

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-0226-136
 Customer Name BAITUN NISHA
 VIN MBLJFW354MGJ06364

Date 22-02-2026
 Contact No. 7068239941
 Model PLEASURE+
 Reg No. UP52BN5278
 HMCGL Card Category

Insurance Company
 HMCGL Card No
 Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64210AALD20TS -SET FR UPPER COVER MAT BLACK NH 105	87141090	Paid	1,639.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,935.00
2	64305AALD20TS -COVER FR LOWER MAT BLACK NH 105	87141090	Paid	722.03	1	9.00	9.00	0.00	0.00	0.00	0.00	852.00
3	81131AALD00S -COVER INNER	87141090	Paid	475.42	1	9.00	9.00	0.00	0.00	0.00	0.00	561.00
4	53100AALD00S -HANDLE COMP STRG	87141090	Paid	569.49	1	9.00	9.00	0.00	0.00	0.00	0.00	672.00
5	88120AALD01S -MIRROR ASSEMBLY LEFT BACK	84831099	Paid	403.39	1	9.00	9.00	0.00	0.00	0.00	0.00	476.00
6	3340BAAL501S -WINKER ASSY R FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
Parts Total											0.00	4,731.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PLEASURE+	998729	Paid	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
2	102046 - ADDITIONAL REPAIR CHARGES-PLEASURE+	998729	Paid	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
Jobs Total											0.00	1,003.00

Parts Total	4,731.00
Labour Total	1,003.00
SGST (Parts) 9%	360.84
CGST (Parts) 9%	360.84
SGST (Labour) 9%	76.50
CGST (Labour) 9%	76.50
Total	5,734.00

Rupees in Words: Five Thousand Seven Hundred Thirty Four 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.
 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.

65166 - Main W/S



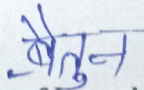
To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Baitun Alishei 7739 3070 35
2	Vehicle No. / वाहन संख्या	UPS2 BN 5278
3	Policy No. / पालिसी संख्या	MS/2025/700/D/46575/448190
4	Period of Insurance / बीमा अवधि	16/06/2025 / 15/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/02/2026 - 5:40pm
6	Place of Accident / दुर्घटना का स्थान	Padanli Bazar Shahua
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Irshad Ahmad Khan UPS220190000714 - 7739307035
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	Irshad Ahmad Khan जी मेरे बड़े हथ कड़ी ब्रेक लगने से हूटल का पेपट डिब्रीन रुकने से भीत रागभ मोड़ ने सामने से आती एक बड़ी बॉय ने टक्कर मार दीया. जिससे आगे से डेब्रीन छे गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Janca motors Dtsahi Mohang 7800807912 9918116690

22/02/2026
Date / दिनांक :
हस्ताक्षर


Signature of Insured / बीमाधारक के

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BPVFN3529N



नाम / Name
BAITUN NISHA

पिता का नाम / Father's Name
SARMULA SHEKH

जन्म की तारीख / Date of Birth
01/01/1969


हस्ताक्षर / Signature



27032018





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/2025/702/0/46575/448190

Tel. No.

Period of Insurance 15/06/2025 To 15/06/2026

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 : Baitun Nisha
 (b) Address for correspondence : Samagar bauliya samay bhong
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>15/12/2021</u>	Engine No. <u>JH6BJMGJ14122</u> Chassis No. <u>MBLJFW354MEJ06364</u>	Registration No. <u>UP52BN5278</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
 1. Was a side-car attached? Yes
 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

N/A



भारत सरकार
Government of India
बैतुन निशा
Baitun Nisha
जन्म तिथि / DOB : 01/01/1969
महिला / Female



9914 1148 7022

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान आधिकारण
Unique Identification Authority of India

पता:
W/O: इददु खान, समोगर बौलिया,
समोगर, समोगर, देवरिया, उत्तर
प्रदेश, 274203

Address:
W/O: Iddu Khan, samogar bauliya,
Samogar, Samogar, Deoria, Uttar
Pradesh, 274203

9914 1148 7022

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Jishad Ahmad Khan
 (b) Age : 25
 (c) Address : Samagor Baulija Samagor Dist
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : son
 (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 : UP522019 UCC 0714
 (h) Issuing Authority :
 (i) Date of Expiry : 23/01/2019
 (j) Was the licence temporary/permanent : 22/01/2034 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 : 20/07/2026 5.40PM
 (b) Place : Prudali 139201 Shubra
 (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 : साजन हानी वाडि वाडि निकायिक डिप्ट

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Full Rs - 2000
 (b) Estimated cost of repairs : 8000
 (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? :



UNION OF INDIA Driving Licence

UP NT

UP52 20190000714



जारी करने की तिथि
Date of Issue
23/01/2019

वैधता / Validity
22/01/2039

जन्म तिथि
Date of Birth
10/07/2000

Blood Group
Unknown



नाम / Name

IRSHAD AHMAD KHAN

पिता/पति के नाम / Son/Daughter/Wife of

IDDU KHAN

UP52 20190000714

UP07417807MT

LMV
23/01/2019

MCWG
23/01/2019



UP

Form 7 Rule 16(2)

पता / Address

419 SAMOGAR BAULIYA

DEORIA - 274203

Holder's Signature

जारीकर्ता / Issuing Authority Sign
DEORIA



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 22/04/2026 200

Signature of the insured

बैज

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/448190

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	
BAITUN NISHA	1969-01-01	7068239941	IDDU KHAN	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle T
PLUS LX	UP52BNS278	JF16EJMGJ14122	MBLJFW354MGJ06364	2021-12-15	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
40000.00	NA	0.00	0.00	0.00	40000.00	
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	904.12	
Address			City / District	Pin Code	State	
VILL BAULIYA SAMOGAR, SAMOGAR DEORIA, Deoria-274203				274203	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
IRSHAD AHMAD KHAN	Male	26 Years	SON	2025-06-16 12:16	Midnight of 2026-06-15	

Section A, VRC: 615.80 TCR: 330.40 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 305.99 Total with GST(A) 640.21
 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: 223.65 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 40.26 Total with GST(D): 263.91
Total (Section A+B+C+D) Offered Price After Discount: 904

Package Period Covered	2025-06-16 To 2026-06-15	2026-06-16 To 2027-06-15	2027-06-16 To 2028-06-15	2028-06-16 To 2029-06-15	2029-06-16 To 2030-06-15
ADV	40000	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 2026-12-11 (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 904.12 ON 2025-06-11 from Mr./Ms. BAITUN NISHA against the ARN No. INCP00448190
 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/-

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank



Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

3809546

Registration No : UP52BN5278 Registration Date : 15-Dec-2021
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 : BAITUN NISHA Son/wife/daughter of : IDDU KHAN
Full Address: (Permanent) : VILL BAULIYA SAMOGAR, SAMOGAR DEORIA, , DEORIA, UTTAR PRADESH-274203
Full Address: (Temporary) : VILL BAULIYA SAMOGAR, SAMOGAR DEORIA, , DEORIA-UTTAR PRADESH-274203
Fitness UpTo : 14-Dec-2036 Tax UpTo : One Time
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 : AA2048667309 Rear HSRP No : AA2047957013
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2021
No of Cylinders : 1 Chassis No : MBLJFW354MGJ06364
Engine No : JF16EJMGJ14122 Fuel : PETROL
Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
Maker's Classification : PLEASURE + (ZX) Wheel base : 1238
Seating Cap(In all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 103
Colour : MATT BLACK Laden/GV Wt (kgs) : 233
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 WHEELS EMI PVT LTD, ...
Deoria, Uttar Pradesh-274001 w.e.f. 15-Dec-2021.

Purchase dt : 12-Dec-2021 Sale Amt : 68650/-
OTT Date : 12-Dec-2021 Amount/Rcpt No : 6865 / UP52D21120001261
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 16-Dec-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 15-Dec-2021 to 14-Dec-2036

Date : 11-Jan-2022 17:52:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 11-Jan-2022

1/11/2022, 5:52 PM

