

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-0526-11	Date	03-05-2026
Customer Name	BRIJMOHAN	Contact No.	7991342238
VIN	MBLHAW215SHA16551	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52CF8146
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	83410AAEB00RS -FRONT VISOR BLACK NH-1 (TYPE-2)	87141090	Paid	902.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,065.00
2	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	529.66	1	9.00	9.00	0.00	0.00	0.00	0.00	625.00
3	83402AAEB00S -PANEL INNER	87141090	Paid	300.85	1	9.00	9.00	0.00	0.00	0.00	0.00	355.00
4	33300AAEB0099S - POSITION LIGHT FRONT	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	965.00
5	17520AAEB00RS -FUEL TANK BLACK NH-1 (TYPE-2)	87141090	Paid	5,254.24	1	9.00	9.00	0.00	0.00	0.00	0.00	6,200.00
6	18355AAE300S -COVER MUFFLER	87141090	Paid	436.44	1	9.00	9.00	0.00	0.00	0.00	0.00	515.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
8	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
9	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
10	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
11	53200AAE300S -STEM COMP STRG	87141090	Paid	792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	935.00
12	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
Parts Total											0.00	17,365.00

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	700.00	9.00	9.00	0.00	0.00	0.00	0.00	826.00	
Jobs Total											0.00	826.00

Parts Total	17,365.00
Labour Total	826.00
SGST (Parts) 9%	1,324.45
CGST (Parts) 9%	1,324.45
SGST (Labour) 9%	63.00
CGST (Labour) 9%	63.00
Total	18,191.00

Rupees in Words: Eighteen Thousand One Hundred Ninety One 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.	Brijmohan 7991342288
2	Vehicle No. / वाहन संख्या	UP52CF8146
3	Policy No. / पालिसी संख्या	252400/31/2026/19431
4	Period of Insurance / बीमा अवधि	01-06-2025 - 31-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/05/2026 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	खरोट-चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Krishan Muzari Pathak UP5220200024996
8	Estimated Loss / अनुमानित हानि	18191/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे मित्र कृष्णधुराजि पाठक अपने किली नीजी कार के चलने के लिए खरोट-चौराहे पे गये थे वही खरोट-चौराहे से वापस आ रहे थे। तो खरोट-चौराहे पर रोड पर गिट्टी होस ले जाडी कितनाक कारे लाड्ड गिरकत बलिरास 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 Hata Roasal Gauri Bazar, 8942395612

Date / दिनांक : 03/05/2026
हस्ताक्षर

Abhishek Singh Raypoot

Signature of Insured / बीमाधारक के
- बृजमोहन



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. 252400/31/206/19431

Tel. No. _____

Period of Insurance 01-06-2028 - 31-05-2026
 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 : Raj Mohan
 (b) Address for correspondence : Karahi, Gauri Bazaar Deoria, UP, 274002
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SP Lt Extec 2025</u>	Engine No. <u>32456</u> Chassis No. <u>16551</u>	Registration No. <u>UP52CF 8146</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 : Kristin Mureshi Pathak
(b) Age : 26/male
(c) Address : Thakurani mundera Chauri Chauri Ckp
(d) Is the Driver : 273413
1. Owner : friend
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 : UP53 2020024996
(h) Issuing Authority : Ckp
(i) Date of Expiry : 31-07-2039
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : NA
(l) Has he been involved in any accident before?:
(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 : 30/04/2020, 10:00 AM.
(b) Place : Kharosh Chauraha
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक डिप्ट पीकी होने लगी गाड़ी
(e) If any third party was responsible for this accident give the name and address : फिल्ल गरी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Head light, Visor, Headelle, Leg Guard, etc.
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : 18191/-

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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
(b) If yes, give full details : NA

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : NA
(b) Did a Police Constable take particulars of
The accident? : NA
(c) Was accident reported to Police? If not, Why? : NA
(d) If yes, to which Police Station? : NA
(e) Date and Diary No. : NA

10. THEFT

- (a) Date and Time : NA
(b) Place : NA
(c) What was stolen? : NA
(d) Estimated cost of replacement? : NA
(e) By whom discovered and reported? : NA
(f) Has theft been reported to Police? : NA
(g) When? : NA
(h) Which Policy Station? : NA
(i) C.R. diary Number : NA

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 03/05/2006

Signature of the insured गणेश मोहन

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 *गुजनीस*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF8146 Registration Date : 04-Jun-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 : BRIJMOHAN Son/wife/daughter of : RAJKISHOR
Full Address: (Permanent) : VILL- KARJAH, GAURI BAZAR DEORIA, , DEORIA, UTTAR PRADESH-274202
Full Address: (Temporary) : VILL- KARJAH, GAURI BAZAR DEORIA, , DEORIA-UTTAR PRADESH-274202
Fitness UpTo : 03-Jun-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 : AA1043238610 Rear HSRP No : AA1043036340
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
No of Cylinders : 1 Chassis No : MBLHAW215SHA16551
Engine No : HA11E7SHA32456 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK SPARKING BLUE 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)

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 FINANCE LTD, DEORIA, , , Deoria, Uttar Pradesh-274001 w.e.f. 04-Jun-2025.

Purchase dt : 01-Jun-2025 Sale Amt : 81601/-
OTT Date : 01-Jun-2025 Amount/Rcpt No : 8161 / UP52D25060000518
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 24-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Jun-2025 to 03-Jun-2040

Date : 16-Jul-2025 10:37:12

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 16-Jul-2025

Q 3665387



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PG180928

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, 01214063570 (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead / Break in No, Insured State, UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (in Rs.)

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (Vehicle, Electrical Accessories, Non-Electrical Accessories, Total IDV, IM CONTRACT NO, Policy Type, Geographical Area)

Schedule Of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes sub-totals for Additions, Deductibles, Add-on Coverages, and Net own Damage Premium (A).

- 1. Policy Insuree is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT,7,10,2K.

Table with 2 columns: Nominee Details (Nominee Name, Age, Relation) and Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financer Name, Financer Branch, POS ID, POS PAN No./Aadhar No.)

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 this 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 herein to set his/his hands at 252400 on 01-JUN-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 MV 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 (7) 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 their 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

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 four 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



Approved By: 659258MAD
Approved On: 01-JUN-25





भारत सरकार

Government of India



बृजमोहन

Brijmohan

जन्म तिथि / DOB : 01/01/2001

पुरुष / Male



9392 0739 6781

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: राजकिशोर, ग्राम-करजही,
नाम गौरी, देवरिया, गौरी बाज़ार,
उत्तर प्रदेश, 274202

Address:

S/O: Rajkishor, gram-karjahi,
Name Gauri, Deoria, Gauri Bazar,
Uttar Pradesh, 274202

9392 0739 6781

1947
1800 300 1947

✉
help@uidai.gov.in

WWW
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

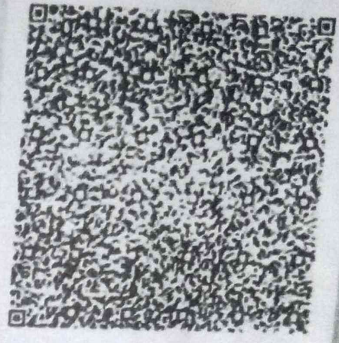


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EQSPB7772L



नाम / Name
BRIJMOHAN

पिता का नाम / Father's Name
RAJKISHOR

जन्म की तारीख /
Date of Birth
01/01/2001

ब्रिजमोहन शर्मा
हस्ताक्षर / Signature

23072019



Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20200024996



Issue Date: 11-09-2020
Validity (NT): 31-07-2039
Validity (TR): -----

(11-09-2020)

Name: KRISHN MURARI PATHAK

Holder's Signature

Date of Birth: 01-08-1999 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: DURBIJAY NATH

Date of First Issue

Address:
VILLAGE AND POST- THAKURAI MUNDERA PS-
CHAURI CHAURA Gorakhpur, UP 273413

DL No: UP53 20200024996

UPDL000003734212



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	UP53	11-09-2020	NT			
	LMV	UP53	11-09-2020	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR



COMMUNITY HEALTH CENTRE GAURIBAZAR
 , Deoria, Deoria, Uttar Pradesh, India

CR No: 994052600160935

OUT PATIENT CARD



Patient Name: KRISHN MURARI PATHAK

Age/Sex: 27 Yr/M

S/O: DURBUAY NATH

ABHA ADDRESS: NA

Address: VILL THAKURAI MUNDERA PO PS CHAURI
 CHAURA , Gorakhpur, Uttar Pradesh, India

ABHA NUMBER :NA

Mobile : 7991342238

Category: General

Fees: ₹1.00/-

Department/RoomNo: General Medicine / 4

OPD Days: Mon, Tue, Wed, Thu, Fri, Sat

Doctor/Unit: Gen Med

Visit Date & Time: 30-Apr-2026 11:33

Valid Till: 14-May-2026

do KTA

Prepared By: Deo Registration 1

July - D.T - ①

July - Dicle - ①

July - Rentee - ①

Rough name for

Tab - Cipra - ①

Tab - Rantee - ①

Tab - Celer - ①

Tab - m - ①

4

Tele-Manas Helpline Number: 14416/ 1800-891-4416