

**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-0226-133	Date	04-02-2026
Customer Name	KHATIJUN NESHA	Contact No.	9984361314
VIN	MBLHAW473SHFC5681	Model	SPLENDOR +
Insurance Company		Reg No.	UP52CH8076
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	83410ADH700CS -FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
2	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
3	61000ADH700CS -FRONT FENDER MAT AXIS GRAY METALLIC	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
4	17520ADH800CS -FUEL TANK MAT AXIS GRAY METALLIC	87141090	Paid	5,233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	6,176.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
7	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	33701KST930S -UNIT TAIL LIGHT (W/O BULB)	85122010	Paid	305.08	1	9.00	9.00	0.00	0.00	0.00	0.00	360.00
<b>Parts Total</b>											0.00	<b>11,368.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
2	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	350.00	9.00	9.00	0.00	0.00	0.00	0.00	413.00	
<b>Jobs Total</b>											0.00	<b>944.00</b>

Parts Total	11,368.00
Labour Total	944.00
SGST (Parts) 9%	867.05
CGST (Parts) 9%	867.05
SGST (Labour) 9%	72.00
CGST (Labour) 9%	72.00
<b>Total</b>	<b>12,312.00</b>

Rupees in Words: Twelve Thousand Three Hundred Twelve 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

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.	Khadijun Neha 9554198058
2	Vehicle No. / वाहन संख्या	UP52CH8076
3	Policy No. / पालिसी संख्या	252400/31/2026 137692
4	Period of Insurance / बीमा अवधि	25/09/2025 To 25/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/01/2026 - 6.00 Pm
6	Place of Accident / दुर्घटना का स्थान	Postawal
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jamaluddin Khan UP5220190005868
8	Estimated Loss / अनुमानित हानि	12800
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी जमालुद्दीन खान लेऊट गरिह थे Postawal लक्ष्मी सामिन से एक कार वोल मे राइट साइड बेंक पे टक्कर गाव शौट गइल लेऊट लेफ्ट साइड मे गिर गये जिससे राइट साइड बेंक शौट लेऊट साइड से प्रेच भागया है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Jantamators Bheeli Bhopal 7200807912 9918116698

KHATIJUN NESHA  
Signature of Insured / बीमाधारक के

Date / दिनांक :  
स्ताक्षर  
04/02/2026









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. 252400/31/2026/37692

Tel. No.

Period of Insurance 25/09/2025 TO 25/09/2026  
 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 : Khatijun ovesha  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : Pipra madaar Chapal Deoria up

2. THE INSURED VEHICLE

Make & Year <u>25/09/2020</u>	Engine No. <u>HAIIF65HF34430</u> Chassis No. <u>MBLHAB14735HFC5621</u>	Registration No. <u>UP52CH076</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? posul  
 (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? 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 : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Jamaluddin Khat  
(b) Age : 37  
(c) Address : Pimpri, madam Chopal Road  
(d) Is the Driver  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : Dada Bhatwadekar  
(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 : UP522 019 000 38 68  
(h) Issuing Authority :  
(i) Date of Expiry : 14/06/2019  
(j) Was the licence temporary/permanent : permanent 07/08/2038  
(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

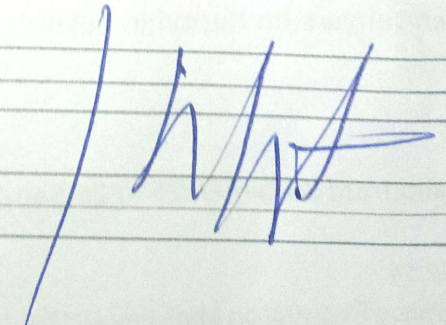
5. DETAILS OF ACCIDENT

(a) Date and Time : 01/04/2026  
(b) Place : Pimpri  
(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 : सायने से आवी गाडी रास्ते से लेके पकडवा कर दिवा, गाडी 10 मन्दी कोस रास्ते में बिप

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Right side Bedce  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected :

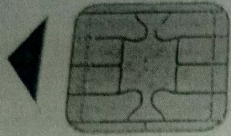
7. THIRD PARTY INJURY/PROPERTY DAMAGE

(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? :  




Indian Union Driving Licence  
Issued by Uttar Pradesh

UP52 20190005868



Issue Date 14-06-2019 Validity (NT) 07-08-2038 Validity (TR) -----



Holder's Signature

Name: JAMALUDDIN KHAN  
Date of Birth: 08-08-1988 Blood Group: Organ Donor: N  
Son/Daughter/Wife of: ANWARUI KHAN  
Address: TEMPAL 9 PIPRA MADAN GOP CAMPUR  
KARKHANA DEORIA, UP 27440

DL No: UP52 20190005868



Invalid Carnage (Regn Numbers)  
Hazardous Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	MCWG	UPS2	14-06-2019	NT			
	LMV	UPS2	14-06-2019	NT			
	MVSD						

Emergency Contact Number:

Authority  
UPS2 DEORIA

## Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CH8076 Registration Date : 26-Sep-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 : KHATIJUN NESHA Son/wife/daughter of : KYAMUDDIN KHAN  
 Full Address: (Permanent) : VILL+PO- PIPRA MADANGOPAL, DEORIA, , DEORIA, UTTAR PRADESH-274405  
 Full Address: (Temporary) : VILL+PO- PIPRA MADANGOPAL, DEORIA, , DEORIA-UTTAR PRADESH-274405  
 Fitness UpTo : 25-Sep-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 : AA2133088093 Rear HSRP No : AA2134811215  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLHAW473SHFC5681  
 Engine No : HA11F6SHF24430 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235  
 RS)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : MATT GREY Laden/GV Wt (kgs) : 243  
 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 FINANCE LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 26-Sep-2025.

Purchase dt	: 26-Sep-2025	Sale Amt	: 74999/-
OTT Date	: 26-Sep-2025	Amount/Rcpt No	: 7500 / UP52D25090001938
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 27-Sep-2025		

## Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 26-Sep-2025 to 25-Sep-2040

Date : 10-Nov-2025 17:42:14  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date: 10-Nov-2025

5352160

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 *Khatijon nesha*  
Occupation .....  
Address .....

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

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

KHATIJUN NESHA

SAFAYAT ALI

01/01/1984  
Permanent Account Number

AZRPN1092K

खतीजुन नेशा  
Signature



14/11/2015





भारत सरकार  
Government of India



खतिजुन नेशा  
Khatijun Nesha  
जन्म तिथि / DOB : 01/01/1984  
महिला / Female



4112 2793 5669

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान अधिकरण  
Unique Identification Authority of India

पता: W/O: क्यामुद्दीन खान, पिपरा  
मदनगोपाल, पिपरा मदन गोपाल,  
देवरिया, उत्तर प्रदेश, 274405  
Address: W/O: Kyamuddin Khan, Pipra  
Madangopal, Pipra Madan Gopal, Deoria,  
Uttar Pradesh, 274405

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1947  
1800 300 1947

help@uidai.gov.in

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