

Code: 9 Contact: 0551-2503403, , 5512500160 ,
 GSTIN No: 09AAKFM8861B1Z1
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Date	11-11-2025
Contact No.	8896305304
Model	HF DELUXE
Reg No.	UP53FH4081
HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	44601AAE23099S -WHEEL COMP FRONT	87141090	Paid	3,866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	4,563.00
2	61100AAH100RS -FENDER FRONT COMPLETE BLACK NH-1 TYPE-1	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
3	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
4	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00</					

	2,360.00
Labour Total	2,264.26
SGST (Parts) 9%	2,264.26
CGST (Parts) 9%	180.00
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
Total	32,047.00

Authorised Signatory

Rupees in Words: Thirty Two Thousand Fourty Seven Only

10515 - Main W/S

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 GORAKHPUR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.



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. 252400/31/2026/8642

Tel. No. _____

Period of Insurance 30/04/25 to 29/04/25

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 : Avinid Kumar Yadav
(b) Address for correspondence : Pipraich, Gorakhpur
(c) Telephone : 7800694736

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>16392</u> Chassis No. <u>13946</u>	Registration No. <u>UP 23EH</u> <u>4081</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
(c) Was trailer attached? /
(d) If a Motor Cycle/scooter
1. Was a side-car attached
2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : NA
(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 : A
(i) Number of Passenger permitted : /

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mukesh Kumar Yadav
 (b) Age : 38 years
 (c) Address : Prakash Enclave
 (d) Is the Driver
 1. Owner : /
 2. paid driver? : /
 3. Owner's relative or friend? : Relative
 (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 : UP 5320250002681
 (h) Issuing Authority : R.T.O. GK
 (i) Date of Expiry : 30/06/2022
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : /
 (l) Has he been involved in any accident before? : /
 (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 : 09/11/2021 1:30 P.M
 (b) Place : बोयली, गोरखपुर
 (c) Speed of vehicle at the time of accident : 30 kmph
 (d) Give a short description of the accident : समझे ने गलत पहिना वाहन ने
 (e) If any third party was responsible for this accident give the name and address : रसमामर किशो

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : /
 (b) Estimated cost of repairs : /
 (c) When and where can the damaged vehicle be inspected : /

7. THIRD PARTY INJURY/PROPERTY DAMAGE

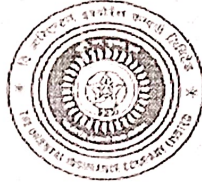
- (a) Name : /
 (b) Address : /
 (c) Full Details of personal injury sustained : /
 (d) Name and address of any person/hospital giving medical attention to injured person : /
 (e) Full details of property damaged : /
 (f) Has notice of any claim been given to you? : /

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 अविष्ट प्रमल 21/22

Occupation

Address

.....

Bank Account Number

Name of the Bank

पृथ्वी, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास
दि ओरिएण्टल इन्शोरेंस कम्पनी लिमिटेड



(भारत सरकार की उपक्रम)
U66010DL1947GOI007158



PRITHVI, AGNI, JAL, AAKASH, SUB-KI SURAKSHA HAMARE PAS
THE ORIENTAL INSURANCE COMPANY LIMITED
(Govt. of India Undertaking)
U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	30-APR-25
Policy No	252400/31/2026/8642	Proposal No. & Date	V/252400/31/2026/99082209/8 & 30-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:14 ON 30/04/2025 TO MIDNIGHT OF 29/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 14:14 ON 30/04/2025 TO MIDNIGHT OF 29/04/2030
Insured Name	ARVIND KUMAR YADAV (GSTIN:)		
Insured Address	C/O SUNNAR YADAV, R/O PIPRAICH NAGAR PANCHAYAT WARD-2, GORAKHPUR, NA, 0	Lead /Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	60705
Model & Variant	HERO HF DELUXE SELF E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	60705
Engine - Chassis No	11A11ECRHF16392 - MBLHAW147RHF13946			TMF CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTU Location					

Schedule Of Premium (Amount In Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1017.42	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
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	92.42	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Deductibles		Net Liability Premium (B)	4095
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	738
Anti-Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	0	Krishni Kalyan Cess@0.50%	0
Sub-Total Deductibles	0	Gross Premium Paid	4833
Add-On Coverages			
Nil Depreciation	152		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	152		
Net own Damage Premium(A)	244		

Nominee Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4833
Financier Type	Financier Name	Cash	Financier Branch	
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No

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 insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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.

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 30-APR-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 M.V. 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) Race Making (5) Speed testing (6) Reliability trials

g) Any Purpose in connection with motor trade.

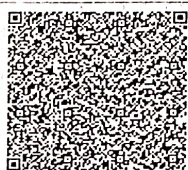
Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 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 vehicles 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 0.

No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the, The preceding year/20%, preceding two 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.

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 M.V. Act, 1988.

* This insurance excludes all pre existing damages



Approved By: JAIN@252400
Approved On: 30-APR-25
Place: MRT
Printed On: 30-APR-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FH4081 Registration Date : 02-May-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004
Owner Name : ARVIND KUMAR YADAV Son/wife/daughter of : SUNNAR YADAV
Full Address: (Permanent) : PIPRAICH NAGAR PANCHAYAT, WARD NO 2, PIPARA, SAHJANWA, GORAKHPUR, UTTAR PRADESH-273152
Full Address: (Temporary) : PIPRAICH NAGAR PANCHAYAT, WARD NO 2, PIPARA, SAHJANWA, GORAKHPUR-UTTAR PRADESH-273152
Fitness UpTo : 01-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 : AA2124467665 Rear HSRP No : AA2124889134
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2024
No of Cylinders : 1 Chassis No : MBLHAW147RHF13946
Engine No : HA11ECRHF16392 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 242
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 w.e.f.

Purchase dt	: 29-Apr-2025	Sale Amt	: 63900/-
OTT Date	: 29-Apr-2025	Amount/Rcpt No	: 6390 / UP53D25050000454
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 31-May-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-May-2025 to 01-May-2040

Signature of Registering Authority
Date : 11-Jul-2025

Date : 11-Jul-2025 11:18.34

Taxation Particulars / Advance Registration Mark Fee Details

Q 4182426

7/10/2025, 5:25



Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20250007681

Issue Date 11-03-2025 Validity (NT) 30-06-2042

Validity (TR)



Holder's Signature

Name:

MUKESH KUMAR YADAV

Date of Birth: 01-07-2002

Blood Group:

SUNNAR YADAV

Son/Daughter/Wife of:

Organ Donor: N

Address:

NAGAR PANCHAYAT PIPRAICH WARD NO 11
PIPRAICH PIPARA SAHJANWA GORAKHPUR UTTAR
PRADESH 273152

Date of First Issue 11-03-2025

DL No: UP53 20250007681

UPDL531000012141



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	UP53	11-03-2025	NT				
LMV	UP53	11-03-2025	NT				
MVSD							


Form 7 Rule 16(2)

Emergency Contact Number


Licensing Authority
UP53 GORAKHPUR



भारत सरकार
Government of India



Aadhaar no. Issued: 13/03/2014



अरविन्द कुमार यादव
Arvind Kumar Yadav
जन्म तिथि/DOB: 08/03/1994
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वयुआर कोड/ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9111 0178 5998

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 09/09/2025

पता:
S/O: सुनार यादव, पिपराईच, नगर पंचायत, वार्ड 2, पिपरा,
पिपराईच, गोरखपुर
उत्तर प्रदेश - 273152

Address:
S/O: Sunnar Yadav, pipraich, nagar panchayat, ward
2, Pipara, PO: Pipraich, DIST: Gorakhpur,
Uttar Pradesh - 273152



9111 0178 5998

VID : 9180 8796 3534 2337

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

ARVIND KUMAR YADAV



भारत सरकार

GOVT. OF INDIA

SUNNAR YADAV

08/03/1994

Permanent Account Number

AKRPY1244R

अरविन्द कुमार
यदव

Signature



02102013

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.	ARVIND KUMAR Yadav 7800694736
2	Vehicle No. / वाहन संख्या	UP 53FM4081
3	Policy No. / पालिसी संख्या	252400/31/2026/8642
4	Period of Insurance / बीमा अवधि	30/04/2025 to 29/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/11/2025 1:30 PM
6	Place of Accident / दुर्घटना का स्थान	मोड़ला, गौरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MUKESH KUMAR Yadav D.L No - UP 5320250007681
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण :	अरविन्द कुमार यादव की गाड़ी मुकेश कुमार यादव चला रहे थे। मोड़ला के पास मोड़ पर सामने से एक पंजाब वाहन का ट्रैक्का मार दिया। जिससे गाड़ी बायें तरफ गिरकर जालिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M. B. Motors 8318237680

Date / दिनांक : 13/11/2025
हस्ताक्षर

अरविन्द कुमार यादव

Signature of Insured / बीमाधारक के

अरविन्द कुमार यादव

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : 1
 (b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : 1
 (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? : A
 (e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : 11
 (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? : A
 (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 13/12/2025

✓ अविनाश कुमार चव्हाण
 Signature of the insured _____