

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-0526-22	Date	22-05-2026
Customer Name	SHREEKRISHNA .	Contact No.	8874617081
VIN	MBLHAW225RHL65676	Model	SPLENDOR +
Insurance Company		Reg No.	UP52CH5594
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	33450KCC710S -WINKER ASSY L FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
7	17520AAEA00RS -FUEL TANK (BLACK NH-1)	87141090	Paid	4,644.07	1	9.00	9.00	0.00	0.00	0.00	0.00	5,480.00
8	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
9	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
Parts Total											0.00	10,190.00

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	350.00	9.00	9.00	0.00	0.00	0.00	0.00	413.00	
Jobs Total											0.00	767.00

Parts Total	10,190.00
Labour Total	767.00
SGST (Parts) 9%	777.20
CGST (Parts) 9%	777.20
SGST (Labour) 9%	58.50
CGST (Labour) 9%	58.50
Total	10,957.00

Rupees in Words: Ten Thousand Nine Hundred Fifty Seven 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.

65166 - Main W/S



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 252400/31/2026/32796

Tel. No.

Period of Insurance 13/08/2025 To 12/08/2026
 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 : Shreekrishan C.
 (b) Address for correspondence : Mushabri Mushabri Doria
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>19/08/2025</u>	Engine No. <u>HAI1E7RHL69564</u> Chassis No. <u>MB2HAW22SRHL65676</u>	Registration No. <u>UP20CH5594</u>
----------------------------------	--	---------------------------------------

- (a) Was the vehicle in proper working condition? 1/8
 (b) For what purpose was the vehicle being used at the time of accident? mail
 (c) Was trailer attached? no
 (d) If a Motor Cycle/scooter by
 1. Was a side-car attached?
 2. Was a pillion rider carried?

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
- MA



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CH5594 **Registration Date** : 19-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
Owner Name : SHREEKRISHNA **Son/wife/daughter of** : RAMPRATAP
Full Address: (Permanent) : VILL- MUSAHARI, PO- MUSAHARI DEORIA, , DEORIA, UTTAR PRADESH-274408
Full Address: (Temporary) : VILL- MUSAHARI, PO- MUSAHARI DEORIA, , DEORIA-UTTAR PRADESH-274408
Fitness UpTo : 18-Aug-2040 **Owner Serial No** : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2133727722
Front HSRP No	: AA2133139450	Month/Year of Manuf.	: 11/2024
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW225RHL65676
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E7RHL69564	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1236
Maker's Classification	: SPLENDOR+ BLK STRIPE 13 S (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 111
Sleeper 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 w.e.f. .

Purchase dt	: 13-Aug-2025	Sale Amt	: 78366/-
OTT Date	: 13-Aug-2025	Amount/Rcpt No	: 7837 / UP52D25080001848
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 20-Aug-2025		

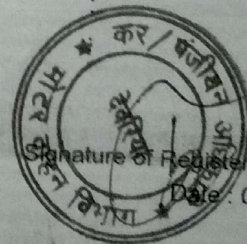
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-Aug-2025 to 18-Aug-2040

Date : 03-Sep-2025 12:39:09

Taxation Particulars / Advance Registration Mark Fee Details



Signature of Registering Authority
Date : 03-Sep-2025

Q 5087835

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. _____

NA

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 _____

NA

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 9/05/2021 200

Signature of the insured *[Signature]*

भारत सरकार
GOVERNMENT OF INDIA

श्रीकृष्ण
Shreekrishna
जन्म तिथि/ DOB: 01/01/1986
पुरुष/ MALE

6923 4812 9608

मेरा आधार, मेरी पहचान

Aadhaar no. issued: 14/06/2017
Details as on: 23/10/2024

राष्ट्रीय विशिष्ट पत्रचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
आत्मज: रामप्रताप, ग्राम-मुसहरी, मुसहरी,
Mushari, देवरिया,
उत्तर प्रदेश - 274408
Address :
S/O: Rampratap, village-musahari,
Mushari, PO: Mushari, DIST: Deoria,
Uttar Pradesh - 274408

6923 4812 9608

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

Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20220017695

Issue Date: 10-11-2022 Validity (NT): 06-07-2040 Validity (TR):

Name: **SANDIP SINGH** Holder's Signature: 


Date of Birth: 07-07-2000 Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **VIDYA SINGH**

Address: **Kanakpura Deoria Uttar Pradesh 274408**

Date of First Issue: 10-11-2022

DL No: UP52 20220017695 UPDL 069009766923




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	UP52	10-11-2022	NT				
LHV	UP52	10-11-2022	NT				
MVSD							

Emergency Contact Number

 Authority
 UPS2 DEORIA

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 - *[Handwritten Signature]*
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, 34 KHAIB NAGAR, OPP. FI MISTAN CINEMA MEERUT - 01714063670 (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Years)	Policy Issued On	13-AUG-25
Policy No	252400/31/2026/32796	Proposal No. & Date	R/252400/31/2026/25218 & 13-AUG-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 17:24 ON 13/08/2025 TO MIDNIGHT OF 12/09/2026
Agent/Broker Name	M/S. POLICYBAZAR INSURANCE BROKERS PRIVATE LIMITED.	Policy Period (LIABILITY)	FROM 17:24 ON 13/08/2025 TO MIDNIGHT OF 12/09/2026
Insured Name	SHREEKRISHNA (GSTIN:)	Lead / Broker No	/
Insured Address	C/O RAMPRATAP, VILL-MUSAHARI, PO-MUSHARI, DEORIA, DEORIA, UTTAR PRADESH 274408, VILL-MUSAHARI, PO-MUSHARI, DEORIA, DEORIA, UTTAR PRADESH 274408, DEORIA, , NA.	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	74923
Model & Variant	SPLENDOR +SELF DRUM ALLOY FI BS BSVI	Electrical Accessories	0
Registration No	NFW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74923
Engine -Chassis No	HAI1E7RHL69564 - MBL1A1W25RHL65676	TMC CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL.
RTO Location			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1255.71	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1255.71	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -I)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4039
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	728
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	1068	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1068	Krishi Kalyan Cess@0.50%	4767
Add-On Coverages		Gross Premium Paid	
NIL Depreciation		Note:	
Returns to Insurer	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub-Total Add-on Coverages	188	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT,7,10,28.	
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4767
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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, amounts, warranties, exclusions, IMT's 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 ab initio (from inception).

Claims 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.

We witness whereof the undersigned being authorised by and on behalf of the company has/have herein to act his/their hands at 252400 on 13-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: Use 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) Liability tests

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 a person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989. Under Section II-1 (i) of the policy - Damage to third party property is Rs. 7.5 lacs. P.A. Cover under section III for owner-Driver is Rs.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury - fixed amount is necessary to meet three requirement of the motor vehicle act 1988.

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 five 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 includes all pre-existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By : 659250AMD
Approved On : 13-AUG-25
Place : MRT
Printed On : 19-NOV-25

General Manager
Authorized Signature