

**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-0326-145	Date	26-03-2026
Customer Name	SUHEL KHAN	Contact No.	8808478975
VIN	MBLJAW446RGK08924	Model	XTREME 125R
Insurance Company		Reg No.	UP52CH6962
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	33300ACL001S -POSITION LIGHT FRONT	85122010	Paid	1,525.42	1	9.00	9.00	0.00	0.00	0.00	0.00	1,800.00
2	33100ABH501S -LIGHT ASSY HEAD	85122010	Paid	2,737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	3,230.00
3	53200ACL000S -STEM COMPLETE STEERING	87141090	Paid	921.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,087.00
4	6110AACLO00AS -FRONT FENDER SUB ASSEMBLY BLACK NH-1	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
5	61323ACL000AS -FRONT COWL LEFT NH-1	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
<b>Parts Total</b>											0.00	<b>7,406.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
<b>Jobs Total</b>											0.00	<b>354.00</b>

Parts Total	7,406.00
Labour Total	354.00
SGST (Parts) 9%	564.86
CGST (Parts) 9%	564.86
SGST (Labour) 9%	27.00
CGST (Labour) 9%	27.00
<b>Total</b>	<b>7,760.00</b>

Rupees in Words: Seven Thousand Seven Hundred Sixty 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.	Suhel Khan M 880847875
2	Vehicle No. / वाहन संख्या	UP52CH 6962
3	Policy No. / पालिसी संख्या	252460/31/2026/3555/
4	Period of Insurance / बीमा अवधि	04/09/2025 To 03/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/03/2026 - 11:00 Am
6	Place of Accident / दुर्घटना का स्थान	Hafa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Suhel Khan UP5220250017263
8	Estimated Loss / अनुमानित हानि	7200
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकल हाटि जखडे थे मॉडि में आगे रुक चाल पादिभों (स्कीपिभों) अचानक ब्रेक बगाया और मेटि वाली उससे टकरा गई जिससे आगे से उभेज हो गई -	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	Panda motors Betsahi B10 ग 4 7800807912 - 9918116698

06/03/2026  
Date / दिनांक :  
हस्ताक्षर

✓ Suhel Khan  
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. 252466/31/2026/35551

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

I. INSURED

(a) Name : Suhel Khan  
 (b) Address for correspondence :  
 (c) Telephone : Bhathi Badan Doria

2. THE INSURED VEHICLE

Make & Year <u>07/09/2025</u>	Engine No. <u>JA07AUR61C9U04</u> Chassis No. <u>MBWJAW446R61C08924</u>	Registration No. <u>UP52CH 6962</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? prof  
 (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



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Suhel Khan  
 (b) Age : 23  
 (c) Address : Bhatani dadan 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 : UP5220250017963  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 16/09/2025  
 (j) Was the licence temporary/permanent : 21/2/2024  
 (k) Details of endorsement/suspension, if any : Permit  
 (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 : 25/03/2026 11:00 Am  
 (b) Place : Hauza  
 (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 : हारा लागि मसरो मस्ति मे साभरे सुदी एन चार पशुवा अरुवाग एन एम 7/ मी 2015/3446

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front side  
 (b) Estimated cost of repairs : 7700  
 (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? : \_\_\_\_\_



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 ..... *Suhel Khan*  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? \_\_\_\_\_
- (b) If yes, give full details \_\_\_\_\_ *NA*

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 *26/02/2002* 200

Signature of the insured *Sahed Khan*

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

UP

UP52 20250017263

Issue Date: 16-09-2025    Validity (NT): 31-12-2042    Validity (TR)\*

Name: **SUHEL KHAN**    Holder's Signature: *Suhel Khan*

Date of Birth: 01-01-2003    Blood Group:    Organ Donor: **N**

Son/Daughter/Wife of: **IDRISH KHAN**

Address:  
 BHATNI DADAN BHATNI DADAN BHATANI DADAN  
 BHATPAR RANI DEORIA UTTAR PRADESH 274206

Date of First Issue: 16-09-2025

DL No: **UP52 20250017263**    UPDL521000031367

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	16-09-2025	NT			
LMV	LMV	UP52	16-09-2025	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
**UP52 DEORIA**

Form 7 Rule 16(2)

01/01/2003

हस्ताक्षर / Signature



भारत सरकार



Issue Date: 11/10/2014



सुहेल खान

Suhel Khan

जन्म तिथि / DOB : 01/01/2003

पुरुष / Male



9886 8951 7296

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

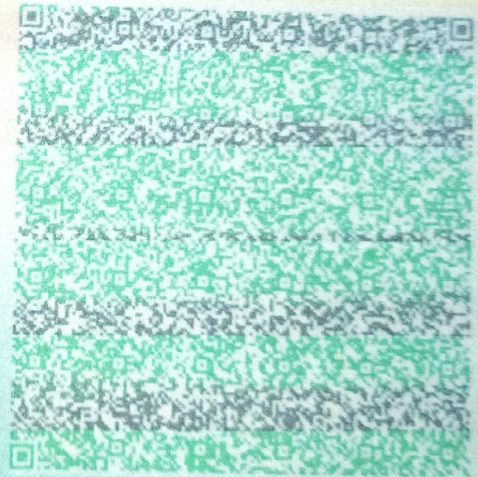
Unique Identification Authority of India



Print Date: 30/01/2023

पता: S/O: इद्रीश खान, भटनी दादन, भटनी टदन, देवरिया, उत्तर प्रदेश, 274206

Address: S/O: Idrish Khan, bhatni dadan, Bhatani Dadan, Deoria, Uttar Pradesh, 274206



9886 8951 7296

1947

help@uidai.gov.in

www.uidai.gov.in





Transport Department DEORIA  
FORM 23  
CERTIFICATE OF REGISTRATION

Registration No : UP52CH6962  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , 190-274001  
 Owner Name : SUHEL KHAN  
 Full Address: (Permanent) : VILL- BHATNI DADAN, PS- BHATANI DADAN DEORIA, , DEORIA, UTTAR PRADESH-274206  
 Full Address: (Temporary) : VILL- BHATNI DADAN, PS- BHATANI DADAN DEORIA, , DEORIA-UTTAR PRADESH-274206  
 Fitness UpTo : 06-Sep-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2136855629  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : JA07AVRGK24044  
 Horse Power(BHP) : 11.39  
 Maker's Classification : XTREME 125 R CBS  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : BLACK  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 07-Sep-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : IDRISH KHAN  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2137031551  
 Month/Year of Manuf. : 10/2024  
 Chassis No : MBLJAW446RGK08924  
 Fuel : PETROL  
 Cubic Capacity : 124.70  
 Wheel base : 1319  
 Standing Cap : 0  
 Unladen Wt (kgs) : 137  
 Laden/GV Wt (kgs) : 267  
 AC Fitted : NO

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 : 04-Sep-2025  
 OTT Date : 04-Sep-2025  
 Vehicle is Govt/ Pvt. : PRIVATE  
 Date of Approval : 08-Sep-2025  
 Sale Amt : 96311/-  
 Amount/Rcpt No : 9632 / UP52D25090000457  
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Sep-2025 to 06-Sep-2040

Date : 10-Nov-2025 17:39:48

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 10-Nov-2025

Q 5352153