

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-0526-14
 Customer Name GOVIND. KUMAR
 VIN MBLHAW480S9E03500
 Insurance Company
 HMCGL Card No
 Part Details

Date 11-05-2026
 Contact No. 8542839872
 Model SPLENDOR +
 Reg no. UP52CF7014
 HMCGL Card Category

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | % Discount | Discount | Net Amount |
|------|---|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|------------|
| 1 | ADHMS6A0030BBGS - VISOR FRONT NH-1(T2) | 87141090 | Paid | 831.36 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 981.00 |
| 2 | ADHMS6A0000BBGS - FUEL TANK NH-1(T2) | 87141090 | Paid | 4,296.61 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,070.00 |
| 3 | 53178AAFH00S -LEVER COMP.L STRG.HNDL. | 87141090 | Paid | 71.19 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 84.00 |
| 4 | 3360AKCC710S -WINKER ASSY R RR (W/O BULB) | 85122010 | Paid | 173.73 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 205.00 |
| 5 | 53100ADH600S -PIPE STEERING HANDLE | 87141090 | Paid | 311.86 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 368.00 |
| 6 | 53200AAE300S -STEM COMP STRG | 87141090 | Paid | 741.53 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 875.00 |
| 7 | 51400KSTA11S -FORK ASSY R FR | 87141090 | Paid | 1,991.53 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,350.00 |
| 8 | 51500KSTA11S -FORK ASSY L FR | 87141090 | Paid | 1,991.53 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,350.00 |
| 9 | 52110AAE300S - SWINGARM COMP REAR | 87141090 | Paid | 800.00 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 944.00 |
| 10 | 40510AAE200S -CASE UP (HALF) DRIVE CHAIN | 87141090 | Paid | 233.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 276.00 |
| 11 | 40530KST940S -CHAIN DRIVE | 73151100 | Paid | 347.46 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 410.00 |
| 12 | 51100AAE300S -STEP PILLION | 87141090 | Paid | 112.71 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 133.00 |
| 13 | 50100ADHB30S -FRAME BODY COMPLETE | 87141090 | Paid | 6,374.58 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,522.00 |
| 14 | 50500AAE300S -STAND COMP MAIN | 87141090 | Paid | 370.34 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 437.00 |

Parts Total

0.00 22,005.00

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 | 750.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 885.00 |

JOB TOTAL

0.00 885.00

| | |
|------------------|------------------|
| Parts Total | 22,005.00 |
| Labour Total | 885.00 |
| SGST (Parts) 9% | 1,678.35 |
| CGST (Parts) 9% | 1,678.35 |
| SGST (Labour) 9% | 67.50 |
| CGST (Labour) 9% | 67.50 |
| Total | 22,890.00 |

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. | Govind Kumar 7652075552 |
| 2 | Vehicle No. / वाहन संख्या | UP52CF7014 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2025/17488 |
| 4 | Period of Insurance / बीमा अवधि | 25/05/2025 - 24/05/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 26/05/2026, 10:00 AM |
| 6 | Place of Accident / दुर्घटना का स्थान | Ramlachanna Deoria. |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Monoj Kumar Yadav UPS220200004582, 7652075552 |
| 8 | Estimated Loss / अनुमानित हानि | 22890/- |
| 09. | Cause of Accident / दुर्घटना का कारण : | मेरे मित्र मनोज कुमार यादव मेरी गाड़ी के अपने किसी निजी कार्य करने के लिए रामलखन गये थे तभी रामलखन से घर वापस आ रहे थे तो रामलखन चौराहे पर ही पिके से बाइक वाले के आकर मेरी गाड़ी को टक्कर मार दिया जिससे मेरी गाड़ी वापे साइड स गिरकर क्षतिग्रस्त 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 Road Gauri Bazar, 8948395612 8948395612 |

Date / दिनांक : 11/05/2026
हस्ताक्षर

Abhishek Raypat

Govind Kumar
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. 252400/31/2026/17488

Tel. No. _____

Period of Insurance 25/05/2025 - 24/05/2026

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 : Govind Kumar
 (b) Address for correspondence : Awadhpur, Po- Belkurd, Deoria UP. 274202
 (c) Telephone : _____

2. THE INSURED VEHICLE

| | | |
|----------------------------|---|--|
| Make & Year <u>SPLT</u> | Engine No. <u>23065</u> Chassis No. <u>03500</u> | Registration No. <u>UP52CF</u> <u>7014</u> |
|----------------------------|---|--|

- (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? NA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : Monoj Kumar Yadav
(b) Age : 33 male
(c) Address : _____
(d) Is the Driver : _____
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 : UP52 20 200004582
(h) Issuing Authority : Deoria, UP
(i) Date of Expiry : 31-12-32
(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?: / NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 26/04/2026
(b) Place : Ram/Akshay, Deoria
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : घर से लाकर वाहन चालते समय
(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 : visor, fork - 2, Boddey, freem, etc.
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : 22890 /

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 11/05/2006

Signature of the insured जोविन्द कुमार

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 सोवित्त कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

<https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/form>

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF7014 Registration Date : 29-May-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 : GOVIND KUMAR Son/wife/daughter of : RAM ASHISH NISHAD
Full Address: (Permanent) : VILL- AWADHPUR, PO- BELKUNDA DEORIA, , DEORIA, UTTAR PRADESH-274202
Full Address: (Temporary) : VILL- AWADHPUR, PO- BELKUNDA DEORIA, , DEORIA-UTTAR PRADESH-274202
Fitness UpTo : 28-May-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 : AA1043204920 Rear HSRP No : AA1042387304
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
No of Cylinders : 1 Chassis No : MBLHAW480S9E03500
Engine No : HA11F7S9E23065 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)

| 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. 28-May-2025.

Purchase dt : 25-May-2025 Sale Amt : 78776/-
OTT Date : 25-May-2025 Amount/Rcpt No : 7878 / UP52D25050005522
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 19-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 29-May-2025 to 28-May-2040

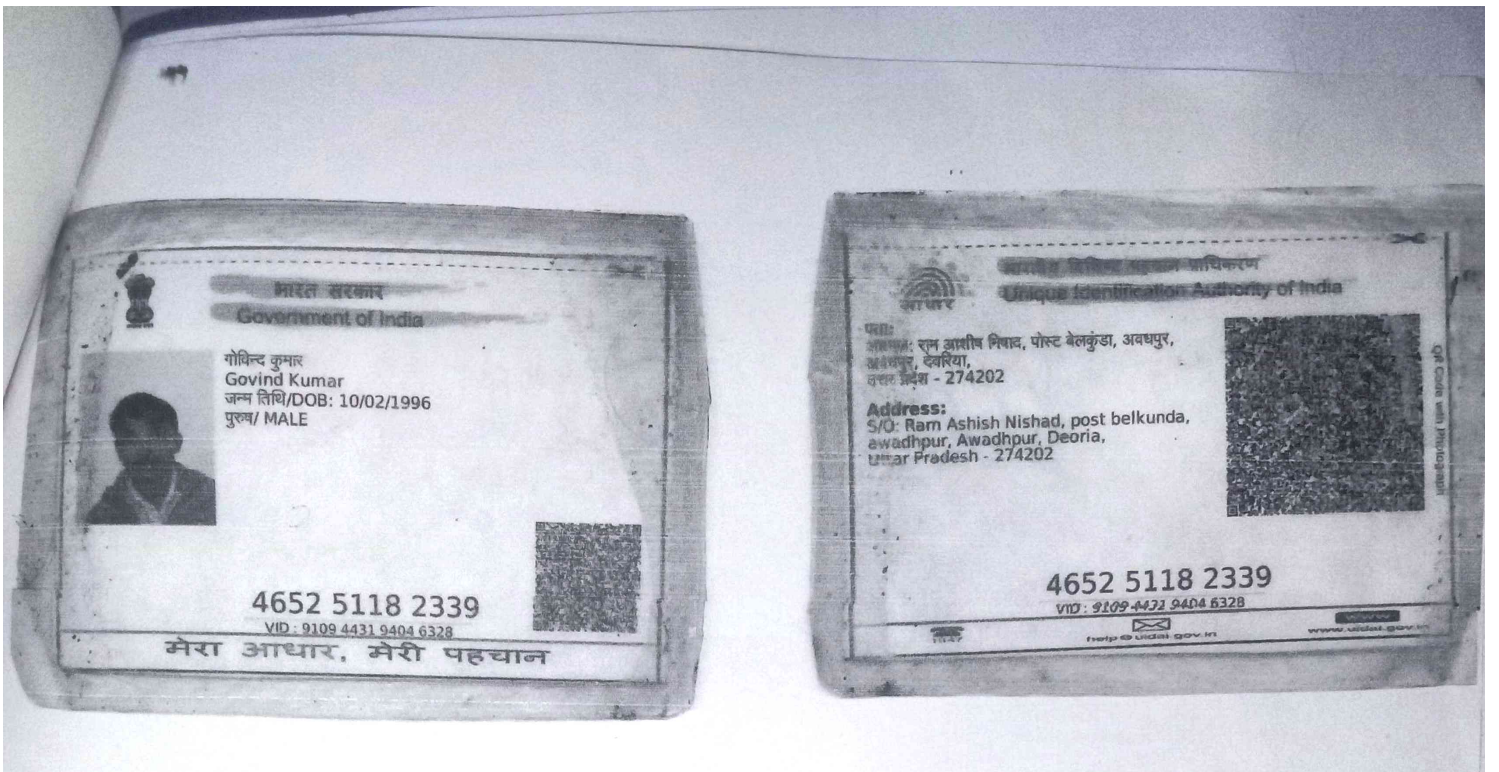
Date : 27-Jun-2025 18:35:06

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 27-Jun-2025

Q 3904645



भारत सरकार
Government of India



गोविन्द कुमार
Govind Kumar
जन्म तिथि/DOB: 10/02/1996
पुरुष/ MALE

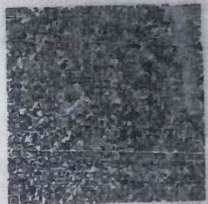
4652 5118 2339
VID : 9109 4431 9404 6328

मेरा आधार, मेरी पहचान

भारत सरकार
Unique Identification Authority of India

पता:
श्रीमान: राम आशीष निषाद, पोस्ट बेलकुंडा, अवाधपुर,
अवाधपुर, देवरिया,
उत्तर प्रदेश - 274202

Address:
S/O: Ram Ashish Nishad, post belkunda,
awadhpur, Awadhpur, Deoria,
Uttar Pradesh - 274202



4652 5118 2339
VID : 9109 4431 9404 6328

Help @ uidai.gov.in www.uidai.gov.in



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20200004582



Issue Date 23-03-2020 Validity (NT) 31-12-2032 Validity (TR)* _____



Holder's Signature

Name: **MANOJ KUMAR YADAV**
Date of Birth: **01-01-1993** Blood Group: **B+ VE** Organ Donor: **N**
Son/Daughter/Wife of: **GULAB YADAV**
Address:
Aktahia Urf Matiyari
Rudrapur, Deoria, UP 274204

Date of First Issue (23-03-2020)