



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 Meerut

Certificate/Policy 252400/31/2020/1209

Tel. No.

Period of Insurance 06.04.2020
 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 : Himanshu Mishra
 (b) Address for correspondence : Badli Muil
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11E7SWA06050</u> Chassis No. <u>MBCMAW222SWA02214</u>	Registration No. <u>UP52 CG</u> <u>8416</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter Motor Cycle-
 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 : 120 kg-
 (b) Unladen Weight : 250 kg-
 (c) Weight of goods carried/Load Challan No. : 900/-
 (d) Nature of permit : _____
 (e) Nature of goods carried : 900/-
 (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 : Himanshu Mishra
(b) Age : 23.11.1998
(c) Address :
(d) Is the Driver :
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Raha Na -
(e) If paid driver, how long has he been in your employment : NA -
(f) Was he under the influence of intoxication Liquor or drugs? : NA -
(g) Driving Licence Number : UP32-20180019786
(h) Issuing Authority : RTO - 13.04.2018
(i) Date of Expiry : 12.04.2038
(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 : 14.04.2020 Jo 05:30 PM
(b) Place : Romniger
(c) Speed of vehicle at the time of accident : 25 km -
(d) Give a short description of the accident : 2nd car hit 1st car from rear side
(e) If any third party was responsible for this accident give the name and address :
Name :
Address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front side end
(b) Estimated cost of repairs : As per ORC
(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? _____
- (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 Police 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 10.01.2026 2026



Signature of the insured Himanshu Kumar

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE8416 Registration Date : 10-Apr-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
Owner Name : HIMANSHU MISHRA Son/wife/daughter of : HANUMAN MISHRA
Full Address: (Permanent) : VILL+PO-BAGAHA, PS-MAIL SALEMPUR, , DEORIA, UTTAR PRADESH-274505
Full Address: (Temporary) : VILL+PO-BAGAHA, PS-MAIL SALEMPUR, , DEORIA-UTTAR PRADESH-274505
Fitness UpTo : 09-Apr-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 : AA1039727742 Rear HSRP No : AA2121565026
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
No of Cylinders : 1 Chassis No : MBLHAW222SHA02714
Engine No : HA11E7SHA06050 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : MATT GREY Laden/GV Wt (kgs) : 241
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.	As Regd.
a) Front:	Description Weight(in kgs)
b) Rear:	
c) Other:	
d) Tandem:	

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, . . .
Deoria, Uttar Pradesh-274001 w.e.f. 08-Apr-2025.

Purchase dt	: 07-Apr-2025	Sale Amt	: 79866/-
OTT Date	: 07-Apr-2025	Amount/Rcpt No	: 7987 / UP52D25040001293
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 16-Apr-2025		

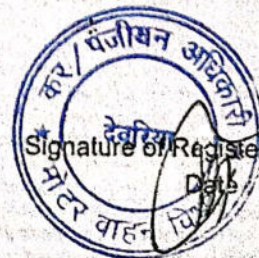
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 10-Apr-2025 to 09-Apr-2040

Date : 01-Sep-2025 16:37:28

Taxation Particulars / Advance Registration Mark Fee Details



Signature of Registering Authority
Date : 01-Sep-2025

RC Extract

RC Details		Vehicle Details	
RC Registration Number	UP52CE8416	Vehicle Category	2WN
RC Registration Date	2025-04-10	Vehicle Class	2WN
RC Owner Sr. No.	1	Manufacture Date(M/Y)	2025-01
Registered RTO	DEORIA, Uttar Pradesh	Chassis Number	MBLHAW222SHA02714
RC Fit Upto	2040-04-09	Engine Number	HA11E7SHA06050
Tax Upto	2040-04-09	Engine Capacity in CC	97.20
Finance Insurance Details		Maker Company	HERO MOTOCORP LTD
Financier	SHRIRAM FINANCE LTD	Maker Model	SPLENDOR+ I3S (DRS)
Insurance Company	Oriental Insurance Co. Ltd.	Color	MATT GREY
Insurance Policy No.	252400/31/2026/1299	Body Type	SOLO WITH PILLION
Insurance Upto	2030-04-06	Fuel Type	PETROL
Vehicle Owner Details		Wheelbase	1236
Owner's Name	HIMANSHU MISHRA	Unladen Weight(Kg)	111
Father Name		Gross Weight(Kg)	241
Mobile Number	-	No. of Cylinders	1
Present Address	Deoria, 274505	Seating Capacity	2
Permanent Address	Deoria, 274505	Sleeper Capacity	0
Pincode	-	Standing Capacity	0
RC Permit Details		Emission norms	BHARAT STAGE VI
RC Permit No.	-	RC Status	
RC Permit Type	-	RC Status (NOC)	ACTIVE
RC Permit Issue Date	-	Blacklist Status	
RC Permit Issue Date	-	RC NOC Details	
RC Permit Issue Upto	-	PUC No.	Newv4
		PUC Upto	2026-04-09



सत्यमेव जयते

UNION OF INDIA Driving Licence



UP32 20180019786



जारी करने की तिथि
Date of Issue

13/04/2018

वैधता / Validity

12/04/2038

जन्म तिथि
Date of Birth

23/11/1998

Blood Group

Unknown

नाम / Name

HIMANSHU MISHRA

पिता/पति का नाम / Son/Daughter/Wife of

SATENDRA KUMAR MISHRA



UP32 20180019786

UP06413367MT

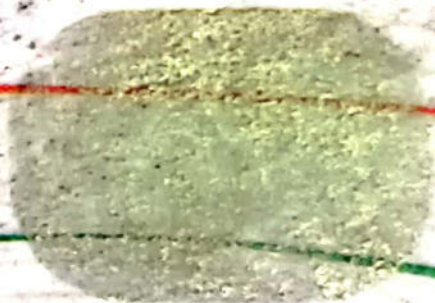


LMV

MCWG

13/04/2018

13/04/2018



Form 7 Rule 16(2)

पता / Address

SS/68 SHRAM VIHAR NAGAR
MANAK NAGAR
Lucknow, UP - 226011

H. Manshu

Holder's Signature

जारीकर्ता / Issuing Authority Sign

LUCKNOW

DL Extract

Driving Licence Holder Info

Name	HIMANSHU MISHRA
Date of Birth	Monday, November 23, 1998
Gender	--
Father's Name	SATENDRA KUMAR MISHRA
Present Address	SS/68 SHRAM VIHAR NAGAR, MANAK NAGAR, Lucknow,UP
Permanent Address	SS/68 SHRAM VIHAR NAGAR, MANAK NAGAR, Lucknow,UP

Class of Vehicle Details

Class of Vehicle	COV Issue Date
MCWG	Friday, April 13, 2018
LMV	Friday, April 13, 2018

Driving Licence Info

Driving Licence No	UP3220180019786
Name of RTO	RTO, LUCKNOW
Date of Issue	Friday, April 13, 2018



Driving Licence Validity Details

Type	DL Valid From Date	DL Valid To Date
Non-Transport	Friday, April 13, 2018	Monday, April 12, 2038
Transport	--	--

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 .. *Almondia Mishra*
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank



MOTOR (FINAL) SURVEY REPORT

Private & Confidential

"Issued Without Prejudice"

Report No: CGOIC-25-011648

Date: 22-01-2026

This report is issued without prejudice, in respect of cause, nature and extent of loss/damage & subject to the terms and conditions of the Insurance Policy and Insurer Admitting liability.

Insurance Particulars

Insurer	OIC	Office Code	250011
Claim allotment Office & Code	Dehradun RO		
RO / Branch office GST NO			
Insurance Claim No.	250011/31/2026/00037243	Initial Estimate Amount	25000
Policy no.	252400/31/2026/1299		
Period of Insurance	07-04-2025 12:00 AM To 06-04-2026 11:59 PM		
Type of Policy	New	Policy Coverage	Package
64VB (CBC) Compliance Done	Yes		
Pre-Inspection Applicable	No	Verified	No
Comments, If applicable	NA		
NCB Applicable	No	Verified	No
Comments, If applicable	NA		
Previous Claim Applicable	No	Verified	No
Comment if Any	NA		

Policy Particulars

Insured Name	HIMANSHU MISHRA
Insured Address	C/O HANUMAN MISHRA, VILL + POST BAGAHA, PS MAIL, DEORIA, NA
Insured Contact Details	Phone No :6389380689
	Email Id :---
Sum Insured	75873
Financer (If any)	SHRIRAM FINANCE LTD
Insured GST No. (If Applicable)	---

Vehicle Particulars

Registration No.	UP52CE8416	Date of registration	10-04-2025		
Chassis No.	MBLHAW222SHA02714	Engine No.	HA11E7SHA06050		
Make	HERO MOTOCORP LTD	Model	SPLENDOR+ I3S (DRS)	Variant	DRS
Mfg Year	2025	Owner Serial No.	1	Class of vehicle	Two Wheeler
Type of Body	Two Wheeler / Motor Cycle with Gear (MCWG)	Color Type	Metallic Color	Vehicle Color	MATT GREY
Pre-Accident condition	Average	Cubic Capacity	97.20	Fuel Type	Petrol
Registered unladen weight	111	Laden Weight	---	Seating Capacity	2
Tax paid up to	09-04-2040	GVW as per RC	241	Odometer Reading	23964
Status of LPG/CNG Kit	Fitment Not found	LPG/CNG Details	NA		
Fitness certificate No.	---	Fitness Validity	--- To ---		
Type of permit	---				
Permit No.	---	Permit Validity	--- To ---		
Route/area of operation	---				
R. C. Verified	Yes				

Driver's Particulars

Name of driver	HIMANSHU MISHRA	Driving licence No.	UP3220180019786
Type of licence	Permanent	Issuing authority	RTO, LUCKNOW
Relationship with Insured	Self	Age of Driver	27
Authorised to drive (Non TR)	M.C. With Gear	Date of issue	13-04-2018
Validity for Private vehicle	13-04-2018 To 12-04-2038	Date Of Birth	23-11-1998
Authorised to drive (TR)	---		
Validity for Transport vehicle	--- To ---		
Badge No.	NA	Validity	---
Motor driving license verified	Yes		

Accident Particulars

Date & Time of accident/loss	14-01-2026 5:30 PM
Place of accident	Ramnagar
Date of allotment of survey	19-01-2026
Date of survey	19-01-2026
Place of survey	At Repairer Workshop

Place of repair / will be repaired		DRISHTI AUTOMOBILES DEORIA
Insured's rep. attending survey		Repairer Representative
Peril Operated		By accidental external means
Point of Impact		Frontal Impact
Particulars of Loss /Damage		As per assessment sheet attached

Cause and Nature of Accident

The driver, Himanshu Mishra, was bringing the bike back when another vehicle suddenly appeared in front. To avoid hitting it, he swerved to the side of the road, causing the bike to fall and get damaged.

Third Party Particulars

Third Party Involved		No						
Third Party details		---						
Has accident been reported to police		No	FIR NO.		---	Dated		---
Name of police station		NA						
Panchanama been carried out		No	Police Documents Verified		No			
Spot survey report applicable		No						

Load Chalan / Passangers Details

No. of Person Travelling in Vehicle		1	Relation with Insured		Self
Name of Transporter		---			
LR no. and Date		--- and ---			
Consigner		---			
Consignee		---			
Nature of goods carried		---			
Weight as per LR		---			

Verification of Documents

RC verified		Yes	Fitness verified		---
Driving licence verified		Yes	Permit verified		---
Policy/cover note verified		Yes	Tax receipt verified		---
Remark about claim documentation	ALL DOCUMENT FOUND IN ORDER				

Important Note

1. The damages allowed both for replacement of parts and the repairs in the assessment sheet were found fresh and in accordance with nature and cause of accident as stated in the claim form. The damages disallowed were either old / not damaged or if found damaged were having no relevance with nature and cause of accident as claimed by the repairer in the estimate

2. Based on AI inspection of damages, the loss was discussed with the repairer. The assessed loss, consented by the repairer is detailed in the Final Assessment report submitted.

Additional Remarks, if any

CLAIM IS CASHLESS MAKE PAYMENT ACCORDINGLY.

Enclosures

- | | |
|------------------------------|-------------------------|
| 1. Policy Document | 2. Claim Form |
| 3. RC Document | 4. DL Document |
| 5. RC Extract | 6. DL Extract |
| 7. Repair Estimate | 8. AI Survey Photos |
| 9. Initial Assessment Report | 10. Tax Invoice |
| 11. Final Bill Check Report | 12. Customer KYC |
| 13. Survey Fee Bill | 14. Final Survey Report |

Vehicle Details

Insurer	OIC	Survey Date	1/19/2026
Reg No.	UP52CE8416	Where did the accident occur?	--
Make	HERO	State	UP
Model	SPLENDOR	Registration Date	4/10/2025
Year	2025	Odometer	23964
Variant	BS6		



Date: Jan 19th 2026, 5:12:07 pm



Date: Jan 19th 2026, 5:12:24 pm



Date: Jan 19th 2026, 5:12:32 pm



Date: Jan 19th 2026, 5:12:16 pm



Date: Jan 19th 2026, 5:12:41 pm



Date: Jan 19th 2026, 5:12:11 pm



Date: Jan 19th 2026, 5:12:28 pm



Date: Jan 19th 2026, 5:12:20 pm



Date: Jan 19th 2026, 5:14:58 pm



Date: Jan 19th 2026, 5:15:06 pm



Date: Jan 19th 2026, 5:12:50 pm



Date: Jan 19th 2026, 5:12:52 pm



Date: Jan 19th 2026, 5:12:55 pm



Date: Jan 19th 2026, 5:12:58 pm



Date: Jan 19th 2026, 5:13:02 pm



Date: Jan 19th 2026, 5:13:05 pm



Date: Jan 19th 2026, 5:13:07 pm



Date: Jan 19th 2026, 5:13:15 pm



Date: Jan 19th 2026, 5:13:27 pm



Date: Jan 19th 2026, 5:13:34 pm

DRISHTI AUTOMOBILES

BHAGALPUR, , SALEMPUR, DEORIA, 274602,

State Code: 9 Contact: 7052758220, ,

GSTIN No: 09BYHPS7206N1ZP

Authorised Representative of Dealer/Authorised Dealer: Hero MotoCorp Ltd.

TAX INVOICE

Credit

Original
Duplicate
TriplicateFor Recipient
For Transporter
For Supplier

Place of Supply UP, 9
Customer Name THE ORIENTAL INSURANCE COMPANY LIMITED
Address DIVISIONAL OFFICE 346, KHAIR NAGAR, OPP
FILAMISTAN CINEMA, MEERUT,
MEERUT, UP
250002

Invoice No 64512CA26V5002
Invoice Date 22-01-2026 12:33:04
Job Card No 64512-03-RJC-0126-4935
Model SPLENDOR +
VIN MBLHAW222SHA02714
Vehicle Reg No UP52CE8416
Kms 23964
Joyride Expiry Date
Insurance Expiry Date --
Next Service Due Date 20-11-2025 (On or Before)

State Code 9
GSTIN No. 09AAACT0627R4ZU
C/o Contact Name HIMANSHU MISHRA
Contact Address VILL + POST BAGAHA, PS MAIL,
SALEMPUR, UP, 274505

S.No.	Description of Goods /Services	HSN Code	Billing Type	Qty	UOM	Rate	Total Value	Discount	Taxable Value	CGST		SGST		Total Amount
										Rate	Amount	Rate	Amount	
Genuine Parts Details														
1	83410ADH700CS-FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	1	PC	819.49	819.49	0.00	819.49	9%	73.75	9%	73.75	967.00
2	33100KCC710AS-LIGHT ASSY.HEAD (W/O BULB)	85122010	Paid	1	PC	444.92	444.92	0.00	444.92	9%	40.04	9%	40.04	525.00
3	61000ADH700CS-FRONT FENDER MAT AXIS GRAY METALLIC	87141090	Paid	1	PC	859.32	859.32	0.00	859.32	9%	77.34	9%	77.34	1,014.00
4	53100AAE110S-PIPE STRG HANDLE	87141090	Paid	1	PC	389.83	389.83	0.00	389.83	9%	35.08	9%	35.08	460.00
5	83402ADH600S-PANEL INNER	87141090	Paid	1	PC	116.95	116.95	0.00	116.95	9%	10.53	9%	10.53	138.00
6	50803KST940S-GUARD LEG	87141090	Paid	1	PC	527.12	527.12	0.00	527.12	9%	47.44	9%	47.44	622.00
7	33450KCC710S-WINKER ASSY L FR	85122010	Paid	1	PC	186.44	186.44	0.00	186.44	9%	16.78	9%	16.78	220.00
Total							3,344.07	0.00	3,344.07		300.97		300.97	3,946.00
Other Parts Details														
Total								0.00						0.00
Labour Details														
Total								0.00			0.00		0.00	0.00
Other Labour Details														
1	102032-ACCIDENTAL LABOUR- ACCIDENTAL LABOUR	998729	Paid	1		300.00	300.00	0.00	300.00	9%	27.00	9%	27.00	354.00
Total							300.00	0.00	300.00		27.00		27.00	354.00

Toll Free: 1800 266 0018

Email: customercare@heromotocorp.com





Wheels of Trust

SCAN THE QR CODE TO CHECK RESALE VALUE OF YOUR TWO-WHEELER

VISIT: WWW.WHEELSOFTRUST.COM

CGST(Parts) @ 9% on Amount 3,344.07	300.97
SGST(Parts) @ 9% on Amount 3,344.07	300.97
CGST(Labour) @ 9% on Amount 0.00	27.00
SGST(Labour) @ 9% on Amount 0.00	27.00
Net Amount	4,300.00
Round Off	0.00
Invoice Amount Payable	4,300.00
Total Invoice Value (In figure)	4,300.00
Total Invoice Value (In Words)	Rs. Four Thousand Three Hundred Only

Tax Payable under Reverse Charge-No

For DRISHTI AUTOMOBILES

Note:

- 1. E & O.E
 - 2. This is a computer generated invoice
 - 3. All disputes subject to jurisdiction of CITY Jurisdiction
 - 4. Goods once sold will not be taken back or replaced
 - 5. Received above detailed vehicle in good condition
- I give Hero MotoCorp Ltd. (HMCL) and its agents/partners consent to contact me for any marketing or promotional communications through any medium and enable WhatsApp assistance. I understand HMCL privacy policy as mentioned on www.heromotocorp.com.

Customer Signature

GoodLife Card # / Category / Points :: / /

Customer refused for which is due as per the recommended Preventive Maintenance Schedule^^"
 ^^Preventive Maintenance helps in Optimum performance of the vehicle. Any non-adherence may lead to warranty rejection.

Gate Pass

Gate Pass Dt &Time	22-01-2026 12:33:04	Vehicle In Dt	19/01/2026	GatePass No	64512-03-RSRB-0126-6601
Invoice No	64512CA26V5002			Reg No	UP52CE8416
Invoice Amt	4,300.00			VIN	MBLHAW222SHA02714

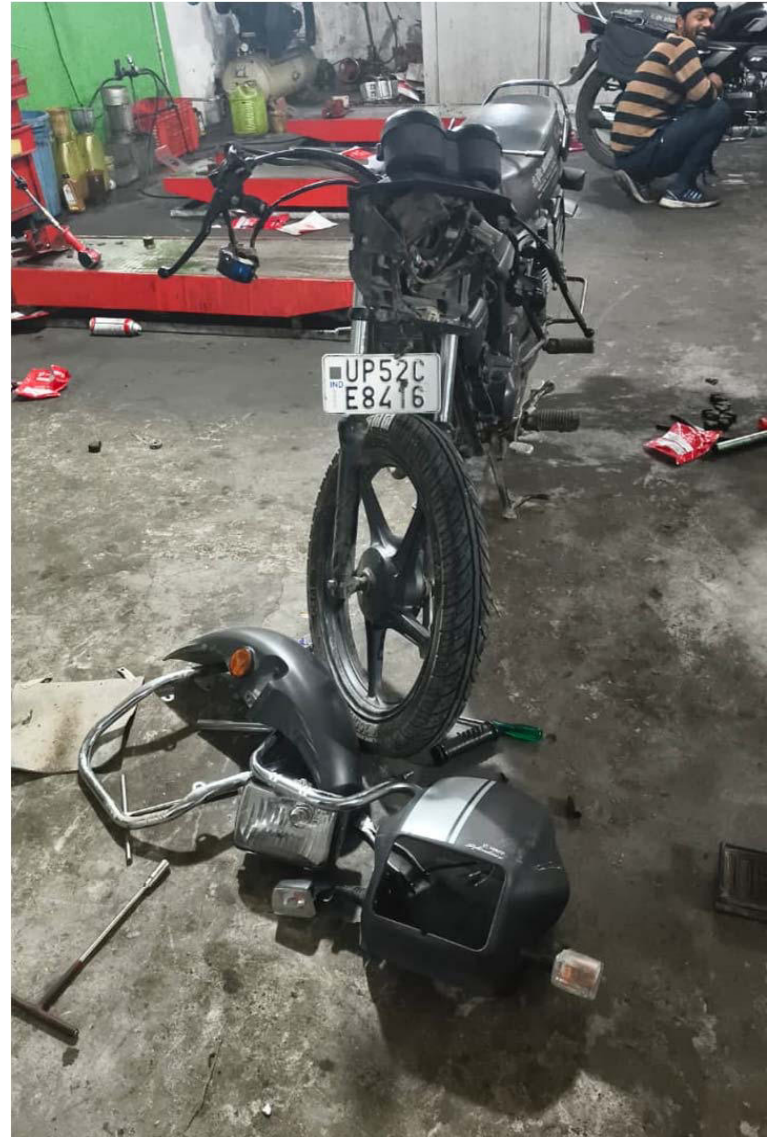
Received above detailed vehicle in good condition.

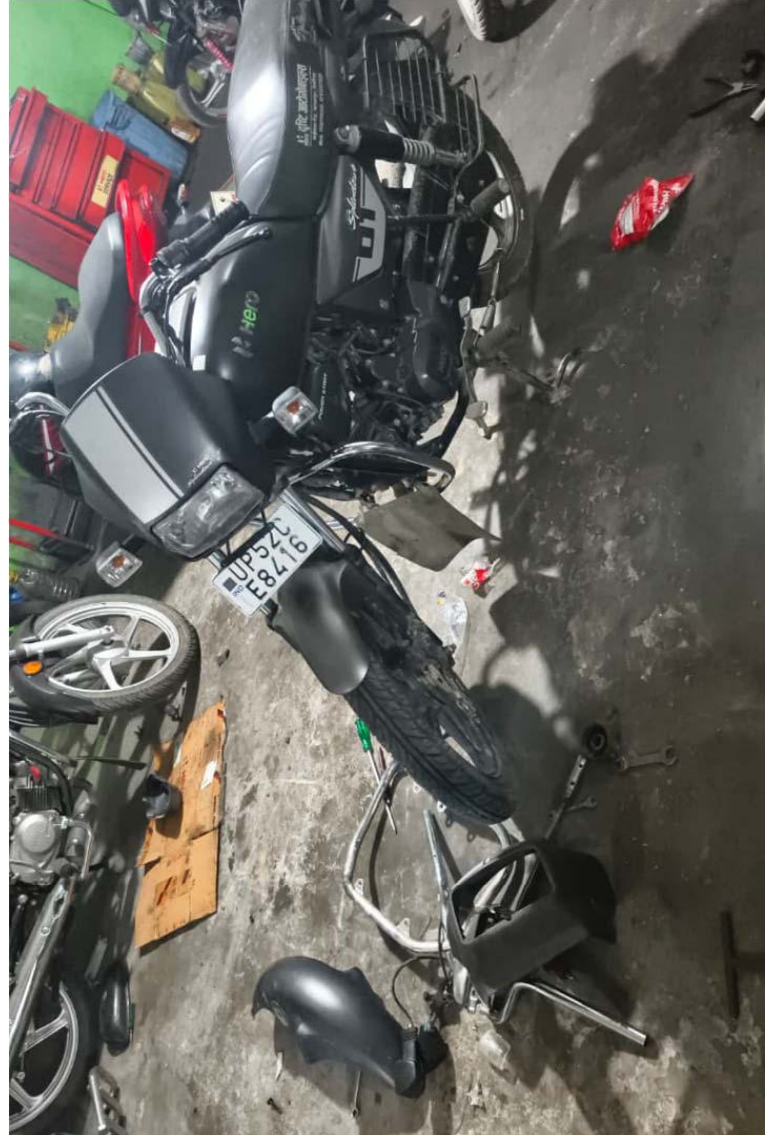
Customer Signatory

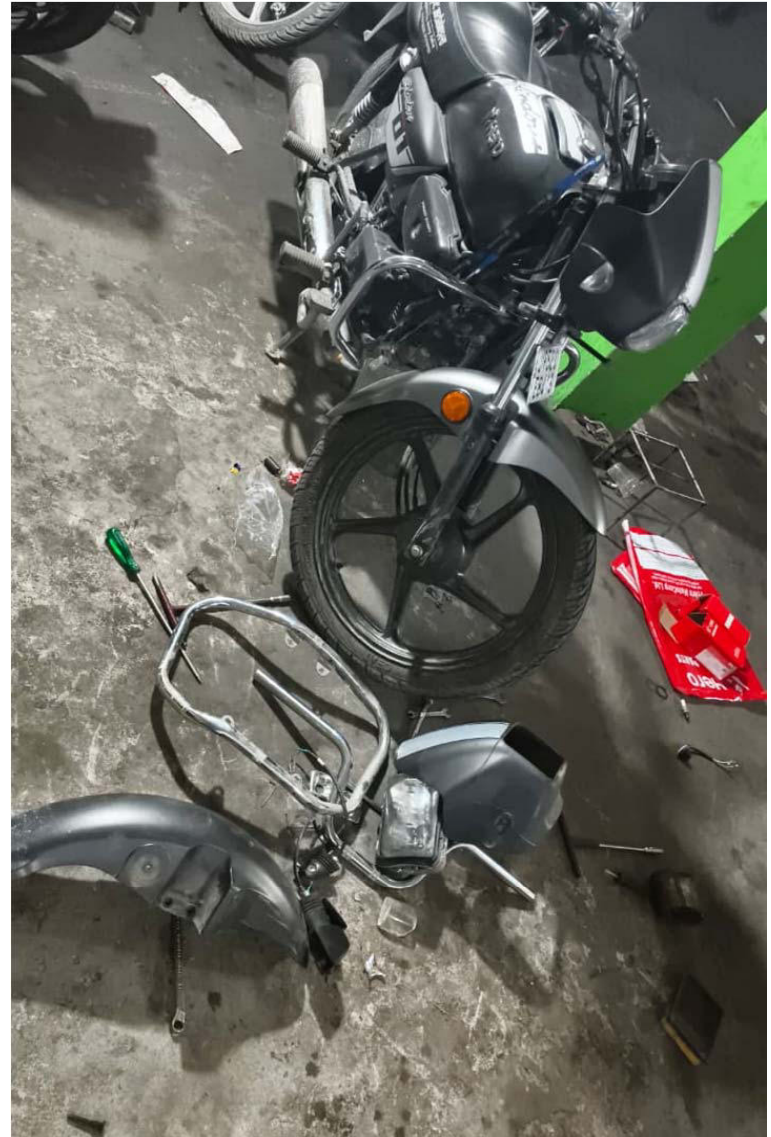
Authorised Signatory

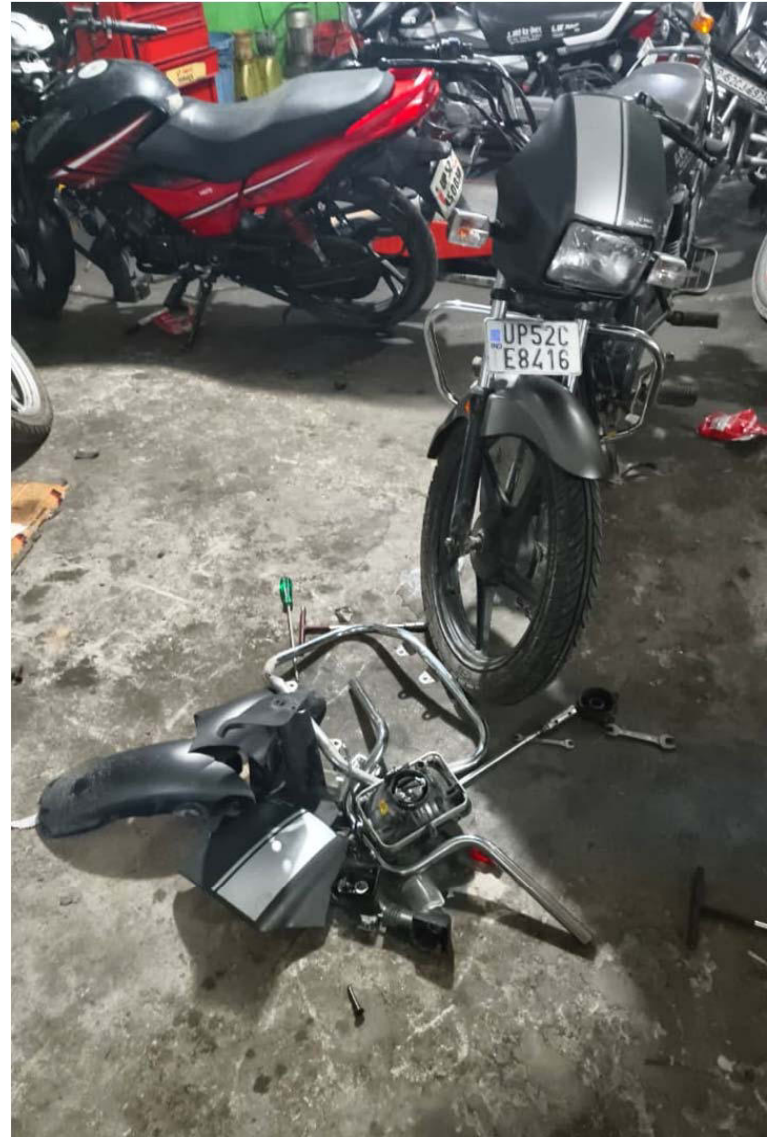
Thanks for the visit & Happy Biking













Final Bill Check Report cum Settlement Summary

Preliminary Details	
Claim no.	250011/31/2026/00037243
CBC status	CBC check not required
Close Proximity	CP-Not applicable
Potential case for BI/PD ?	No

Claim Details	
Insured Name	HIMANSHU MISHRA
Policy No	252400/31/2026/1299
Policy period	07-04-2025 12:00 AM to 06-04-2026 11:59 PM
Date of loss	14-01-2026

Vehicle details			
Vehicle regn. No.	UP52CE8416	Make	HERO MOTOCORP LTD
Chassis no.	MBLHAW222SHA02714	Model	SPLENDOR+ I3S (DRS)
Engine no.	HA11E7SHA06050	CC	97.20
Date of Regn.	10-04-2025	Colour	Metallic Color
Inspection Date	19-01-2026	Mileage	23964
Workshop GSTIN	-	Insurer GSTIN	09AAACT0627R4ZU
Workshop State Code #	-	Insurer State Code #	09
Age of Vehicle	Exceeding 6 months but not exceeding 1 yr		
% age of depreciation on other parts	5		

Details of Damage

-

Labour Charges							
S. No	Type Of Job	Description	Est No	Est Amt	Bill No	Bill Amt	Assessed
1	Labour-R&R	LABOUR CHARGES	-	-	-	-	300
						Sub Total (R&R and Tinkering)	300.00
						Add GST	18%
						Total (A)	354.00

Painting Charges							
S. No	Painting Charges @ 75%	Est No	Est Amt	Bill No	Bill Amt	Actual	75%
						Sub Total (Painting)	0.00
						Add GST	18%
						Total (B)	0.00

S. No	Painting Materials @ 25%	Est No	Est Amt	Bill No	Bill Amt	Actual	25%
						Sub Total (Painting Materials)	0.00
						Less Depreciation	50%
						Add GST	18%
						Total (C)	0.00
						Total Painting Cost (D)	(B + C)
						Total Labour (A + D)	354.00

Metal Parts																		
S. No	Parts Name	Relevant	Est. No	Est. Amt	Bill. No	Bill. Amt	Part Rate	Qty	Assessed Amt	GST %	Assessed Amt With GST	Salvage %	Depr %	Less Depr. Amt	Taxable Amt	GST Amt	Final Amount	

1	LEGGUARD	Yes	8	622	6	622.00	527.12	1	527.12	18%	622.00	5%	0%	0.00	527.12	94.88	622.00
2	HANDLE BAR	Yes	4	460	4	459.99	389.83	1	389.83	18%	459.99	5%	0%	0.00	389.83	70.17	460.00
Sub Total				1082.00		1081.99	916.95		916.95		1081.99			0.00	916.95	165.05	1082.00
Final Amount of Metal Parts																	1082.00

Plastic Parts																	
S. No	Parts Name	Relevant	Est. No	Est. Amt	Bill. No	Bill. Amt	Part Rate	Qty	Assessed Amt	GST %	Assessed Amt With GST	Salvage %	Depr %	Less Depr. Amt	Taxable Amt	GST Amt	Final Amount
1	VISOR	Yes	1	967	1	966.99	819.49	1	819.49	18%	966.99	0%	0%	0.00	819.49	147.51	967.00
2	FR FENDER	Yes	2	1014	3	859.32	859.32	1	859.32	18%	1014.00	0%	0%	0.00	859.32	154.68	1014.00
3	HEADLIGHT	Yes	3	525	2	444.92	444.92	1	444.92	18%	525.00	0%	0%	0.00	444.92	80.09	525.01
4	VISOR INNER	Yes	4	138	5	138.01	116.95	1	116.95	18%	138.01	0%	0%	0.00	116.95	21.05	138.00
Sub Total				2644.00		2409.24	2240.68		2240.68		2644.00			0.00	2240.68	403.33	2644.01
Final Amount of Plastic Parts																	2644.01

Final Assessment Summary	
Gross Total	4080.01
Less Policy Excess	100
Less Voluntary Excess	0.00
Less Imposed Excess	0.00
Less Salvage Value	54.1
Add Towing Charges	0.00
Depreciation cost	0.00
Final payable amount with depreciation	3925.91
Final payable amount without depreciation	3925.91
Settlement Percentage %	100 %
Amount Non Standard Deduction	- 0.00
Final Claim Amount (Insurer's Liability)	3926.00

Depreciation Summary								
Description	Dep %	Parts W/o TAX	Dep Value	After Depreciation	CGST	SGST	Total GST	Assessed Amount
Labour @	0%	300.00	0.00	300.00	27.00	27.00	54.00	354.00
Paint Labour @	12.5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Plastic Parts @	0%	2240.68	0.00	2240.68	201.66	201.66	403.33	2644.01
Metal Parts @	0%	916.95	0.00	916.95	82.53	82.53	165.05	1082.00
TOTAL			0.00	3457.63	311.19	311.19	622.38	4080.01
							Less Excess	- 100.00
							Less Salvage	- 54.1
							Add Towing	0.00
							Final Payable Amount With Depreciation	3925.91

GST Summary						
Description	Rate	Tax Rate	CGST	SGST	Total GST	Total Incl Gst
Labour @18%	300.00	18%	27.00	27.00	54.00	354.00
Parts @0%	0.00	0%	0.00	0.00	0.00	0.00

Parts @5%	0.00	5%	0.00	0.00	0.00	0.00
Parts @12%	0.00	12%	0.00	0.00	0.00	0.00
Parts @14%	0.00	14%	0.00	0.00	0.00	0.00
Parts @18%	3157.63	18%	284.19	284.19	568.38	3726.01
Parts @28%	0.00	28%	0.00	0.00	0.00	0.00
TOTAL			311.19	311.19	622.38	4080.01
					Less Excess	- 100.00
					Less Salvage	- 54.1
					Add Towing	0.00
					Final Payable Amount	3925.91

This is computer generated Assessment. No signature & stamp required.

DRISHTI AUTOMOBILES

Main Road Bhagalpur - Deoria (U.P.)

Mob. - 9793307827

ESTIMATE

Owner's Name Humansu Mishra

Address Bagaha mail Deoria

Phone 9621700583

Job No.

Date 19.01.2026

Chassis No. MBLHAN222SUA02214

Engine No. HAE78UA06050

Claim no.

Regn. No. UP52-CE8416

Speedmeter Regd.

Insurance No. The dandi

Model Spl

Date of Sale

Dear Sir,

Here Under we are forwarding our estimate for you're accoplarce. Please sign and return copy to is so that we may take up the work in hard.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1.	U/Sor -			967	
2.	Fendor -			1014	
3.	Head Light -			525	
4.	Wandel Bar -			460	
5.	U/Sor Inner -			138	
6.	meter sed -			1175	
7.	Shacker pipe -	2		2120	
8.	Leg gond -			622	
9.	Winnor -				
10.	Accidental labor -			600	
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
			Total		7621/-



For : **DRISHTI AUTOMOBILES**



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

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	07-APR-25	
Policy No	252400/31/2026/1299		Proposal No.& Date	R/252400/31/2026/918 & 07-APR-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 12:41 ON 07/04/2025 TO MIDNIGHT OF 06/04/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 12:41 ON 07/04/2025 TO MIDNIGHT OF 06/04/2030	
Insured Name	HIMANSHU MISHRA (GSTIN: 0)				
Insured Address	C/O HANUMAN MISHRA, VILL + POST BAGAHA, PS MAIL,VILL + POST BAGAHA, PS MAIL,DEORIA, , NA,			Lead /Breakin No	/
			Insured State	UTTAR PRADESH	
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	75873	
Model & Variant	HERO SPLENDOR PLUS FI		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025				
Engine -Chassis No	HA11E7SHA06050 - MBLHAW222SHA02714		Total IDV	75873	
Cubic Capacity	100		TMF CONTRACT NO		
Seating Capacity	1 + 1		Policy Type	Zone B - Rest of India	
Type Of Body	SOLO	Type Of Fuel	PETROL		Geographical Area
RTO Location	INDIA				
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1271.63		Basic Third Party Liability	3851	
Elec Accessories	0				
Non-Elec Accessories	0		Compulsary PA Cover Premium	0	
			PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	1195.63		Legal Liabiltiy (WC)to driver (IMT-28)	0	
Geographical Area Extn (IMT -1)	0		Legal Liability to Employees (IMT-29)	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	0	
			Net Liability Premium (B)	3851	
Deductibles			Total Premium (A+B)	4156	
Voluntary Deductibles (IMT 22A)	0		GST	748	
Anti- Theft Device (IMT-10)	0		SERVICE TAX	0	
AAI Membership (IMT-8)	0		STAMPDUTY	0.00	
No Claim Bonus	0		Swachh Bharat Cess@0.50%	0	
Discount for vehicle designed for handicapped	0		Krishi Kalyan Cess@0.50%	0	
SIP Discount	1081		Gross Premium Paid	4904	
Sub -Total Deductibles	1081				
Add-On Coverages					
NIL Depreciation	190				
Return to Invoice	0				
Key Replacement	0				
Consumables	0				
Sub Total Add-on Coverages	190				
Net own Damage Premium(A)	305				
Nominee Details :	Nominee Name		Age		Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name		Amount
					4904
Financer Type		Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch	
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA

Note:
 1. Policy Issuance is the subject to the realisation 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,

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,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.
 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 07-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 MVAct,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 trails
 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 there requirement of the motor vehicle act 1998.Under Section II-1 (ii)of the policy-Damage to third party property is Rs.7.5 lakshs P.A.Cover under section III for owner-Driver is RS
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 years(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 bouns 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 M.V.Act,1998.
 * This insurance excludes all pre existing damages

Approved By : 659525SMD

Approved On : 07-APR-25

Place : MRT

Printed On : 19-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

CLAIM GENIUS

CLAIM GENIUS INDIA PRIVATE LIMITED

1905/43, UJWAL NAGAR ,
WARDHA ROAD
GSTIN/UIN: 27AAHCC7123J1ZK
State Name : Maharashtra, Code : 27
E-Mail : NIKETA@CLAIMGENIUS.COM

TAX INVOICEParty : **The Oriental Insurance Co.Ltd. -BO KHAIR NAGAR MEERUT**

DIVISIONAL OFFICE, 346 KHAIR NAGAR
OPP. FILMISTAN CINEMA, MEERUT, 250002

GSTIN/UIN : **09AAACT0627R4ZU**
State Name : **Uttar Pradesh, Code : 09**

Sr. No.	Description of Services	HSN/SAC	Quantity	Rate	Per	Amount
1	DIGITAL (AI) ASSESMENT CHARGES ----- TWO WHEELER Claim No : 250011/31/2026/00037243 Policy No : 252400/31/2026/1299 Vehicle No : UP52CE8416 OUTPUT IGST 18%	997162	1 NO	500	NO	500
	Total		1 NO			₹ 590.00

Amount Chargeable (in words)

INR Five Hundred and Ninety Only

E. & O.E

HSN/SAC	Taxable Value	Integrated Tax		Total Tax Amount
		Rate	Amount	
997162	500	18%	90.00	90.00
Total	500		90.00	90.00

Tax Amount (in words) : **INR Ninety Only**Company's PAN : **AAHCC7123J**

Company's Bank Details

Bank Name : **HDFC BANK NGP- 50200033255920**A/c No. : **50200033255920**Branch & IFS Code: **PRATAP NAGAR & HDFC0001786****for CLAIM GENIUS INDIA PRIVATE LIMITED**

This is computer generated invoice. No signature required.



भारत सरकार

Government of India



हिमांशु मिश्रा

Himanshu Mishra

जन्म तिथि / DOB : 05/05/2005

पुरुष / Male



9067 1162 7552

मेरा आधार, मेरी पहचान



भारत सरकार द्वारा प्रदान की गई पहचान आधारिकरण
Unique Identification Authority of India

पता:

S/O हनुमान मिश्रा, बगहा, बाघा,
देवरिया, बगहा, उत्तर प्रदेश, 274505

Address:

S/O Hanuman Mishra, Bagaha,
Bagha, Deoria, Bagaha, Uttar
Pradesh, 274505

9067 1162 7552



1947



help@uidai.gov.in



www.uidai.gov.in



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आयकर विभाग
INCOME TAX DEPARTMENT

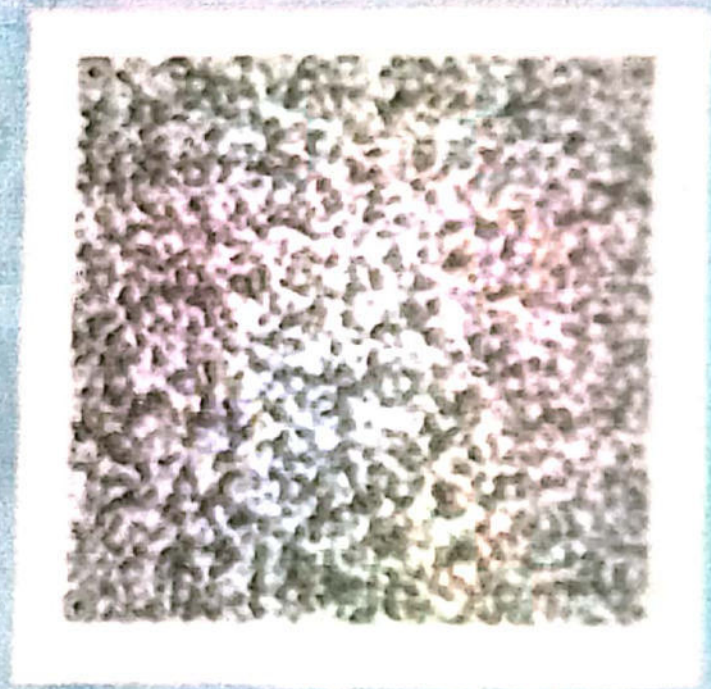


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IIBPM8604K



नाम / Name

HIMANSHU MISHRA

पिता का नाम / Father's Name

HANUMAN MISHRA

जन्म का तिथि / Date of Birth

05/05/2005

Himanshu Mishra

हस्ताक्षर / Signature

13028