

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-0526-13	Date	07-05-2026
Customer Name	VISHAL PANDEY	Contact No.	8948356110
VIN	MBLHAW142RHJ13077	Model	HF DELUXE
Insurance Company		Reg No.	UP52CF3649
HMCGL Card No		HMCGL Card Category	
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	530.00
2	83400ACK410SS -FRONT VISOR(BLACK (TYPE-2)NH-1 (T2)(S)	87141090	Paid	656.78	1	9.00	9.00	0.00	0.00	0.00	0.00	775.00
3	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
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	88110AAHH00S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	83500ACK400SS -RIGHT SIDE COVER(BLACK (TYPE-2)NH-1(T2)(87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	590.00
7	3340BAAH001S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
Parts Total											0.00	3,580.00

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	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
Jobs Total											0.00	354.00

Parts Total	3,580.00
Labour Total	354.00
SGST (Parts) 9%	273.05
CGST (Parts) 9%	273.05
SGST (Labour) 9%	27.00
CGST (Labour) 9%	27.00
Total	3,934.00

Rupees in Words: Three Thousand Nine Hundred Thirty 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 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

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.	Vishal Pandey 8948356110
2	Vehicle No. / वाहन संख्या	UP22CF 3649
3	Policy No. / पालिसी संख्या	852400/31/2026/12172
4	Period of Insurance / बीमा अवधि	09/05/2025 - To 10/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/05/2026 - 5-00 PM
6	Place of Accident / दुर्घटना का स्थान	Paduali Baran
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sachin Pandey UP22 2020 0002975
8	Estimated Loss / अनुमानित हानि	6000
9.	Cause of Accident / दुर्घटना का कारण : सचिन पाण्डेय जो मेरवाचा हट्टी गाड़ी लेकर पड़ोसी रोड पे जा रहे थे तभी सामने मेरवाचा गाड़ी वीथ से लम्बे ब्रेक से गाड़ी रोकते हैं से ड्रेगा ब्रेक रोकते जाते हैं गिर गये	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/ N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	/ N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Janta motors. Deshi Deoria, 7800807912, 9918116698

07/05/2026
Date / दिनांक :
इसका

Signature of Insured / बीमाधारक के

Vishal Pandey



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. 252100/31/2026/2172

Tel. No.

Period of Insurance 09/03/2025 To 08/05/2026
 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 : Vishal Pandey
 (b) Address for correspondence : Dhamour Padiapora Deoria
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>11/05/2025</u>	Engine No. <u>HA11ECRHJ 6108</u> Chassis No. <u>MB2HA1W142RHJ13077</u>	Registration No. <u>UP52CF8649</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
 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 : _____

CERTIFICATE OF REGISTRATION

Registration No : UP52CF3649
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA OKP ROAD, DEORIA, 190-274001
 Owner Name : VISHAL PANDEY
 Full Address: (Permanent) : VILL- DHAMAUR PADIAPAR, DEORIA, UTTAR PRADESH-274206
 Full Address: (Temporary) : VILL- DHAMAUR PADIAPAR, DEORIA, UTTAR PRADESH-274206
 Fitness Up To : 10-May-2040
 Registration Date : 11-May-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : GIRJESH PANDEY
 Owner Serial No : 1

Class of Vehicle : M-CYCLE/SCOOTER
 Link Vehicle No : BHARAT STAGE VI
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2124556569
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11ECRHJ16108
 Horse Power(BHP) : 7.91
 Maker's Classification : HF DELUXE (DRS)
 Seating Cap(in all) : 2
 Steeper Cap : 0
 Colour : BLACK NEXUS BLUE
 Other Criteria : Fully Built
 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 SHRIRAM FINANCE LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 10-May-2025		
Purchase dt	: 09-May-2025	Sale Amt : 63900/-
OTT Date	: 08-May-2025	Amount/Rcpt No : 6390 / UP52D25050001944
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not : NOT EXEMPTED
Date of Approval	: 13-May-2025	
Other State/Transfer/Conversion/Reassign Details		
Previous Owner		
Old State		
Transfer Date		
Previous RegNo		
Entry Date		
Conversion Date		

This certificate is valid from 11-May-2025 to 10-May-2040

Date : 21-May-2025 14:40:18
 Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
 सहायक उप-पंजीयन अधिकारी
 Date : 21-May-2025

JANTA MOTORS
DEST
State
GST
Auth

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

From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____ Day of _____ 200_____
(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/-

[Handwritten Signature]

Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank

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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. : _____

N/A

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 : _____

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 07/08/2020

Signature of the insured =

