

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-0126-131	Date	23-01-2026
Customer Name	ROHIT YADAV	Contact No.	8758307852
VIN	MBLHAW214R4K09191	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52CE2796
HMCGL Card No	1115324610004054	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
2	83410AAEB00RS -FRONT VISOR BLACK NH-1 (TYPE-2)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
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	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
5	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
6	50803KS194US -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	3,600.00

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	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	350.00	9.00	9.00	0.00	0.00	0.00	0.00	413.00	
Jobs Total											0.00	767.00

Parts Total	3,600.00
Labour Total	767.00
SGST (Parts) 9%	274.58
CGST (Parts) 9%	274.58
SGST (Labour) 9%	58.50
CGST (Labour) 9%	58.50
Total	4,367.00

Rupees in Words: Four Thousand Three Hundred Sixty Seven Only

Authorised Signatory

65166 - Main W/S

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.
 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.

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.	Rahit Yadav 8758307832
2	Vehicle No. / वाहन संख्या	UP52CF2796
3	Policy No. / पालिसी संख्या	252400/31/2025/87408
4	Period of Insurance / बीमा अवधि	19/02/2026 - TO 18/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/01/2026 - 4:30 PM
6	Place of Accident / दुर्घटना का स्थान	Damehar Kutti Charke
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rahit Yadav UP52 2024 0008494
8	Estimated Loss / अनुमानित हानि	5000
09.	Cause of Accident / दुर्घटना का कारण:	ड्राइवर गति समय धीमे से आगे बढ़े से एक छोटी बस जिससे गाड़ी राइट साइड डेगेन होगी
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 / फोन नं.	Tanta motor's Desahi Doria 7800807912 9918116698

Date / दिनांक :
हस्ताक्षर
23/01/2026

Signature of Insured / बीमाधारक के



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 राहित
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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. 252410/31/2025/87408
 Tel. No. Period of Insurance 19/02/2025 To 18/02/2026
 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 : Rahit Yadav
 (b) Address for correspondence : _____
 (c) Telephone : meeraspali khatra Oranoid pur D20919

2. THE INSURED VEHICLE

Make & Year <u>24/02/2025</u>	Engine No. <u>HAFETR4K 36833</u> Chassis No. <u>MBLHAK/24R4K 0991</u>	Registration No. <u>UP52CE279C</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 4
 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



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rahit Yadav
(b) Age : 27
(c) Address : Madhapati Khera, Gurgaon, Haryana
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or 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 : UP220240008494
(h) Issuing Authority :
(i) Date of Expiry : 27/04/2024 31/12/2037
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any : POSTMUT
(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 : 21/01/2024
(b) Place : Ramehori Katti, Doria
(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 : साजिन से शादी चरितके वरक दे/गर्ल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front Risher
(b) Estimated cost of repairs : 7000
(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 : _____

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.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 23/01/2026 200

Signature of the insured रोहित

भारत सरकार
Government of India

रोहित यादव
Rohit Yadav
जन्म तिथि/DOB: 01/01/1998
पुरुष/ MALE

9088 4673 0166
VID : 9113 0150 1162 2172

मेरा आधार, मेरी पहचान

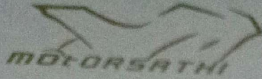
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

रामसेवक यादव, मदारपाली खास, गोविन्दपुर,
उत्तर प्रदेश - 274405

Address:
S/O: Ramsewak Yadav, madarapali khas,
Govindpur, Deoria,
Uttar Pradesh - 274405

9088 4673 0166
VID : 9113 0150 1162 2172

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



Certificate of Services

Certificate Issuer & Servicing Office: Motor Saathi Care Private Limited, D-27, Shastri Nagar, Meerut, Uttar Pradesh. (250004) Certificate Number: INCP00407887
 Tax Invoice cum Certificate Number: INCP00407887
 Name of Certificate Holder: ROHIT YADAV
 Mobile: 8758307852
 Address: . . .
 State: Uttar Pradesh
 IDV: 71902.65
 Vehicle Registration Number: New
 Model: SPLENDOR PLUS
 Engine Number: HA11E7R4K36833
 Acknowledgement No: MS/2025/E407887
 Hypothecation: CASH

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@mtorosathi.com
 Period of Coverage(MS): 2025-02-19 - 2026-02-18 MIDNIGHT
 DOB:
 Period of Coverage(I): 2025-02-19 - 2030-02-18 MIDNIGHT
 City / District:
 Pincode:
 Manufacturing Year: 2025
 Vehicle Manufacturer: HERO MOTOCORP
 Variant: SPL+ XTEC E20
 Chassis Number: MBLHAW214R4K09191
 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	Yes
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	After 7 Days
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 Saathi Services Private Limited, Website: www.motorasathi.com, Email: care@mtorosathi.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	1877.34	168.96	168.96	-	2215

Personal Accident Cover Details

Name of Certificate Holder: ROHIT YADAV
 Nominee Name: LILWATI DEVI
 Nominee Gender: Female

Period of Insurance: 2025-02-19 (12:20 HRS) - 2026-02-18 MIDNIGHT
 Nominee Relationship: MOTHER
 Nominee Age: 55 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 cover shall be subject to the exclusive jurisdiction of the courts at Meerut.





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



UP52 20240008494

Issue Date: 27-04-2024
Validity (NT): 31-12-2037
Validity (TR):



07-04-2024



Name: **ROHIT YADAV**
Date of Birth: **01-01-1998** Blood Group:
Son/Daughter/Wife of: **RAMSEWAK YADAV**
Address:
**Madarapali kha Govindpur Deoria Uttar
Pradesh 274405**

Holder's Signature

Organ Donor: **N**

Date of First Issue

DL No: **UP52 20240008494**

UPDL 9009-13282957



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	27-04-2024	NT				
LMV	UP52	27-04-2024	NT				
MVSD							

Emergency Contact Number

UP52 DEORIA

Form 7 Rule 15(2)

आयकर विभाग भारत सरकार
INCOME TAX DEPARTMENT GOVT. OF INDIA

ROHIT YADAV

RAMSEWAK YADAV

01/01/1998
Permanent Account Number
APFPY9956D

रोहित यादव
Signature

08112018

