

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-0526-10	Date	03-05-2026
Customer Name	MANORMA DEVI	Contact No.	7032907228
VIN	MBLHAW334SHH38724	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP52CJ6235
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	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	902.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,065.00
2	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.00	5	9.00	9.00	0.00	0.00	0.00	0.00	3,225.00
3	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	4,296.60	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
4	3345BAAE941S -WINKER ASSEMBLY LEFT FRONT	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
5	33650AAE941S -WINKER ASSEMBLY LEFT REAR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
6	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00
7	88120AACH41ZAS - MIRROR ASSEMBLY LEFT BACK-NH-1	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
8	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
9	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	2,615.00
10	51500KWA941S -FORK ASSY. L FR	87141090	Paid	2,216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	2,615.00
11	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	965.00
Parts Total											0.00	17,495.00

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 2.0	998729	Paid	650.00	9.00	9.00	0.00	0.00	0.00	0.00	767.00	
Jobs Total											0.00	767.00

Parts Total	17,495.00
Labour Total	767.00
SGST (Parts) 9%	1,334.36
CGST (Parts) 9%	1,334.36
SGST (Labour) 9%	58.50
CGST (Labour) 9%	58.50
Total	18,262.00

Rupees in Words: Eighteen Thousand Two Hundred Sixty Two Only

Authorised Signatory

1. Terms Cash
2. Prices & 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.	Manorama Devi 9651061948
2	Vehicle No. / वाहन संख्या	UP52CJ6235
3	Policy No. / पालिसी संख्या	252400/31/2026/46038
4	Period of Insurance / बीमा अवधि	18-10-2025 - 17-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/04/2026 05:00 pm.
6	Place of Accident / दुर्घटना का स्थान	सतलुवा चौकी चौक
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Raj Kumar Gupta UP522020020645
8	Estimated Loss / अनुमानित हानि	18262/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी मेरी (भतिजा) Reevite Raj Kumar Gupta अपने पिता जी का काम करने के लिए चौकी चौकी गये थे। तभी शाम 05:00 pm वृष के समय हट वापस आ रहे थे। तब तक लेज्य आँधी आ गयी जिससे लगभग से लेज्य रफ्तार वाइक आ जाने से गाड़ी बाइक वाये लाइड गिरक बलिगुल हो गयी
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 Hada Road Gauri Nagar, 8948395612

Date / दिनांक : 03/05/2026
हस्ताक्षर

Abhishek Singh Raypoot

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. 252400/31/2026/46038
 Tel. No. _____ Period of Insurance 18-10-2025-17-10-26
 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 : Manorama Devi
 (b) Address for correspondence : Kharatia, Po - Cauli Bazar
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SPLT XTEC 2.0</u>	Engine No. <u>39334</u> Chassis No. <u>38724</u>	Registration No. <u>UP52CJ 6235</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 : Raj Kumar Gupta
(b) Age : 24 / male
(c) Address : Bhatauli Buzurg Gauri Bazar - Deoria
(d) Is the Driver : Deoria U.P.
1. Owner : Relevite (अविवात)
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 : UP5220220020645
(h) Issuing Authority : Deoria U.P.
(i) Date of Expiry : 02-03-2042
(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 : 29/01/2026 05:00 PM
(b) Place : Safaha Chauri Chura
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : गाड़ी में आसम आत विले अ
(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 : Fuel Tank, fenders, Handle, Visor, Head
(b) Estimated cost of repairs : _____ Light, etc.
(c) When and where can the damaged vehicle be inspected : 18262/-

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 _____

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 03/05/2016

Signature of the insured अनुरमा देवी

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 *मनोरमा देवी*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CJ6235 Registration Date : 28-Oct-2025
 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 : MANORMA DEVI Son/wife/daughter of : DURGESH
 Full Address: (Permanent) : VILL-KHAIRATIA, PO-GAURI BAZAR, DEORIA, ... DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL-KHAIRATIA, PO-GAURI BAZAR, DEORIA, ... DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 27-Oct-2040 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 : AA2136856640 Rear HSRP No : AA2137032562
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025
 No of Cylinders : 1 Chassis No : MBLHAW334SHH38724
 Engine No : HA11FBSHH39334 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 S)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

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 HERO FINCORP LTD, ... , ... Deoria, Uttar Pradesh-274001 w.e.f. 22-Oct-2025.

Purchase dt : 22-Oct-2025 Sale Amt : 80517/-
 OTT Date : 22-Oct-2025 Amount Receipt No : 8052 / UP52D251000078
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 28-Oct-2025 to 27-Oct-2040

Date : 26-Nov-2025 19:38:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 26-Nov-2025

Q 6399905



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGHR928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-2214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	18-OCT-25
Policy No	252400/31/2026/46038	Proposal No. & Date	R/252400/31/2026/105977796/5 & 18-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11:20 ON 18/10/2025 TO MIDNIGHT OF 17/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 11:20 ON 18/10/2025 TO MIDNIGHT OF 17/10/2030
Insured Name	PARAMATMA CHAURASIYA (GSTIN:)		
Insured Address	C/O DUDHNATH CHAURASIYA, R/O 95, WARD NO.8, GOLGHAR, NAGAR PANCHAYAT, POST- GAURI BAZAR, DEORIA, NA, 0	Lead / Breakin No Insured State	/ UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	76491
Model & Variant	SPLENDOR + XTEC 2.0	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine -Chassis No	HA11FB5HJ12858 - MBLHAW335SHJ12905	TMF CONTRACT NO	
Cubic Capacity	97.2	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	191.99	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles		Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4043
Anti-Theft Device (IMT-10)	0	GST	728
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
NTP Discount	0	Krishi Kalyan Cess@0.50%	0
Sub-Total Deductibles	0	Gross Premium Paid	4771

Note:

1. The policy is issued on the basis of the information furnished by the insured.
2. The policy is subject to the conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.
3. The policy is issued in accordance with the provisions of the Motor Vehicle Act, 1988.
4. The policy is issued in accordance with the provisions of the Motor Vehicle Act, 1988.
5. The policy is issued in accordance with the provisions of the Motor Vehicle Act, 1988.

Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
Financer Type	Financer Name	Cash	Financer Branch	4771
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In Witness whereof the undersigned being authorised by and on behalf of the company has/have hereunto set his/their hands at 252400 on 18-OCT-25

IMPORTANT NOTICE
The Insured 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 in order to comply with the MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

(a) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured, 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury - Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS 0

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s), as per the. The preceding year 20% preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre-existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By : VAIS@252400
Approved On : 18-OCT-25
Place : MBT
Printed On : 18-OCT-25



भारत सरकार
Government of India


मनोरमा देवी
Manorma Devi
जन्म तिथि / DOB: 01/01/1986
महिला / Female



5183 0728 3466


आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India


पता: संबोधित: दुर्गेश, खैरटिया,
देवरिया, खैरटिया, उत्तर प्रदेश,
274202

Address: W/O: Durgesh, Khairatia, Deoria,
Khairatia, Uttar Pradesh, 274202

5183 0728 3466

 1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20220020645



Issue Date: 31-12-2022
 Validity (NT): 02-03-2042
 Validity (TR):



(31-12-2022)

Holder's Signature

Name: **RAJ KUMAR GUPTA**
 Date of Birth: 03-03-2002 Blood Group:
 Son/Daughter/Wife of: **ASHOK GUPTA** Organ Donor: **N**
 Address:
 BHATAULI, BUZURG GAURI BAZAR
 DEORIA, UP 274202

Date of First Issue

DL No: UP52 20220020645

UPDL000010019815



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	31-12-2022	NT			
	LMV	UP52	31-12-2022	NT			
	MVSD						

Emergency Contact Number

[Signature]
 Licensing Authority
 UP52 DEORIA

Form 7 Rule 16(2)