

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-0626-9
 Customer Name ALAUDDIN ANSARI
 VIN MBLJFN357SGC05111
 Insurance Company
 HMCGL Card No
 Part Details

Date 03-06-2026
 Contact No. 7239065818
 Model DESTINI PRIME
 Reg No. UP57BY4195
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64305ABS000RS -COVER FR UPPER PBM (NH-B08M)	87141090	Paid	1,377.1	1	9.00	9.00	0.00	0.00	0.00	0.00	1,625.00
2	64309ABS000RS -FRONT COVER LOWER	87141090	Paid	1,161.0	1	9.00	9.00	0.00	0.00	0.00	0.00	1,370.00
3	81131ABS000S -COVER INNER	87141090	Paid	457.63	1	9.00	9.00	0.00	0.00	0.00	0.00	540.00
4	53205ABS000TS -COVER HANDLE FR NOBLE RED (RD-021M)	87141090	Paid	851.69	1	9.00	9.00	0.00	0.00	0.00	0.00	1,005.00

Parts Total

0.00 4,540.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	998729	Paid	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00

Jobs Total

0.00 472.00

Parts Total	4,540.00
Labour Total	472.00
SGST (Parts) 9%	346.27
CGST (Parts) 9%	346.27
SGST (Labour) 9%	36.00
CGST (Labour) 9%	36.00
Total	5,012.00

Rupees in Words: Five Thousand Twelve 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 about New launches.

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./ बीमाधारक का नाम & मोबाइल नं.	ALAUDDIN ANSARI 9515369846
2	Vehicle No. / वाहन संख्या	UP57 BY 1195
3	Policy No. / पालिसी संख्या	252000/31/2026/22279
4	Period of Insurance / बीमा अवधि	12/06/2025 TO 11/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/05/2026 : 4:0 PM
6	Place of Accident / दुर्घटना का स्थान	समझ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RUSTAM ANSARI
8	Estimated Loss / अनुमानित हानि	6000
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी रूस्तम अंसारी चला रहे हैं वर्त में समझ जा रहे थे लगी रात में समझ से एक इ-वॉल लाइक पता आ रही थी जिसे बचने के चकर में गाड़ी फिर लगे और अती गरम हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	RAJ AUTO REPAIRING WORKS 9651400295

Date / दिनांक : 3/06/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

अल/इईन



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. 252400/21/2026/22279

Tel. No. _____

Period of Insurance 12/06/2025 TO 11/06/2026

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 ALAUDDIN ANSARI
 (b) Address for correspondence _____
 (c) Telephone 9515369846

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>205032</u> Chassis No. <u>205111</u>	Registration No. <u>UP57BX</u> <u>4195</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? PERSON USE
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter N/A
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

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

	<u>N</u>
	<u>A</u>



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RUSTAM ANSARI
 (b) Age : 11/01/2004
 (c) Address : Banjara - Parasuni Buzurg Tankhulp
 (d) Is the Driver
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : YES
 (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 : UP5720240018795
 (h) Issuing Authority : KUCHI HAJAR
 (i) Date of Expiry : 31/03/2043
 (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 : 31/05/2028 : 4:00 PM
 (b) Place : 443C
 (c) Speed of vehicle at the time of accident : 30 km/h
 (d) Give a short description of the accident : रास्ता के किनारे अनसरी चल रहे थे और अ
 (e) If any third party was responsible for this accident give the name and address : 443C जा के लगे सिले ग पूर अलिस्ट बाइस
 91M H

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimat
 (b) Estimated cost of repairs : 6000
 (c) When and where can the damaged vehicle be inspected : a.

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? :
 N
 A

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 Police 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 03/06/2028
200

Signature of the insured _____

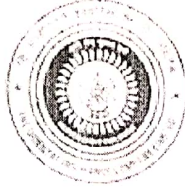
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Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

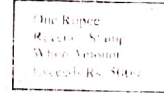
Issuing
Office



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. _____



Witness
Name
Signature
Address

Signature अलाउद्दीन
Occupation
Address

Bank Account Number
Name of the Bank



Indian Union Driving Licence
Issued by Government of UTTAR PRADESH

UP57 20240013795

Issue Date Validity(NT) Validity (TR)
 31-07-2024 31-12-2043 30-12-2030

UP

31-07-2024

Holder's Signature

Name: **RUSTAM ANSARI**
 Date of Birth: **01-01-2004** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **MEER HASAN ANSARI**
 Address:
Dibani Banjarawa Parsauni Buzurg Parasauni Buzurg Tamkuhi Raj Kushinagar
Uttar Pra 274407

Date of First Issue

DL No: UP57 20240013795 **DLUP00099132**

Invalid Carriages (Regn. Numbers)*

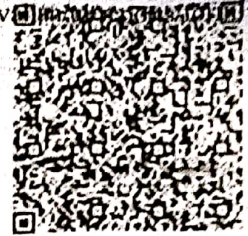
Hazardous Validity* Hill Validity*
00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	31-07-2024	NT			
	LMV	UP57	31-07-2024	NT		00-00-0000	
	TRAINS	UP57	31-12-2025	TR		00-00-0000	
	MVSD		-			-	
			-			-	
			-			-	

Emergency Contact Number

Licensing Authority
Kushinagar

Form 7 Rule 16(2)



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



Registration No : UP57BY4195
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : ALAUDDIN ANSARI
Full Address: (Permanent) : VILL- BABHANAULI, PO- PATHERWA, PS- PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401
Full Address: (Temporary) : VILL- BABHANAULI, PO- PATHERWA, PS- PATHERWA, KUSHINAGAR-UTTAR PRADESH-274401
Fitness UpTo : 16-Jun-2040
Owner Serial No : 1
Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Ownership : INDIVIDUAL
Nominee Name : RUKSANA KHATOON
Relationship with the Nominee : Spouse
Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA1043239971
Rear HSRP No : AA1043058188
Type of Body : SOLO WITH PILLION
Month/Year of Manuf. : 03/2025
No of Cylinders : 1
Chassis No : MBLJFN357SGC05111
Engine No : JF17ERSGC05032
Fuel : PETROL
Horse Power(BHP) : 8.98
Cubic Capacity : 124.60
Maker's Classification : DESTINI PRIME
Wheel base : 1245
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 115
Colour : PANTHER BLACK
Laden/GV Wt (kgs) : 245
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., As Regd., Weight(in kgs). Rows include 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 : 12-Jun-2025
Sale Amt : 75855/-
OTT Date : 12-Jun-2025
Amount/Rcpt No : 7586 / UP57D25060002419
Vehicle Is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 21-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 17-Jun-2025 to 16-Jun-2040

Date : 16-Jul-2025 12:01:39
Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
Signature of Registering Authority
मोटर वाहन विभाग
Date : 16-Jul-2025
कशीनगर

Q 4424176



भारत सरकार

Government of India



अलाउद्दीन अंसारी

Alauddin Ansari

जन्म तिथि / DOB: 02/04/1982

पुरुष / Male



2763 8416 6984

मेरा आधार. मेरी पहचान

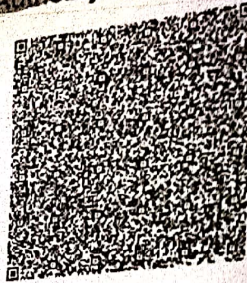


आधार

पता: S/O Riyasat Miya, Babhanauli, Kushinagar, Patherawa, Uttar Pradesh, 274401

Address: S/O Riyasat Miya, Babhanauli, Babhanauli, Kushinagar, Patherawa, Uttar Pradesh, 274401

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



2763 8416 6984



1817



help@uidai.gov.in

www

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT
ALAUDDIN



भारत सरकार
GOVT. OF INDIA

RIYASAT

01/01/1987
Permanent Account Number

BJCPA4704M

अलाउद्दीन
Signature



30082013

