

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-0526-21	Date	19-05-2026
Customer Name	RAHAMATUN NISHA	Contact No.	7571981004
VIN	MBLHAW224SHC56795	Model	SPLENDOR +
Insurance Company		Reg No.	UP52CH6141
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	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
2	83410AAE3054S -FRONT VISOR NH-1 TYPE-4	87141090	Paid	860.17	1	9.00	9.00	0.00	0.00	0.00	0.00	1,015.00
3	37100AAE31099S -METER ASSY COMB	87141090	Paid	1,063.56	1	9.00	9.00	0.00	0.00	0.00	0.00	1,255.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
5	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00
6	33400KCC710S -WINKER ASSY R FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
7	33450KCC710S -WINKER ASSY L FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
Parts Total											0.00	4,645.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	354.00	9.00	9.00	0.00	0.00	0.00	0.00	417.72	
Jobs Total											0.00	771.72

Parts Total	4,645.00
Labour Total	771.72
SGST (Parts) 9%	354.28
CGST (Parts) 9%	354.28
SGST (Labour) 9%	58.86
CGST (Labour) 9%	58.86
Total	5,416.72

Rupees in Words: Five Thousand Four Hundred Sixteen and paise Seventy Two 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.



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.	Rahmatun Nischa 7571981004
2	Vehicle No. / वाहन संख्या	UP52CH16141
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	25/08/2025 To 24/08/2024
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/05/2026 - 3.40 Pm
6	Place of Accident / दुर्घटना का स्थान	Bhagwati Charan -
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Masukali UP52 2025 0021454
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : माइलक हली लो भैर आड ह्य गाडी बर छुसवा रोड पे जा रहे थे तभी सामने से आसी बडिके बर से लकर दे गई जितने गाडी डेभल देबर-	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Jantamata Bawal/ew 7800807912 . 9912116698

Rahmatun Nischa
Signature of Insured / बीमाधारक के

Date / दिनांक :
हस्ताक्षर
19/05/2021

Indian Union Driving Licence
Issued by Government of UTTAR PRADESH

UP52 20250021454

Issue Date: 22-11-2025 Validity(NT): 10-07-2047 Validity (TR)*: 00-00-0000

MASUK ALI
 Date of Birth: 11-07-2007 Blood Group:
 Son/Daughter/Wife of: JAKIR SHEKH
 Address:
 Malviya Road Kotwali Deoria, UP 274001

Holder's Signature

Organ Donor: N

Date of First Issue: 22-11-2025

DL No : **UP52 20250021454** DLUP00215708

Invalid Carriages (Regn. Numbers)*

Hazardous Validity* Hill Validity*
 00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP52	22-11-2025	NT		00-00-0000	
	LMV	UP52	22-11-2025	NT			

Emergency Contact Number

Licensing Authority

Form 7 (Rule 101a)



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. _____

Tel. No. _____

Period of Insurance 28/08/2025 TO 24/08/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED
 (a) Name : Rahmatun Nisha
 (b) Address for correspondence :
 (c) Telephone : Bemari Shabjaha Pur Doria

2. THE INSURED VEHICLE

Make & Year <u>26/08/2025</u>	Engine No. <u>HA11E7SHCA48264</u> Chassis No. <u>MBLNHW924VSHC56795</u>	Registration No. <u>UP52EH6141</u>
----------------------------------	--	---------------------------------------

- (a) Was the vehicle in proper working condition? ✓
 (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 no
 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

इस कार्ड के साथी/पाने पर कृपया सुरक्षित करें/संभालें:

संरक्षक के बिना इकाई, एक एक से एका

दीर्घी नमिनल, नसी स्थिति,

कार्ड नं. 341, सार्व नं. 997/8,

नगर कालोनी, टीए नगरा बिक के पास,

पुणे - 411 016.

If this card is lost / someone's lost card is found,

please inform / return to :

Income Tax PAN Services Unit, NSDL

4th Floor, Maruti Building,

Plot No. 341, Survey No. 997/8,

Model Colony, Near Deccan Bungalow Chowk,

Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081

e-mail: unit@pan.iti.co.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



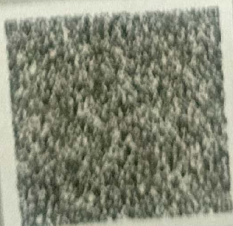
नाम / Name
RAHAMATUN NISHA

पिता का नाम / Father's Name
KHAN GAFFAR

जन्म की तिथि /
Date of Birth
01/01/1994

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BVCPN1197D

हस्ताक्षर / Signature



00723078



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Masuk Ali
- (b) Age : 19
- (c) Address : Mahul Raod Kuthwali Dudaia
- (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 : UP5020250094501
- (h) Issuing Authority : 02/11/2025
- (i) Date of Expiry : 10/07/2027
- (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 : 12/05/2026 - 3:40PM
- (b) Place : Dhuson Charu
- (c) Speed of vehicle at the time of accident : 50
- (d) Give a short description of the accident : दुसरा चोरोडे पे लाले सवग सार्जेन को असी बडेके
- (e) If any third party was responsible for this accident give the name and address : ये लखत हो गयी.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front side
- (b) Estimated cost of repairs : 7000
- (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?



भारत सरकार
Government of India



रहमतुन निशा
Rahamatun Nisha
जन्म तिथि / DOB : 01/01/1994
महिला / Female



5843 0286 6821

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
D/O: गफ्फार खां, सेमआरी,
शाहजहांपुर, देवरिया, शाहजहांपुर,
उत्तर प्रदेश, 274408

Address:
D/O: Gaffar Khan, semari,
Shahjahanpur, Deoria,
Shahjahanpur, Uttar Pradesh,
274408

5843 0286 6821

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



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 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 19/05/2006 200

Signature of the insured Rahamtan Meshq



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No	UP52CH6147	Registration Date	26-Aug-2025
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	NEW
Dealer's Name & Address	GANPATI AUTOMOBILES (D), PURWA CHAUDRAHA G.P. ROAD, DEORIA, 199-274001		
Owner Name	RAHAMATUN NISHA	Son/ wife/ daughter of	HSAMAJEEN KHAN
Full Address: (Permanent)	VILL- SEMARI SHAKHANPUR DEORIA, DEORIA, DEORIA, UTTAR PRADESH-274408		
Full Address: (Temporary)	VILL- SEMARI SHAKHANPUR DEORIA, DEORIA, DEORIA, UTTAR PRADESH-274408		
Fitness Up To	25-Aug-2040	Owner Serial No	1
Detailed Description			
Class of Vehicle	M-CYCLE/SCOOTER	Link Vehicle No	BHARAT STAGE VI
Ownership	INDIVIDUAL	Norms	
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA2133778003
Front HSRP No	AA2133139730	Month/Year of Manuf.	03/2025
Type of Body	SOLO WITH PILLION	Chassis No	MBLHAW224SHC56795
No of Cylinders	1	Fuel	PETROL
Engine No	HA11E75HC48254	Cubic Capacity	97.20
Horse Power(BHP)	7.91	Wheel base	1238
Maker's Classification	SPLENDOR+ BLK STRIPE II	Standing Cap	0
Seating Cap(in all)	2	Unladen Wt (kgs)	111
Steeper Cap	0	Laden/GV Wt (kgs)	241
Colour	BLACK AND ACCENT	AC Fitted	NO
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)
-----------	-------------	----------	----------------

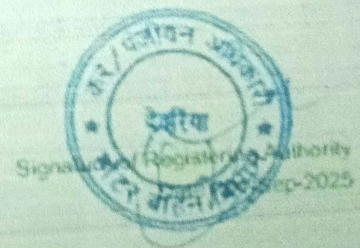
- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD. DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 26-Aug-2025.

Purchase dt	25-Aug-2025	Sale Amt	78366/-
OTT Date	25-Aug-2025	Amount/Rcpt No	7837 / UP52025080002565
Vehicle is Govt/ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	27-Aug-2025		

Other State/Transfer/Conversion/Reassign Details	Previous RegNo
Previous Owner	Entry Date
Old State	Conversion Date
Transfer Date	

This certificate is valid from 26-Aug-2025 to 25-Aug-2040



Date: 04-Sep-2025 12:11:21
Taxation Particulars / Advance Registration Mark Fee Details

Q 5087718

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.

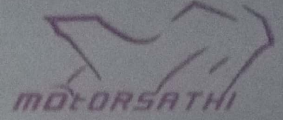
Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Rahamtu Nisha*.....
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



2025-08-25

Mr./Ms. RAHAMATUN NISHA
VILL-SEMARI, SHAHJAHANPUR, DEORIA, DEORIA, UTTAR PRADESH 274408
DEORIA, Uttar Pradesh, 274408

Dear Mr./Ms. RAHAMATUN NISHA,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your transcript of proposal is attached and your policy is getting issued with insurer, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. RAHAMATUN NISHA, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org
GSTIN: 09AAPCM5877M1ZD

एक बीमा पॉलिसी गाड़ी का
OD; एक साल का तथा थंड पार्ट
एक साल के लिए ही मान्य है



