

**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-1225-121	Date	22-12-2025
Customer Name	PUNAM .	Contact No.	9565198645
VIN	MBLJFN354SGB06780	Model	DESTINI PRIME
Insurance Company		Reg No.	UP52CE9054
HMCGL Card No		HMCGL Card Category	

**Part Details**

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64305ARS300YS -SFT 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
2	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
3	6433AABS300YS -COVER L FLOOR SIDE SUB ASSY MNR BR 013MG	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
4	81131ABS000S -COVER INNER	87141090	Paid	421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	497.00
5	83541AAY000S -STEP ASSY SAREE	87141090	Paid	788.98	1	9.00	9.00	0.00	0.00	0.00	0.00	931.00
6	53205ABS000YS -COVER HANDLE FRONT DL(BR)-013M (G)	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
7	61140ARSD000YS -WIND SCREEN METALLIC NEXUS BLUE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
	3310BABS201S -LIGHT ASSY HEAD	85122010	Paid	504.24	1	9.00	9.00	0.00	0.00	0.00	0.00	595.00
	61100ABS300YS -FRONT FENDER A ASSEMBLY BL (BR)-013M(G)	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
	53100ABS000S -HANDLE COMP. STRG	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
	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
	53178AAL100S -LEVER L HANDLE	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
<b>Parts Total</b>											0.00	9,451.00

**Labour Details**

No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00

**Jobs Total** 0.00 708.00

Parts Total	9,451.00
Labour Total	708.00
SGST (Parts) 9%	720.84
CGST (Parts) 9%	720.84
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
<b>Total</b>	<b>10,159.00</b>

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.	Punam
2	Vehicle No. / वाहन संख्या	UP52EH9084
3	Policy No. / पालिसी संख्या	052400131/2026/8233
4	Period of Insurance / बीमा अवधि	14/04/2025 To 13/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/2025 - 8.00 Pm.
6	Place of Accident / दुर्घटना का स्थान	Pakhar bhindha Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Kakhruddin Siddiqui UP53 8003 0008970
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : जायदर खैत सिद्धी जी में समकिते धीमे पहचान के थे धर से चौरहि पे जति समय जामिन सि भती बडिक अनिधरति चे गडे मोट मेरे गाडी से टकरा गयी जिससे मेरे गाडी प्रतिभ्रस्त हो गया -	
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./ वर्कशाप का नाम, पता & मोबाइल / फ़ोन नं.	Janta mechanics Desahi, Bawal 7800807912 - 9918116698

पुनम

Signature of Insured / बीमाधारक के

22/12/2025

Date / दिनांक :

हस्ताक्षर



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. 25040019/2026/3233  
 Tel. No. Period of Insurance 14/04/2025 To 13/04/2026  
 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 : Punam  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : Keshorpur Rampur Dhojia UP

2. THE INSURED VEHICLE

Make & Year <u>15/04/2025</u>	Engine No. <u>JF17ERSCHB06610</u> Chassis No. <u>MBLJFN254SCHB06780</u>	Registration No. <u>UP32CF9054</u>
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(a) Was the vehicle in proper working condition? No  
 (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 : \_\_\_\_\_

NA

22-12-2025, 14:4

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Fakruddin Siddiqui  
 (b) Age : 45  
 (c) Address : Pakhar Bhinda Barzan Deoria  
 (d) Is the Driver :  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : relative  
 (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 : UP32003 000 8970  
 (h) issuing Authority : 09/07/2023  
 (i) Date of Expiry : 31/12/2024  
 (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 : 21/12/2021 3:00 PM  
 (b) Place : Pakharbhinda Chu  
 (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 : गुमनाम के सारी लड़के मुकामिला होखे  
 भी गरी मीठारी गिस

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front Ligid  
 (b) Estimated cost of repairs : 6000  
 (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 \_\_\_\_\_

*Handwritten signature*

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. \_\_\_\_\_

*Handwritten signature*

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? when? \_\_\_\_\_
- (g) Which Policy Station? \_\_\_\_\_
- (h) C.R. diary Number \_\_\_\_\_

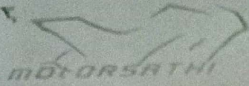
*Handwritten signature*

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 22/12/2025 200

*Handwritten signature*

Signature of the insured \_\_\_\_\_



### Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh. (202001) Certificate Number: INCP00426312  
 Tax Invoice cum Certificate Number: INCP00426312  
 Name of Certificate Holder: PUNAM  
 Mobile: 9565198645  
 Address: KESHARPUR RAMPUR DEORIA, DEORIA, DEORIA  
 State: Uttar Pradesh  
 IDV: 72062.25  
 Vehicle Registration Number: New  
 Model: DESTINI  
 Engine Number: JF17ERSGB06610  
 Acknowledgement No: MS/2025/E426312

For Assistance, Please contact us at: Toll Free Number: 79410506431 Email ID: info@motorsathi.com  
 Period of Coverage(MS): 2025-04-14 - 2026-04-13 MIDNIGHT  
 DOB: 1977-01-01  
 Period of Coverage(I): 2025-04-14 - 2030-04-13 MIDNIGHT  
 City / District: DEORIA  
 Pincode: 274405  
 Manufacturing Year: 2025  
 Vehicle Manufacturer: HERO MOTOCORP  
 Variant: PRIME  
 Chassis Number: MBLJFN354SGB06780  
 Personal Accident Insurance Amount: 15,00,000

### Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	After 7 Days
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	4
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

### Accidental Hospital Daily Cash

ADHC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

### Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	651.27	58.62	58.62	-	769

### Personal Accident Cover Details

Name of Certificate Holder: PUNAM  
 Nominee Name: BABULAL  
 Nominee Gender: Male

Period of Insurance: 2025-04-14 (11:28 HRS) - 2026-04-13 MIDNIGHT  
 Nominee Relationship: HUSBAND  
 Nominee Age: 50 Years

**Special Conditions:** 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.





भारत सरकार  
Government of India

पूनम  
Punam  
जन्म तिथि / DOB : 01/01/1977  
महिला / Female

3707 0318 3876

आधार - आम आदमी का अधिकार

Unique Identification Authority of India

पता:  
अर्धांगिनी: बाबूलाल, केशरपुर, रामपुर,  
देवरिया, भाटपार रानी, उत्तर प्रदेश,  
274405

Address:  
W/O: Babulal, Kesharpur,  
Rampur, Deoria, Bhatpar Rani,  
Uttar Pradesh, 274405

3707 0318 3876

1947  
1800 300 1947

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
FXHPP4056C

नाम / Name  
PUNAM

पिता का नाम / Father's Name  
BECHAN PARSAD

जन्म की तारीख  
Date of Birth  
01/01/1977

हस्ताक्षर / Signature  
पूनम

25092020



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/-

Handwritten signature

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....