

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-0126-127	Date	07-01-2026
Customer Name	MONU KUMAR	Contact No.	9565813340
VIN	MBLHAW218SHA00151	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52CE9051
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	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	33300AAEB0099S - POSITION LIGHT FRONT	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
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	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
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	17520AAEB00SS -FUEL TANK BLACK NH-1 (TYPE-1)	87141090	Paid	4,687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	5,531.00
7	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
8	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
9	81200AAD300S -CARRIER REAR.	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00
Parts Total											0.00	10,909.00

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	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	1,567.80	9.00	9.00	0.00	0.00	0.00	0.00	1,850.00	
Jobs Total											0.00	2,322.00

Parts Total	10,909.00
Labour Total	2,322.00
SGST (Parts) 9%	832.04
CGST (Parts) 9%	832.04
SGST (Labour) 9%	177.10
CGST (Labour) 9%	177.10
Total	13,231.00

Rupees in Words: Thirteen Thousand Two Hundred Thirty 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.

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.	Manu 84296425 58
2	Vehicle No. / वाहन संख्या	UP52 CE9051
3	Policy No. / पालिसी संख्या	252400 / 31/2026 / 3206
4	Period of Insurance / बीमा अवधि	14/04/2025 To 13/04/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026 - 10:30 pm
6	Place of Accident / दुर्घटना का स्थान	Kafrimaha chaurda
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	खरेंज असांरि डीएल 3 2006 00 24389
8	Estimated Loss / अनुमानित हानि	10000
09.	Cause of Accident / दुर्घटना का कारण : खरेंज असांरि का भरे डिस्ट है हो डोनी गाड़ी से घट जारिह है करमहा चौराडे पे रोडि डी खलह से भागेव कुड डिखा नही और गाड़ी खलह गेह मे फिरकी मेरी गाड़ी खरेंज असांरि चला रहे थे -	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	HA
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 2104 7800807912 - 9918116698

07/01/2026
Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के



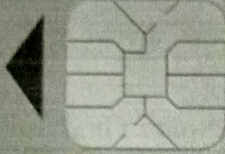
Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP93 20060024389



Issue Date Validity (NT) Validity (TR)*
22-09-2025 06-02-2036 21-09-2030



Holder's Signature

Name: **TABREJ ANSARI**

Date of Birth: **08-05-1987** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **MOBIN ANSARI**

Address:

**KAULA CHHAPAR, MADARAPALI BHARATH RAI
 RAMPUR KARKHANA DEORIA 274405**

Date of First Issue 07-02-2006

DL No: **UP93 20060024389**

UPDLS21000031900



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	UP93	07-02-2006	NT			
	LMV	UP93	07-02-2006	NT			
	TRANS	UP93	17-03-2008	TR			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP92 DEORIA





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. 252100/3/2026/3206

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 : Moun
- (b) Address for correspondence : Rampur Hiyaman Ania Budhokhan Ania
- (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>15/04/2025</u>	Engine No. <u>HA11E7SHA00695</u> Chassis No. <u>MBHHAW1218SHA00151</u>	Registration No. <u>UP52CB9051</u>
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- (a) Was the vehicle in proper working condition? VS
- (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? M
 - 2. Was a pillion rider carried? L

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

आयकर विभाग
INCOME TAX DEPARTMENT

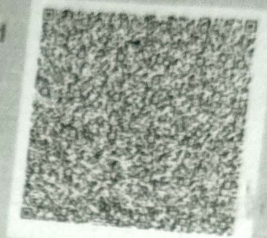


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


JHUPM5710D



नाम / Name
MONU

पिता का नाम / Father's Name
KAMLESH PRASAD

जन्म की तिथि /
Date of Birth
04/06/2005


हस्ताक्षर / Signature

15072024



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Tajrej Ansari
 (b) Age : 38
 (c) Address : Kaula Chapar madrapali Bhandrai Doria
 (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 : UP93 2006 0024389
 (h) Issuing Authority :
 (i) Date of Expiry : 22/09/2025
 (j) Was the licence temporary/permanent : permanent 06/02/2036
 (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 : 05/01/2026
 (b) Place : Karmachar ch
 (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 : मोटर की चाल में भ्रमण के दौरान नहीं
सीए गाड़ी बल गिरा म टिC गि

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front side Back 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? : NA

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE9051 Registration Date : 15-Apr-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 : MONU Son/wife/daughter of : KAMLESH PRASAD
 Full Address: (Permanent) : VILL- RAMPUR HIRAMAN, PO- DEORIA BUDHOO KHAN, DEORIA, DEORIA, UTTAR PRADESH-274405
 Full Address: (Temporary) : VILL- RAMPUR HIRAMAN, PO- DEORIA BUDHOO KHAN, DEORIA, DEORIA-UTTAR PRADESH-274405
 Fitness UpTo : 14-Apr-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 : AA1039727757 Rear HSRP No : AA2121565041
 Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW218SHA00151
 Engine No : HA11E7SHA00695 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.	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 SHRIRAM FINANC LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 14-Apr-2025.

Purchase dt : 14-Apr-2025 Sale Amt : 81601/-
 OVT Date : 14-Apr-2025 Amount/Rcpt No : 8161 / UP52D25040001960
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Apr-2025 to 14-Apr-2040

Date: 28-Apr-2025 12:45:14

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी

Signature of Registering Authority

Date : 28-Apr-2025

Q 2661171

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 Policy 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 07/01/2026 200

Signature of the insured _____

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.

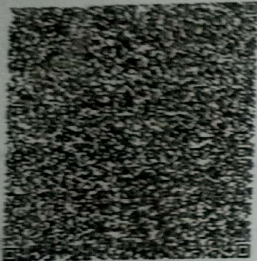
Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank



8818 8932 9222

Unique Identification Authority of India
 भारतीय जनसंख्या आयोग

पता: कर्मलेश प्रसाद, रामपुर हिरामन, देवना
 Budhoo Khan, Rampur Hiraman, Deona
 उत्तर प्रदेश - 274405

Address: S/O: Kamlesh Prasad, Rampur Hiraman, PO:
 Deona Budhoo Khan, DIST: Deona,
 Uttar Pradesh - 274405

Details as on: 08/07/2024

1947 | help@uidai.gov.in | www.uidai.gov.in

8818 8932 9222

भारतीय जनसंख्या आयोग

Government of India

Aadhaar no. Issued: 28/06/2017

आभार प्रमाण का प्रमाण है, जागरूकता या जागरूकता का नहीं।
 इसका उपयोग केवल सत्यापन (ऑनलाइन प्रमाणिकरण, या प्रमाणिकरण कोड/ऑफलाइन XML) के साथ किया जाना चाहिए।
 Aadhaar is proof of identity, not of citizenship
 or date of birth. It should be used with verification (online
 authentication, or scanning of QR code / offline XML).

Manu
 पुरुष / MALE
 जन्म तिथि/ DOB: 06/05/2005

