

**RAJ AUTOMOBILES**

COLLEGE ROAD, OPP.POWER HOUSE,FAZILNAGAR, KUSHINAGAR, 274401, UP, INDIA

State Code: 9 Contact: 05564-267228, 9415910944 , ,

OSTIN No: 09AZXPS2639D1ZQ

Authorized Service Center: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	21318-02-REST-0426-1	Date	03-04-2026
Customer Name	KARAN RAI	Contact No.	6081219438
VIN	MBLHAW480SGE13603	Model	SPLENDOR +
Insurance Company		Reg No	UP57BZ6079
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	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
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	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	3310AKCC710AS -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	360.17	1	9.00	9.00	0.00	0.00	0.00	0.00	425.00
6	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
<b>Parts Total</b>											0.00	<b>3,846.00</b>

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	500.00	9.00	9.00	0.00	0.00	0.00	0.00	0.00	590.00
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00
<b>Jobs Total</b>											0.00	<b>1,190.00</b>

Parts Total	3,846.00
Labour Total	1,190.00
SGST (Parts) 9%	293.34
CGST (Parts) 9%	293.34
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
<b>Total</b>	<b>5,036.00</b>

Rupees in Words: Five Thousand Thirty Five 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. 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

सेवा में,  
Oriental Insurance Co Ltd /  
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.	KARAN RAI 8001219438
2	Vehicle No. / वाहन संख्या	UP57B26079
3	Policy No. / पालिसी संख्या	252400/31/2026/40910
4	Period of Insurance / बीमा अवधि	07/10/2025 TO 6/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/4/2026 / 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	FARZANAGAR (UP)
7	Name of the Driver, D.L. No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	KARAN RAI )
8	Estimated Loss / अनुमानित हानि	7000/-
09.	Cause of Accident / दुर्घटना का कारण :	सड़ती से धूट जा रहे थे रास्ते में फाजिलनगर सामने से अनिर्गमित वाहन आ रहा था उल्टे बचने के प्रयत्न में जाड़ी अनिर्गमित होकर गिर गई व क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	RAJ Auto mechanics AKSHAY Mishra - 9651400295

Date / दिनांक : 2/4/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
KARAN RAI



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 meerut

Certificate Policy No. 252400/91/2026/00918

Tel. No.

Period of Insurance 7/10/2025 TO 6/10/26  
 Claim No.

THE ISSUING OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully.

**1. THE INSURED**

- (a) Name
- (b) Address for correspondence
- (c) Telephone

KARAN PAI

**2. THE INSURED VEHICLE**

Make & Year <u>2025</u>	Engine No. <u>13046</u> Chassis No. <u>KB603</u>	Registration No. <u>UP51BZ 6079</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? PASSENGER 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 VEHICLES)**

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

N/A



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name KARAN ROL  
(b) Age 25/01/2003  
(c) Address Siri Ram Patti  
(d) Is the Driver  
1. Owner YES  
2. paid driver? NA  
3. Owner's relative or friend? NA  
(e) If paid driver, how long has he been in your employment NA  
(f) Was he under the influence of intoxication Liquor or drugs? NA  
(g) Driving Licence Number UP5720210012626  
(h) Issuing Authority Kushinagar  
(i) Date of Expiry 24/01/2023  
(j) Was the licence temporary/permanent permanent  
(k) Details of endorsement suspension, if any NA  
(l) Has he been involved in any accident before? NA  
(m) Has he been charged by the police? 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 2/06/2028 7:00 PM  
(b) Place FOLLINGHUR  
(c) Speed of vehicle at the time of accident 40 KM  
(d) Give a short description of the accident NA  
(e) If any third party was responsible for this accident give the name and address NA

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage As per Estmat  
(b) Estimated cost of repairs 7000  
(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?



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  
myour 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 \_\_\_\_\_

1000  
10000  
100000  
1000000

Witness  
Name .....  
Signature .....  
Address .....

Signature **KARAN Ravi**  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20210012626

Issue Date 26-10-2021 Validity (NT) 24-01-2043 Validity (TR)\*



(26-10-2021)

Date of First Issue

Holder's Signature

Organ Donor: Y

Name: **KARAN RAI**  
Date of Birth: 25-01-2003 Blood Group:  
Son/Daughter/Wife of: **KANHIYA RAI**  
Address:  
**SRI RAM PATTI POST KISHUNDEVPUR TAMKUHI  
RAJ, KUSHINAGAR, UP 274401**

DL No: UP57 20210012626

UPDL000006886533



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	26-10-2021	NT				
LMV	UP57	26-10-2021	NT				
MVSD							

Emergency Contact Number  
8601405762

Licensing Authority  
UP57 KUSHINAGAR

Form 7 Rule 16(2)



GOVERNMENT OF UTTAR PRADESH  
Transport Department PADRAUNA(KUSHI NAGAR)  
FORM 23  
CERTIFICATE OF REGISTRATION

https://vahan.parivahan.gov.in/vahan/vahan



Registration No : UP57BZ6079  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304  
Owner Name : KARAN RAI  
Full Address: (Permanent) : VILL- SHRIRAM PATTI, PO- KISHUNDEV PUR, PS- TURKPATTI, KUSHINAGAR, UTTAR PRADESH-274401  
Full Address: (Temporary) : VILL- SHRIRAM PATTI, PO- KISHUNDEV PUR, PS- TURKPATTI, KUSHINAGAR-UTTAR PRADESH-274401  
Fitness Up To : 09-Oct-2040  
Detailed Description :  
Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Relationship with the Nominee : Mother  
Owner Serial No : 1  
Link Vehicle No :  
Nominee Name : BINDA DEVI  
Norms : BHARAT STAGE VI  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2133086568  
Type of Body : SOLO WITH PILLION  
Rear HSRP No : AA2133719738  
No of Cylinders : 1  
Month/Year of Manuf. : 05/2025  
Engine No : HA11F7SGE13846  
Chassis No : MBLHAW480SGE13603  
Horse Power(BHP) : 8.17  
Fuel : PETROL  
Maker's Classification : SPLENDOR+ (DRS)  
Cubic Capacity : 97.20  
Seating Cap(in all) : 2  
Wheel base : 1235  
Sleepar Cap : 0  
Standing Cap : 0  
Colour : Black Heavy Grey  
Unladen Wt (kgs) : 113  
Other Criteria :  
Laden/GV Wt (kgs) : 243  
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 w.e.f.

Purchase dt : 07-Oct-2025  
OTT Date : 07-Oct-2025  
Vehicle is Govt./ Pvt. : PRIVATE  
Date of Approval : 04-Nov-2025  
Sale Amt : 73764/-  
Amount/Rept No : 7377 / UP57D25100002024  
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

Previous Owner :  
Old State :  
Transfer Date :  
Previous RegNo :  
Entry Date :  
Conversion Date :

This certificate is valid from 10-Oct-2025 to 09-Oct-2040

ate : 28-Nov-2025 15:17:34  
axation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date 28-Nov-2025

Q 5875787





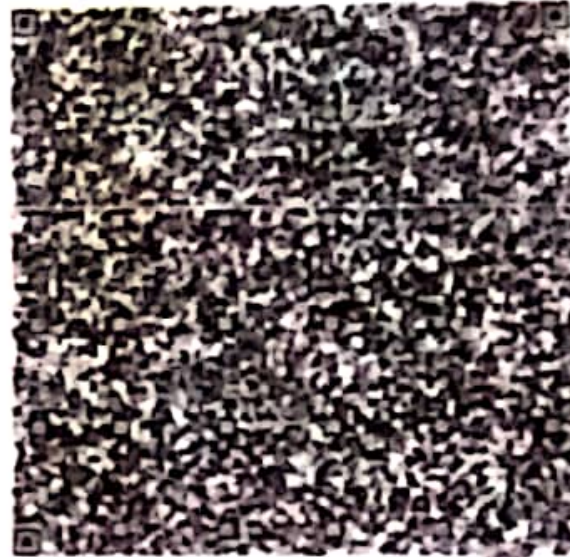
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

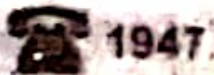


पता: आत्मज: कन्हैया राय, श्रीराम पेट्टी, देव  
पोखर, कुशीनगर, उत्तर प्रदेश, 274401

Address: S/O: Kanhaiya Rai, shriram patti,  
Deo Pokhar, Kushinagar, Uttar Pradesh,  
274401



**5444 6546 8528**



1947



help@uidai.gov.in



www.uidai.gov.in

Print Date: 15/11/2017



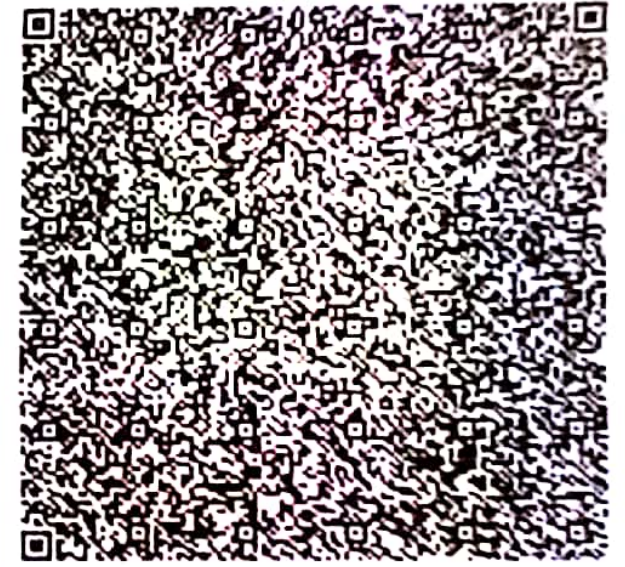
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
EZLPR9263J

**MINOR**



नाम / Name  
KARAN RAI

पिता का नाम / Father's Name  
KANHAIYA RAI

जन्म की तारीख /  
Date of Birth  
25/01/2003

कन्हैया राय  
हस्ताक्षर / Signature

19112020