

Claim No -

SHANU MOTORS
 "GATA NO- 73A, 73B,
 CSB ROAD", SAURIKH, KANNAUJ, 209728, UP, India
 State Code: 9 Contact: 05691-263010, , ,
 GSTIN No: 09AAOPU0195N1ZS
 Associate Dealer: Hero MotoCorp Ltd.

J-1516

ESTIMATE

Estimate No.	22718-02-REST-0626-9	Date	13-06-2026
Customer Name	MUSTAKIM ALI	Contact No.	9044162548
VIN	MBLHAW465S5F03842	Model	SPLENDOR+ XTEC
Insurance Company	THE ORIENTAL INSURANCE CO LTD	Reg No.	UP74AP6801
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	ADHMS6A00S0CDGS - VISOR FRONT NH-1(T7)	87141090	Paid	686.44	1	9.00	9.00	0.00	0.00	0.00	0.00	810.00
2	33300AAEB0099S - POSITION LIGHT FRONT	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	965.00
3	83402ADH600S -PANEL INNER	87141090	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
4	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
5	3345BAAEB0099S -WINKER ASSY L FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
6	61100ADH500RS -FENDER COMPLETE FRONT BLACK (TYPE-1)	87141090	Paid	830.51	1	9.00	9.00	0.00	0.00	0.00	0.00	980.00
7	K44446AAMB000S -"KIT, WHEEL COMP, FRONT"	87141090	Paid	4,444.9	1	9.00	9.00	0.00	0.00	0.00	0.00	5,245.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
9	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
10	ADHMS6A0020CDGS - FUEL TANK NH-1(T7)	87141090	Paid	4,898.3	1	9.00	9.00	0.00	0.00	0.00	0.00	5,780.00
11	53200ADH600S -STEM COMPLETE STEERING	87141090	Paid	847.46	1	9.00	9.00	0.00	0.00	0.00	0.00	1,000.00
12	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	169.49	1	9.00	9.00	0.00	0.00	0.00	0.00	200.00
13	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
Parts Total											0.00	18,915.00

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	800.00	9.00	9.00	0.00	0.00	0.00	0.00	944.00	
Jobs Total											0.00	944.00

Parts Total	18,915.00
Labour Total	944.00
SGST (Parts) 9%	1,442.67
CGST (Parts) 9%	1,442.67
SGST (Labour) 9%	72.00
CGST (Labour) 9%	72.00
Total	19,859.99

13 June 2026 6:03 pm

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.	MUSTAKIM ALI S/O AJMAT ALI 9044162548
2	Vehicle No. / वाहन संख्या	UP74AP6801
3	Policy No. / पालिसी संख्या	252400/31/2026/35812
4	Period of Insurance / बीमा अवधि	07/09/2025 TO 06/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/06/2026 09:00 PM
6	Place of Accident / दुर्घटना का स्थान	BAHORIKPUR COLD KEPASS
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	TASHREEF ALI S/O ABRAR ALI UP7620220012969
8	Estimated Loss / अनुमानित हानि	20,000/-
9	Cause of Accident / दुर्घटना का कारण	मेरा दामाद मेरी गाडी लेकर द्विब्रामऊ गये थे वापस लौटते समय बहोरिकपुर कोल्ड के पास अचानक आबारा जमवरो के भरणे से मेरी गाडी जमवर से टकराकर उल्टी ^{उल्टी} तरफ गिर गयी। जिससे मेरी गाडी दतिग्रस्त हो गयी।
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.	SHANU MOTORS C.S.B ROAD, SAURIKH, KUNJ 8896873786

मुस्ताकीम अली

Date / दिनांक : 13/06/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

13 June 2026 6:03 pm


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. 252400/31/2026/35812

Tel. No. _____

Period of Insurance 07/09/2025 TO 06/09/2026
 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 : MUSTAKIM ALI S/O AJMAT ALI
 (b) Address for correspondence : BANTHAL SHAHPUR, FARRUKHABAD, UP
 (c) Telephone : 9044162540

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOR CORP</u>	Engine No. <u>HAIJF655F09785</u> Chassis No. <u>MBLHAW46555F03842</u>	Registration No. <u>UP7GAP</u>
<u>SPLXTECH</u>		<u>6801</u>

- (a) Was the vehicle in proper working condition? NO
- (b) For what purpose was the vehicle being used at the time of accident? PERSONAL
- (c) Was trailer attached? NO
- (d) If a Motor Cycle/scooter
1. Was a side-car attached? NO
2. Was a pillion rider carried? NO

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 | : _____ |
- / NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : TASHREEF ALI S/O ABRAR ALI
(b) Age : 01-01-2004
(c) Address : JAHAGIRPUR, JAHANGIRPUR, FARRUKHABAD
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : RELATIVE / DAMAD
(e) If paid driver, how long has he been in your employment : NO
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : UP 7620220012969
(h) Issuing Authority : ARTO FARRUKHABAD
(i) Date of Expiry : 31-12-2043
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any : NO
(l) Has he been involved in any accident before?: NO
(m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 12/06/2026 09:00pm
(b) Place : BAHORIKPUR COLD KE PASS
(c) Speed of vehicle at the time of accident : 50-60 KM/H
(d) Give a short description of the accident : मेरा दायाँ मेरी गाड़ी गाड़ी लेकर चिरामऊ गये थे
(e) If any third party was responsible for this accident give the name and address : वापस लौटते समय बहोरिकपुर कोल्ड के पास अचानक
आवारा जानवरों के भागने से मेरी गाड़ी जानवर से टकराकर साधा तरफ गिरकर क्षतिग्रस्त हो गयी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : FRONT / LEFT / RIGHT / BACK
(b) Estimated cost of repairs : 20000/-
(c) When and where can the damaged vehicle be inspected : SHANU MOTORS SAURIKH

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :
(b) Address :
(c) Full Details of personal injury sustained : NA
(d) Name and address of any person/hospital giving medical attention to injured person :
(e) Full details of property damaged : NA
(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 : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : NA
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : NA
(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 13/06/2006

मुस्ताफ़ीम ज़मी
Signature of the insured _____

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. UP74AP6001 insured under Policy No. 35812 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
Receipt valid
When Amount
Exceeds Rs. 5000/-
कुरैशी मजली

Witness

Name

Signature

Address

Signature MUSTAKIM ALI

Occupation

Address BANTHAL SHAHAPUR

FARRUKHABAD, UP

209739

Bank Account Number 9044162548

Name of the Bank AIRTEL PAYMENT BANK

IFSC - AIRP0000001

13 June 2026 6:04 pm



GOVERNMENT OF UTTAR PRADESH

Transport Department Kannauj

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP74AP6801 Registration Date : 09-Sep-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : ASHA MOTORS, ASHOKNAGAR KANNUJ, KANNAUJ, . . . 160-209729
 Owner Name : MUSTAKIM ALI Son/wife/daughter of : AJMAT ALI
 Full Address: (Permanent) : BANTHAL, SHAHPUR, FARRUKHABAD, FARRUKHABAD, UTTAR PRADESH-209739
 Full Address: (Temporary) : DHAME KA TAL, CHHIBRAMAU DEHAT, CHHIBRAMAU, KANNAUJ-UTTAR PRADESH-209721

Fitness Up To : 08-Sep-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	Rear HSRP No	: AA2134774488
Front HSRP No	: AA2134271379	Month/Year of Manuf.	: 06/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW465S5F038-2
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F6S5F09735	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ XTEC (DRS)	Standing Cap	: 0
Seating Cap(In all)	: 2	Unladen Wt (kgs)	: 113
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 243
Colour	: Red Black	AC Fitted	: NO
Other Criteria	:		
Vehicle Purchase As	: Fully Built		

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

By Manuf.	Description	Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

FF00542

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt	: 07-Sep-2025	Sale Amt	: 83851/-
OTT Date	: 07-Sep-2025	Amount/Rcpt No	: 8386 / UP74D25090000346
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 19-Sep-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 09-Sep-2025 to 08-Sep-2040

कर/पंजियन अधिकारी

Signature of the Registering Authority

कन्नौज Date : 20-Sep-2025

Date : 20-Sep-2025 10:26:51

Taxation Particulars / Advance Registration Mark Fee Details

13 June 2026 6:04 pm

मुकेश की मजली



Indian Union Driving Licence
Issued by Uttar Pradesh

UP76 20220012969



Issue Date 30-08-2022 Validity (HT) 31-12-2043 Validity (TR)



Holder's signature

Name: TASHREEF ALI
Date of Birth: 01-01-2004 Blood Group: Organ Donor: N
Son/Daughter/Wife of: ABRAR ALI

Address:
Jahangir Pur Jahangir Pur Farrukhabad
Uttar Pradesh 209739

DL No: UP76 20220012969

UPDL000009153541



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	UP76	30-08-2022	NT			
	LMV	UP76	30-08-2022	NT			
	MVSD						

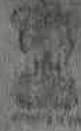
Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP76 FARRUKHABAD

13 June 2026 6:04 pm

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ERKPMS886F



नाम / Name
MUSTKEEM SHAH

पिता का नाम / Father's Name
AJMAT SHAH

जन्म की तारीख / Date of Birth
01/01/1989


हस्ताक्षर / Signature



मुस्तकीम अली

13 June 2026 6:04 pm

भारत सरकार
Government of India



मुस्तकीम अली
Mustakim Ali
जन्म तिथि / DOB : 01/01/1989
पुरुष / Male

2049 6390 4116

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date : 28/07/2023

पता: अजमत अली, बंथल शाहपुर, फर्रुखाबाद,
उत्तर प्रदेश, 209739

Address: AJMAT ALI, Banthal Shahpur,
Farrukhabad, Uttar Pradesh, 209739



2049 6390 4116



1947



help@uidai.gov.in



www.uidai.gov.in

मुस्तकीम अली

13 June 2026 6:04 pm



Mustakim Ali

Account Number : 9044162548

Account Type : Savings Bank Account



Customer ID	IFSC	Aadhaar Card Number
162249710	AIRP0000001	XXXX XXXX 4116
Father/Spouse Name	Nominee Name	Relation With Nominee
Ajmat Ali	NA	NA
Contact Number	Account Opening Date	Issuance Date
9044162548	01 Dec, 2023	13 Jun, 2026

Customer Address

Banthal Shahpur
Farrukhabad, Farrukhabad, Uttar Pradesh, 209739

MOBILE BANKING

Dial the following to access banking services without smartphone and/or internet connection



Dial *400*2#

Check balance
& change mPIN



Dial *400*3#

Recharge



Dial *400*4#

Send
money



Dial *400*5#

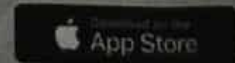
Pay
bills

In case of any query, Airtel subscribers can call us on 400, while other subscribers can call us on 8800688006 or email us at wecare@airtelbank.com Please visit the nearest banking point to avail nomination facility or to link your savings account for receiving government subsidies.

Airtel Payments Bank does not give any Subsidy. Receipt of government subsidy benefits is subject to customer eligibility, government subsidy schema guidelines and successful linkage/ seeding of Bank account as prescribed by the concerned authorities. For more details, visit

<https://www.airtelbank.in/> Bank Account offering is by Airtel Payments Bank Limited. For details, visit <https://www.airtel.in/bank/static/terms-conditions>.

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13 June 2026 6:04 pm