

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-1225-119	Date	17-12-2025
Customer Name	ALTAF .	Contact No.	8320804796
VIN	MBLHAW211PHM02839	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52BZ6029
HMCGL Card No	1115320660005616	HMCGL Card Category	Guid

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTCST %	IGST %	Discount %	Discount	Net Amount
1	R3410AAFR00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	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	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
4	33300AAEB0099S - POSITION LIGHT FRONT	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
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	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
7	3345BAAEB0099S -WINKER ASSY L FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
9	66110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
10	66120AAEH31S MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
11	37100AAFC2099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,777.12	1	9.00	9.00	0.00	0.00	0.00	0.00	3,277.00
12	83402AAEB00S -PANEL INNER	87141090	Paid	277.97	1	9.00	9.00	0.00	0.00	0.00	0.00	328.00
13	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
14	3360BAAEB0099S -WINKER ASSY R RR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
15	3365BAAEB0099S -WINKER ASSY L RR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
16	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
17	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
18	35010AAE301S -"KIT, LOCKS & KEYS"	83012000	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00
Parts Total											0.00	11,519.00

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	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	296.61	9.00	9.00	0.00	0.00	0.00	0.00	350.00

Parts Total	11,819.00
Labour Total	940.00
SGST (Parts) 9%	901.45
CGST (Parts) 9%	301.45
SGST (Labour) 9%	71.89
CGST (Labour) 9%	71.89
Total	12,759.00

Rupees in Words: Twelve Thousand Seven Hundred Fifty Nine Only

Authorised Signatory

65166 - Main W/S

1. Terms Cash
 2. Price & 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.



10 / 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.	Aktaf 8320 804796
2	Vehicle No. / वाहन संख्या	UP52 BZ 6029
3	Policy No. / पालिसी संख्या	MS12085170010146575/428288
4	Period of Insurance / बीमा अवधि	18/04/2025 To 17/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025 - 4:00pm.
6	Place of Accident / दुर्घटना का स्थान	Nautan hetiyagerh Doria
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Noor Salam Ansari UP52 201200 13190
8	Estimated Loss / अनुमानित हानि	12000
09.	Cause of Accident / दुर्घटना का कारण :	गैर स्वामि अस्तरि जो चरि आडि ए शेरी गाडी लेकर अपने गांव से नीतन हरियाणा जा रहा था तभी आगे से टेम्पु बल्ला ने आगे से हमरा गाडी में टकरा मार दिया जिससे हमारी गाडी आगे से पूरी तरह टूट गई.
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 Desia 7800 807912

17/12/2025
Date / दिनांक :
हस्ताक्षर

अकताफ
Signature of Insured / बीमाधारक के

मैं अपने भाई का गाड़ी लेके अपने गांव से नौतन हरियाणा जा रहा था तभी आगे से टेम्पु बल्ला ने आगे से हमरा गाडी में मार दिया जिससे हमरा गाडी आगे से पूरी तरह टूट गया है.

17-12-2025



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. MS/2025/7001/O/46575/428288

Tel. No.

Period of Insurance 12/04/2025 To 17/04/2026
 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 : Altab
 - (b) Address for correspondence : Shahjahanpur District Uttar Pradesh
 - (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>02/04/2024</u>	Engine No. <u>HAIIE7PHM04481</u> Chassis No. <u>MBLHAW1211PHM02839</u>	Registration No. <u>UP52BZ6029</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? 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/Tractor, was trailer attached? : _____
 - (h) Number of passengers carried : _____
 - (i) Number of Passenger permitted : _____
- N/A

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/428288

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
ALTAF	1995-03-01	8320804796	RAUF	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
DRUM SELF E20	UP52BZ6029	HA11E7PHM04481	MBLHAW211PHM02839	2024	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNC/LPG/Bi-Fuel ADV	Vehicle Type
52500.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	52500.00
Address			City / District	Pin Code	Offered Payment (incl. GST)
Deoria, 274408				274408	1101.23
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
HISHABU NISHA	Female	50 Years	MOTHER	2025-04-18 15:25	Midnight of 2026-04-17

Section A, VRC: 702.82 TCR: 247.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (15%): 150.60 Total with GST(A) 800.02
 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: 255.26 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 45.95 Total with GST(D): 301.21

Total(Section A+B+C+D) Offered Price After Discount: 1101

Package Period Covered	2025-04-18 To 2026-04-17	2026-04-18 To 2027-04-17	2027-04-18 To 2028-04-17	2028-04-18 To 2029-04-17	2029-04-18 To 2030-04-17
ADV	52500	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 2029-02-26. (DETAILS ARE AS 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 or obtaining 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 the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: 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 will 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 1101.22 ON 2025-04-18 from Mr./Ms. ALTAF against the ARN No. INCP00428288
 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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Noor Salam Ansari
 (b) Age : 32
 (c) Address : Shahjahanpur Deoria
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Brether
 (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 : ups2 2012 0013190
 (h) Issuing Authority : 17/02/2022
 (i) Date of Expiry : 02/09/2032
 (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 : 15/12/2025 4:00 PM
 (b) Place : Aboulan Khatiya gnrh
 (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 : एरले जरी समग्र सागितले रोकु वरि ते ए+एर मरि

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front side
 (b) Estimated cost of repairs : 12000
 (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? : M/A

Owner RAMESH CHANARDAV YADAV
of NA
e NEW / HPA
Date 20/12/2021


NEW GOLDEN BROWN
DIESEL
Class Goods Carrier - TR
Type HIGH SIDE DECK
Manufacturer VE COMMERCIAL VEHICLES LTD

Chassis No MC2EGFRC0MKB07285
Engine No E446CDMK022702
No EICHER PRO 2059XP F HSD
Allocated To SUNDARAM FINANCE LIMITED
Manufacturing Dt 10/2021

Capacity 003 No. Of Cyc 04 Unladen Wt 003
Capacity 00 Owner Serial 01 Cubic Capacity 002
Paid Up To LTT Wheel Base 002
Validity See F Cert R L W 001

ROOM NO 02 SHIV SHAKTI CHAWL VANOTHA, PADA
NEAR VISHWAKARMA BAUG PELHAR
VASAI, NALLOSAPARE E, VASAI, Thane MH 401209

DY RTO VASAI
Issuing Authority

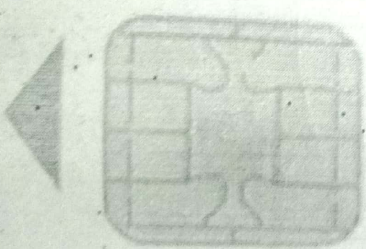

Signature Of Iss



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20120013190



Issue Date 17-02-2022 Validity (NT) 02-09-2032 Validity (TR)* 16-02-2027



Name: NOOR SAJJAM ANSARI Holder's Signature
Date of Birth: 07-12-1993 Blood Group: Organ Donor: N
Son/Daughter/Wife of: RAUF ANSARI
Address: SHAHIAHANPUR RAMPUR KARKHANA
Deoria, UP 274408

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.P. 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 17/12/2025 200

Signature of the insured [Signature]

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

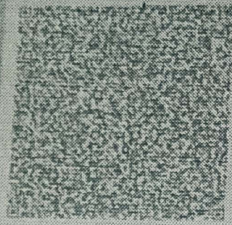


नाम / Name
ALTAF

पिता का नाम / Father's Name
RAUF

जन्म की तारीख /
Date of Birth
01/03/1995

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FIWPA7723P



15/12/23

हस्ताक्षर / Signature



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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BZ6029 Registration Date : 02-Mar-2024
 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 : ALTAF Son/wife/daughter of : RAUF
 Full Address: (Permanent) : VILL SHAHJAHANJIR, DEORIA, DEORIA, UTTAR PRADESH-274408
 Full Address: (Temporary) : VILL SHAHJAHANJIR, DEORIA, DEORIA-UTTAR PRADESH-274408
 Fitness Up To : 01-Mar-2039 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	: AA2090118436	Rear HSRP No	: AA2095377105
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 12/2023
No of Cylinders	: 1	Chassis No	: MBLHAW211PHM02839
Engine No	: HA11E7PHM04481	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 TORNADO 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.	As Regd.
Description	Weight(in kgs)

- a) Front:
- 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. 02-Mar-2024.

Purchase dt	: 27-Feb-2024	Sale Amt	: 80511/-
OTT Date	: 27-Feb-2024	Amount/Rcpt No	: 8052 / UP52D24030000146
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 04-Mar-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Mar-2024 to 01-Mar-2039

Date: 15-Mar-2024 17:15:31

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 15-Mar-2024

