

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-0626-27
 Customer Name OM PRAKASH KUMAR
 VIN MBLJFW24XNGM04881
 Insurance Company
 HMCGL Card No 1115322820001051
 Part Details

Date 09-06-2026
 Contact No. 9555536152
 Model DESTINI 125
 Reg No. UP52BU9383
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64305ABS300YS -SET COVER FR. UPPER (MET. NEXUS BLUE BL(87141090	Paid	1,292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	1,525.00
2	53100ABS300S -HANDLE COMP. STRG	87141090	Paid	805.08	1	9.00	9.00	0.00	0.00	0.00	0.00	950.00
3	81131ABS3001S -COVER INNER PP BROWN	87141090	Paid	733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	865.00
4	64309ABS300YS -FRONT COVER LOWER (MET. NEXUS BLUE BL(BR	87141090	Paid	1,182.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,395.00
5	6433AABS300YS -COVER L FLOOR SIDE SUB ASSY MNB BR 013MG	87141090	Paid	843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	995.00
6	53205ABS300YS -COVER HANDLE FR MNB BR 013MG	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
Parts Total												0
Labour Details												0.00
												6,790.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI 125	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	0.00	354.00
Labour Total		6,790.00
SGST (Parts) 9%		354.00
CGST (Parts) 9%		517.88
SGST (Labour) 9%		517.88
CGST (Labour) 9%		27.00
Total		7,144.00

Rupees in Words: Seven Thousand One Hundred Fourty Four 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 Re 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.	OM Parkash Kumar 7897498188
2	Vehicle No. / वाहन संख्या	4PS2 BU 9383
3	Policy No. / पालिसी संख्या	MS2025700101465751461897
4	Period of Insurance / बीमा अवधि	14/08/2025 To 13/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/06/2026 , 11:30 Pm.
6	Place of Accident / दुर्घटना का स्थान	Bajjnathpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nitish Kumar MH01202600157114
8	Estimated Loss / अनुमानित हानि	8000
09.	Cause of Accident / दुर्घटना का कारण : नीतिश कुमार जो मेरे भाई हैं गाड़ी खर रात को 11:30 बजे बैजनाथपुर जा रहे थे भेड़ से टकरा गये। खड़ी थी उसी से बकरा गैर पेड़ की वजह से डिवर्ग नहीं दिया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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 motors Beshahi Moga 7800807912 , 9918116698

Date / दिनांक :
हस्ताक्षर
09/06/2026

ओमप्रकाश कुमार
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. MSD025/7001/0/46575/46897

Tel. No.

Period of Insurance 14/08/2025/13/08/2026
 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 : Om Parkash Kumar
 (b) Address for correspondence : Rampur Ghripal Naudem Bahiyaganh Doria UP
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>21/02/2023</u>	Engine No. <u>JF17EANC1M04804</u> Chassis No. <u>MB1JFW121XN1M04881</u>	Registration No. <u>UP52BU9383</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 : _____

[Handwritten signature]



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



राजकीय पेंशन कार्ड
Permanent Account Number Card

LENPK4S91M

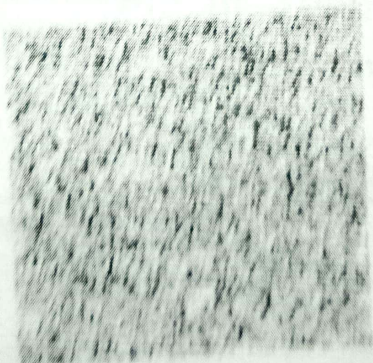
THE Name
OM PRAKASH KUMAR

पति का नाम / Father's Name
YAMUNA PRASAD

कार्ड की तिथि
Date of Birth
01/01/1987

संकेत संख्या

पेंशन संख्या





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 (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. MS2025/7001/0146575/41897
 Tel. No. Period of Insurance 11/08/2025/13/08/2026
 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 : Om Pankash Kumar
 (b) Address for correspondence : Rampur shripul Nautan hadiyaganh Doria up
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>21/02/2023</u>	Engine No. <u>JFT7RANCM 04804</u> Chassis No. <u>MBWJFW21XNCM 04881</u>	Registration No. <u>UP52BU9383</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? Yes
 2. Was a pillion rider carried? Yes

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 (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



DL No: MH01 20260015744



Invalid Carriages (Regn. Numbers) MD068300907

Hazardous Validity Hill Validity

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	MH01	09-03-2026	MCWG			
	L	MH01	09-03-2026	L			

Form 7 Rule 16 (2)

Emergency Contact Number

[MH01] Licensing Authority



Indian Union Driving Licence
Issued by Government of Maharashtra



MH01 20260015744

Issue Date: 09-03-2026
Validity(NT): 08-03-2036
Validity(TR):



Name: NITISH KUMAR

Date of Birth: 01-01-1992 Blood Group:

Son / Daughter / Wife of: JAMUNAPRASAD

Address:

PODI NO-2, BHUJBAL CHAWL AT POST- PODI NEAR PILLAI COLLEGE PANVEL, PANVEL
RAIGAD MAHARASHTRA 410206

Holder's Signature

Organ Donor: N

Date of First Issue: 09-03-2026

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Nitish Kumar
(b) Age : 31
(c) Address : Padinole, Bhujbal chavel.
(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 : MH01 20260015744
(h) Issuing Authority :
(i) Date of Expiry : 8/03/2026
(j) Was the licence temporary/permanent : 8/03/2026
(k) Details of endorsement/suspension, if any : permanent
(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 : 08/06/2026 11:30 Pm.
(b) Place : Bijnathpur
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : मीरुपु डिक्सिड न डने ते चाला सामन वाली राही
सादर गी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : 10000
(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? : N/A

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? : _____ N/A
(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 : _____ 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.

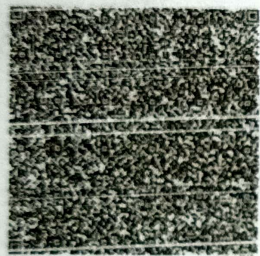
Date 09/06/2016 200

Signature of the insured - अमरजीत कुमार


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता:
 सम्बोधित: यमुना प्रसाद, रामपुर श्रीपाल, नौतान हाथियागढ़,
 हथियागढ़, देवरिया,
 उत्तर प्रदेश - 274206

Address:
 S/O: Yamuna Prasad, rampur shripal, Nautan
 Hathiagarh, PO: Hetimpur, DIST: Deoria,
 Uttar Pradesh - 274206



9219 4117 1539
 VID : 9135 8609 2940 6034

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


भारत सरकार
Government of India


ओम प्रकाश कुमार
 Om Prakash Kumar
 जन्म तिथि/DOB: 01/07/1983
 पुरुष/ MALE



Aadhaar no. issued: 02/12/2011

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या स्कैनर कोड/
 ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
 Aadhaar is proof of identity, not of citizenship
 or date of birth. It should be used with verification (online
 authentication, or scanning of QR code / offline XML).

9219 4117 1539
मेरा आधार, मेरी पहचान



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BU9383 Registration Date : 26-Feb-2023
 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 : OM PRAKASH KUMAR Son/wife/daughter of : YAMUNA PRASAD
 Full Address: (Permanent) : VILL RAMPUR SHRIPAL, NAUTAN HATHIYAGARH, , DEORIA, UTTAR PRADESH-274206
 Full Address: (Temporary) : VILL RAMPUR SHRIPAL, NAUTAN HATHIYAGARH, , DEORIA-UTTAR PRADESH-274206
 Fitness UpTo : 25-Feb-2038 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	Roar HSRP No	: AA2070520297
Front mark No	: AA1023801974	Month/Year of Manuf.	: 12/2022
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLJFW24XNGM04881
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: JF17EANGM04804	Cubic Capacity	: 124.60
Horse Power(BHP)	: 8.96	Wheel base	: 1245
Maker's Classification	: DESTINI 125 (VX)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 114
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 244
Colour	: METALLIC NEXUS BLUE	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.		As Regd.	
	Description		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. 24-Feb-2023.

Purchase dt	: 21-Feb-2023	Sale Amt	: 85158/-
OTT Date	: 21-Feb-2023	Amount/Rcpt No	: 8516 / UP52D23020003314
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 01-Mar-2023		

Other State/Transfer/Conversion Details

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

This certificate is valid from 26-Feb-2023 to 25-Feb-2038

Date : 21-Mar-2023 16:12:05

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 21-Mar-2023

P 2055846

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 .. ओमप्रकाश शर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

MOTOR

Contract No.: MS/2025/7001/O/46575/461897

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	
Om Prakash Kumar	1983-07-01	7897498128	Yamuna Prasad	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Veh
VX	UP52BU9383	JF17EANGM04804	MBI JFW24XNGM04881	2022	125	
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
50500.00	NA	0.00	0.00	0.00	50500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (inc	
	Solo			2	1503.63	
Address			City / District	Pin Code	State	
Vill Rampur Shripal, Nautan Hathiyagarh, , Deoria, Uttar Pradesh,				274206	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
REENU DEVI	Female	36 Years	WIFE	2025-08-14 12:18	Midnight of 2026-0	

Section A, VRC: 760.55 TCR: 417.13 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1177.68

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 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 Assur: 276.23 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.72 Total with GST(D): 3

Total(Section A+B+C+D) Offered Price After Discount: 1504

Package Period Covered	2025-08-14 To 2026-08-13	2026-08-14 To 2027-08-13	2027-08-14 To 2028-08-13	2028-08-14 To 2029-08-13	2029-08-14 To 2030-08-13
ADV	50500	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 2028-02-20 (DETAILS 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 in 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 F 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 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. 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 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 accountancy 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.: 79 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 1503.63 ON 2025-08-14 from Mr./Ms. Om Prakash Kumar against the ARN No. INCP00461897
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, (20200

