

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-0326-143	Date	23-03-2026
Customer Name	BABY DEVI	Contact No.	7275317512
VIN	MBLHAW212PHG07363	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52BX2949
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	83410AAEB00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
3	33300AAEB0099S - POSITION LIGHT FRONT	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
4	61312149300S - BOOTHEADLIGHT BRACKET	87141090	Paid	7.63	1	9.00	9.00	0.00	0.00	0.00	0.00	9.00
5	83402AAEB00S -PANEL INNER	87141090	Paid	277.97	1	9.00	9.00	0.00	0.00	0.00	0.00	328.00
6	37100AAEC2099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,777.1	1	9.00	9.00	0.00	0.00	0.00	0.00	3,277.00
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	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
9	3345BAAEB0099S -WINKER ASSY L FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
10	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
11	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
12	17520AAEB00SS -FUEL TANK BLACK NH-1 (TYPE-1)	87141090	Paid	4,687.2	1	9.00	9.00	0.00	0.00	0.00	0.00	5,531.00
13	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
14	61312AAE330S -STAY METER MOUNTING	87141090	Paid	87.29	1	9.00	9.00	0.00	0.00	0.00	0.00	103.00
15	18331ACK000S -COVER CAT PROTECTOR	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
Parts Total											0.00	16,893.00

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	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	350.00	9.00	9.00	0.00	0.00	0.00	0.00	413.00	
Jobs Total											0.00	885.00

Parts Total	16,893.00
Labour Total	885.00
SGST (Parts) 9%	1,288.45
CGST (Parts) 9%	1,288.45

SGST (Labour) 9%	67.50
CGST (Labour) 9%	67.50
Total	17,778.00

Rupees in Words: Seventeen Thousand Seven Hundred Seventy Eight 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.



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CZQPD9190P

नाम / Name
BEBY DEVI

पिता का नाम / Father's Name
PRAMHANSH VISHWAKARMA

जन्म की तारीख / Date of Birth
01/01/1979

बेबी देवी
हस्ताक्षर / Signature



12042017



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.	Bebij Dui 7275 817512
2	Vehicle No. / वाहन संख्या	4PS2Bx2949
3	Policy No. / पालिसी संख्या	MS/2025/7001/46575/464099
4	Period of Insurance / बीमा अवधि	04/09/2025 To 03/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/03/2026 -
6	Place of Accident / दुर्घटना का स्थान	Kartangeny Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	4PS22024 00'0740 अभिषेक बिन् 7235 817512
8	Estimated Loss / अनुमानित हानि	17000
09.	Cause of Accident / दुर्घटना का कारण :	अभिषेक बिन्वर्मा जी। मेरे बड़े हथ गाड़ी ब्रेक कप्तानगंज से घट आ रहे थे तभी रास्ते में बिचमे बानवट (बोर्ड) आगड लिसिल गाडी की ब्रेक से ठीक शीट गाडी ब्रेक गि गति शीट गाडी डेबेल बेगनी -
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 / फ़ोन नं.	Ganta motor asahi Bagan 780080 7912 - 9918116698

23/03/24/-
Date / दिनांक :
हस्ताक्षर

बेबी देवी
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. MS/2025/9001/46575/464099

Tel. No.

Period of Insurance 04/09/2025 TO 03/09/2026
 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 : Betty Devi
 (b) Address for correspondence : Pipra madan gopla Devi's
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>8/10/2022</u>	Engine No. <u>HAV1E7PHG31012</u> Chassis No. <u>MBLHALW312PHG07363</u>	Registration No. <u>UPSD BX 2949</u>
---------------------------------	---	---

- (a) Was the vehicle in proper working condition? ye
 (b) For what purpose was the vehicle being used at the time of accident? prail
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached Ma
 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

MA



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

UP52 20240010740

Issue Date: 29-05-2024 Validity (NT): 31-12-2044 Validity (TR):

ABHISHEK VISHWAKARMA
Date of Birth: 01-01-2005 Blood Group: Organ Donor: **Y**

Son/Daughter/Wife of: **RAJESH VISHWAKARMA**

Address:
pipra madan gopal Pipra Madan Gopal
Pipra Madangopal Bhatpar Rani Deoria
Uttar Prades 274405

Holder's Signature

Date of First Issue: **29-05-2024**

DL No: **UP52 20240010740**

UPDL000010515854



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	29-05-2024	NT				
LMV	UP52	29-05-2024	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Authority
UP52 DEORIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Abhishek wishwak
- (b) Age : 21
- (c) Address : pipra meidan gaj/ra
- (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 : up5220240010740
- (h) Issuing Authority : 29/05/2024
- (i) Date of Expiry : 8/12/2024
- (j) Was the licence temporary/permanent : pu
- (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
- (b) Place : kaptenagar
- (c) Speed of vehicle at the time of accident : 60
- (d) Give a short description of the accident
- (e) If any third party is responsible for this accident give the name and address : श्री 7 गोविल शर्मा 8 मीरवाडा 10/4/2026

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Janta - 2011
- (b) Estimated cost of repairs : 1200
- (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 _____ MS

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 23/03/20 200

Signature of the insured दीदी दीदी



Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52BX2949 Registration Date : 08-Sep-2023
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 : BABY DEVI Son/wife/daughter of : RAJESH VISHWKRMA
Full Address: (Permanent) : 341- PIPRA MADANGOPAL, PIPRA MADANGOPAL, DEORIA, DEORIA, UTTAR PRADESH-274405
Full Address: (Temporary) : 341- PIPRA MADANGOPAL, PIPRA MADANGOPAL, DEORIA, DEORIA-UTTAR PRADESH-274405

Fitness Up To : 07-Sep-2038 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 : AA2071780965 Rear HSRP No : AA2080936132
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2023
No of Cylinders : 1 Chassis No : MBLHAW212PHG07363
Engine No : HA11E7PHG31012 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 TORNADO 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 HERO FINCORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 06-Sep-2023.

Purchase dt	: 04-Sep-2023	Sale Amt	: 79861/-
OTT Date	: 04-Sep-2023	Amount/Rcpt No	: 7987 / UP52D23090000669
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 12-Sep-2023		
Other State/Transfer/Conversion Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 08-Sep-2023 to 07-Sep-2038

Date : 27-Sep-2023 12:12:07

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 27-Sep-2023

4858320

H. Plate Received

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 *दीदी देवी*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Contract No.: MS/2025/7001/O/46575/464099

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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
BABY DEVI	1979-01-01	9792070843	Rajesh Vishwkrma	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
XTEC DRUM SELF E20	UP52BX2949	HA11E7PHG31012	MBLHAW212PHG07363	2023	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Tyre
49000.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	49000.00
Address			City / District	Pin Code	Offered Payment (incl. GST)
341 - Pipra Madangopal, Pipra Madangopal, Deoria, Deoria, Uttar Pradesh, 274405				274405	1224.70
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	State
ABHISHEK VISWAKARMA	Male	23 Years	SON	2025-09-04 10:45	Uttar Pradesh
				Package End Date	Midnight of 2026-09-03

Section A, VRC: 737.96 TCR: 404.74 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 234.27 Total with GST(A) 908.43
 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: 268.03 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.24 Total with GST(D): 316.27

Total(Section A+B+C+D) Offered Price After Discount: 1225

Package Period Covered	2025-09-04 To 2026-09-03	2026-09-04 To 2027-09-03	2027-09-04 To 2028-09-03	2028-09-04 To 2029-09-03	2029-09-04 To 2030-09-03
ADV	49000	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 2028-09-03 (DETAILS ARE 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) 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 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/ Not 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.: 794105064 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 Meerut.

* Received with Thanks Rs 1224.7 ON 2025-08-27 from Mr./Ms. BABY DEVI against the ARN No. INCP00464099
 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India