

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-0326-140
 Customer Name VIPIN KUMAR BARNAWAL
 VIN MBLHAW233SHC51919

Date 15-03-2026
 Contact No. 6391198021
 Model SPLENDOR +
 Reg No. UP52CH9336
 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	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
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	83410AAEC00VS -FRONT VISOR NH-1(T4)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
7	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
8	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
Parts Total											0.00	4,972.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	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	4,972.00
Labour Total	767.00
SGST (Parts) 9%	379.22
CGST (Parts) 9%	379.22
SGST (Labour) 9%	58.50
CGST (Labour) 9%	58.50
Total	5,739.00

Rupees in Words: Five Thousand Seven Hundred Thirty Eight 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

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.	Vipin kumar Barnawal 9369956032
2	Vehicle No. / वाहन संख्या	UP52 EH 9336
3	Policy No. / पालिसी संख्या	952400/812026/88746
4	Period of Insurance / बीमा अवधि	29/09/2025 To 28/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/03/2026 - 4:30 PM
6	Place of Accident / दुर्घटना का स्थान	Bthalani-Horia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vipin kumar Barnawal UP52 20230004224
8	Estimated Loss / अनुमानित हानि	2000
09.	Cause of Accident / दुर्घटना का कारण :	दर की डेवरी जाते समय ब्रेकी सिल्ट होवै के समित जावत (कुल) उगांया बिलेले फेक लेवे पंत गाड़ी की नियंत्रण/विगास गयां और वाड़ी ब्रेक गिर गयां
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.	Janta motors Bhalani Horia 7800807912 9918116698 Vipin Barnawal

15/03/2026
Date / दिनांक :
हस्ताक्षर

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. 252400/31/2026/38740

Tel. No.

Period of Insurance 29/09/2025 To 28/09/2026
 Claim No.

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

I. INSURED
 (a) Name : Vipin Kumar Bhatnagar
 (b) Address for correspondence : Somnagar Doria Doria Uttar
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>02/10/2026</u>	Engine No. <u>MA11E95HC 29324</u> Chassis No. <u>MBLHAW/2335HC51919</u>	Registration No. <u>UP52CH9330</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
 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



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No. 1

Signer: OI THE ORIENTAL INSURANCE COMPANY LIMITED
Date: Thu, May 14, 2025 10:44:55 AM
Reason: Signing Policy for OI

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 548 KHAIR NAGAR, OPP. EB MISTAN CINEMA MEEBUT, 01714063570, (GSTIN: 09A5ACT863704ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS - 3 Years)	Policy Issued On	29-SEP-25
Policy No	252400/31/2026/38746	Proposal No. & Date	R/252400/31/2026/30734 & 29-SEP-2025
Agent/Broker Code	BA0000183144	Policy Period (OWN DAMAGE)	FROM 13:19 ON 29/09/2025 TO MIDNIGHT OF 28/09/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13:19 ON 29/09/2025 TO MIDNIGHT OF 28/09/2030
Insured Name	VIPIN KUMAR BARNAWAL (GSTIN:)		
Insured Address	OID SANJAY KUMAR BARNAWAL, SAMOGAR, SAMOGAR DEORIA UTTAR PRADESH 274205, SAMOGAR, SAMOGAR DEORIA UTTAR PRADESH 274205, DEORIA, NA,	Lead/Breakin No	/
		Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	68543
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NTW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	68543
Engine -Chassis No	HAI1ERSHC29374 - MBLHAW233SHCS1919	UMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTU Location			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1148.78	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory P.A. Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1148.78	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (80%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GRJ6R3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4023
Anti Membership (IMT-6)	0	GST	724
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SEP Discount	977	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	977	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4747
NET Depreciation		Note:	
Returns to Insurer	0	1. Policy Insurance is the subject to the realization of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Customs duties	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	172	5. Subject to Endorsements IMT, 7, 10, 28,	
Number Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4747
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar No	NA
In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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.			
The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMT's and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.			
Warranted that in case of dishonour of premium cheques (s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).			
Claims is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.			
We hereby certify that the policy is issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988.			
We witness whereof the undersigned being authorised by and on behalf of the company has/ have herein to set his/their hands at 252400 on 29-SEP-25			
IMPORTANT NOTICE			
The Insured 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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".			
Limitations as to use: (1) 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) Race riding (5) Speed testing (6) Liability tests (7) Any purpose in connection with motor trade.			
Driver's Clause: Any person including the insured, 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 license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989			
Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury, such amount is necessary to meet those requirements of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for various District in Rs.			
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own Damage section of the policy, if no claim is made or pending during the preceding year(s) per the. The preceding year(s) preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.			
We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.			
* This insurance excludes all pre-existing damage			
Approved By :	65957884E	For and on behalf of	
Approved On :	29-09-25	The Oriental Insurance Company Limited	
Place :	NOBT		
Printed On :	13-09-25		
		General Manager	
		Authorized Signature	

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Bipin Kumar Boraiah
(b) Age : 29
(c) Address : Sarmajay Doria Doria
(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 : upsa 2023 000 4224
(h) Issuing Authority : _____
(i) Date of Expiry : 12/03/2023
(j) Was the licence temporary/permanent : 03/02/2023 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 : 13/03/2021
(b) Place : Bhatini Doria Doria
(c) Speed of vehicle at the time of accident : 110
(d) Give a short description of the accident : ड्राइवर को गति मध्य अचानक खतरा मिलने के कारण
(e) If any third party was responsible for this accident give the name and address : 812211 बिजली बलि के समे के पास

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front side
(b) Estimated cost of repairs : 2000
(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? : _____



Vipin Barnawal

94061857
Date of Birth

SANJAY KUMAR BARNAWAL

Father's Name

VIPIN KUMAR BARNAWAL

Signature



EALPB9450A

e - Personnel Account Number Card



भारत सरकार
GOVT. OF INDIA

भारतीय आय विभाग
INCOME TAX DEPARTMENT

 भारत सरकार
Government of India

 आधार

Issue Date: 15/03/2016




विपिन कुमार बर्नवाल
Vipin Kumar Barnawal
जन्म तिथि / DOB : 04/08/1997
पुरुष / Male






7915 5546 2931

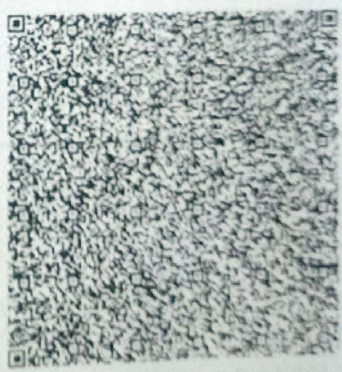
मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


 आधार


Print Date: 05/01/2023


पता: द्वारा: संजय कुमार बर्नवाल, समोगर,
समोगर, देवरिया, उत्तर प्रदेश, 274205
Address: C/O: Sanjay Kumar Barnawal,
Samogar, Samogar, Deoria, Uttar Pradesh,
274205



7915 5546 2931

 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 : _____

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. : _____

N/A

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 : _____

N/A

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 15/02/2021 200

Signature of the insured _____

Wipin Barmuel

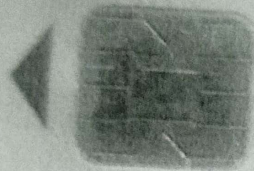




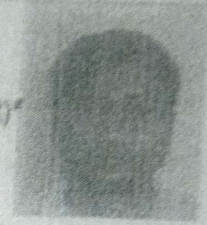
Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20230004224



Issue Date 18-03-2023 Validity (NT) 03-08-2037 Validity (TR)* -----



Date of First Issue (18-03-2023)

Name: **VIPIN KUMAR BARNAWAL**
Date of Birth: 04-08-1997 Blood Group:
Son/Daughter/Wife of: **SANJAY BARNAWAL**

Holder's Signature

Organ Donor: **N**

Address:
samogar Samogar Deoria Uttar
Pradesh 274205

DL No: UP52 20230004224

UP52 20230004224



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	18-03-2023	NT			
LMV	LMV	UP52	18-03-2023	NT			
MVSD							

Emergency Contact Number

UP52 DEORIA

Form 7 (Rule 16(2))

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/-

Vipin Barwan

Witness

Name
Signature
Address

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

Bank Account Number
Name of the Bank

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GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 25

CERTIFICATE OF REGISTRATION

Registration No : UP52CH9336 Registration Date : 02-Oct-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 : VIPIN KUMAR BARNAWAL Son/wife/daughter of : SANJAY KUMAR
 BARNAWAL

Full Address: (Permanent) : VILL- SAMOGAR, DEORIA, DEORIA, UTTAR PRADESH-274205
 Full Address: (Temporary) : VILL- SAMOGAR, DEORIA, DEORIA-UTTAR PRADESH-274205
 Fitness UpTo : 01-Oct-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	: AA2133088346	Rear HSRP No	: AA2134811468
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 03/2025
No of Cylinders	: 1	Chassis No	: MBLHAW233SHC51919
Engine No	: HA11E8SHC29374	Fuel	: PETROL
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ (DRS)	Wheel base	: 1236
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 109
Colour	: BLUE BLACK	Laden/GV Wt (kgs)	: 239
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 w.e.f. .

Purchase dt	: 29-Sep-2025	Sale Amt	: 72151/-
OTT Date	: 29-Sep-2025	Amount/Rcpt No	: 7216 / UP52D25100000334
Vehicle is Govt/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 04-Oct-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 15-Oct-2025 10:07:13

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 15-Oct-2025

Q 5374980

Government of Uttar Pradesh
 Government of Uttar Pradesh
 Government of Uttar Pradesh
 Government of Uttar Pradesh