

**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-0426-9	Date	22-04-2026
Customer Name	HIMANSHU GUPTA	Contact No.	9169265015
VIN	MBLJFW495RGA00100	Model	PLEASURE+ XTEC
Insurance Company		Reg No.	UP52CB5549
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	18318AALD00S - PROTECTOR MUFFLER	87141090	Paid	694.92	1	9.00	9.00	0.00	0.00	0.00	0.00	820.00
2	88110AALD01S -MIRROR ASSEMBLY RIGHT BACK	84831099	Paid	403.39	1	9.00	9.00	0.00	0.00	0.00	0.00	476.00
3	53175KTP900S -LEVER R STRG.HANDLE	87141090	Paid	79.66	1	9.00	9.00	0.00	0.00	0.00	0.00	94.00
4	64310AALD00S -PANEL FLOOR	87141090	Paid	368.64	1	9.00	9.00	0.00	0.00	0.00	0.00	435.00
5	64320AALC003S -COVER RIGHT FLOOR SIDE (BLUISH TEAL)(BL)	87141090	Paid	350.85	1	9.00	9.00	0.00	0.00	0.00	0.00	414.00
6	64210AALC003S -FRONT UPPER COVER (BLUISH TEAL)(BL(BR)-0	87141090	Paid	1,338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,580.00
7	64310AALC003S -COVER FRONT LOWER (BLUISH TEAL)(BL(BR)-0	87141090	Paid	1,042.37	1	9.00	9.00	0.00	0.00	0.00	0.00	1,230.00
8	61105AALC003S -FRONT FENDER (BL(BR)- 015M(G) 015(M)	87141090	Paid	1,093.22	1	9.00	9.00	0.00	0.00	0.00	0.00	1,290.00
9	83450AALC003S -RIGHT BODY COVER (BLUISH TEAL) (BL(BR)-01	87141090	Paid	1,015.25	1	9.00	9.00	0.00	0.00	0.00	0.00	1,198.00
10	53208AAL510S -FR HANDLE COVER CHROME GARNISH	87141090	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
<b>Parts Total</b>											0.00	<b>7,882.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PLEASURE+ XTEC	998729	Paid	550.00	9.00	9.00	0.00	0.00	0.00	0.00	649.00	
<b>Jobs Total</b>											0.00	<b>649.00</b>

<b>Parts Total</b>	<b>7,882.00</b>
<b>Labour Total</b>	<b>649.00</b>
<b>SGST (Parts) 9%</b>	<b>601.17</b>
<b>CGST (Parts) 9%</b>	<b>601.17</b>
<b>SGST (Labour) 9%</b>	<b>49.50</b>
<b>CGST (Labour) 9%</b>	<b>49.50</b>
<b>Total</b>	<b>8,531.00</b>

Rupees in Words: Eight Thousand Five Hundred Thirty Only

Authorised Signatory

1. Terms Cash

2. Prices &amp; statutory levies prevailing at the time of delivery shall be charged

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.	Himanshu Gupta 9169265015
2	Vehicle No. / वाहन संख्या	UPS2CB5549
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46528/457398
4	Period of Insurance / बीमा अवधि	31/07/2025 - 30/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/04/2026 04:00 PM
6	Place of Accident / दुर्घटना का स्थान	Langadi Chauhanra
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Himanshu Gupta , 9169265015 UPS220240023956,
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेते अपने घर से देवरिया जा रहे थे तभी लंगडी चौराहे पर अचानक सामने से जानवर भा गया जिससे गाड़ी का ब्रेक मारने से गाड़ी दाहिने साइड से अहिम्बर 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 Gauri Bazar 8948395612

Date / दिनांक : 22/04/2026  
हस्ताक्षर  
Abhishek Singh Raypoor

हिमांशु गुप्ता  
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. ms/2028/7001/6/46575/  
 Tel. No. \_\_\_\_\_ Period of Insurance 31/07/2025 - 30/07/2026 487398  
 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 : Himanshu Gupta  
 (b) Address for correspondence : Nagauri Nagauri Gauri Bazar Deoria UP  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>Pleasure + CX</u> <u>2024</u>	Engine No. <u>02861</u> Chassis No. <u>02100</u>	Registration No. <u>UP52CB</u> <u>5549</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 NA  
 2. Was a pillion rider carried

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 : Himanshu Gupta  
(b) Age : 26 male  
(c) Address : Nagrauli Gausi Deras  
(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 : UP5290940023956  
(h) Issuing Authority : Deoria, UP  
(i) Date of Expiry : 14/01/2020  
(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?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 20/04/2026, 04:00 PM  
(b) Place : Langaali Chauraha (Deoria)  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : इन्चार्जि सामने से प्लानवर 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 : Paint flose, front upper, lower legs etc.  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : 6531/-

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 22/04/2008

Signature of the insured हिमान्तु गुप्ता

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 ..... दिशान्तु गुप्ता .....  
Occupation .....  
Address .....  
.....  
.....

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

# GOVERNMENT OF UTTAR PRADESH

## Transport Department DEORIA

### FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP52CB5549      Registration Date : 06-Aug-2024  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , 190-274001  
 Owner Name : HIMANSHU GUPTA      Son/wife/daughter of : SATISH CHANDRA GUPTA  
 Full Address: (Permanent) : VILL- NAGRAULI GAURI BAZAR DEORIA, , DEORIA, UTTAR PRADESH-274202  
 Full Address: (Temporary) : VILL- NAGRAULI GAURI BAZAR, DEORIA, , DEORIA-UTTAR PRADESH-274202  
 Fitness UpTo : 05-Aug-2039      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 : AA2104822903      Rear HSRP No : AA2105408132  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 01/2024  
 No of Cylinders : 1      Chassis No : MBLJFW495RGA00100  
 Engine No : JF16EWRGA00861      Fuel : PETROL  
 Horse Power(BHP) : 8.04      Cubic Capacity : 110.90  
 Maker's Classification : PLEASURE + CX      Wheel base : 1238  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 106  
 Colour : BLUISH TEAL      Laden/GV Wt (kgs) : 236  
 Other Criteria :  
 Vehicle Purchase As : Fully Built      AC Fitted : NO

### 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 : 31-Jul-2024      Sale Amt : 84013/-  
 OTT Date : 31-Jul-2024      Amount/Rcpt No : 8402 / UP52D24080000547  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 18-Oct-2024

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Aug-2024 to 05-Aug-2039

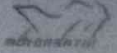
Date 17-Oct-2024 13:22:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 17-Oct-2024



# Program Proposal Two-Wheeler Package Contract - Bundled



INCP00457390

Private Limited  
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

7941050643  
 www.motorsathi.com  
 help section of www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
HIMANSHU GUPTA	2000-01-15	9169265015	SATISH CHANDRA GUPTA	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
EASURE+ XTEC YELLOW	UP52CB5549	JF16EWRGA00861	MBLJFW495RGA00100	2024	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
58000.00	NA	0.00	0.00	0.00	58000.00	
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	1791.87	
Address			City / District	Pin Code	State	
VILL- NAGRAULI GAURI BAZAR, DEORIA, , Deoria, Uttar Pradesh, 274202				274202	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SUMITRA DEVI	Female	46 Years	MOTHER	2025-07-31 15:20	Midnight of 2026-07-30	

Option A, VRC: 815.27 TCR: 342.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1157.47  
 Option 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

Option C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 **GST (CGST @9% + SGST @9%):** 43.47 **Total MS Services with GST(C):** 285.00

Option D, Drive Assure: 296.10 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 53.30 **Total with GST(D):** 349.40

**Total(Section A+B+C+D) Offered Price After Discount:** 1792

Package Period Covered	2025-07-31 To 2026-07-30	2026-07-31 To 2027-07-30	2027-07-31 To 2028-07-30	2028-07-31 To 2029-07-30	2029-07-31 To 2030-07-30
AV	58000	NIL	NIL	NIL	NIL
S 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 VALID UPTO 2029-07-30 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

**RESTRICTIONS 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 retaining 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 Aligarh.

Received with Thanks Rs 1791.87 ON 2025-07-22 from Mr./Ms. HIMANSHU GUPTA against the ARN No. INCP00457390  
 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



आधार नं. जारी: 29/05/2014



हिमांशु गुप्ता  
 Himanshu Gupta  
 जन्म तिथि/DOB: 15/01/2000  
 पुरुष/ MALE

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

**5424 1760 4205**  
**मेरा आधार, मेरी पहचान**

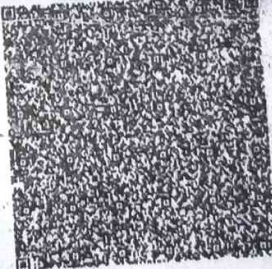



भारतीय विधिक प्रमाण प्रमाणीकरण  
 Unique Identification Authority of India

पता:  
 S/O: सतीश चंद्र गुप्ता, नगरीली, गौरी बाजार, देवरिया,  
 उत्तर प्रदेश - 274202

Address:  
 S/O: Satish Chandra Gupta, Nagrauli, PO:  
 Gauri Bazar, DIST: Deoria,  
 Uttar Pradesh - 274202

Details as on: 29/08/2024



**5424 1760 4205**  
**VID : 9124 8150 4169 3433**

1947 | help@uidai.gov.in | www.uidai.gov.in

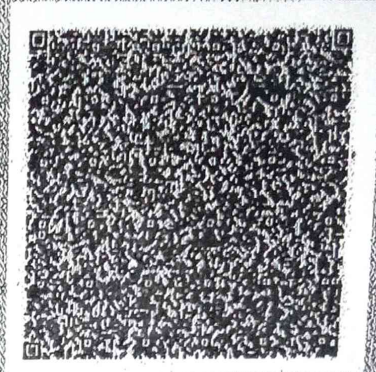
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
CZWPG2447L



नाम / Name  
HIMANSHU GUPTA

पिता का नाम / Father's Name  
SATISH CHANDRA GUPTA

जन्म की तारीख /  
Date of Birth  
15/01/2000

हस्ताक्षर / Signature

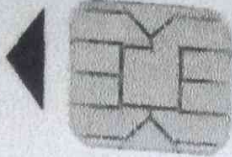
21062019



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



**UP52 20240023956**



Issue Date: 30-11-2024  
Validity (NT): 14-01-2040  
Validity (TR)\*



Holder's Signature

Date of First Issue: 30-11-2024

Name: **HIMANSHU GUPTA**  
Date of Birth: 15-01-2000  
Son/Daughter/Wife of: **SATISH CHANDRA GUPTA**

Blood Group:  
Organ Donor: **N**

Address:  
**GAURI BAZAR NAGRAULI BHATPAR RANI  
DEORIA UTTAR PRADESH 274202**

**DL No: UP52 20240023956**

UPDL000014710271



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	30-11-2024	NT			
	LMV	UP52	30-11-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
**UP52 DEORIA**

Form 7 Rule 16(2)