

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-1225-120	Date	17-12-2025
Customer Name	JALALUDDIN ,	Contact No.	9918380352
VIN	MBLJFN355SGA07305	Model	DESTINI PRIME
Insurance Company		Reg No.	UP52CE3318
HMCGL Card No	1115525560000164	HMCGL Card Category	Gold

S No	Part Number	HCN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	53205ABS000YS -COVER HANDLE FRONT BL(BR)-013M (G)	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
2	81131ABS000S -COVER INNER	87141090	Paid	421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	497.00
3	64309ABS300YS -FRONT COVER LOWER (MET. NEXUS BLUE BL/BR	87141090	Paid	1,093.22	1	9.00	9.00	0.00	0.00	0.00	0.00	1,290.00
4	64305ABS300YS -SET COVER FR. UPPER (MET. NEXUS BLUE BL	87141090	Paid	1,171.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,382.00
5	6432AABS300YS -COVER R FLOOR SIDE SUB ASSY MNB BR 013MG	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
6	6432AABS300YS COVER L FLOOR SIDE SUB ASSY MNB BR 013MG	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
7	64310ABS000S -PANEL FLOOR	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
8	88110ABS000YS -MIRROR ASSY. R. BACK (MET. NEXUS BLUE BL	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
9	88120ABS000YS -MIRROR ASSY L. BACK (MET. NEXUS BLUE BL	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00

Parts Total

0.00 6,737.00

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	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00

Jobs Total

0.00 590.00

Parts Total	
Labour Total	6,737.00
SGST (Parts) 9%	590.00
CGST (Parts) 9%	513.84
SGST (Labour) 9%	513.64
CGST (Labour) 9%	45.00
Total	7,327.00

Rupees in Words: Seven Thousand Three Hundred Twenty Seven Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory taxes prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.

65166 - Main W/S

10 / सेवा में,

The Oriental Insurance Co Ltd /

दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दाता 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.	Jalaluddin 9918 380353
2	Vehicle No. / वाहन संख्या	
3	Policy No. / पालिसी संख्या	252400/81/2025/88960
4	Period of Insurance / बीमा अवधि	24/01/2025 To 23/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025 - 4:30 Pm.
6	Place of Accident / दुर्घटना का स्थान	Deoria
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arshad Shaikh UP220250007660
8	Estimated Loss / अनुमानित हानि	8000
09.	Cause of Accident / दुर्घटना का कारण : अरशाद जो भैंरे (सन इनर्वा) एमएस डी भैंरे गाड़ी लेकर जा रहे थे तभी सामने जानव (मुम्भावय) जिसकी ख्यानके पुम्कट में टूटकर गयी और सड़क के किनारे गयी जिससे गाड़ी भी से और ब्लाड्ड से फुल गई-	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	JMA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशाप का नाम, पता & मोबाइल / फ़ोन नं.	Janta motors Deoria Deoria 7800 80 7912. 9918116698.

17/12/2025

Date / दिनांक :

हस्ताक्षर

Jalaluddin

Signature of Insured / बीमाधारक 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 Meerut

Certificate/Policy No. 252400/2/2025/88960

Tel. No.

Period of Insurance 24/02/2025 To 23/02/2026
 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 : Jalaluddin
 (b) Address for correspondence : Basant pur madrapali Bhaat Rai Deoria
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>27/04/2025</u>	Engine No. <u>JF17ERSHA07254</u> Chassis No. <u>MBWJFN355SHA07305</u>	Registration No. <u>UP52CF3318</u>
----------------------------------	--	---------------------------------------

- (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?
 2. Was a pillion rider carried?

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

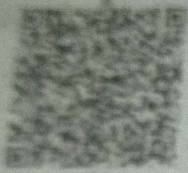
The following questions need be answered in commercial vehicles only:

- (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/Tractor, was trailer attached? :
 (h) Number of passengers carried :
 (i) Number of Passenger permitted :
- N/A

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AQJPJ1798H



नाम / Name
JALALUDDIN

पिता का नाम / Father's Name
MUNIB

जन्म की तारीख / Date of Birth
15/06/1969

जलालुद्दीन
हस्ताक्षर / Signature



03112017



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 Policy 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 12/12/28 200

Signature of the insured *(Signature)*

भारत सरकार
Government of India

जलालुद्दीन
Jalaluddin
जन्म तिथि / DOB : 01/01/1975
पुरुष / Male

3939 0068 8952

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: मुनीब, बसंतपुर, मद्रपाली
भरथराइ, देवरिया, मद्रपाली भारत
राय, उत्तर प्रदेश, 274405

Address:
S/O: Munib, basantpur, Madrapali
Bharthrai, Deoria, Madrapali
Bharth Rai, Uttar Pradesh, 274405

3939 0068 8952

1847
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

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 जलमल दीन
Occupation
Address
.....

Bank Account Number
Name of the Bank



17-12-2025, 15:11

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Arshad Sheikh.
(b) Age : 32
(c) Address : Shampur Mushki Bhatpaka,
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Son-in-law
(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 : ups220250007660
(h) Issuing Authority :
(i) Date of Expiry : 29/04/2025
(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 : 14/12/2025 - 4:30 PM
(b) Place : Dhara
(c) Speed of vehicle at the time of accident : 50
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : मिर्जा गान्धर्वा शिवाजी रोड सोला सोला

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : for R.H w
(c) When and where can the damaged vehicle be inspected : Soala

7. THIRD PARTY INJURY/PROPERTY DAMAGE

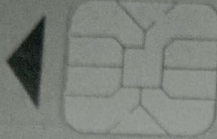
(a) Name :
(b) Address :
(c) Full Details of personal injury sustained :
(d) Name and address of any person/hospital giving medical attention to injured person :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : NA



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20250007660



Issue Date: 30-04-2025
Validity (NT): 29-04-2035
Validity (TR)*



Date of First Issue: 30-04-2025

Name: **ARSHAD SHEAKH** Holder's Signature

Date of Birth: 29-05-1992 Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **SALEEM SHEAKH**

Address:
SHAMPUR MUSHARI MUSHARI BHATPAR RANI
DEORIA UTTAR PRADESH 274408

DL No: UP52 20250007660

UPDL521000013597



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	30-04-2025	NT			
	LMV	UP52	30-04-2025	NT			
	MVSO						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA

