

RAJ AUTOMOBILES

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

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

GSTIN No: 09AZXPS2639D1ZQ

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	21318-02-REST-0526-4	Date	11-05-2026
Customer Name	THE ORIENTAL INSURANCE CO LTD	Contact No.	9157791485
VIN	MBLHAW48XSHF46587	Model	SPLENDOR +
Insurance Company		Reg No.	UP57BY8259
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	83410AAEC00XS -FRONT VISOR NH-1(T6)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
2	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	33600KCC710S -WINKER ASSY R RR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
7	35150AAF041S -SW ASSY START & I3S	85365020	Paid	105.93	1	9.00	9.00	0.00	0.00	0.00	0.00	125.00
Parts Total											0.00	3,384.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	400.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	
Jobs Total											0.00	1,108.00

Parts Total	3,384.00
Labour Total	1,108.00
SGST (Parts) 9%	258.10
CGST (Parts) 9%	258.10
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	4,492.00

Rupees in Words: Four Thousand Four Hundred Ninety Two 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

21318 - 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./ वीमाधारक का नाम & मोबाइल नं.	RANJEET RAI 9157791485
2	Vehicle No. / वाहन संख्या	UP59 BX 8259
3	Policy No. / पालिसी संख्या	952400/31/2026/20516
4	Period of Insurance / वीमा अवधि	18/7/2025 to 17/7/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/5/2026 ! 12:30 PM
6	Place of Accident / दुर्घटना का स्थान	(फर्रुखाबाद) बिहार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RANJEET RAJ
8	Estimated Loss / अनुमानित हानि	4000/-
09.	Cause of Accident / दुर्घटना का कारण :	धर से बिहार जा रहे थे रास्ते में बूढ़े का पास सामने से अचानक आने वाली बाइक वल्ले के टक्कर मार डी जिससे गड़ी उल्टी हो खिंची गई है।
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 / फ़ोन नं.	RAJ Auto Wrecker (UP) AKSHAY KUMAR mobile (9651400295)

Date / दिनांक :
हस्ताक्षर

11-5-26
Ranjeet Rai

Signature of Insured / वीमाधारक के

Ranjeet 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. Hr. Office Address MUM

Certificate/Policy No. 05240/31/206/20516

Tel No.

Period of Insurance 18/7/2025 to 17/7/2026
 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 RANJIT KAU
 (b) Address for correspondence _____
 (c) Telephone 01579911105

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>92655</u> Chassis No. <u>46587</u>	Registration No. <u>UP59BY</u> <u>8259</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
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NA
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RANJEET Rai⁹
- (b) Age : 57/1994
- (c) Address : Colwara
- (d) Is the Driver
 - 1. Owner : ~~NO~~ 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 : UPS720220007075
- (h) Issuing Authority : UPS7 Kushiawan V/D
- (i) Date of Expiry : 4/1/2034
- (j) Was the licence temporary/permanent : Permit
- (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 policy? 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 : 6/5/2020 = 12:30 PM
- (b) Place : JODHI (P/615)
- (c) Speed of vehicle at the time of accident : 40K
- (d) Give a short description of the accident :
- (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 : ES DOM ESTIMAT
- (b) Estimated cost of repairs : 4000
- (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 : 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? : Yes
(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? : _____
(f) Has theft been reported to Police? : N/A
(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 11-05-26 200

Signature of the insured _____

Ranjeet Roy

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 *Ranjeet Roy*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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



Registration No : UP57BY8259
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304
Owner Name : RANJIT RAI
Full Address: (Permanent) : VILL- LAWANGIYADIH, PO- KOILASWA BUZURG, PS- CHAURA KHAS, KUSHINAGAR, UTTAR PRADESH-274401
Full Address: (Temporary) : VILL- LAWANGIYADIH, PO- KOILASWA BUZURG, PS- CHAURA KHAS, KUSHINAGAR- UTTAR PRADESH-274401
Fitness UpTo : 23-Jul-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Relationship with the Nominee : Spouse
Link Vehicle No :
Nominee Name : RAJANI RAI
Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2132848385
Rear HSRP No : AA1043833353
Type of Body : SOLO WITH PILLION
Month/Year of Manuf. : 06/2025
No of Cylinders : 1
Chassis No : MBLHAW48XSHF46587
Engine No : HA11F7SHF22655
Fuel : PETROL
Horse Power(BHP) : 8.17
Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS)
Wheel base : 1235
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 113
Colour : Black Heavy Grey
Laden/GV Wt (kgs) : 243
Other Criteria :
AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, NEW DELHI, , New Delhi, Delhi-110057 w.e.f. 18-Jul-2025.

Purchase dt : 18-Jul-2025
OTT Date : 18-Jul-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 28-Jul-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Entry Date :
Old State :
Conversion Date :
Transfer Date :
This certificate is valid from 24-Jul-2025 to 23-Jul-2040

Sale Amt : 78776/-
Amount/Rcpt No : 7878 / UP57D25070002584
Tax Exempted or Not : NOT EXEMPTED

Signature of Registering Authority
Date: 11-Aug-2025

Date : 11-Aug-2025 11:58:35
Taxation Particulars / Advance Registration Mark Fee Details

Q 4400828



The Oriental Insurance Company Ltd.

Policy Schedule

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TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT06278A21)

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), Land/Breakin No, Insured State.

Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.)

Table with 4 columns: OWN DAMAGE SECTION(A), Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A), LIABILITY SECTION (B), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-20), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess @ 0.50%, Krishi Kalyan Cess @ 0.50%, Gross Premium Paid.

- Note: 1. Policy Issuance is the subject to the realization of cheque 2. Considered Stamp Duty paid via Chalan No 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Factorials IMT, 7.10.28

Table with 4 columns: Nominee Details, Payment Details, 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 Rs1lac, 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, JM1s and OIC endorsements mentioned herein above which are available on company's website. www.orientalinsurance.org or on demand from the policy issuing office. Warranted that in case of dishonour of premium cheques 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. 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 provisions of chapter X and XI of M.V Act, 1988. 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 MVACT, 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 baggage) (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 license'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 these requirements 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 in 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(s) preceding two consecutive years/25% preceding three consecutive years/35% preceding four consecutive years/45% preceding five consecutive years/50% and 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: 699255AMD Approved On: 18-JUL-25 Place: MRT Printed On: 18-JUL-25

Signature of General Manager

For and on behalf of The Oriental Insurance Company Limited

आवश्यक सूचना General Manager आर्यभट्ट कृष्णमोहन के चोग एवम् टैटू स्टेशन वीमा अगले मान मयाज हो जोग मध्यक को-राज अटायावाइन्स फ्राजि



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



UP57 20220002075

Issue Date: 10-02-2022
Validity (NT): 04-07-2034

Validity (TR): _____



Holder's Signature

Date of First Issue: (10-02-2022)

Name: **RANJEET RAI**
Date of Birth: 05-07-1994 Blood Group: _____
Son/Daughter/Wife of: **JANARDAN RAI**
Address:
LAWANGIYADIH Kollaswa Bazar
Kasya, Kushinagar, UP 274401

Organ Donor: **N**

DL No: UP57 20220002075

UPDL000007554881



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	10-02-2022	NT			
	LMV	UP57	10-02-2022	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR




भारत सरकार
GOVERNMENT OF UTTAR PRADESH
जलिया



राजित राय
Ranjit Rai
जन्म तिथि / DOB: 07/06/1992
पुरुष / MALE
Mobile No.: 9157791485
7587 6423 0117
VID: 9132 7469 8014 8993

मेरा आधार, मेरी पहचान



भारत सरकार
GOVERNMENT OF UTTAR PRADESH
जलिया





स/O जनार्दन राय, 25, लवांगियदिह, कोइलसावा बजुर्ग,
कोइलसावा, कुशीनगर,
उत्तर प्रदेश - 274401

Address:
S/O Janardan Rai, 25, Lawangiyadih,
Koilasawa Buzurg, PO: Koilasawa, DIST:
Kushinagar, Uttar Pradesh - 274401

7587 6423 0117
VID: 9132 7469 8014 8993



1947  help@uttar.gov.in  www.uttar.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BQJPR9279J



नाम / Name
RANJIT RAI

पिता का नाम / Father's Name
JANARDAN RAI

जन्म की तारीख /
Date of Birth
07/08/1982

Ranjit Rai
हस्ताक्षर / Signature

11/11/2019

