

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-0526-14	Date	12-05-2026
Customer Name	DEEPAK VERMA	Contact No.	8400815293
GSTIN			
VIN	MBLHAW476SHFB5923	Model	SPLENDOR +
Insurance Company		Reg No.	UP53FK0181
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	83410ADH700CS -FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
2	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
3	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
4	61000ADH700CS -FRONT FENDER MAT AXIS GRAY METALLIC	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
7	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
8	53178AAFH00S -LEVER COMPL STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
Parts Total											0.00	3,640.00

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	3,640.00
Labour Total	767.00
SGST (Parts) 9%	277.63
CGST (Parts) 9%	277.63
SGST (Labour) 9%	58.50
CGST (Labour) 9%	58.50
Total	4,407.00

Rupees in Words: Four Thousand Four Hundred Seven 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.



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.	Deepak verma 9865717911 , 8009193134
2	Vehicle No. / वाहन संख्या	UP SBAC 0181
3	Policy No. / पालिसी संख्या	252100/31/2026/25241
4	Period of Insurance / बीमा अवधि	01/07/2026 To 01/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/05/2026 - 5.00 Pm.
6	Place of Accident / दुर्घटना का स्थान	Beschi Block.
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Deepak verma UP 2026 0006221
8	Estimated Loss / अनुमानित हानि	6000
09.	Cause of Accident / दुर्घटना का कारण :	मेरी कंपनी गाड़ी को मुसाहरि में डेविगपुट नाश्व था तभी इसकी वजह से गाड़ी बन्द हो गयी थी जिसमें गाड़ी में लकड़ के घोट गरी कोर गिर गयी .
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 / फोन नं.	Janet masters Beschi 7800807912 , 9918116698

12/05/2026
Date / दिनांक :
हस्ताक्षर

Deepak verma
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. 252400/31/2026/25841

Tel. No.

Period of Insurance 02/07/2025 To 01/07/2026
 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 : Dheepak Sharma
 (b) Address for correspondence : Word No 4 Budh Nagar Ahisulitalokh
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>03/07/2025</u>	Engine No. <u>HAIIFBSHF 89985</u> Chassis No. <u>MBLHAIW476SHFB5923</u>	Registration No. <u>UP32PK 0181</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? private
 (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
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Deepak Kumar
(b) Age : 90
(c) Address : Budh Nagar, Ahisauli, Tubodga.
(d) Is the Driver
1. Owner : 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 : UPS 2026 000 6221
(h) Issuing Authority : 2/03/2026
(i) Date of Expiry : 3/07/2045
(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 : 10/05/2026 8:00 PM
(b) Place : Disha Dora
(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 : जोगि बन्दा चुड गया डोर गाडी चिह्न मिठोय

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front
(b) Estimated cost of repairs : 6000
(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? : N/A
(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 12/05/2026 200

Signature of the insured दीपक चमर

CERTIFICATE OF REGISTRATION

Registration No : UP53FK0181
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, .. 188-273001
 Owner Name : DEEPAK VERMA
 Full Address: (Permanent) : WARD NO 4 BUDDH NAGAR, (AHIRAU LI TULADAS), PO- ARJUN DUMARI PS- HATA, KUSHINAGAR, UTTAR PRADESH-274203
 Full Address: (Temporary) : 38 D HANSUPUR, PO GEETA PRESS, PS RAJGAHT, GORAKHPUR-UTTAR PRADESH-273005
 Fitness Up To : 02-Jul-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1043454098
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F6SHF89985
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ 01 EDITION (D RS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : MATT GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 03-Jul-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : VISHWAKARMA VERMA

Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1042421703
 Month/Year of Manuf. : 06/2025
 Chassis No : MBLHAW476SHFB5923
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kgs) : 243
 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 : 02-Jul-2025
 OTT Date : 02-Jul-2025
 Vehicle is Govt/ Pvt : PRIVATE
 Date of Approval : 05-Jul-2025

Sale Amt : 80116/-
 Amount/Rcpt No : 8012 / UP53D25070000654
 Tax Exempted or Not : NOT EXEMPTED

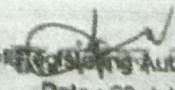
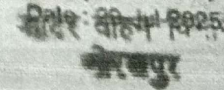
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 03-Jul-2025 to 02-Jul-2040

Date : 29-Jul-2025 14:55:34

Taxation Particulars / Advance Registration Mark Fee Details

Signature of  Authority
 Date : 29-Jul-2025


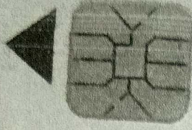
Q 4841647



**Indian Union Driving Licence
Issued by Government of UTTAR PRADESH**

UP

UP57 20260006221



Issue Date 31-03-2026 Validity(NT) 31-07-2045 Validity (TR)* 00-00-0000



31-03-2026

Name: **DEEPAK VERMA**
 Date of Birth: 01-08-2005 Blood Group:
 Son/Daughter/Wife of: **VISHWAKARMA VERMA** Organ Donor: **N**
 Address:
 Ward No-4 Buddhnagar (ahirauli Tuladas) Hata Hata Hata Kushinagar Uttar Pradesh 274203

Holder's Signature

Date of First Issue

DL No: **UP57 20260006221** DLUP00371019

Invalid Carriages (Regn. Numbers)^o
 Hazardous Validity^o 00-00-0000 Hill Validity^o 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	31-03-2026	NT		00-00-0000	
	LMV	UP57	31-03-2026	NT			
	MVSD						

Emergency Contact Number Licensing Authority
Kushinagar

Form 7 Rule 16(2)



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 *दीपक वर्मा*
Occupation
Address

Bank Account Number
Name of the Bank

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card
CRDPV0076K



नाम / Name
DEEPAK VERMA

पिता के नाम / Father's Name
VISHWAKARMA VERMA

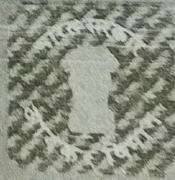
जन्म की तिथि / Date of Birth
01/08/2005

28082023

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

दीपक वर्मा

यह कार्ड के खोने/पाने पर कृपया सूचित करें/सीटारें:
 आयकर पैन सेवा इकाई, प्रोटीयन ईगव टेक्नोलॉजीज लिमिटेड
 (पूर्व में एचएसडीएल ई-गवर्नेंस इंफ्रास्ट्रक्चर लिमिटेड)
 401बी बंगला, सफायर चेंबर,
 बाजर रोड, बाजर,
 पुणे - 411 045.



**If this card is lost / someone's lost card is found,
 please inform / return to :**

Income Tax PAN Services Unit, Protean eGov Technologies Limited
 (formerly NSDL e-Governance Infrastructure Limited)
 4th floor, Sapphire Chambers,
 Bajer Road, Bajer,
 Pune - 411 045,
 Tel: 91-20-2721 8080, e-mail: tiainfo@proteantech.in

भारत सरकार
Government of India

दीपक वर्मा
Deepak Verma
जन्म तिथि / DOB: 01/08/2005
पुरुष / Male

14/02/2015

7592 8015 9316

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: दवारा: विश्वकर्मा वर्मा, वॉर्ड नं-4, बुद्धनगर
(अहिरौली तुलादास), हाटा, कुशीनगर, उत्तर प्रदेश, 274203

Address: C/O: Vishwakarma Verma, Ward No-4,
Buddhnagar (Ahirauli Tuladas), Hata,
Kushinagar, Uttar Pradesh, 274203

7592 8015 9316

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

③ 33100kcc710 . 33450 kcc710