

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

J-5205

ESTIMATE

Estimate No.	22718-02-REST-0126-37	Date	02-01-2026
Customer Name	RAGHVENDRA SINGH	Contact No.	9557581152
VIN	MBLHAW230RGL12298	Model	SPLENDOR +
Insurance Company	THE ORIENTAL INSURANCE CO LTD	Reg No.	UP74AN1739
HMCGL Card No		HMCGL Card Category	

No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
	83410AAEC00XS -FRONT VISOR NH-1(T6)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	788.300
	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.000
	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
	17520AAEC00XS -FUEL TANK(BLACK (TYPE-6)NH-1 (T6)(X)	87141090	Paid	4,100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	4,839.00
	52400KWH9099RS - CUSHION ASSEMBLY REAR NH-1 TYPE-1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
Parts Total											0.00	12,014.00

Labour Details

No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,118.00	
Labour Total											0.00	1,118.00

Parts Total	12,014.00
Labour Total	1,118.00
SGST (Parts) 9%	1,081.26
CGST (Parts) 9%	1,081.26
SGST (Labour) 9%	100.62
CGST (Labour) 9%	100.62
Total	13,194.00

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.	RAGHVENDRA SINGH S/o SURENDRA 9557581152 SINGH
2	Vehicle No. / वाहन संख्या	UP76ANJ739
3	Policy No. / पालिसी संख्या	252400/31/2025/78556
4	Period of Insurance / बीमा अवधि	18/01/2025 TO 17/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/12/2025 05:00 PM
6	Place of Accident / दुर्घटना का स्थान	SAHNSAPUR KE PASS
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JITENDRA SINGH S/O PRAKASH CHAN UP7420190002159 ORA
8	Estimated Loss / अनुमानित हानि	15,000/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे साले मेरी गाडी लेकर नबीगंज जा रहे थे रास्ते में सहसापुर के पास अचानक तिराहे पे सामने से अचानक वाइक निकल पडी बगल में गाय को बचाने के चक्कर सामने से टक्कर होगयी जिससे मेरी गाडी सीधी तरफ गिरकर दृविग्रस्त होगयी।
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, KANNAW 8896873786

Date / दिनांक : 02/01/2026
हस्ताक्षर

राधेन्डसिंह
Signature of Insured / बीमाधारक के

02 January 2026 5:03 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. 252400/31/2025/78556

Tel. No. _____

Period of Insurance 10/01/2025 TO 17/01/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

- (a) Name
- (b) Address for correspondence
- (c) Telephone

INSURED
RAGHVENDRA SINGH S/O SURENDRA SINGH
NAKATPUR BHOJA, KUBERPUR DUGRASTI

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOR CORP</u> <u>SPL+</u>	Engine No. <u>HAIJEORGL12241</u>	Registration No. <u>UP74AN</u>
	Chassis No. <u>MBLHAW230RGL</u> <u>12298</u>	<u>1739</u>

- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident?
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

YES
PERSONAL
NO
NO
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
NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : JITENDRA SINGH / PRAKASH CHANDRA
(b) Age : 10-07-2000
(c) Address : NAGLA BHUEYAN, KASAWA, KANNAUJ
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : RELATIVE / SALA
(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 : UP74201900002159
(h) Issuing Authority : RTO KANNAUJ
(i) Date of Expiry : 29-03-2039
(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 : 31/12/2025 05:00 PM
(b) Place : SANSAPUR KE PASS
(c) Speed of vehicle at the time of accident : 50-60 KM/H
(d) Give a short description of the accident : मेरे सले मेरी गाडी लकर नवीगेज जा रहे थे
(e) If any third party was responsible for this accident give the name and address : रास्ते मे सधमाण के पाठ अचानक तिराहे से सामने से अचानक बाइक निकल पडी बाल मे गाय डो वचन के चक्कर मे सामने से टक्कर हो गयी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT / RIGHT / BACK / LEFT
(b) Estimated cost of repairs : 15,000/-
(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 :
(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 : _____

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? : NA
(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 : 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 02/01/2026

राधवेन्डसिंह
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. UP76 AN1738 insured under Policy No. 70556 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 500/-

रापवे

Witness
Name
Signature
Address

Signature RAGHVENDRA SINGH
Occupation FARMER
Address NAKATPUR BHOJA
KUBERPUR DUGRAJI
SAHASAPUR, FARRUKHABAD

Bank Account Number 771510110010851
Name of the Bank BANK OF INDIA
IFSC CODE BKID0007715
MICR CODE 209013525

02 January 2026 5:03 pm



GOVERNMENT OF UTTAR PRADESH

Transport Department Kannauj

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP74AN1739
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : ASHA MOTORS, ASHOKNAGAR KANNUJ, KANNAUJ, , 180-209729
 Owner Name : RAGHVENDRA SINGH
 Full Address: (Permanent) : NAKATPUR BHOJA, KUBERPUR DUGRASI, SAHASPUR, FARRUKHABAD, UTTAR PRADESH-209743
 Full Address: (Temporary) : NAGLA BHUIYAN, KASAWA, CHHIBRAMAU, KANNAUJ-UTTAR PRADESH-209721
 Fitness UpTo : 19-Jan-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2118752806
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8RGL12241
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(In all) : 2
 Sleeper Cap : 0
 Colour : BLACK GREY STRIPE
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 20-Jan-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SURENDRA SINGH
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1039313996
 Month/Year of Manuf. : 11/2024
 Chassis No : MBLHAW230RGL12298
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 108
 Laden/GV Wt (kgs) : 239
 AC Fitted : NO

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

By Manuf.	Description	As Regd.	Weight(In kg)
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	: 18-Jan-2025	Sale Amt	: 77027/-
OTT Date	: 18-Jan-2025	Amount/Rcpt No	: 7703 / UP74D25010001547
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 05-Feb-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 20-Jan-2025 to 19-Jan-2040

Date : 22-Feb-2025 10:56:00

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 22-Feb-2025

Q 1871897

राधेन्द्रसिंह

02 January 2026 5:04 pm

Indian Union Driving Licence
Issued by Uttar Pradesh



UP74 20190002159



Issue Date: 09-02-2021
Validity (NT): 29-03-2039
Validity (TR): 08-02-2026



Holder's Signature

Date of First Issue (30-03-2019)

Name: **JITENDRA SINGH**
Date of Birth: **10-07-2000** Blood Group:
Father/Daughter/Wife of: **PRAKASH CHANDRA**
Address:
**BILL - NAGLA BHUEYAN POST KASAWA
BHIBRAMAU, KANNAUJ 209721**

Organ Donor: **N**

DL No: UP74 20190002159

UPDL 00009500 0075



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	MCWG	UP74	30-03-2019	NT			
LMV	LMV	UP74	30-03-2019	NT			
TRANS	TRANS	UP74	08-02-2021	TR			
MVSD							

Form 7 (Rule 162)

Emergency Contact Number

Licensing Authority
UP74 KANNAUJ

जितेंद्र सिंह

02 January 2026 5:04 pm

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

SEPPS6491E



नाम / Name

RAGHVENDRA SINGH

पिता का नाम / Father's Name

SURENDRA SINGH

09/06/2001

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

01074

राघवेंद्र सिंह

भारत सरकार
Government of India



राघवेन्द्र सिंह
Raghvendra Singh
जन्म तिथि / DOB : 09/06/2001
पुरुष / Male

9242 6878 3405

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



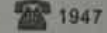
Print Date : 28/06/2023

पता: द्वारा: सुरेन्द्र सिंह, नकटपुर भोजा,
कुबेरपुर डुगरसी, सहसपुर, फरुखाबाद, उत्तर
प्रदेश, 209743



Address: C/O: Surendra Singh,
NAKATPUR BHOJA, KUBERPUR
DUGRASI, Sahas Pur, Farrukhabad, Uttar
Pradesh, 209743

9242 6878 3405



1947



help@uidai.gov.in



www.uidai.gov.in

राघवेन्द्र सिंह

02 January 2026 5:04 pm



आसुति के प्रत्येक, उपाययन वीर्य के प्रस्ताव, चिह्नित प्रतिभित विचारकालयों से प्रवेश के प्रस्ताव और ऐसे ही अन्य प्रकार के चर्मी प्रस्तावों से सावधान रहें।

WARNING

Beware of facilities offers, messages/SMS about lottery winnings, cheap fund offers, employment offers, scholarship offers, offer of emigration visas, offer of admission to reputed universities abroad from fraudsters within the country or from abroad.

- You may call Toll free number for enquiry etc.
 - परिष्कार कर में आवृत्ति सावधान रहें।
 - Get passbook updated regularly.
 - उपरोक्त की प्रकृति के प्रस्तावों से सावधान रहें।
 - Have Standing instructions wherever it is possible.
 - सावधान रहें चर्मी के प्रस्तावों से।
 - Do not put signature anywhere in passbook.
 - एक जगह सावधान रहें सावधान रहें।
 - We welcome your suggestions.
 - किसी प्रस्ताव से या चर्मी प्रस्तावों से सावधान रहें।
 - Contact branch manager in case of difficulty/visas added service.
 - उपरोक्त की प्रस्तावों से सावधान रहें।
 - Toll Free Helpline No. (1800112225, 18001131000)
 - उपरोक्त की प्रस्तावों से सावधान रहें।
 - Do not fall prey to false promises, beware of dubious schemes.
 - कृपया सावधान रहें चर्मी प्रस्तावों से सावधान रहें।
- Please do not disclose your Account details/Internet Banking User Id and Password/ATM Debit card/Credit Card/Mobile Banking Personal Information to any person.

Br. Name : NAVIGANJ
 Br. Address : AT & POST NAVIGANJ, DISTRICT MAINPURI,
 DISTRICT MAINPURI, UTTAR PRADESH, 205200
 Br. Tel. : 05673-275220
 Br. Email : Naviganj.Agts@bankofindia.co.in
 IFSC Code : BKID0007715
 MICR Code : 209013525

Deposit Insurance Cover : Rs 5 Lak
 Address : CQ SURE Bank of India HAKATPUR
 LOGRASI SARASPUR FARRUKHABAD
 FARRUKHABAD 209743
 UTTAR PRADESH INDIA
 Operational Inst: SELF
 Nominee : SURENDRA

Customer Id : 309003071
 Account No. : 771510110010851
 Name : 1. RAGHVENDRA SINGH

A/C Open Dt. : 21-03-2024
 Scheme Desc: SAVINGS BANK GENERAL
 Scheme Code: SB101
 Spl. Charge Code: NO CONCESSIONS

Grievance Redress Officer, 20:

02 January 2026 5:04 pm