

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-0320-136	Date	06-03-2020
Customer Name	PRINCE MADHESHIYA	Contact No.	9648878012
VIN	MBLHAW145SHB02891	Model	HF DELUXE
Insurance Company		Reg No.	UP52CF1483
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	61100AAH100RS -FENDER FRONT COMPLETE BLACK NH-1 TYPE-1	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	724.86
2	88120AAHH00S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	110.17	1	9.00	9.00	0.00	0.00	0.00	0.00	130.00
3	53100AAH810S -PIPE STRG HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
4	83400ACK410RS -FRONT VISOR(BLACK (TYPE-1)NH-1 (T1)(R)	87141090	Paid	597.46	1	9.00	9.00	0.00	0.00	0.00	0.00	765.50
5	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
Parts Total											0.00	2,627.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
2	102046 - ADDITIONAL REPAIR CHARGES-HF DELUXE	998729	Paid	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
Jobs Total											0.00	885.00

Parts Total	2,627.00
Labour Total	885.00
SGST (Parts) 9%	200.36
CGST (Parts) 9%	200.36
SGST (Labour) 9%	67.50
CGST (Labour) 9%	67.50
Total	3,512.00

Rupees in Words: Three Thousand Five 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 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



The Oriental Insurance Company Ltd.

Report ID: PGR0978
Page No: 1

Policy Schedule

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Table with 2 columns: Field Name and Value. Fields include Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), and Policy Period (LIABILITY).

Table with 2 columns: Field Name and Value. Fields include Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTD Location, Lead/Breakin No, Insured State, and Geographical Area.

Table with 2 columns: Section Name and Amount. Sections include OWN DAMAGE SECTION(A) and LIABILITY SECTION(B). Items include Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn, Driving Tuition Loading, Sub-Total Additions, Deductibles, Voluntary Deductibles, Add-On Coverages, Nil Depreciation, Return to Invoice, Key Replacement, Consumables, Net own Damage Premium(A), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 8 Person, Legal Liability (WC) to driver, Legal Liability to Employees, Legal Liability to Passenger, Driving Tuition Loading on TP Premium, PA Paid Driver, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess, Krishi Kalyan Cess, and Gross Premium Paid.

Table with 2 columns: Field Name and Value. Fields include Nominee Details, Payment Details, Financer Type, and POS Name.

In the event of a claim under the policy exceeding Rs. 1000/- or a claim for refund of premium exceeding Rs. 1000/-, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

Limitations as to use: This policy is issued only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Approved By : UNIV@251400
Approved On : 29-APR-25
Place : MBT
Printed On : 22-MAY-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

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.	Prince madheshiya 9648878012
2	Vehicle No. / वाहन संख्या	UP52 EF 1483
3	Policy No. / पालिसी संख्या	252400181/20261828
4	Period of Insurance / बीमा अवधि	29/04/2025 To 28/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/08/2026 Tu -
6	Place of Accident / दुर्घटना का स्थान	Pitro Baula kadan Bazar.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nand Lal madheshiya UP52 2014 0015471
8	Estimated Loss / अनुमानित हानि	6000
09.	Cause of Accident / दुर्घटना का कारण : न-डबल मध्येविधा जो मेरे पिता ह्य गाडी खरिद जा रहे थे वही गाडी स्थल खेडाट मुनी जामे के डिवाट से खरिद गई.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Garita nertor Desch'ite 7800807912 898 116698

08/03/2026
Date / दिनांक :
हस्ताक्षर

Prince madheshiya
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. 2524 10/31/2025/248

Tel. No.

Period of Insurance 29/04/2025 TO 28/04/2026
 Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name : Prince madhviya
 (b) Address for correspondence : Pipra Daulatpura Rojia
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>80/04/2025</u>	Engine No. <u>HA116ESH803152</u> Chassis No. <u>MB2HA11US81302891</u>	Registration No. <u>UP26 1483</u>
----------------------------------	--	--------------------------------------

- (a) Was the vehicle in proper working condition? ye
 (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/WV
 1. Was a side-car attached? 1
 2. Was a pillion rider carried? 1

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





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



UP52 20140015471



Issue Date: 11-10-2021 Validity (NT): 13-05-2025 Validity (TR)*: 10-10-2026



Date of First Issue (01-10-2014)

Name: **NAND LAL MADDESHIYA** Holder's Signature: _____
 Date of Birth: **14-05-1975** Blood Group: _____
 Son/Daughter/Wife of: **LT GOPAL MADDESHIYA** Organ Donor: **N**
 Address: **PIPRA DAULA KADAM RAMPUR KARKHANA DEORIA, UP 274206**

DL No: UP52 20140015471

UPDL000008585001



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	MCWG	UP52	01-10-2014	NT			
LMV	LMV	UP52	01-10-2014	NT			
TRANS	TRANS	UP52	14-09-2018	TR			
MVSO							

Form 7 Rule 16(2)

Emergency Contact Number _____

[Signature]
 Licensing Authority
UP52 DEORIA



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nand Lal madhsije
- (b) Age : 50
- (c) Address : Pipra Daulakalam Dist
- (d) Is the Driver
 - 1. Owner
 - 2. paid driver?
 - 3. Owner's relative or friend? : father
- (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 : 4PS2 2014 00015471
- (h) Issuing Authority : 11/10/2021
- (i) Date of Expiry : 10/01/2026
- (j) Was the licence temporary/permanent : Permunt
- (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 : 06/03/2026
- (b) Place : LL
- (c) Speed of vehicle at the time of accident : 50
- (d) Give a short description of the accident : गाडी चलावत होता था तेव्हाच गाडी अचानक ब्रेक लागली
- (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : फ्रंट
- (b) Estimated cost of repairs : 6000
- (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?

प्रिन्स मद्धेशिया
Prince Maddheshiya
 जन्म तिथि / DOB : 05/07/1996
 पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या अनागरिकता का नहीं।
 इसका उपयोग सम्बन्ध (ऑनलाइन प्रमाणीकरण, या सफ़ाई कोड/
 ऑफ़लाइन प्रमाणीकरण के माध्यम से) के साथ किया जा सकता है।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XSL).

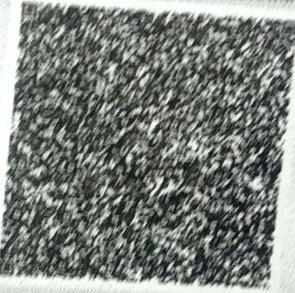
8008 2125 3091
 मेरा आधार, मेरी पहचान




भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आनमज: नंदाल मद्धेशिया, पिपरा दौलाकदम,
 पिपरा दौला कदम, देवरिया, उत्तर प्रदेश, 274206
 Address: S/O: Nandal Maddeshiya, Pipra
 Daulakadam, PO:Pipra Daula Kadam,
 DIST:Deoria, Uttar Pradesh, 274206

Details as on 25/12/2025



8008 2125 3091

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

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 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 02/03/2021 200

Prince malleshkiva
Signature of the insured _____

आयकर विभाग
INCOME TAX DEPARTMENT

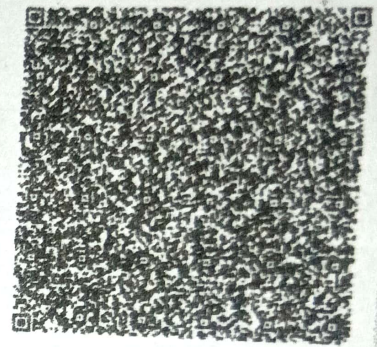


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FMSPM0410B



नाम / Name
PRINCE MADDHESHIYA

पिता का नाम / Father's Name
NANDAL MADDESHIYA

जन्म की तारीख /
Date of Birth
05/07/1998

02062019

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed



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



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF1483 Registration Date : 30-Apr-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 : PRINCE MADHESHIYA Son/wife/daughter of : NANDLAL MADHESHIYA
 Full Address: (Permanent) : VILL- PIPRA DAULA KADAM, DEORIA, , DEORIA, UTTAR PRADESH-274206
 Full Address: (Temporary) : VILL- PIPRA DAULA KADAM, DEORIA, , DEORIA-UTTAR PRADESH-274206
 Fitness UpTo : 29-Apr-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	Rear HSRP No	: AA2124883451
Front HSRP No	: AA2124555817	Month/Year of Manuf.	: 02/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW145SHB02891
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11ECSHB03152	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: HF DELUXE (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: SPORTS RED BLACK	AC Fitted	: NO
Other Criteria	:		
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	: 29-Apr-2025	Sale Amt	: 63900/-
OTT Date	: 29-Apr-2025	Amount/Rcpt No	: 6390 / UP52D25040004490
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 02-May-2025		
Other State/Transfer/Conversion/Reassign Details	:	Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from 30-Apr-2025 to 29-Apr-2040

Date : 13-May-2025 15:16:22

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीकरण विभाग
माटर
Date : 13-May-2025
देवरी

Q 2661811