

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-0326-141	Date	16-03-2026
Customer Name	SURESH RAMKISUM PRAJAPATI	Contact No.	9004912479
VIN	MBLHAW334SHG40700	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP52CH7085
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	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
2	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
4	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
5	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
6	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
7	3340BAAE941S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
8	3345BAAE941S -WINKER ASSEMBLY LEFT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	50100AAE930S -FRAME BODY COMPLETE	87141090	Paid	7,218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	8,518.00
11	K44446AAFB000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	4,194.00
Parts Total											0.00	21,864.00

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 2.0	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
Jobs Total											0.00	590.00

Parts Total	21,864.00
Labour Total	590.00
SGST (Parts) 9%	1,667.59
CGST (Parts) 9%	1,667.59
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
Total	22,454.00

Rupees in Words: Twenty Two Thousand Four Hundred Fifty 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.

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.	Suresh Ramkishun Parajapati 9984011971
2	Vehicle No. / वाहन संख्या	UPS2CH7085
3	Policy No. / पालिसी संख्या	252400/31/2026/85897
4	Period of Insurance / बीमा अवधि	08/09/2025 To 09/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/03/2026 - 7.00 AM
6	Place of Accident / दुर्घटना का स्थान	Rodrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manish Kumar Choud UPS7202000010294 - m. 9628703875
8	Estimated Loss / अनुमानित हानि	23000
09.	Cause of Accident / दुर्घटना का कारण:	मनीस कुमारे गोठस जी मनीस बि है। गाड़ी ब्रेक पडरी गी सि घट भारी है तभी भीमन से आवीतकारो (पुबेव) बिबि की वक्कल बिगड जिसेस गाड़ी डेभेज बिगड -
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Jankar motors B.Sahibnagar 78008079/2 - 99/81/6698

16/03/2026
Date / दिनांक :
हस्ताक्षर

सुरेश प्रजापति
Signature of Insured / बीमाधारक के



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGFR0928

Page No: 1

Stamp: TO THE INSURANCE COMPANY LIMITED
Date: Mon, Nov 10, 2025, 18:22:41
Reason: Signing Policy for DCS

To / सेवा
The Orient
दि औरिया

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 246 KHAIR NAGAR, OPP. FIH MISTAN CINEMA MEERUT, 01214063670, (GSTIN: 09A4ACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(3 Years))	Policy Issued On	08-SEP-25
Policy No	252400/31/2026/35897	Proposal No. & Date	R/252400/31/2026/28063 & 08-SEP-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11:50 ON 08/09/2025 TO MIDNIGHT OF 07/09/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 11:50 ON 08/09/2025 TO MIDNIGHT OF 07/09/2030
Insured Name	SURESH RAMKISUM PRAJAPATI (GSTIN:)	Lead/Breakin No	/
Insured Address	C/O RAMKISUM PRAJAPATI, MUNDERA, PAKRI BIRBHARD DEORIA, UTTAR PRADESH 274206, MUNDERA, PAKRI BIRBHARD DEORIA, UTTAR PRADESH 274206, DEORIA, NA	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	82271
Model & Variant	SPLENDOR + XTEC 2.0	Electrical Accessories	0
Registration No	NPJW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	82271
Engine - Chassis No	HAI1FBSHG31318 - MBLHAW334SHG40700	IMF CONTRACT NO	
Cubic Capacity	87.2	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
Type Of Fuel	PETROL		
WTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1378.86	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1378.86	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 (90%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4058
AAI Membership (IMT-4)	0	GST	730
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SEP Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	1172	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4788
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium (A)	207		

Number Details: Nominee Name, Age, Relation, Amount

Payment Details: Payment Method, Cheque No./Transaction No., Bank Name, Amount

Financer Type: Financer Name, SHRIRAM FINANCE LTD., Financer Branch, Amount

POS Name: POS ID, POS PAN NO/Aadhar No, NA

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.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs 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.

We warrant that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim 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 to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

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 Motor Vehicle 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) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Insured'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 if that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1988.

Liability of Liability Clause: Under section II-1 (i) of the policy - Death of or bodily injury Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property in Rs. 7.5 lakhs PA Cover under section III the driver-Driver is RS 5 Lakhs. 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) as per the. The preceding year(s) preceding two consecutive years/55% preceding three consecutive years/55% preceding four consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

Approved By : 9221972811
Approved On : 08-SEP-25
Place : MRT
Printed On : 10-SEP-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



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. 9524742/2026/85897

Tel. No.

Period of Insurance 08/09/2025 TO 07/09/2026
 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 : Suresh Ramkishan Prasad
 (b) Address for correspondence : Pakri birbhador Patna
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>09/09/2025</u>	Engine No. <u>HANDBSHE 31318</u> Chassis No. <u>MBLHAW13345HG46700</u>	Registration No. <u>UP52EH7085</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 : _____

[Handwritten signature]



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Manish Kumar Gaud
(b) Age : 27
(c) Address : Kasia Kushinagar
(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 : UP57 20200010294
(h) Issuing Authority : 11/09/2020
(i) Date of Expiry : 18/08/2029
(j) Was the licence temporary/permanent : 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 : 16/03/2026 - 7:00 AM
(b) Place : Padrunagar
(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 : पदरुनागर से एच एच सी इन्सुरेंस कंपनी से शकल नलिवाला से एच एच सी इन्सुरेंस

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front end
(b) Estimated cost of repairs : 23000
(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?

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 11/03/2026 2(0)

Signature of the insured

सुरेश प्रजापती

आयकर विभाग
INCOME TAX DEPARTMENT

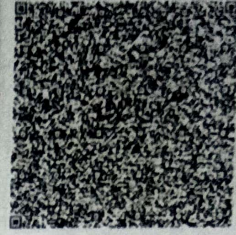


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BSQPP5786D



नाम / Name

SURESH RAMKISHUN PRAJAPATI

पिता का नाम / Father's Name

RAMKISHUN SHYAM PRAJAPATI

जन्म की तारीख /
Date of Birth

04/07/1988

हस्ताक्षर / Signature

27122018



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH7085 Registration Date : 09-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 : SURESH RAMKISUM Son/wife/daughter of : RAMKISUN PRAJAPATI
 PRAJAPATI
 Full Address: (Permanent) : VILL- MUNDERA PAKRI BIRBHARD, PO- PAKRI BIRBHADRA DEORIA, , DEORIA, UTTAR
 PRADESH-274206
 Full Address: (Temporary) : VILL- MUNDERA PAKRI BIRBHARD, PO- PAKRI BIRBHADRA DEORIA, , DEORIA-UTTAR
 PRADESH-274206

Fitness UpTo : 08-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	: AA2133164198	Rear HSRP No	: AA2133728571
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 07/2025
No of Cylinders	: 1	Chassis No	: MBLHAW334SHG40700
Engine No	: HA11FBSHG31318	Fuel	: PETROL
Horse Power(BHP)	: 8.17	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ XTEC 2.0 (DR	Wheel base	: 1235
	S)		
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 112
Colour	: Black Heavy Grey	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.	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. 09-Sep-2025.

Purchase dt	: 08-Sep-2025	Sale Amt	: 86601/-
OTT Date	: 08-Sep-2025	Amount/Rcpt No	: 8661 / UP52D25090000623
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-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 09-Sep-2025 to 08-Sep-2040

Date : 24-Sep-2025 14:00:55

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 24-Sep-2025

Q 5897889

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 अरवि अग्रवाल
Occupation
Address
.....
.....

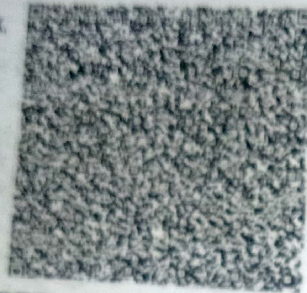
Bank Account Number
Name of the Bank



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



श्री
सुरेश रामकिशुम प्रजापती, मुडरा, पकड़ी बीरभद्रा, पकड़ी बीरभद्रा,
देवरा,
उत्तर प्रदेश - 274206
Address:
S/O Ramkishu Prajapati, Mudra, Pakri
Birbhadr, PO: Pakri Birbhadr, DIST: Deoria,
Uttar Pradesh - 274206



5827 7994 3758
VID : 9156 8062 6213 7267

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



भारत सरकार
Government of India

Aadhaar No. Issued: 08082014



सुरेश रामकिशुम प्रजापती
Suresh Ramkishu Prajapati
जन्म तिथि/DOB: 04/07/1988
पुल्ल/MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सरकार (ऑनलाइन प्रमाणीकरण, या लघुअन लैंग्वेज/ऑफलाइन प्रमाणीकरण के माध्यम से) के साथ किया जाना चाहिए।
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 XML).

5827 7994 3758


मेरा आधार, मेरी पहचान

DIL No: **UP57 20200010294**

Invalid Carriage (Regt Number) _____

Hazardous Validity _____

Hill Validity _____



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MC	MCPS	UP57	11-08-2020	MT			
LMV	LMV	UP57	11-08-2020	MT			

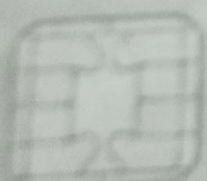

Emergency Contact Number _____

Licensing Authority
UP57 KUSHINAGAR

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

UP57 20200010294

Issue Date: **11-08-2020** Validity (NT): **18-08-2029** Validity (TR)*: _____

Holder's Signature: _____

Name: **MANISH KUMAR GOND**

Date of Birth: **19-08-1999** Blood Group: _____ Organ Donor: **N**

Relationship/Wife of: **CHANDRKA**

Address:
**Bahua Ganga Bari
Kanya, Kushinagar, UP 224402**

Date of First Issue: **11-08-2020**