

ESTIMATE



C BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Anil Kumar Yadav

INVOICE NO. :

ADD= Date - 10/03/2026

PAYMENT BY :

CEIDIT

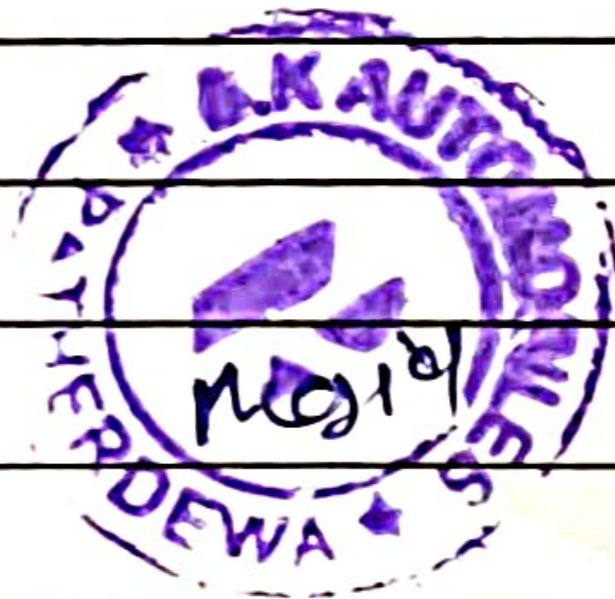
MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
SPLA	GREY	00665	01937	BR28AE8809

	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	VISOR	1		1065
2	Headlight	1		525
3	fender	1		1450
4	Indicators	1		220
5	Leg guard	1		675
6	Mirror	1		140
7	Handle	1		500
8	liver	1		95
9	Socket Repair			500
10	labour charge			500
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				




TOTAL

5670


& conditions apply-

Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number BR28AE8809	Maker Name: HERO MOTOCORP LTD
	Model Name: SPLENDOR+ XTEC (DRS)
	Colour: / Body Type: BLACK TORNADO GREY SOLO WITH PILLION
	Seating(In all) / Standing / Sleeper Capacity 2 / 0 / 0
Month-Year of Mfg. 04 - 2024	Unladen / Laden /Gross Combination Weight (Kg) 112.00 / 242.00 / 0.00
No. of Cylinders 1	Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm) 97.20 7.91 1235.00
Number of Axle	Financer Name <i>Anil Kumar</i>

BR-R2809013772 Registration Authority
DTO- GOPALGANJ

Indian Union Vehicle Registration Certificate
Issued by Government of Bihar

	Regn No BR28AE8809	Date of Regn. 08-08-2024	Regn. Validity 07-08-2039	Owner Serial ①
	Chasis No: MBLHAW21XR9D00665			
	Engine No: HA11E7R9D01937			
	Owner Name: ANIL KUMAR YADAV			
Fuel PETROL	Ownership INDIVIDUAL			
Emission Norms BHARATSTAGE VI	Son/Wife/Daughter of (In case of Individual Owner) S/O RAMADHAR YADAV			
	Address MISIR BANDHOWRA, GOPALGANJ, BUAIPIR, Gopalganj, BR, 841508			

BR-R2809013772 Card Issue Date 23-01-2025

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/449223

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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
ANIL KUMAR YADAV	1986-02-15	9546725920		Hero	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
125 E20		HA11E7R9D01937	MBLHAW21XR9D00665	08-08-2024	
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV
0.95	NA	0.00	0.00	0.00	0.95
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	1490.27
Address			City / District	Pin Code	State
					Bihar
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
RAMADHAR YADAV	Male	55 Years	FATHER	2025-06-15 00:00	Midnight of 2026-06-14

Section A, VRC: 632.99 TCR: 295.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 1131.69
 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: 303.88 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 54.70 Total with GST(D): 358.58

Total(Section A+B+C+D) Offered Price After Discount: 1490

Package Period Covered	2025-06-15 To 2026-06-14	2026-06-15 To 2027-06-14	2027-06-15 To 2028-06-14	2028-06-15 To 2029-06-14	2029-06-15 To 2030-06-14
ADV	0.95	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

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 luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) 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 Companys 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 Meerut.

#: Received with Thanks Rs 1490.27 ON 2025-06-15 from Mr./Ms. ANIL KUMAR YADAV
 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20200003424

Issue Date: 02-03-2020 Validity (NT): 01-03-2030 Validity (TR): _____

RAM KAPUR YADAV
 Date of Birth: 02-12-1982 Blood Group: _____
 Son/Daughter/Wife of: **KALAPANATH YADAV**
 Address: **RAMGULAM TOLA**
Deoria, UP 274001

Organ Donor: **N**

Date of First Issue: 02-03-2020

DL No: UP52 20200003424 UPDL000002708146

Invalid Carriage (Regn Numbers): _____
 Hazardous Validity: _____ HAZ-Validity: _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCWG	MCWG	UP52	02-03-2020	NT			
LIV	LIV	UP52	02-03-2020	NT			
MVSD							

Emergency Contact Number: _____

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)

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.	Anil Kumar Yadav 9546725920
2	Vehicle No. / वाहन संख्या	BR28AE8809
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/449223
4	Period of Insurance / बीमा अवधि	15/06/2025 - 14/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/3/2026 Time 5:10PM
6	Place of Accident / दुर्घटना का स्थान	Patherdewa
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ram Kumar Yadav UP5220200003424
8	Estimated Loss / अनुमानित हानि	10000
9	Cause of Accident / दुर्घटना का कारण :	मेरे भिन ग्रेवा गाड़ी लेकर देविया कुछ कागज ल जा रहे थे। देविया लुबाध चौक के पास अचानक लागनी स्क बाइक वाले ने आ गया। जैसे ग्रेवा गाड़ी उससे टक्कर का गिर गई और क्षतिग्रस्त हो गई।
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.	B.K Automobiles Patherdewa (7275552909)

Date / दिनांक : 10/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
अनिल कुमार यादव



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. MS/2025/7001/0/46515/

Tel. No. _____

Period of Insurance 15/06/2025 - 14/06/2026
 Claim No. 449223

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 : Anil Kumar Yadav
 (b) Address for correspondence : Misra Bandhawa Post-Bijainpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTORP</u> <u>2025</u>	Engine No. <u>01937</u> Chassis No. <u>00665</u>	Registration No. <u>BR28AE</u> <u>8809</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 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	_____
(g) If Lorry/Jccp/Tractor, was trailer attached?	_____
(h) Number of passengers carried	_____
(i) Number of Passenger permitted	_____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ram Kapur Yadav
 (b) Age :
 (c) Address : Ram Gulam Tola Deoria 274001
 (d) Is the Driver
 1. Owner :
 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 : UP5220200003424
 (h) Issuing Authority : 02/03/20
 (i) Date of Expiry : 01/03/2030
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NIA
 (l) Has he been involved in any accident before?: NIA
 (m) Has he been charged by the policy? If so, Why?: NIA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 10/03/2026 5:10Pm
 (b) Place : Deoria
 (c) Speed of vehicle at the time of accident : मेरा गैल मेरा गैल 20530KPH
 (d) Give a short description of the accident : कुछ काम से जा रहे थे। देवरिया मुबाय चौक के पास अचानक लगने लगे बाइक वाले ने आ गया। बिल्कुल भेरा गाड़ी डलसे टक्कर का गिर गई और क्षतिग्रस्त हो गई।
 (e) If any third party was responsible for this accident give the name and address :
 DAMAGE TO INSURED VEHICLE
 (a) Full details of damage : Front
 (b) Estimated cost of repairs : 10000
 (c) When and where can the damaged vehicle be inspected : B.K Automobiles

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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
(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? : N/A
(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? : N/A
(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 10/03/2026

Signature of the insured अनिल कुमार यादव