT			
	MV	UP57	31-07-2024	NT			
	MVSO						

Emergency Contact Number

  
 Licensing Authority  
 UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार  
Government of India



Aadhaar no. 28875 8547 4575



नाइमुद्दीन  
Naimuddin  
जन्म तिथि/DOB: 03/01/1968  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑनलाइन एकराएण्डल 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 (online  
authentication, or scanning of QR code / offline XML).

8875 8547 4575

मेरा आधार, मेरी पहचान

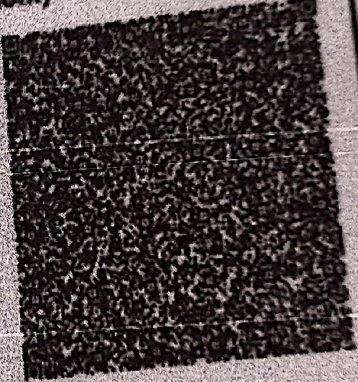


भारत सरकार  
Government of India



पता:  
आलय: मे. सरौक, बोदा टोला, पिप्रा कानक, पिप्रा कानक,  
कुशीनगर,  
उत्तर प्रदेश - 274401

Address:  
S/O: Md. Sarif, Boda Tola, Pipra Kanak, PO:  
Pipra Kanak, DIST: Kushinagar,  
Uttar Pradesh - 274401



8875 8547 4575

VID : 9159 0731 6485 6935



1447



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT

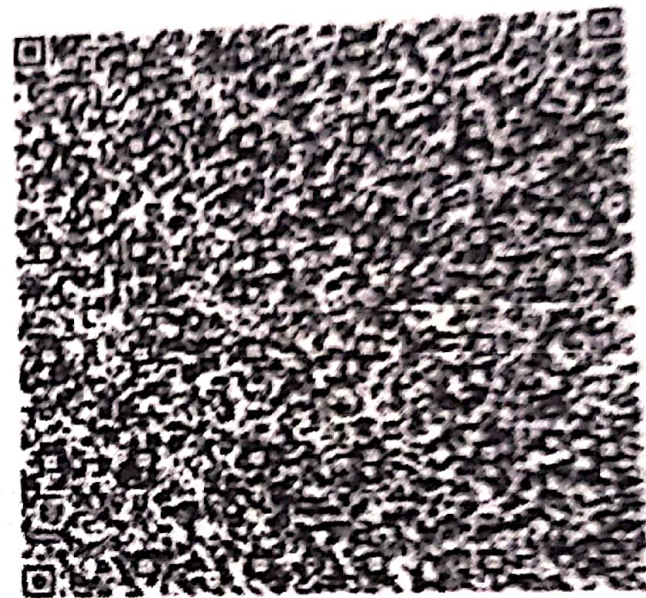


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**DKNPN3255A**



नाम / Name  
NAIMUDDIN

पिता का नाम / Father's Name  
MO SARIF

जन्म की तारीख /  
Date of Birth  
03/01/1968

Handwritten signature: नैमुद्दीन

16062024

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

