

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-0626-36	Date	09-06-2026
Customer Name	OM PRAKASH YADAV	Contact No.	9998916057
VIN	MBLHAW228SHB45201	Model	SPLENDOR +
Insurance Company		Reg No.	UP53FL1868
HMCGL Card No	1115325520001695	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAEF3054S -FRONT VISOR NH-1 TYPE-4	87141090	Paid	860.17	1	9.00	9.00	0.00	0.00	0.00	0.00	1,015.00
2	83402AAE710S -PANEL INNER	87141090	Paid	254.24	1	9.00	9.00	0.00	0.00	0.00	0.00	300.00
3	K42426AAEF400S -KIT, WHEEL COMP REAR	87141090	Paid	4,389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	5,180.00
4	17520AAEA00RS -FUEL TANK (BLACK NH-1)	87141090	Paid	4,644.07	1	9.00	9.00	0.00	0.00	0.00	0.00	5,480.00
5	3310BAAEC1099S -LIGHT ASSEMBLY HEAD (W/O BULB)	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
6	18355AAE300S -COVER MUFFLER	87141090	Paid	436.44	1	9.00	9.00	0.00	0.00	0.00	0.00	515.00
7	18350AAE950S -MUFFLER COMPLETE EXHAUST	87141090	Paid	6,877.12	1	9.00	9.00	0.00	0.00	0.00	0.00	8,115.00
8	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	830.51	1	9.00	9.00	0.00	0.00	0.00	0.00	980.00
9	50100AAEC00S -FRAME BODY COMPLETE	87141090	Paid	8,338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	9,840.00
10	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
11	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
12	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
13	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
14	33400KCC710S -WINKER ASSY R FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
15	33450KCC710S -WINKER ASSY L FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
16	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
17	44711AAF00099S -80/100 18 47P SECURA ZOOM	40114010	Paid	1,337.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,578.00
Parts Total											0.00	40,598.00

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	950.00	9.00	9.00	0.00	0.00	0.00	0.00	1,121.00	
Jobs Total											0.00	1,121.00
Parts Total												40,598.00

LABOUR TOTAL	
SGST (Parts) 9%	3,096.46
CGST (Parts) 9%	3,096.46
SGST (Labour) 9%	85.50
CGST (Labour) 9%	85.50
Total	41,719.00

Rupees in Words: Fourty One Thousand Seven Hundred Nineteen 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. Actual amount may vary from estimate
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 DEORIA Jurisdiction Only

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.	OM PRAKASH YADAV 9998916097
2	Vehicle No. / वाहन संख्या	UP53FL18682
3	Policy No. / पालिसी संख्या	252400/31/2026/36396
4	Period of Insurance / बीमा अवधि	17/09/2025 - 16/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/06/2026, 03:00 pm
6	Place of Accident / दुर्घटना का स्थान	कुलुहा चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MANOJAL YADAV UP5320210006293, 97754961146
8	Estimated Loss / अनुमानित हानि	41719/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी मेरे भाई अंगल यादव अपने किसी भी कार्य करने के लिए मेरी गाड़ी भेटे हुए से कर्मा चौराहे पर जाते समय कुलुहा चौराहा पर अचानक सामने से छुला आ गया जिससे मेरी गाड़ी सामने से चककर दबे लाइड गिर के क्षतिग्रस्त हो गई
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 Gausi Bazar, 8948395612

Date / दिनांक : 09/06/2026
हस्ताक्षर

Abhishek Singh Raypoot

ओमप्रकाश

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. 252400/31/2020/36396
 Tel. No. _____ Period of Insurance _____
 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 : OM PRAKASH YADAV
 (b) Address for correspondence : _____
 (c) Telephone : 9998916097

2. THE INSURED VEHICLE

Make & Year <u>SPL + BLA 2023</u>	Engine No. Chassis No. <u>45201</u>	Registration No. <u>UP53 FL 1868</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
 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mangal Yadav
- (b) Age : 27 / male
- (c) Address : Bajju Diha, Po - Brampara
- (d) Is the Driver :
 - 1. Owner : Brother
 - 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 : UP53202/0006293
- (h) Issuing Authority : Gorakhpur
- (i) Date of Expiry : 04/03/2039
- (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 : 05/06/2026
- (b) Place : Kuluha Chauraha
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : अचानक हिमने ही दुर्घटना घटित हुई।
- (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 : front wheel, front fork, Head light. etc.
- (b) Estimated cost of repairs : 41719/-
- (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 : _____
- (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

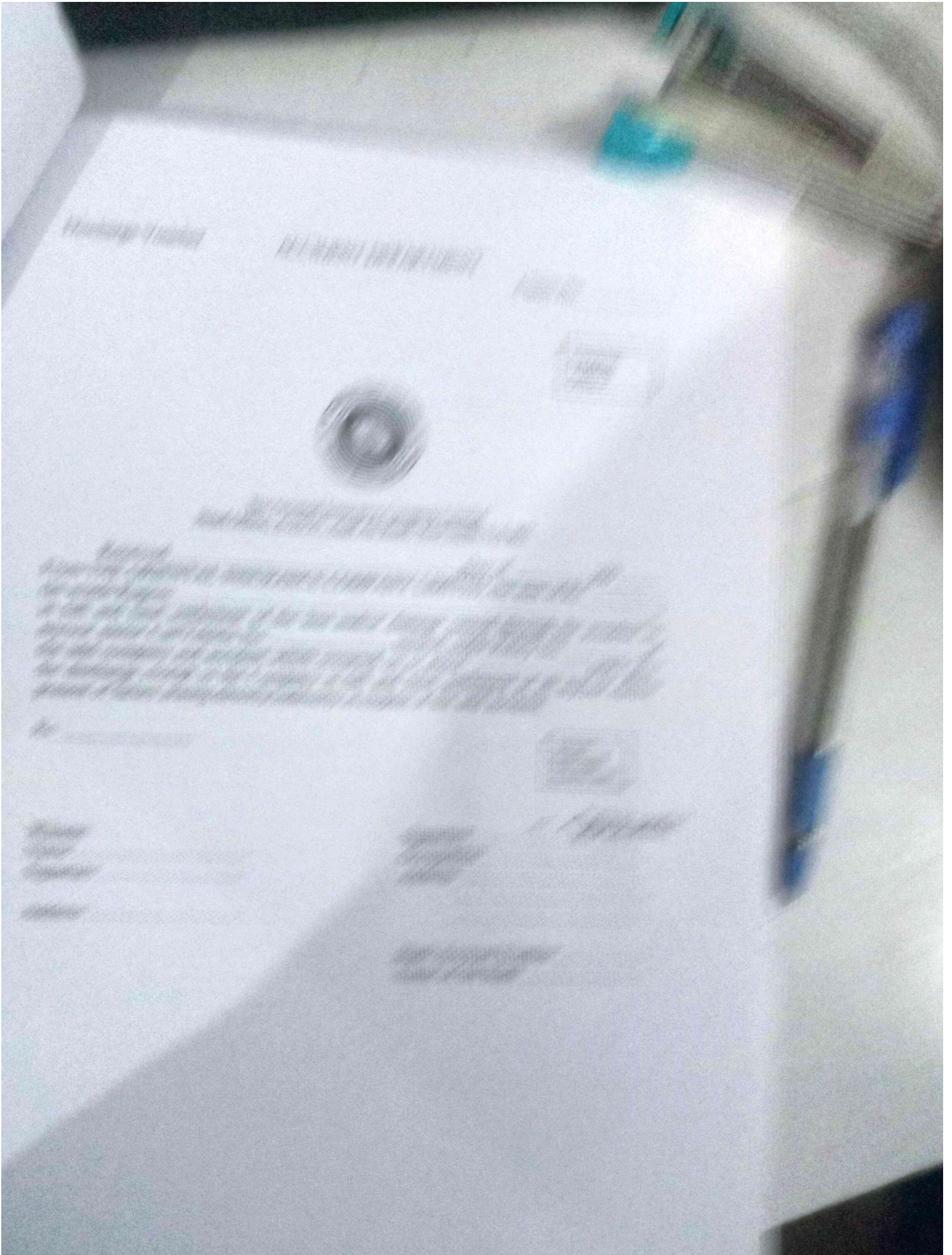
10. THEFT

- (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 Police 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 09/06/2026

Signature of the insured मोमय काश



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 *— श्रीमंत कौश*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Copy

2323

Printed On: 22-Sep-2025

GOVERNMENT OF UTTAR PRADESH

**Transport Department
Gorakhpur RTO, Uttar Pradesh**

RECEIPT/APPL No: UP53D25090003657/UP25092041686859
Vehicle Class: M-Cycle/Scooter
Received From: OM PRAKASH YADAV
Receipt date: 20-Sep-2025
Chassis No: MBLHAW228SHB45201
FinancerName: TATA CAPITAL LTD
Bank Ref No: CPAFQUBVG1
Remarks: ONLINE-PAYMENT
Vehicle No: UP53FL1868
Sale Amount : 78366/-
Transaction Id: UPY2509204155424

Particular	Amount	Fine/Penalty/Addl.Fe	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(17-Sep-2025 to One Time)	7837	0	7837

GRAND TOTAL (in Rs): 8637/- (EIGHT THOUSAND SIX HUNDRED AND THIRTY SEVEN ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

(Note:- This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority. In case of disapproval, vehicle registration number shall not be valid.)

GANPATI AUTOMOBILES

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-0114063570, (GSTIN: 09AAACT0627BAZ1)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	17-SEP-25
Policy No	252400/31/2026/36396	Proposal No.& Date	R/252400/31/2026/2488 & 17-SEP-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 14-45 ON 17-09-2025 TO MIDNIGHT OF 14-09-2030
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 14-45 ON 17-09-2025 TO MIDNIGHT OF 14-09-2030
Insured Name	OM PRAKASH YADAV (GSTIN:)		
Insured Address	C/O SHITARAM YADAV, H.N.62, VILL-BADUDIHA, JHAGHAN, CHAURI CHAURA, GORAKHPUR, N.A.	Lead Branch No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCYCLE	Vehicle	75626
Model & Variant	HERO SPLENDOR PLUS FI	Electrical Accessories	0
Registration No	NCR	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	75626
Engine-Chassis No	HA11E7SHB40104 - MBLJAW228SIIB45201	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 - 1	Geographical Area	DELHI
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1267.49	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
Basic Premium	1267.49	Legal Liability (WC)to driver (IMT-20)	0
Geographical Area Extn (IMT-4)	0	Legal Liability to Employees (IMT-29)	0
Driving Traction Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Traction Loading On TP Premium (60%)	NA
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4041
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1077	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1077	Nisidhi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4769
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	190		
Net own Damage Premium(A)			

- Note:
1. Policy issuance is the subject to the realization 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.7,10.28.

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4769
Financer Type	Financer Name	TATA CAPITAL LIMITED	Financer Branch
POS Name	POS ID	NA	POS PAN NO./Authar 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 assurance under the policy is subject to conditions, clauses, exclusions, limitations, IMTs and ODC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.
 We warrant 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.
 In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 17-SEP-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
 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 requirements of Rule 5 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 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 MV Act, 1988.
 * This insurance excludes all pre-existing damages




Approved By : 69925SMD
 Approved On : 17-SEP-25
 Place : MBT
 Printed On : 17-SEP-25

For and on behalf of
 The Oriental Insurance Company Limited



ભારત સરકાર
Government of India


ઓમ પ્રકાશ યાદવ શીતરામ યાદવ
Om Prakash Yadav Shitaram Yadav
જન્મ તારીખ / DOB : 03/10/1984
પુરુષ / Male



8710 9723 5528


આધાર - સામાન્ય માણસનો અધિકાર



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India


સરનામું:
કિશન ફોર્જિંગ પી.એલ.જી.આઈ.સી,
જીઆઈડીસી મેટોડા, મેટોડા, રાજકોટ
મેટોડા જીઆઈડીસી, રાજકોટ, ગુજરાત,
360021

Address:
KISHAN forjing P.L.GIDC, GIDC
METODA, Metoda, Rajkot Metoda
Gidc, Rajkot, Gujarat, 360021

8710 9723 5528

 1947
1802 300 1947

 help@uidai.gov.in

 www.
www.uidai.gov.in

Indian Union Driving Licence
Issued by Uttar Pradesh

UP53 20210006293

Issue Date: 23-02-2021 Validity (NT): 04-03-2039 Validity (TR):

Name: **MANGAL YADAV**

Date of Birth: 05-03-1999 Blood Group:

Son/Daughter/Wife of: **RAM JATAN YADAV**

Address: **VILL BAJU DIHA POST BARPUR PS CHANGHA GORAKHPUR, UP 273203**

Holder's Signature

Date of First Issue: (23-02-2021)

DL No: UP53 20210006293 UPDL 909005 122820

Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
MCWG	MCWG	UP53	23-02-2021	NT			
LAV	LAV	UP53	23-02-2021	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)

आयक विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

OMPRAKASH SITARAM YADAV

SITARAM YADAV

03/10/1984

Permanent Account Number

AJUPY8873E

ओंप्रकाश सारम यादव

Signature



24042013