

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-0126-130

Customer Name

MOHAMMAD ALI

VIN

MBLJAW401PGC00808

Insurance Company

HMCGL Card No

Part Details

Date

21-01-2026

Contact No.

9792369771

Model

SUPER SPLENDOR XTEC

Reg No.

UP52BX0331

HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount
1	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
2	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
4	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,161.00
5	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
6	17520ADG000RS -FUEL TANK NH-1	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
7	3340BAAF40099S - WINKERS FR R(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
8	3345BAAF40099S - WINKERS FR L(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
9	83600ADG000RS -SIDE COVER LEFT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
Parts Total											0.00	14,389.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER 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-SUPER SPLENDOR XTEC	998729	Paid	296.61	9.00	9.00	0.00	0.00	0.00	0.00	350.00	
Jobs Total											0.00	822.00

Parts Total	14,389.00
Labour Total	822.00
SGST (Parts) 9%	1,097.47
CGST (Parts) 9%	1,097.47
SGST (Labour) 9%	62.69
CGST (Labour) 9%	62.69
Total	15,211.00

Rupees in Words: Fifteen Thousand Two Hundred Eleven 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

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.	Muhammd Ali
2	Vehicle No. / वाहन संख्या	7380832852
3	Policy No. / पालिसी संख्या	UP52 BX0231
4	Period of Insurance / बीमा अवधि	Ms/2025/7001/0/46575/459527
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/08/2025 - To 02/08/2026 18/01/2026 - 4-00 Pm
6	Place of Accident / दुर्घटना का स्थान	Barwa meer chapar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Saddam Hussain UP52 20140012101
8	Estimated Loss / अनुमानित हानि	18000
09.	Cause of Accident / दुर्घटना का कारण : सद्धम हुसैन जो मेर ब्राइ हैं/ (कबिन) मेरी ब्राइ लेकर बरवा चोगहे पे जा रहे थे तभी समाने से अचानक एक बड़ी वील ने टक्कर मार डीगा जिससे ब्राइ डैमेज हो गई.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Janba mectors - Deschi 2039 7800807912 - 9918116698

दिनांक :
हस्ताक्षर

21/09/2026

M. D Ali

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. MS/2025/700/0/46575/459527

Tel. No.

Period of Insurance 03/08/2025 To 03/08/2026
 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 : Muhammad Ali
 (b) Address for correspondence : Mad Basantpur madhopali Bhand Rai Doria
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>01/08/2023</u>	Engine No. <u>J6107AMENC 07037</u> Chassis No. <u>MBHJAK1101PENC 00808</u>	Registration No. <u>UP52BT0331</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 Yes
 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

NA





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- (a) Name : Muhammad Ali
 (b) Address for correspondence : Mad Basantpur madnapali Bhood Rai Doria
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>01/08/2023</u>	Engine No. <u>JALOTAMC 07037</u> Chassis No. <u>MRBJAW/1101 PENC 00808</u>	Registration No. <u>UPS2BT0831</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? passenger
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter
 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 : _____



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (b) If yes, give full details _____ *n/a*

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 21/01/2026 200

Signature of the insured M-D Ali

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Saddam Husain
(b) Age : 35
(c) Address : Basahapur madhapali Bandhp. Gora.
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend? : Brother
(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 : ups 2 2014 00 12/01
(h) Issuing Authority : 05/05/2025
(i) Date of Expiry : 06/08/2034
(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 : 18/01/2026
(b) Place : Basahapur
(c) Speed of vehicle at the time of accident : Me
(d) Give a short description of the accident : गोरह पें जाले सवय वनामने खाती पडल
(e) If any third party was responsible for this accident give the name and address : वसिने वकर मालिडी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front side
(b) Estimated cost of repairs : 150000
(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?

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION.

Registration No.	UPS20X6331	Registration Date	07-Aug-2023
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	NEW
Dealer's Name & Address	M/S VASHTNOVO MOTORS, 105, 104-ZB, GORAKHPUR ROAD, JHUGAWA KUSHNAGAR, 189-274402		
Owner Name	MOHAMMAD ALI	Son/wife/daughter of	S/O- SHAKIR ALI
Full Address. (Permanent)	VBL- BASANPUR N, PO- MADARPALI BHARTHRAI, PS- RAMPUR KARKHANA, DEORIA, UTTAR PRADESH-274405		
Full Address. (Temporary)	VRL- BASANPUR N, PO- MADARPALI BHARTHRAI, PS- RAMPUR KARKHANA, DEORIA, UTTAR PRADESH-274405		
Fitness Up To	06-Aug-2038	Owner Serial No	1
Desired Description		Link Vehicle No	
Class of Vehicle	M-CYCLE/SCOOTER	Norms	BHARAT STAGE VI
Ownership	INDIVIDUAL		
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA2060659938
Front NSRP No	AA2060253845	Month/Year of Manuf.	08/2023
Type of Body	SOLE WITH PILLION	Chassis No	MBLJAW401PGC00808
No of Cylinders	1	Fuel	PETROL
Engine No	JA07AMPGC07037	Cubic Capacity	124.70
Horse Power(BHP)	10.72	Wheel base	1267
Maker's Classification	SUPER SPLENDOR XTEC D		
Seating Cap(in-all)	2	Standing Cap	0
Sleeper Cap	0	Unladen Wt (kgs)	122
Colour	BLACK	Laden/GV Wt (kgs)	252
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	07-Aug-2023	Sale Amt	83828/-
OTT Date	07-Aug-2023	Amount/Rcpt No	8383 / UP52D23080000529
Vehicle is Govt./ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	24-Jan-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-Aug-2023 to 06-Aug-2038

Date: 24-Jan-2025 13:42:43

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 24-Jan-2025



Q 1385550

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/459527

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	
MOHAMMAD ALI	1998-07-11	7380832852	SHAKIR ALI	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF	UP52BX0331	JA07AMPGC07037	MBLJAW401PGC00808	2023-08-07	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
50500.00	NA	0.00	0.00	0.00	50500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1503.63	
Address			City / District	Pin Code	State	
Deoria, 274405				274405	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SAYRA KHATOON	Male	54 Years	MOTHER	2025-08-03 11:18	Midnight of 2026-08-02	

Section A, VRC: 760.55 TCR: 417.13 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1177.68
 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: 276.23 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.72 Total with GST(D): 325.95
Total(Section A+B+C+D) Offered Price After Discount: 1504

Package Period Covered	2025-08-03 To 2026-08-02	2026-08-03 To 2027-08-02	2027-08-03 To 2028-08-02	2028-08-03 To 2029-08-02	2029-08-03 To 2030-08-02
ADV	50500	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 2028-08-06 (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 Companies 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 mail 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 1503.63 ON 2025-08-03 from Mr./Ms. MOHAMMAD ALI against the ARN No. INCP00459527
 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

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/-

M.D Ali

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CKZPA2814D

नाम / Name
MOHAMMED ALI

पिता का नाम / Father's Name
SHAKIR ALI

जन्म की तारीख / Date of Birth
11/07/1998

PAN Application Digitally Signed, Card Not Valid unless Physically Signed



03102017

भारत सरकार
Government of India

आधार
Aadhaar

मुहम्मद अली
Mohammed Ali

जन्म तिथि / DOB : 11/07/1998

पुरुष / Male

8581 5680 0749

मेरा आधार, मेरी पहचान

Issue Date: 15/12/2014

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार
AADHAAR

पता: आत्मज: शाकिर अली, बसंतपुर, मद्रपाली
भरथराइ, देवरिया, उत्तर प्रदेश, 274405
Address: S/O: Shakir Ali, basantpur,
Madrapali Bharthrai, Deoria, Uttar Pradesh,
274405

8581 5680 0749

Print Date: 16/11/2021

1947

help@uidai.gov.in

www.uidai.gov.in