

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-0526-19
 Customer Name REENA CHAUHAN
 VIN MBLHAW146NGG11088
 Insurance Company
 HMCGL Card No 1115321850003064

Date 17-05-2026
 Contact No. 9125919426
 Model HF DELUXE
 Reg No. UP52BR7220
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83400ACK011YS -FRONT VISOR BLACK NH 1 T4	87141090	Paid	686.44	1	9.00	9.00	0.00	0.00	0.00	0.00	810.00
2	53100KST870S -PIPE STRG.HANDLE	87141090	Paid	385.59	1	9.00	9.00	0.00	0.00	0.00	0.00	455.00
3	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	1	9.00	9.00	0.00	0.00	0.00	0.00	1,115.00
4	61100AAH100RS -FENDER FRONT COMPLETE BLACK NH-1 TYPE-1	87141090	Paid	758.47	1	9.00	9.00	0.00	0.00	0.00	0.00	895.00
5	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
6	51104AAH030S -STEP WOMEN	87141090	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
7	17520ACK000YS -FUEL TANK BLACK NH 1 T4	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	7,375.00
8	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	530.00
Parts Total											0.00	12,005.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
2	102046 - ADDITIONAL REPAIR CHARGES-HF DELUXE	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	12,005.00
Labour Total	885.00
SGST (Parts) 9%	915.64
CGST (Parts) 9%	915.64
SGST (Labour) 9%	67.50
CGST (Labour) 9%	67.50
Total	12,890.00

Rupees in Words: Twelve Thousand Eight Hundred Ninety 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

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.	Reena Chauhan 6890227195
2	Vehicle No. / वाहन संख्या	UP52BR7920
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/461982
4	Period of Insurance / बीमा अवधि	17/08/2025 To 16/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/05/2026 - 6:30 Pm
6	Place of Accident / दुर्घटना का स्थान	Kusmi Jungle Choralpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arun Chauhan. DL No. 201000 68166
8	Estimated Loss / अनुमानित हानि	8000 / 2000
09.	Cause of Accident / दुर्घटना का कारण :	Arun Chauhan जो मर भाई ही गाड़ी चला नेमरसपुर हासिल कर रहे थे तभी अचानक झंझी झील बरिचि आभलगा क्रम बुध दिशा में ही दिया झील गाड़ी पेड़ से टकरा गई जिससे लगी झील से इंजिन चारु
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	HA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Janta mechanics Bhabhi Mohan 7800807912 - 9918116698

Date / दिनांक :

हस्ताक्षर
17/05/2026

रीना चौहान

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/2005/700/0/46595/41982

Tel. No.

Period of Insurance 17/08/2025 To 16/08/2026
 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 : Reena Chauhan
 (b) Address for correspondence :
 (c) Telephone : Prashant Tankulua Choxia uttorfords

2. THE INSURED VEHICLE

Make & Year <u>23/08/2022</u>	Engine No. <u>HAIFSN0616205</u> Chassis No. <u>MBLHAWN6NER11088</u>	Registration No. <u>UP2BR720</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 Yes
 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

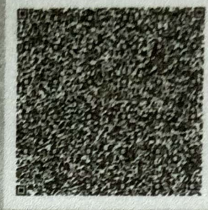
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CQQPC8737G



नाम / Name
REENA CHAUHAN

पिता का नाम / Father's Name
MAHIPAL CHAUHAN

जन्म की तारीख /
Date of Birth
04/02/2001

17022022

हस्ताक्षर / Signature

Program Proposal Two-Wheeler Package Contract - Bundled

Contract No.: MS/2025/7001/O/46575/461982

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) 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
Reena Chauhan	2001-02-04	9125919426	Mahipal Chauhan	Hero Motocorp	HF DELUXE
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
SELF E20	UP52BR7220	HA11ESNGG16205	MBLHAW146NGG11088	2022	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Ty
38500.00	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				38500.00
Address			City / District	Pin Code	Offered Payment (incl. GST)
Vill Parasakhad Tarkulwa, Deoria Tarkulwa, Deoria, Uttar Pradesh, 274408				274408	1062.91
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
KAMLESH CHAUHAN	Male	28 Years	HUSBAND	2025-08-17 15:56	Midnight of 2026-08-16

Section A, VRC: 618.48 TCR: 363.44 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 184.07 Total with GST(A) 797.85
 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: 224.63 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 40.43 Total with GST(D): 265.06
Total (Section A+B+C+D) Offered Price After Discount: 1063

Package Period Covered	2025-08-17 To 2026-08-16	2026-08-17 To 2027-08-16	2027-08-17 To 2028-08-16	2028-08-17 To 2029-08-16	2029-08-17 To 2030-08-16
ADV	38500	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 2027-08-16 (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/ No 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 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.: 7941050643 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 Aligarh.

* Received with Thanks Rs 1062.91 ON 2025-08-14 from Mr./Ms. Reena Chauhan against the ARN No. INCP00461982
 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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Arun Chauhan
- (b) Age : 27
- (c) Address : _____
- (d) Is the Driver :
 - 1. Owner : _____
 - 2. paid driver? : _____
 - 3. Owner's relative or friend? : Brother
- (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 : Nn. 0520100068166
- (h) Issuing Authority : 31/7/2025
- (i) Date of Expiry : 22/03/2037
- (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 : 15/05/2026 8:30 Pm.
- (b) Place : Corakhpur
- (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 : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front side
- (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? : _____



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 19/05/2026 200

Signature of the insured रीना चौहान

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52BR7220	Registration Date	: 23-Aug-2022
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...		
Owner Name	: RLENA CHAUHAN	Son/wife/daughter of	: MAHIPAL CHAUHAN
Full Address: (Permanent)	: VILL PARASAKHAD TARKULWA, DEORIA TARKULWA, , DEORIA, UTTAR PRADESH-274408		
Full Address: (Temporary)	: VILL PARASAKHAD TARKULWA, DEORIA TARKULWA, , DEORIA-UTTAR PRADESH-274408		
Fitness UpTo	: 22-Aug-2037	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	: AA2060469359
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 07/2022
Front HSRP No	: AA1021413712	Chassis No	: MBLHAW146NGG11088
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 97.20
Engine No	: HA11ESNGG16205	Wheel base	: 1235
Horse Power(BHP)	: 7.91	Standing Cap	: 0
Maker's Classification	: HFDELUXE(SLF-DR-CST)SS	Unladen Wt (kgs)	: 112
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 242
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: BLACK NEXUS BLUE		
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 HERO FINCORP LTD, ... Deoria, Uttar Pradesh-274001 w.e.f. 21-Aug-2022.

Purchase dt	: 17-Aug-2022	Sale Amt	: 63885/-
OTT Date	: 17-Aug-2022	Amount/Rcpt No	: 6389 / UP52D22080002146
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 24-Aug-2022		

Other State/Transfer/Conversion Details

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

This certificate is valid from 23-Aug-2022 to 22-Aug-2037

Date : 03-Sep-2022 16:05:29

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 03-Sep-2022

N 4240234

भारत सरकार
Government of India

राज्य चिह्न
Uttar Pradesh

नाम/Name: रीम चौहान
Rimma Chauhan
जन्म तिथि/D.O.B: 04/02/2001
लिंग/Gender: FEMALE

3075 1269 9796
VID : 9154 8575 6587 8973

मेरा आधार, मेरी पहचान

Download QR Code

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

राज्य चिह्न
Uttar Pradesh

पता:
सुरा: कमलेश चौहान, बिकरामपुर बंसपर, देवरी,
बंसपर प्रदेस - 274201

Address:
C/O: Kamlesh Chauhan, Bikrampur Banspar,
Deoria,
Uttar Pradesh - 274201

3075 1269 9796
VID : 9154 8575 6587 8973

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

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 रिता चौहान
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Indian Union Driving Licence
Issued by Uttar Pradesh



NL05 20100068166



Issue Date 31-07-2025 Validity (NT) 22-03-2037 Validity (TR)* 10-08-2030



Holder's Signature

Date of First Issue 19-01-2010

Name: **ARUN CHAUHAN**
Date of Birth: **05-01-1990** Blood Group:
Son/Daughter/Wife of: **MAHPAL CHAUHAN**
Address: **PARAS KHAR TARKULWA DEORIA 274408**

Organ Donor: **N**

DL No: NL05 20100068166

UPDL521000025155



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	NL05	19-01-2010	NT			
	L/MV	NL05	19-01-2010	NT			
	TRANS	NL05	24-03-2011	TR			
	MVSD						

Emergency Contact Number

Licensing Authority
UP-52 DEORIA

Form 7 Rule 16(2)

Handwritten notes in blue ink at the bottom of the page.