

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-1225-117
 Customer Name JONIYA DEVI
 VIN MBLHAW214RHL08084
 Insurance Company
 HMCGL Card No
 Part Details

Date 16-12-2025
 Contact No. 9594854817
 Model SPLENDOR+ XTEC
 Reg No. UP52CF3032
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	R3410AAFR00RS -FRONT VISOR BLACK NH-1 (TYPE-2)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	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
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
4	83402AAEB00S -PANEL INNER	87141090	Paid	277.97	1	9.00	9.00	0.00	0.00	0.00	0.00	328.00
Parts Total											0.00	2,561.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	200.00	9.00	9.00	0.00	0.00	0.00	0.00	236.00	
Jobs Total											0.00	236.00

Parts Total	2,561.00
Labour Total	236.00
SGST (Parts) 9%	195.33
CGST (Parts) 9%	195.33
SGST (Labour) 9%	18.00
CGST (Labour) 9%	18.00
Total	2,797.00

Rupees in Words: Two Thousand Seven Hundred Ninety Seven 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 handed/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

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.	Jonhiya Devi 9140274620
2	Vehicle No. / वाहन संख्या	UP52CF3032
3	Policy No. / पालिसी संख्या	252400131/2026/10526
4	Period of Insurance / बीमा अवधि	05/05/2026 To 04/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/12/2025 - 6:00 Pm
6	Place of Accident / दुर्घटना का स्थान	Mushahri Doria
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Luv Chauhan UP5220220005583
8	Estimated Loss / अनुमानित हानि	2500
09.	Cause of Accident / दुर्घटना का कारण : लव चौधन जो मीरे बड़े के ड्राइवर है वा गाड़ी एक चौराहे पर जा रहे थे मोड़ में गाड़ी कंट्रोल नहीं हुआ धौल गाड़ी खिच रहे थे जा गिरे बिमल गाड़ी ड्रेनेल हो गई -	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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 Dsahi Doria 7800807912 - 9918116698

16/12/2025
Date / दिनांक :
हस्ताक्षर

Jonhiya Devi
Signature of Insured / बीमाधारक के

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 *Jankhya Dave*

Occupation

Address

Bank Account Number

Name of the Bank



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 No. 252400/31/2026/10526
 Tel. No. _____ Period of Insurance 05/05/2025 To 04/05/2026
 Claim No. _____

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

1. INSURED
 (a) Name : Jonhija Devi
 (b) Address for correspondence : Pauhari Chapar Barica Uttar Pradesh
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>07/05/2025</u>	Engine No. <u>HATTE7RHH14460</u> Chassis No. <u>MBHAW214 RH 08084</u>	Registration No. <u>UP52CF3032</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 No
 1. Was a side-car attached? No
 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 : _____
 (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 : _____

(b) Age : 28
 (c) Address : Lal Chauhan
Pantari Chapar Doria Uttar Pradesh
 (d) Is the Driver
 1. Owner _____
 2. paid driver? _____
 3. Owner's relative or friend? 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 : UP52 20220005533
 (h) Issuing Authority : _____
 (i) Date of Expiry : 26/03/2022
 (j) Was the licence temporary/permanent : permanent 31/12/2026
 (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 : 04/02/2025
 (b) Place : Mushabari
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : _____
 (e) If any third party was responsible for this accident give the name and address : दोस्त पर जोर सड़क में से अर्धचंद्र लकी
इस से रीट वादी सेट कर ली है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front side
 (b) Estimated cost of repairs : 2500
 (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? : NA


भारत सरकार
Government of India


जयन्ती देवी
 Janyha Devi
 जन्म तिथि: DOB: 01/01/1976
 लिंग: FEMALE





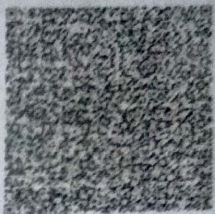
2933 0428 2404

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
 W/O: अंगद चौहान, पौहारी झरना, पौहारी झरना, देवरी,
 उत्तर प्रदेश - 274408

Address:
 W/O: Angad Chauhan, pauhari chhapar, Pauhari
 Chhapar, Deoria,
 Uttar Pradesh - 274408




2933 0428 2404




Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20220005533



Issue Date: 26-03-2022 Validity (NT): 31-12-2036 Validity (TR)*: _____



 Holder's Signature

Name: **LAV CHAUHAN**

Date of Birth: 01-01-1997 Blood Group: _____ Organ Donor: **N**


Son/Daughter/Wife of: **TILAK CHAUHAN**

Address:
 PAUHARI CHHAPAR SHAHJAHANPUR RAMPUR
 KARIJHANA Deoria, UP 274408

Date of First Issue: (26-03-2022)

DL No: UP52 20220005533

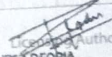
UPDL000007394814



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	UP52	UP52	26-03-2022	NT			
LMV	UP52	UP52	26-03-2022	NT			
MVSD							

Emergency Contact Number _____



 Licensing Authority
 UP52 DEORIA

Form 7 Rule 16(2)

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF3032 Registration Date : 07-May-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 : JONHIYA DEVI Son/wife/daughter of : ANGAD CHAUHAN
 Full Address: (Permanent) : VILL- PAUHARI CHAPAR, DEORIA, , DEORIA, UTTAR PRADESH-274408
 Full Address: (Temporary) : VILL- PAUHARI CHAPAR, DEORIA, , DEORIA-UTTAR PRADESH-274408
 Fitness Up To : 06-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 : AA2124556391 Rear HSRP No : AA2124114676
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW214RHL08084
 Engine No : HA11E7RHL14460 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK SPARKING BLUE 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 : 05-May-2025 Sale Amt : 81601/-
 OTT Date : 05-May-2025 Amount/Rcpt No : 8161 / UP52D25050001292
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-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 07-May-2025 to 06-May-2040

Date : 17-May-2025 12:35:07

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date 17-May-2025

Q 3463279

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. : _____

NA

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 : _____

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 16/12/2025 200

Signature of the insured Jonhina dave

Handwritten notes at the bottom left of the page.

88410AAEBOOKS