

JANTA MOTORS
 DESHI DEORIA, ANAND NAGAR, DESHI DEORIA, DEORIA, 274206, UP, India
 State Code: 9 Contact: 9918116698, , ,
 GSTIN No: 09AQMPA0307LZZY
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	Customer Name	Date
65166-03-REST-0526-11 <td>SUNIL KUMAR <td>06-05-2026</td> </td>	SUNIL KUMAR <td>06-05-2026</td>	06-05-2026
VIN	Insurance Company	Contact No.
MBLJAW409R9K16436	HMCGL Card No	9918078380
Part Details	HMCGL Card Category	Model
		SUPER SPLENDOR XTEC
		UP52CH5068

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	3,199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	3,775.00
2	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	758.47	1	9.00	9.00	0.00	0.00	0.00	0.00	895.00
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	330.51	1	9.00	9.00	0.00	0.00	0.00	0.00	390.00
4	61303ADG000S -FRONT COWL CHROME	87141090	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
5	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	1,067.80	1	9.00	9.00	0.00	0.00	0.00	0.00	1,260.00
6	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	466.10	1	9.00	9.00	0.00	0.00	0.00	0.00	550.00
Parts Total											0.00	7,065.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
Jobs Total											0.00	354.00

Parts Total	
Labour Total	7,065.00
SGST (Parts) 9%	354.00
CGST (Parts) 9%	538.86
SGST (Labour) 9%	538.86
CGST (Labour) 9%	27.00
Total	7,419.00

Rupees in Words: Seven Thousand Four Hundred Nineteen 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

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.	Sunil Kumar 9918078380
2	Vehicle No. / वाहन संख्या	UP52 CH5068
3	Policy No. / पालिसी संख्या	252400/31/2026/32436
4	Period of Insurance / बीमा अवधि	11/08/2025 To 10/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/05/2026 - 5.0 PM
6	Place of Accident / दुर्घटना का स्थान	
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Barun meen charpan Sunil Kumar UP5220130000646
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : अपनी गाड़ी जेकल बरवाँ चौरहे घेजाव थे ली सामने बाहे भागया और गाड़ी को ठेक लेनपर छिप घेगए बाहि मे और गाड़ी जेकल गिलनेये -	
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 / फोन नं.	Janta motor BSAHI BONGA 7800807912 . 9918116698

06/05/2026
Date / दिनांक :
हस्ताक्षर

Sunil Kumar
Signature of Insured / बीमाधारक के

44805K700



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
Tel. No. _____

Certificate/Policy No. 252400/21/2026/32436
Period of Insurance 11/08/2025 TO 10/08/2026
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 : Sunil Kumar
(b) Address for correspondence : Bohara Meer Chapar Disahi Doria
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>13/08/2025</u>	Engine No. <u>JAD7AMR9K19292</u> Chassis No. <u>MB13AK1409R9K16436</u>	Registration No. <u>UP52CH5068</u>
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- (a) Was the vehicle in proper working condition? Y
- (b) For what purpose was the vehicle being used at the time of accident? deal
- (c) Was trailer attached? N
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached? N
 - 2. Was a pillion rider carried? N

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52CH5068	Registration Date	: 13-Aug-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	Son/wife/daughter of	: BIDESHI PRASAD
Owner Name	: SUNIL KUMAR		
Full Address: (Permanent)	: VILL- BARWAN MEER CHHAPRA, PO- DESAHI DEORIA, DEORIA, UTTAR PRADESH-274206		
Full Address: (Temporary)	: VILL- BARWAN MEER CHHAPRA, PO- DESAHI DEORIA, DEORIA-UTTAR PRADESH-274206		
Fitness Up To	: 12-Aug-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	: AA2133727383
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 10/2024
Frame HSRP No	: AA2133139110	Chassis No	: MBLJAW409R9K16436
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 124.70
Engine No	: JA07AMR9K19292	Wheel base	: 1267
Horse Power(BHP)	: 10.72	Standing Cap	: 0
Maker's Classification	: SUPER SPLENDOR XTEC D R	Unladen Wt (kgs)	: 122
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 252
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: BLACK		
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 SHRIRAM FINANCE LTD. Deoria, Uttar Pradesh-274001 w.e.f. 13-Aug-2025.

Purchase dt	: 09-Aug-2025	Sale Amt	: 82461/-
OTT Date	: 09-Aug-2025	Amount/Rcpt No	: 8247 / UP52D25080001243
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 14-Aug-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 13-Aug-2025 to 12-Aug-2040

Date: 12-Aug-2025 15:30:22

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 22-Aug-2025

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 *06/05/2008* 200

Signature of the insured *Sumilkumar*

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sunil Kumar
(b) Age : 41
(c) Address :
(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 : 4P5020130000646
(h) Issuing Authority : 15/01/2013
(i) Date of Expiry : 14/01/2033
(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 : 05/05/2026
(b) Place : Baruaa Meer Chape
(c) Speed of vehicle at the time of accident : 110
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : सामने जाडी आगाड ट्रेक कोण गाडी धिक्के गड

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Full
(b) Estimated cost of repairs : 8000
(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? :

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 *Sunil Kumar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIB NAGAR, OPP. FRI MOST AN CINEMA MEEBHUT, 01314063570, (GSTIN: 09A AACT0637042U)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (In Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TME CONTRACT NO, Policy Type, Geographical Area).

Table with 2 main sections: OWN DAMAGE SECTION(A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT-1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT-22A), Amb- Theft Device (IMT-10), AAI Membership (IMT-35), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, Nil Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A)) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsary PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid).

- Note: 1. Policy Insurance is the subject to the realization of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT,7,10,28.

Table with 2 main sections: Payer Details (Name, Age, Relation) and Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount). Also includes Financer Type (Name, Branch) and POS Name (Name, ID, PAN/Aadhar No).

In the event of a claim under the policy exceeding Rs. 100 or a claim for refund of premium exceeding Rs.100, 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. Warranted 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 the 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. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 11-AUG-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) Pace Making (5) Speed testing (6) Reliability trails (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's license may also drive vehicle & that each 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 or body 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 is Rs.7.5 lakhs P.A.Cover under section III for owner-Driver is 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) as per the. The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% 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. 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 damages.

Approved By : 6395258M11
Approved On : 11-AUG-25
Place : MBT
Printed On : 15-NOV-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

Vertical text on the right edge: Certificate Issued, Opposite Day, Aligam, Uttar, Tax Invoice, Name of Car, Mobile, Address, 274206, State, ID, V.

भारत सरकार
Government of India

सुनील कुमार
Sunil Kumar

जन्म तिथि / DOB 16/07/1985
पुरुष / Male

7570 8650 1208

आधार - आम आदमी का अधिकार

भारत सरकार
Unique Identification Authority of India

पता: S/O. बिदेशी प्रसाद
बरवा मीर छापरा, बरवा, देसाही बरवा
देसाही, इन्डर प्रदेश, 274206

Address: S/O. Bideshi
Prasad, barwan meer
chhapra, Barwa, Deoria,
Desahi Barwa, Uttar
Pradesh, 274206

7570 8650 1208

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

SUNIL KUMAR

BIDESHI PRASAD

16/07/1985
Permanent Account Number
ESLPK5243N

Sunil Kumar
Signature

10/12/2016

UNION OF INDIA Driving Licence (UP) (NT)

UP52 20130000646

जारी करने की तिथि
Date of Issue 15/01/2013

वैधता / Validity 14/01/2033

जन्म तिथि
Date of Birth 16/07/1985

Blood Group Unknown

नाम / Name
SUNIL KUMAR

पिता/सन्त के नाम / Son/Daughter/Wife of

VIDESHII

UP52 20130000646

UP07560500M7

LMV 15/01/2013

MCWG 15/01/2013

पता / Address
BARWA MEER CHHAPAR DESAHI DEORIA
RAMPUR KARKHANA
DEORIA - 274206

Sunil Kumar
Holder's Signature

जारीकर्ता / Issuing Authority Sign
DEORIA

Form 7 Rule 16(2)