

3.MOTORS

BARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP,
INDIA
State Code: 9 Contact: 0551-2503403, , 5512500160 ,
GSTIN No: 09AAKFM8861B1Z1
Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 10515-03-REST-1125-103
Customer Name AKASH MAURYA
VIN MBLHAW406SHC27875
Insurance Company
HMCGL Card No
Part Details

Date 09-11-2025
Contact No. 7081213733
Model SPLENDOR+ XTEC 2.0
Reg No. UP53FH6446
HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	61311AAE940S -STAY SPEEDO MOUNTING	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
3	37100AAE94099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	3,457.00
4	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
8	33403AAE941S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
9	33600AAE941S -WINKER ASSEMBLY RIGHT REAR	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
10	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
11	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
12	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
Parts Total											0.00	15,074.00

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 2.0	998729	Paid	1,300.00	9.00	9.00	0.00	0.00	0.00	0.00	1,534.00
Jobs Total										0.00	1,534.00

Parts Total	15,074.00
Labour Total	1,534.00
SGST (Parts) 9%	1,149.71
CGST (Parts) 9%	1,149.71
SGST (Labour) 9%	117.00
CGST (Labour) 9%	117.00
Total	16,608.00

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./ वीमाधारक का नाम & मोबाइल नं.	AKASH MAURYA / न०८१२१३३३३
2	Vehicle No. / वाहन संख्या	UP53 FH 6446
3	Policy No. / पालिसी संख्या	252400/31/2026/11490
4	Period of Insurance / वीमा अवधि	07/05/2025 To 06/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/11/2025 7 PM
6	Place of Accident / दुर्घटना का स्थान	भरही पिना गोरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VISHAL MAURYA / Mob - 8429883459 DL No - UP53-20240036321
8	Estimated Loss / अनुमानित हानि	16608
09.	Cause of Accident / दुर्घटना का कारण :	आकाश मौर्या कि गाड़ी विशाल मौर्या चला रहे थे भरही चौराहे के पास गाड़ी चलते समय आगे गिट्टी (पथर) पड़ने के कारण गाड़ी स्लीप करके आगे चल रही ईं रिकशा में टकराकर दाहिने तरफ गिर गई और क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	M/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M.B MOTOR 8318237680

Date / दिनांक : 09/11/2025
हस्ताक्षर

Akash Maurya

Akash Maurya
Signature of Insured / वीमाधारक 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. 252400/31/2026/11490

Tel. No. _____

Period of Insurance 07/05/2025 To 06/05/2026
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 : AKASH MAURYA
(b) Address for correspondence : SHUKLAPURI
(c) Telephone : 7081213733

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HAIIFISHC2T651</u> Chassis No. <u>MBLHAW40GSHC27875</u>	Registration No. <u>UPS3FH6446</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 : 5000
(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 : 1
(i) Number of Passenger permitted : 1

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : VISHAL MAURYA
 (b) Age : 20 years
 (c) Address : SHUKLHPUR
 (d) Is the Driver : YES
 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 : UP53 20240036321
 (h) Issuing Authority : RTO Gorakhpur
 (i) Date of Expiry : 26/05/2025
 (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 : 08/11/2025 7 PM
 (b) Place : मुराई जिला गोरखपुर जमीन पर
 (c) Speed of vehicle at the time of accident : 30 kmph
 (d) Give a short description of the accident : आगे पकड़ने के कारण बाड़ी स्लीप करे के कारण से हादसा मे बका गयी
 (e) If any third party was responsible for this accident give the name and address : ऑटो क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 16608
 (c) When and where can the damaged vehicle be inspected : 1

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : N
 (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 : A
 (f) Has notice of any claim been given to you? :

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 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 09/11/2000

Signature of the insured Akash Maurya

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 Akash Maurya

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20240036321



Issue Date 24-09-2024 Validity (NT) 26-05-2045 Validity (TR)*



Holder's Signature

Name: VISHAL MAURYA
Date of Birth: 27-05-2005 Blood Group: Organ Donor: N
Son/Daughter/Wife of: VIJAYNATH MAURYA
Address:

SHRIKULAPURI SHRIKULAPURI SUKARHUPURI SHRIKUL
PURI GOLA GORAKHPUR UTTAR PRADESH 273402

Date of First Issue 24-09-2024

DL No: UP53 20240036321

UPDL000014120053



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	24-09-2024	NT				
LMV	UP53	24-09-2024	NT				

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1937)

Policy Type						BUNDLED POLICY OFFICE, 36 KILKUR NAGAR, OPP. FILMISTAN CINEMA METRUT, B-111480378 (GSTIN: 07AAACT8617R4Z1)					
Policy No			25240031/2026 11490			Policy Issued On			07-MAY-25		
Agent/Broker Code			BA2000MS124			Proposal No./A Date			RJ25240031/2026 9314189 19 & 07-MAY-2025		
Agent/Broker Name			ADHINAV BHATI			Policy Period (TOWN DAMAGE)			FROM 13.43 ON 07.05.2025 TO MIDNIGHT OF 06.05.2026		
Insured Name			AKASH MAURYA (GSTIN:)			Policy Period (LIABILITY)			FROM 13.43 ON 07.05.2025 TO MIDNIGHT OF 06.05.2026		
Insured Address			C/O SUDAMA MAURYA, R.O GRAM SHUKUPURI POST SHUKUPURI SHUKUPURI GORAKHPUR RAJAHALGANI, GORAKHPUR, NAO			Lead/Iteration No					
						Insured State			UTTAR PRADESH		
INSURED MOTOR VEHICLE DETAILS						INSURED DECLARED VALUE (IDS) (In Rs.)					
Make			HERO MOTOCORP			Vehicle			80133		
Model & Variant			HERO SPLENDOR PLUS XTCH E20			Electrical Accessories			0		
Registration No			NEW			Non-Electrical Accessories			0		
Year Of Manufacture			2025			Total IDV			80133		
Engine - Chassis No			HA1HF1SIC27651 - MBL1HAW406SIC27675			TAIF CONTRACT NO					
Cubic Capacity			160			Policy Type			Zone B - Rest of India		
Seating Capacity			1 + 1			Geographical Area					
Type Of Body			SUZU			Type Of Fuel			PETROL		
RTU Location											
Schedule Of Premium (Amount In Rs.)											
OWN DAMAGE SECTION (A)						LIABILITY SECTION (B)					
Vehicle			1543.65			Basic Third Party Liability			3531		
Elec Accessories			0			Compulsory PA Cover Premium			0		
Non-Elec Accessories			0			PA Cover for 3 Person OTR (0) each (IMT-14)			0		
Basic Premium			121.63			Legal Liability (ATYP driver) (IMT-25)			6		
Geographical Area Extra (IMT-4)			0			Legal Liability to Employees (IMT-29)			8		
Driving Tuition Loading On OD Premium (60%)			0			Legal Liability to Passenger (IMT-46)			NA		
Sub-Total Additions			0			Driving Tuition Loading On TP Premium (60%)			NA		
Deductibles			0			PA Paid Driver, Conductor, Cleaner-CR3403			0		
Voluntary Deductibles (IMT-22A)			0			Net Liability Premium (B)			3351		
Anti-Theft Device (IMT-10)			0			Total Premium (A+B)			4172		
AAI Membership (IMT-5)			0			GST			750		
No Claim Bonus			0			SERVICE TAX			0		
Discount for vehicle designed for handicapped			0			STAMP DUTY			0.00		
SIP Discount			0			Consolidated Stamp Duty @ 0.5%			0		
Sub-Total Deductions			0			Krishna Kabhera Agency Pvt. Ltd.			4922		
Add-On Coverages						Gross Premium Paid					
Nil Depreciation			200			Note:					
Return to Invoice			0			1. Policy Insurance is subject to the realization of cheque					
Key Replacement			0			2. Consolidated Stamp Duty paid via Cheque No					
Consumables			0			3. The Policy is subject to a compulsory Deductible of Rs (ODMT-22)					
Sub Total Add-on Coverages			200			4. Voluntary excess Rs(9)					
Net own Damage Premium(A)			321			5. Subject to Endorsements IMT-7, 10, 2X.					
Nominee Details : Nominee Name Age Relation											
Payment Details : Payment Method Cheque No./Transaction No. Bank Name Amount											
Financier Type Financier Name Cash Financier Branch											
PUS Name NA PUS ID NA POS PAN NO/Auditor No NA											
In the event of a claim under the policy exceeding Rs.1lacs or a claim for refund of premium exceeding Rs.1lacs the insured will comply with the provisions of the AMIL policy of the Company. The AMIL 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, DTIs and OIG 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 authorized by and on behalf of the company has hereunto set his hand at 252400 on 07-MAY-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:- This policy is for social domestic and pleasure purposes and the licensed business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Roadability 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 a vehicle if that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1939 Limits of Liability: Clause under section 11(1) of the policy - Death of or body injury: Such amount is necessary to meet those requirements of the motor vehicle act 1988, under Section 11(1) subject the policy-Damage to third party: maximum is Rs.7.5 lakhs P.A. Cor or under section 12 for victim-driver is Rs.5 L. No Claim bonus:The insured is entitled for a No Claim Bonus (NCB) free the stipulated damage according to the policy. If no claim is made or pending during the preceding year(s) up to the time preceding year 25% preceding two consecutive years 25% preceding three consecutive years 25%, preceding five consecutive years 45%, preceding five consecutive years 50% NCB on OD premium. No claim bonus only 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 adopted in accordance with the provisions of chapter X and XI of MV Act, 1998. This insurance excludes all pre-existing damages.											
Approved By : UNQV252400 Approved On : 07-MAY-25 Place : MEET Printed On : 07-MAY-25											
For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature											

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

प्राथमिक निवेदन संख्या कार्ड
Permanent Assessment Number Card

KCQPM3512M

AKASH MAURYA

पिता का नाम / Father's Name
SUDAMA MAURYA

03/07/2007

आकाश माव्या
आकाश / Signature

08043




भारत सरकार
Government of India




आकाश मौर्य
Akash Maurya
जन्म तिथि / DOB : 03/07/2007
पुरुष / Male



6441 6460 6823


मेरा आधार, मेरी पहचान



Unique Identification Authority of India


पता:
आत्मज: सुदामा मौर्य, ग्राम शुक्लपुरी,
पोस्ट शुक्लपुरी, शुक्ल पुरी, गोरखपुर,
बड़हलगंज, उत्तर प्रदेश, 273402

Address:
S/O: Sudama Maurya, Gram
Shuklpuri, Post Shuklpuri, Shukul
Puri, Gorakhpur, Barhaganj, Uttar
Pradesh, 273402

6441 6460 6823

 1947

 help@uidai.gov.in

 www.uidai.gov.in

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FH6446 Registration Date : 10-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 : AKASH MAURYA Son/wife/daughter of : SUDAMA MAURYA
 Full Address: (Permanent) : GRAM SHUKLPURI SHUKUL PURI POST, SHUKLPURI, , GORAKHPUR, UTTAR
 PRADESH-273402
 Full Address: (Temporary) : GRAM SHUKLPURI SHUKUL PURI POST, SHUKLPURI, , GORAKHPUR-UTTAR
 PRADESH-273402
 Fitness UpTo : 09-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 : AA2124467809 Rear HSRP No : AA2124889278
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW406SHC27875
 Engine No : HA11F1SHC27651 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey 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)
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- 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	: 07-May-2025	Sale Amt	: 84351/-
OTT Date	: 07-May-2025	Amount/Rcpt No	: 8436 / UP53D25050003587
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 10-May-2025 to 09-May-2040

Date : 12-Jun-2025 15:39:54

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 12-Jun-2025

Q 2689935