

JANTA MOTORS

DESHI DEORIA, ANAND NAGAR, ,DESHI DEORIA, DEORIA, 274206, UP, India

State Code: 9 Contact: 9918116698, , ,

GSTIN No: 09AQMPAU307LZZY

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	65166-03-REST-0626-34	Date	17-06-2026
Customer Name	WAGHULLAI SIDDIQUI	Contact No.	9940040553
VIN	MBLHAW332SHJ08875	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP52CH9538
HMCGL Card No	1185625560001555	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	3,225.00
2	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	902.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,065.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
4	53200AAE940S STEM COMPLETE STEERING	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	965.00
5	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
6	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	1,420.00
7	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
8	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
Parts Total											0.00	14,015.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
Jobs Total											0.00	472.00

Parts Total	14,015.00
Labour Total	472.00
SGST (Parts) 9%	1,068.94
CGST (Parts) 9%	1,068.94
SGST (Labour) 9%	36.00
CGST (Labour) 9%	36.00
Total	14,487.00

Rupees in Words: Fourteen Thousand Four Hundred Eighty 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.
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

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.	Wasiullah Siddiqui 9648040553
2	Vehicle No. / वाहन संख्या	UP52EH9538
3	Policy No. / पालिसी संख्या	252400131/2026/29642
4	Period of Insurance / बीमा अवधि	01/10/2025 To 30/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/06/2026 - 8.Pm
6	Place of Accident / दुर्घटना का स्थान	AKTahira madina
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Wasiullah Siddiqui UP5220230008743
8	Estimated Loss / अनुमानित हानि	
9. Cause of Accident / दुर्घटना का कारण : अपनी गाड़ी ब्रेक टैरिपुट जाई है ये अम्बुडिया गडिरे के पास सामने से आती तेज बाइके वील ने टक्कर मार डिया जिससे गाड़ी अ ब्रेक भीट हैडिले आगे आगे से ड्रैगल हो गया		
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 रेपैरिग वॉर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Tanda motors Busehi Ghosia 7800807912 - 9918116698

17/06/2026
Date / दिनांक :

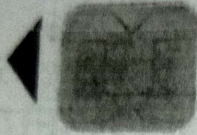
Wasiullah Siddiqui
Signature of Insured / बीमाधारक के



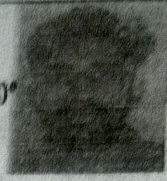
**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20230008743



Issue Date: **01-06-2023** Validity (NT): **14-07-2041** Validity (TR): _____



(01-06-2023)

Date of First Issue

Name: **WASIULLAH SIDDIQUI**
 Date of Birth: **15-07-2001** Blood Group: **B-VE** Organ Donor: **N**
 Son/Daughter/Wife of: **AJAMTULLAH SIDDIQUI**
 Address: **Anwarhi Bhatani Dadan Deoria
 Uttar Pradesh 274206**

DL No: UP52 20230008743

UPDL000010706420



Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
	MCWG	UP52	01-06-2023	NT			
	LMV	UP52	01-06-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
 Licensing Authority
 UP52 DEORIA





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. 2524100/31/2026/39642

Tel. No.

Period of Insurance 01/10/2025 To 30/09/2026
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 : Ucashullah Siddiqvi

(b) Address for correspondence : _____

(c) Telephone : Anuoorshi Bhatani dadan Doria

2. THE INSURED VEHICLE

Make & Year <u>04/10/2025</u>	Engine No. <u>HAIIFBSHJ08601</u> Chassis No. <u>MBMHA1A1325HJ 08875</u>	Registration No. <u>WPS2CH9538</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? personal
- (c) Was trailer attached? N
- (d) If a Motor Cycle/scooter
- Was a side-car attached? N
 - Was a pillion rider carried? N

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 Chellan 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



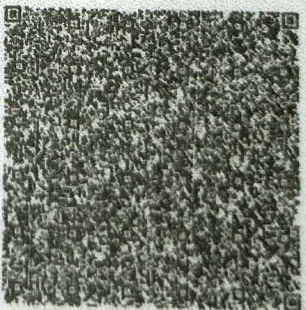
नाम / Name
WASULLAH SIDDIQUI

पिता का नाम / Father's Name
AJAMTULLAH SIDDIQUI

जन्म की तारीख /
Date of Birth
15/07/2001

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MEOPSA151N



15/12/2025

← EMI Application Regularly Submit. Card Not Valid unless Physically Signed



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Washiullah Siddiqui
(b) Age : 25
(c) Address : Anawoshi Bahemidadan Doria
(d) Is the Driver
1. 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 (alcohol or drugs)?
(g) Driving Licence Number : UPSD 2023 000 8743
(h) Issuing Authority :
(i) Date of Expiry : 01/06/2023
(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

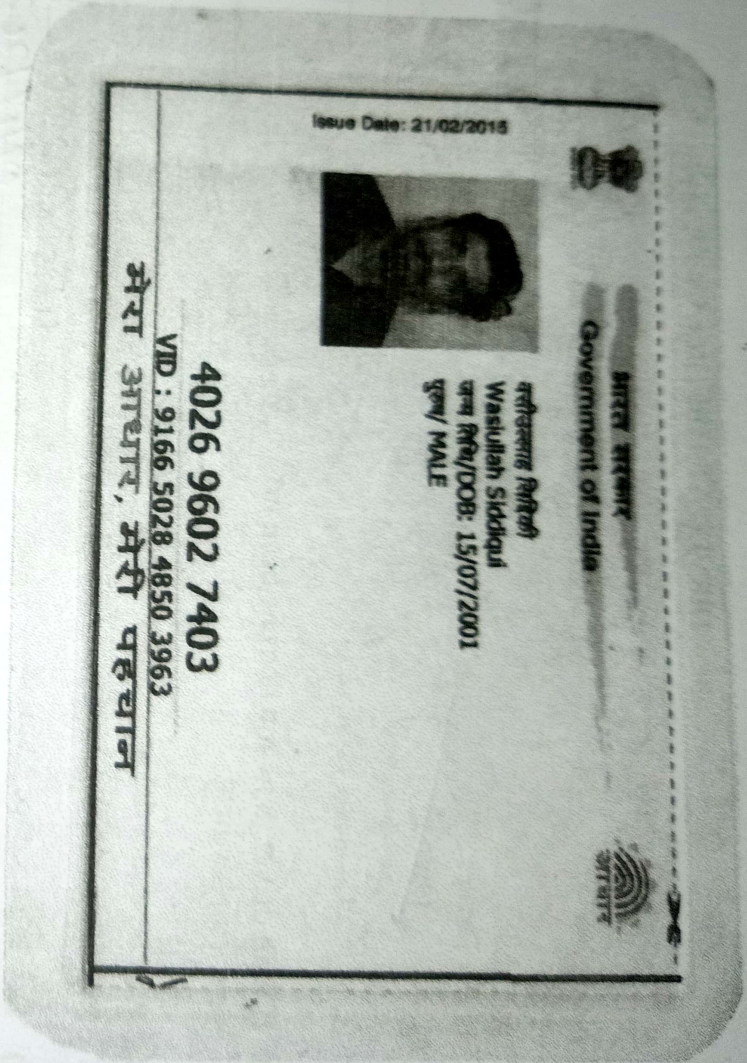
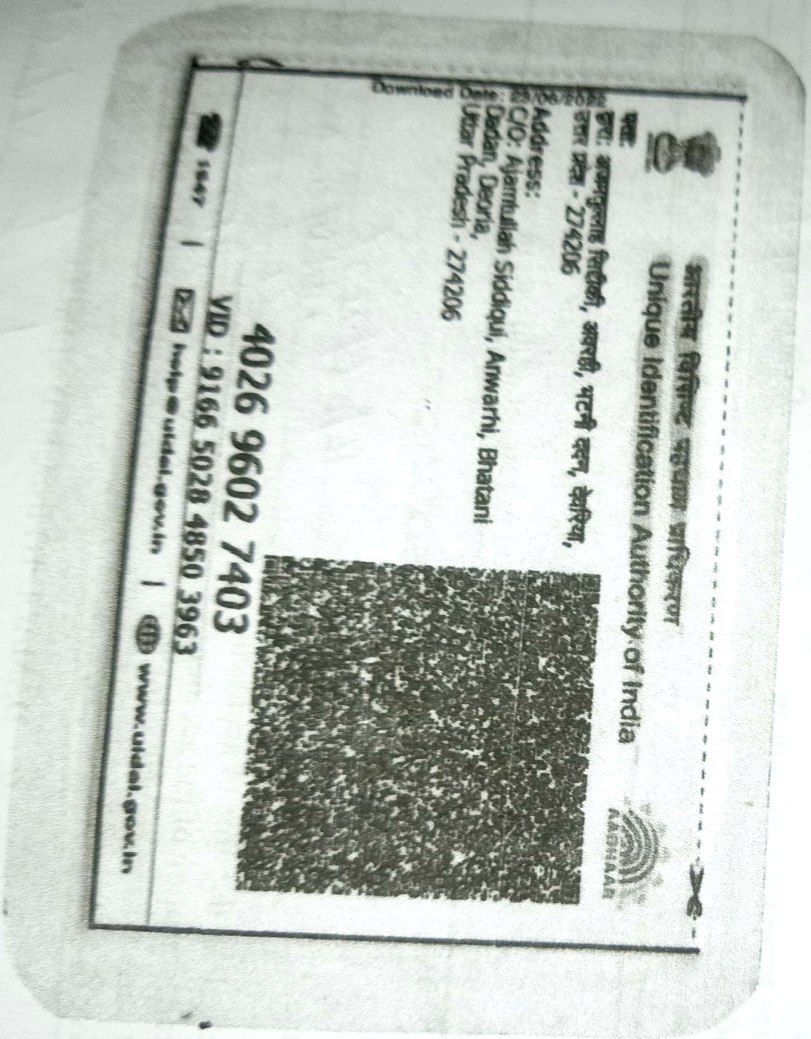
- (a) Date and Time : 14/06/2026 . 8:00 PM
(b) Place : Akhijer madina
(c) Speed of vehicle at the time of accident : 50
(d) Give a short description of the accident
(e) If any third party was responsible for this accident give the name and address : हरिनाथ लाल मजरा सामने से ठानी का
जहा मल हीना.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front side R. side
(b) Estimated cost of repairs : 1000
(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 _____ 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? _____
- (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 17/06/2026 200

Signature of the insured Abasjullah Sobhiqui

CERTIFICATE OF REGISTRATION



Registration No
Description of Vehicle
Dealer's Name & Address

UP52CH9538
M-CYCLE/SCOOTER
M/S VAISHNOVO MOTORS,
189-274403

Registration Date
Purpose For Printing RC

: 04-Oct-2025
: NEW
: 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,

Owner Name

WASIULLAH SIDDIQUI

Son/wife/daughter of

: S/O- AJAMTULLAH
SIDDIQUI

Full Address: (Permanent)

: VILL- ANWARHI, PO- BHATANI DADAN, PS- MAHUADIH, DEORIA, UTTAR PRADESH-
274206

Full Address: (Temporary)

: VILL- ANWARHI, PO- BHATANI DADAN, PS- MAHUADIH, DEORIA-UTTAR PRADESH-
274206

Fitness Up To

: 03-Oct-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

Front HSRP No

: AA2134075355

Rear HSRP No

: AA2134820225

Type of Body

: SOLO WITH PILLION

Month/Year of Manuf.

: 09/2025

No of Cylinders

: 1

Chassis No

: MBLHAW332SHJ08875

Engine No

: HA11FBSHJ08681

Fuel

: PETROL

Horse Power(BHP)

: 8.17

Cubic Capacity

: 97.20

Maker's Classification

: SPLENDOR+ XTEC 2.0 (DR

Wheel base

: 1235

Seating Cap(In all)

: 2

Standing Cap

: 0

Sleeper Cap

: 0

Unladen Wt (kgs)

: 112

Colour

: Black Heavy Grey

Laden/GV Wt (kgs)

: 242

Other Criteria

:

AC Fitted

: NO

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 w.e.f.

Purchase dt : 01-Oct-2025

Sale Amt : 80517/-

OTT Date : 01-Oct-2025

Amount/Rcpt No : 8052 / UP52D25100000548

Vehicle is Govt/ Pvt. : PRIVATE

Tax Exempted or Not : NOT EXEMPTED

Date of Approval : 15-Oct-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner

Previous RegNo

Old State

Entry Date

Transfer Date

Conversion Date

This certificate is valid from 04-Oct-2025 to 03-Oct-2040

Date : 08-Jan-2026 18:21:48

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.D. (A)
DEORIA

Signature of Registering Authority

Date : 08-Jan-2026

Q 7107840

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 *W. Sullata Badhiqu*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

पृथ्वी, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास
दि ओरिएण्टल इन्सुरेंस कंपनी लिमिटेड



PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA HAMARE PAS
THE ORIENTAL INSURANCE COMPANY LIMITED
(Govt. of India Undertaking)
U66010DL1947GOI007158

Report ID: PGIR0928
Page No: 1

TAX INVOICE/CASHIER RATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)
DIVISIONAL OFFICE, 346 KHAIB NAGAR, OPP. FILMISTAN CINEMA MEERUT (GSTIN: 09AACT0627B4ZU)

Policy Type	BUNDLED POLICY (MOTORIZED TWO WHEELERS-3 Years)	Policy Issued On	01-OCT-25
Policy No	2324003112026/39642	Proposal No. & Date	R/252400/31/2026/31586 & 01-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18-04 ON 01/10/2025 TO MIDNIGHT OF 30/09/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18-04 ON 01/10/2025 TO MIDNIGHT OF 30/09/2026
Insured Name	WASULLAH SIDDIQUI (GSTIN:)		
Insured Address	C/O AJAMTULLAH SIDDIQUI, VILL ANWARIH PO BHATANIN DADAN, PS MAHUADII, DEORIA, NA,	Lead /Branch No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	76491
Model & Variant	SPLENDOR + XTEC 2.0	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine -Chassis No	HA11FBSHU08681 - MDLHAW322SH108875	IMF CONTRACT NO	
Cubic Capacity	97.2	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
Type Of Fuel	PETROL		
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1281.99	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-18)	0	Total Premium (A+B)	4043
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIF Discount	1090	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1090	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4771
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	192		

Nominee Details: Nominee Name, Age, Relation

Payment Details: Payment Method, Cheque No./Transaction No., Bank Name, Amount (4771)

Financer Type: Financer Name (IDFC FIRST BANK LTD), Financer Branch

POS Name: POS ID, 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, clauses, warranties, exclusions, IMT's and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org or on demand from the policy issuing office.

We warrant 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).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/we hereby certify that the policy to which this 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. In witness whereof the undersigned being authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 01-OCT-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 M.V. 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

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 the person holding an effective learner's license may also drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or bodily injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS

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

I/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 excludes all pre existing damages

Approved By: 921179MD
Approved On: 01-OCT-25
Place: MBT
Printed On: 01-OCT-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

आवश्यक सूचना
इस नई मोटर वाहन की लेनी एव दूर-फोन
दुर्यटना बीमा
सम्पर्क करें
9289923053, 9198906622