

JANTA MOTORS

DESHI DEORIA, ANAND NAGAR, ,DESHI DEORIA, DEORIA, 274206, UP, India

State Code: 9 Contact: 9918116698, ,

GSTIN No: 09AQMPA0307L2ZY

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	65166-03-REST-1225-116	Date	14-12-2025
Customer Name	VINOD GOND	Contact No.	8450976857
VIN	MBLJFN350PGL03773	Model	DESTINI PRIME
Insurance Company		Reg No.	UP52BZ0922
HMCGL Card No	1115324580000406	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	64305ABS000SS -COVER FR UPPER PSW (WH-004P)	87141090	Paid	1,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,475.00
2	64309ABS000SS -FRONT COVER LOWER	87141090	Paid	1,054.24	1	9.00	9.00	0.00	0.00	0.00	0.00	1,244.00
3	81131ABS000S -COVER INNER	87141090	Paid	421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	497.00
4	6432AABS200SS -COVER R FLOOR SIDE SA PSWESM WH 004P	87141090	Paid	632.20	1	9.00	9.00	0.00	0.00	0.00	0.00	746.00
5	88110ABS000SS -MIRROR ASSEMBLY RIGHT BACK WH- 004P	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
Parts Total											0.00	4,217.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
Jobs Total											0.00	354.00

Parts Total	4,217.00
Labour Total	354.00
SGST (Parts) 9%	321.64
CGST (Parts) 9%	321.64
SGST (Labour) 9%	27.00
CGST (Labour) 9%	27.00
Total	4,571.00

Rupees in Words: Four Thousand Five Hundred Seventy One Only

Authorised Signatory

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. Vehicle may be inspected in Workshop premise or outside the premise

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 Deoria Jurisdiction Only

#HeroMotoCorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

65166 - Main W/S



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 Vinod Goyal.....
Occupation
Address
.....

Bank Account Number
Name of the Bank

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.	Vinod Choud 9137691776
2	Vehicle No. / वाहन संख्या	UP52 BZ09221
3	Policy No. / पालिसी संख्या	MS/2025/7001/46575/895584
4	Period of Insurance / बीमा अवधि	18/01/2025 - To 17/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/12/2025 - 4:30 Pm
6	Place of Accident / दुर्घटना का स्थान	Basuar near elapur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vinod kuma Choud MH01 2009001178
8	Estimated Loss / अनुमानित हानि	4500
09.	Cause of Accident / दुर्घटना का कारण :	मेरी अपनी ब्रेक बरबाद हो गई थी जो जांच था तब ही समझे अचानक जानवरों का गेया। जिसके बचौप के लिए ब्रेक लगाने से गाड़ी का नियंत्रण खिगड गया गाड़ी ब्रेक गिरे गये जिस जड़िल गाड़ी से टक्का हो गया। -
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Janta motors Desahi Dora 7800807912 - 9918116698

14/12/2025
Date / दिनांक :
हस्ताक्षर

Vinod Choud
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vinod Kumar Grand
 (b) Age : 49
 (c) Address : Dinbandu nagar Salt Pen Road
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
 (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 : MH0120090011078
 (h) Issuing Authority : 19/10/2001
 (i) Date of Expiry : 08/08/2026
 (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 : 19/12/2025- 4:30P
 (b) Place : Banawa near Chapar
 (c) Speed of vehicle at the time of accident : 90
 (d) Give a short description of the accident
 (e) If any third party was responsible for this accident give the name and address : पुलिसी पे जाते सगरी सामान जातके कारणे जेसका वचनिके पासके के कारणे कीट मालके मिक-

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front R/L
 (b) Estimated cost of repairs : 4500
 (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 _____ *NA*

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

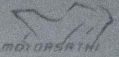
- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (g) When? _____
- (h) Which Police Station? _____
- (i) C.R. diary Number _____

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 11/12/2025 200

Signature of the insured Vinod Gond

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/395554

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
VINOD GOND	1980-07-20	8450976857	RAJDEV GOND	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
PRIME	UPS2BZ0922	JF17ERPGL03811	MBLJFN350PGL03773	2023	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
49500.00	NA	0.00	0.00	0.00	49500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1222.35	
Address			City / District	Pin Code	State	
VILL- BASANTPUR MADRAPALI, BHARAT RAI DEORIA, , Deoria, Uttar Pradesh, 274405				274405	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANITA DEVI	Female	29 Years	WIFE	2025-01-18 11:25	Midnight of 2026-01-17	

Section A, VRC: 398.59 TCR: 233.64 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 632.23

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 500.10 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 90.02 Total with GST(D): 590.12

Total(Section A+B+C+D) Offered Price After Discount: 1222

Package Period Covered	2025-01-18 To 2026-01-17	2026-01-18 To 2027-01-17	2027-01-18 To 2028-01-17	2028-01-18 To 2029-01-17	2029-01-18 To 2030-01-17
ADV	49500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-01-17 (DETAILS ARE PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability shall comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care : Toll Free Phone No.: 7941050643 Email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1222.35 ON 2025-01-13 from Mr./Ms. VINOD GOND against the ARN No. INCP00395554

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*

(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





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
Tel. No.

Certificate/Policy No. MS/2025/700/046575/395554
Period of Insurance 18/01/2025 TO 17/01/2025
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 : Vinod Kumar Gaud
(b) Address for correspondence : Basantpur madhapoti Ghod Rai Boria
(c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>21/9/2024</u>	Engine No. <u>MF7ERPA103811</u> Chassis No. <u>MB1JFN1850P103773</u>	Registration No. <u>UP52B20922</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? 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

(Handwritten signature/initials)

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BZ0922 Registration Date : 21-Jan-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURVIA CHAURAHA GKP ROAD, DEORIA, .. 190-274001
 Owner's Name : VINOD GOND Son/wife/daughter of : RAJDEV GOND
 Full Address: (Permanent) : VILL- BASANTPUR MADRAPALI, BHARAT RAI DEORIA, DEORIA, UTTAR PRADESH-274405
 Full Address: (Temporary) : VILL- BASANTPUR MADRAPALI, BHARAT RAI DEORIA, DEORIA-UTTAR PRADESH-274405

Filter: Up To : 20-Jan-2039 Owner Serial No : 1
 Detail: Description Link Vehicle No :
 Class of Vehicle : M-CYCLE/SCOOTER Norms : BHARAT STAGE VI
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1031252569 Rear HSRP No : AA2091783231
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2023
 No of Cylinders : 1 Chassis No : MBLJFN350PGL03773
 Engine No : JF17ERPGL03811 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seater Cap(in all) : 2 Standing Cap : 0
 Steer Cap : 0 Unladen Wt (kgs) : 115
 Colour : PEARL SILVER WHITE Laden/GV Wt (kgs) : 245
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

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

By	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 HERO FINCORP LTD, DEORIA, .. Deoria, Uttar Pradesh-274001 w.e.f. 19-Jan-2024.

Purchase Date : 18-Jan-2024 Sale Amt : 74555/-
 OTT Date : 18-Jan-2024 Amount/Rcpt No : 7456 / UP52D24010002010
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Jan-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Jan-2024 to 20-Jan-2039

Date : 07-Feb-2024 12:46:55

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 07-Feb-2024

P 6562701



THE UNION OF INDIA
KARNATAKA STATE MOTOR DRIVING LICENCE

DL No. KA01 200001-1878
Valid Till: 05-05-2026 (18)

DOB: 05-12-1998



ISSUE DATE: 05-05-2021
AUTHORISATION TO DRIVE THE FOLLOWING CATEGORIES
OF VEHICLES THROUGHOUT INDIA

COV: 00
TRAINS: 05-05-2021
VALID Till: 05-12-1998

FORM: 1
RULE 18 (2)



DOB: 05-05-1978 DO:

Name: UNACHINNE GANES
SEX: M
AGE: 20
SALT FOR ROAD: 000000
MACHINE NO: 000000
PIN: 000000

Signature: [Signature]
Issuing Authority: [Signature]

[Signature]
Inspector of Motor

JAN...
DE'SH...
State Code
GSTIN No
Author...



भारत सरकार
Government of India



विनोद गोंड
Vinod Gond
जन्म तिथि/DOB: 20/07/1980
पुरुष/ MALE



6948 3476 8458

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:

S/O Rajdev Gond, village-basantpur, S/O राजदेव गोंड, विलेज-बसंतपुर, मद्रपाली
Madrapali Bharthrai, Deoria, भरथराइ, देवरिया,
Uttar Pradesh - 274405 उत्तर प्रदेश - 274405

6948 3476 8458





THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No : MH01 20090011078

DOI : 03-12-1999

Valid Till : 08-03-2026 (TR)

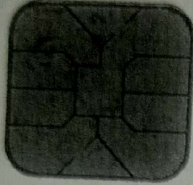


09-03-2021

FORM 7
RULE 16 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA

COV DOI
TRANS 19-10-2001
LMV-TR 03-12-1999



DOB : 20-02-1976 BG :

Name : VINODKUMAR GAUD
S/DW of : RAJDEV
Add : DIN BANDHU NAGAR
SALT PAN ROAD
WADALA E, MUMBAI
PIN : 400037

Signature & ID Of
Issuing Authority : MH01

Signature/Thumb
Impression of Holder