

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-0226-135	Date	18-02-2026
Customer Name	RAVI VISHWAKARMA	Contact No.	9106199578
VIN	MBLHAW211PHD00279	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52BW0359
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	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
2	83402AAEB00S -PANEL INNER	87141090	Paid	277.97	1	9.00	9.00	0.00	0.00	0.00	0.00	328.00
3	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
4	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
5	51420KSTA11S -CASE COMP R FR BOTTOM	87141090	Paid	605.08	1	9.00	9.00	0.00	0.00	0.00	0.00	714.00
6	50100AAEC00S -FRAME BODY COMPLETE	87141090	Paid	7,792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	9,195.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
10	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
11	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
12	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
13	33300AAEB0099S - POSITION LIGHT FRONT	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
14	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
15	17520AAEB00RS -FUEL TANK BLACK NH-1 (TYPE-2)	87141090	Paid	4,687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	5,531.00
Parts Total											0.00	24,318.00

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	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
Jobs Total											0.00	531.00

Parts Total	24,318.00
Labour Total	531.00
SGST (Parts) 9%	1,854.76
CGST (Parts) 9%	1,854.76
SGST (Labour) 9%	40.50
CGST (Labour) 9%	40.50

Total

24,849.00

Rupees in Words: Twenty Four Thousand Eight Hundred Fourty Nine 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.





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/2025/700/0/46575/4/7206

Tel. No.

Period of Insurance 17/03/2025 TO 14/03/2026

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 : Ravi Vishwakarma
 (b) Address for correspondence :
 (c) Telephone : Drona Natched pakadi near Khuda

2. THE INSURED VEHICLE

Make & Year <u>23/05/2023</u>	Engine No. <u>HAIIB7PHD00914</u> Chassis No. <u>MBLHAW211PHD00279</u>	Registration No. <u>UP52BLU 0359</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? prof
 (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

NA



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.	Ravi Vishwakarma 9974273971
2	Vehicle No. / वाहन संख्या	UP52 BK10359
3	Policy No. / पालिसी संख्या	MS/2025/700/D/46575/417206
4	Period of Insurance / बीमा अवधि	17/03/2025 To 16/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/02/2026 - 4:00 Pm
6	Place of Accident / दुर्घटना का स्थान	Bajjnathpur charaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajan Singh. UP52 20190007959
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण: राजन सिंह जी मेरे दोस्त हैं। मेरी गाड़ी ब्रेकर डेब्रिया से बल मार रहे थे तभी बजनाथपुर चौराहे पे सामने से आती एक गाड़ी बाई से टक्कर लगायी जिससे गाड़ी थोड़ा झटका डेना डि नुकसान हुआ।	
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.	Janta mechanics Desahi Bazar 7800807912 . 9918116698

Date / दिनांक :
हस्ताक्षर

रवि विश्वकर्मा
Signature of Insured / बीमाधारक के

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.	Ravi vishwakarma 9974273971
2	Vehicle No. / वाहन संख्या	UP52 BK10359
3	Policy No. / पालिसी संख्या	MS/2025/700/D/46575/417206
4	Period of Insurance / बीमा अवधि	17/03/2025 To 16/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/02/2026 - 4:00 Pm
6	Place of Accident / दुर्घटना का स्थान	Bajjnathpur chaurha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajan Singh. UP52 20190007959
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण :	राजन सिंह जी मेरे दोस्त हैं। मेरी गाड़ी बेकर डेवरिया से बल हारने से तभी बलनाथपुर चौरहा पे भ्रामन से हावी एक गाड़ी बाई से टक्कर खेग्या जिससे गाड़ी थ्रोत फाईवर डेना डि फुकसान हुआ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	WA
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 Doga 7800807912 . 9918116698

18/02/2026
Date / दिनांक :
हस्ताक्षर

रवि विश्वकर्मा
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/-

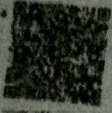
Witness
Name
Signature
Address

Signature श्री विरमकर्णी
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

BKXPV8581R

नाम / Name
RAVI VISHWAKARMA

पिता का नाम / Father's Name
NAMAYAN VISHWAKARMA

जन्म की तारीख / Date of Birth
08/08/1999

रवि विश्वकर्मा



* This Application Digitally Signed. Card Not Valid unless Physically Signed

17022018



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

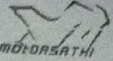
- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police Station? : _____
(i) C.R. diary Number : _____

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 18/07/2016 200

Signature of the insured रवि विरवकर्मा

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/417206

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	
RAVI VISHWAKARMA	1999-08-08	9974273971	RAMAYAN VISHWAKARMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP52BW0359	HA11E7PHD00914	MBLHAW211PHD00279	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
45000.00	NA	0.00	0.00	0.00	45000.00	
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	1222.21	
Address			City / District	Pin Code	State	
DEORIA NAKCHED PAKRI BIRBHADRA, DEORIA, , Deoria, Uttar Pradesh, 274206				274206	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
TARA DEVI	Female	48 Years	MOTHER	2025-03-17 15:33	Midnight of 2026-03-16	

Section A. VRC: 632.53 TCR: 318.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 951.13

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: 229.73 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 41.35 Total with GST(D): 271.08

Total(Section A+B+C+D) Offered Price After Discount: 1222

Package Period Covered	2025-03-17 To 2026-03-16	2026-03-17 To 2027-03-16	2027-03-17 To 2028-03-16	2028-03-17 To 2029-03-16	2029-03-17 To 2030-03-16
ADV	45000	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 2028-05-16 (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 Company's 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 email 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 1222.22 ON 2025-03-17 from Mr./Ms. RAVI VISHWAKARMA against the ARN No. INCP00417206

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



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BW0359 Registration Date : 23-May-2023
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
Owner Name : RAVI VISHWAKARMA Son/wife/daughter of : RAMAYAN VISHWAKARMA
Full Address: (Permanent) : DEORIA NAKCHED PAKRI BIRBHADRA, DEORIA, DEORIA, UTTAR PRADESH-274206
Full Address: (Temporary) : DEORIA NAKCHED PAKRI BIRBHADRA, DEORIA, DEORIA-UTTAR PRADESH-274206
Fitness UpTo : 22-May-2036 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 : AA2075907701 Rear HSRP No : AA2077488485
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2023
No of Cylinders : 1 Chassis No : MBLHAW211PHD00279
Engine No : HA11E7PHD00914 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
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK SPARKING BLUE 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. As Regd. Description Weight(in kgs)

- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 19-May-2023.

Purchase dt : 17-May-2023 Sale Amt : 78851/-
OTT Date : 17-May-2023 Amount/Rcpt No : 7886 / UP52D23050003956
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 08-Jun-2023
Other State/Transfer/Conversion Details
Previous Owner : Previous RegNo
Old State : Entry Date
Transfer Date : Conversion Date

This certificate is valid from 23-May-2023 to 22-May-2038

Date : 21-Jun-2023 17:08:37

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 21-Jun-2023



P 2577167



भारत सरकार
Government of India


रवि विश्वकर्मा
Ravi Vishwakarma
जन्म तिथि / DOB : 08/08/1999
पुरुष / Male



8300 3419 7912


मेरा आधार, मेरी पहचान



आधार
भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India


पता:
S/O: रामायण विश्वकर्मा, देवरिया
नकछेद, पकरी बिरभाई, पकरी
बीरभद्रा, देवरिया, उत्तर प्रदेश,
274206

Address:
S/O: Ramayan Vishwakarma,
deoria nakched, Pakri Birbhard,
Pakri Birbhadra, Deoria, Uttar
Pradesh, 274206

8300 3419 7912

 1947

 help@uidai.gov.in

 www.uidai.gov.in



सामुदायिक स्वास्थ्य केन्द्र



कसबा- कुशीनगर

बाह्य रोगी टिकट (केवल 15 दिन के लिए मान्य)

पंजीकरण संख्या- 12584

दिनांक 14/02/20

रोगी का नाम 2157

आयु 30

लिंग M

पिता/पति का नाम

पता

आयुष्मान कार्ड धारक

- Pulse
- CBC
- B.P.
- Hb%
- TLC
- DLC
- EST
- RDT for MP
- Widal
- Hb SAg
- B. Group
- HIV
- VDRL
- RBS
- UPT
- U < RE
- ME
- Spulum Examination
- AFB

उपचार

Antibiotics

MS Acetyl 13

MS calce 17

MS met 12

माँ बच्चे की सुरक्षा का सवाल, प्रसव के लिए जाओ अस्पताल

उन्माफेलाईटिस से बचाव: माँने एवं बच्चेको बचाने के लिए कठोर उपचार माँको प्रसव के बाद ही प्रयोग करें।

सुअर, मच्छर, गन्दा पानी इन्सेफेलाइटिस की रचें कहानी

दो गज की दूरी, मास्क है जरूरी।



Mob. : 972172762, 9838747684

ऊँ साँई



हड्डी, नस एवं जोड़ रोग विशेषज्ञ

नेशनल हाईवे ब्रिज से 100 मीटर पश्चिम, दक्षिणी पटरी पर गोरखपुर रोड, कसया-कुशीनगर

Name Dr. Raman

Date 16-02-26

Address Deerage Nalhered

Age/Sex 30 years

प्लास्टर वाले मरीजों के लिए

आवश्यक निर्देश

1. प्लास्टर वाला हाथ अथवा पैर ऊँचा रखें।
2. उँगलियाँ चलाते रहें।
3. बतायी गयी कसरतें करते रहें।
4. किसी भी प्रकार की परेशानी होने पर तुरन्त दिखायें।
5. जैसे-सूजन बढ़ने पर, उँगलियों में सुनापन आने पर, उँगलियों का रंग नीला/सफेद/काला पड़ने पर।
6. ध्यान दें कि प्लास्टर ढीला होने पर हड्डी टेढ़ी जुड़ सकती है। अतः ढीला होते ही तुरन्त सम्पर्क करें।
7. प्लास्टर के अन्दर तीली या सीक से न खुजलायें।

Rx 90% + Sunny @ knee for 6 days

Sunntan @ hand

~~#~~ Hand

Selected for Salus

Rx

u Agomestrol 6 days

u Rignaf

op Dabur C

Op Pain

Op Let's

1508

Handwritten signature and notes in the bottom left corner.

Handwritten notes: पलना मन्त्र 8

Handwritten date: 16-02-26

DL No: **UP52 20190007959**

UPDL000004458933



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	14-08-2019	MT			
	LMV	UP52	14-08-2019	MT			
	TRANS	UP52	14-12-2020	TR			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licence Authority
UP52 DEORIA



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

UP

UP52 20190007959



Issue Date Validity (NT) Validity(TR)*
14-12-2020 13-08-2039 13-12-2025



Holder's Signature

Name: **RAJAN SINGH**
Date of Birth: **01-07-1995** Blood Group:
Son/Daughter/Wife of: **UMESH SINGH**

Organ Donor: **N**

Address:

**DEORIA NAKCHHED PAKDI BIRBHARD RAMPUR
KARIGHANA Deoria, UP 274206**

Date of First Issue (14-08-2019)



HERO MOTORS
 DESHI DEORIA, ANAND NAGAR, DESHI DEORIA, DEORIA, 274206, UP, India
 State Code: Contact: 9918116698,
 GSTIN No: 09AQMPA0307L2ZY
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

JOBCARD /

65166-03-RJC-0226-3213



Date & Time :18/02/2026 10:53:48

CUSTOMER DETAILS / MOBILE #/ :RAVI VISHWAKARMA (9106199578)/
J.C TYPE / KMS / REVISIT :Accidental / 28845 / N
REG NO / COLOUR / MODEL :UP52BW0359 / BSB / SPLENDOR+ XTEC
VIN / ENGINE NO / D.O.S :MBLHAW211PHD00279 / HA11E7PHD00914/ 12/05/2023
GL Card # / Category / Points / Expiry Dt : / / /
Insurance Expiry Date :-
JR Expiry/JR Balance :07/31/2026/0
Supervisor Remarks :

Accessories Check:
 Helmet, Seat Cover, Grip Cover,
 Protector Grill, Floor Mat, Tyre Pressure Valve(TPMS)

Approved Preventive Parts:

Customer refused for which is due as per the recommended Preventive Maintenance Schedule^{AA#}

Customer Request	Job Description	Billing Type	Supervisor Remarks
Accidental Job			

Vehicle Inspection Details

Lights HL/TL/Win/ Pilot	Fuel Level	Fuel Level(cm)	Battery No	M7C3X7	Customer Permission for Additional Jobs YES/NO
Mirrors L / R	Battery	Choke Cap			Calling time:
					Tool Kit
					Accessories
					Sup Sign

Vehicle Cleanliness (Ok / Not Ok)	Demanded Repairs (Nos)	Completed Repair (Nos)	Repair Inspection (Status)	Technician Signature/ Date

I authorize to execute all the above listed jobs using the necessary material at my cost. I understand that the vehicle is being stored, repaired and tested at my risk.
 Promised Delivery Time: 18/02/2026 14.34.00

Estimated Repair Value : 1000

Customer Signature _____ Technician: _____ Supervisor's Name: Kundan Singh
 ^Preventive Maintenance helps in Optimum performance of the vehicle. Any non-adherence may lead to warranty rejection.

DELIVERY FEEDBACK

I have received the vehicle duly serviced/repaired to my entire satisfaction & replaced parts, if any are returned to me.
 Customer Signature _____