

JAIN MOTORCYCLE COMPANY

NEAR ALWAR BRIDGE, NH-2, MATHURA, MATHURA, 281004, UP, INDIA
 State Code: 9 Contact: 9219041200, 9897476235, 9368241200, 5652421200
 GSTIN No: 09AAFFJ7440Q1ZP
 Authorized Dealer: Hero MotoCorp Ltd.

motorcycle

ESTIMATE

Estimate No.	11117-03-REST-0326-647	Date	11-03-2026
Customer Name	OMVATI,	Contact No.	9634808654
VIN	MBLJAW402P9L50072	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP85CM2354
HMCGL Card No	1111724670000017	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
3	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
4	83402ADG000S -PANEL INNER	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
5	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
6	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
Parts Total											0.00	5,730.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00	
Jobs Total											0.00	2,360.00

Parts Total	5,730.00
Labour Total	2,360.00
SGST (Parts) 9%	437.03
CGST (Parts) 9%	437.03
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
Total	8,090.00

Rupees in Words: Eight Thousand Ninety 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. Actual amount may vary from estimate
 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 MATHURA Jurisdiction Only
- #HeroMotoCorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

11117 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय .

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Omvaah 96348-8654
2	Vehicle No. / वाहन संख्या	U.P-85-CM-2354
3	Policy No. / पालिसी संख्या	MS/2025/2001/0146575/452621
4	Period of Insurance / बीमा अवधि	30/6/25 to 29/6/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	Date - 10/3/2026 Time - 05:00 PM Am/pm
6	Place of Accident / दुर्घटना का स्थान	उत्तराखण्ड शैल शैल मयूरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anil Kumar UPDS 2019 0003251
8	Estimated Loss / अनुमानित हानि	8090/-
09.	Cause of Accident / दुर्घटना का कारण :	सेवा वेत नैरी गाड़ी लेके जा रहा था उसी साभने से दुर्घटना वाला जा रहा था वह नैरी गाड़ी में आके टक्करा गएर ओर नैरी गाड़ी हट गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	JOHN HENRY COMPANY ALWAR RAJNAR 2 MAR 7015449987

Date / दिनांक : 11/3/25
हस्ताक्षर

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 _____

Certificate/Policy No. MS/2025/700/01468751
45261

Tel. No. _____

Period of Insurance _____
 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 : Om Vati
 (b) Address for correspondence : Sonkh Road USPur
 (c) Telephone : 9634000654

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>8 Jan/2024</u>	Engine No. <u>J A 07 A m p 9 L 10014</u> Chassis No. <u>M B L J A W 402 P 9 L 50072</u>	Registration No. <u>UPR5CM2354</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? NO
 (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 : _____

9/1/24

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pril Kumar
(b) Age : _____
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : SON
(e) If paid driver, how long has he been in your employment : _____
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : UPDS 2019 003 251
(h) Issuing Authority : Mathura
(i) Date of Expiry : 27/03/2039
(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 : 10/03/26 - 05:00 PM
(b) Place : उस्फार सौर रोड मथुरा
(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 : _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : _____
(b) Estimated cost of repairs : 8090
(c) When and where can the damaged vehicle be inspected : जिन हेरो

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? : _____

NA

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8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : N/A
(b) If yes, give full details : N/A

9. WITNESS

(a) Give names and addresses of passengers/other Witness, if any : N/A
(b) Did a Police Constable take particulars of The accident? : N/A
(c) Was accident reported to Police? If not, Why? : N/A
(d) If yes, to which Police Station? : N/A
(e) Date and Diary No. : N/A

10. THEFT

(a) Date and Time : N/A
(b) Place : N/A
(c) What was stolen? : N/A
(d) Estimated cost of replacement? : N/A
(e) By whom discovered and reported? : N/A
(f) Has theft been reported to Police? : N/A
(g) When? : N/A
(h) Which Policy Station? : N/A
(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 11/03/26 200

Signature of the insured उमेश वर्मा

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/452621

Motorsathi Care Private Limited

B Daxx Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Phone: +91 79410 50543

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
OMVATI	1976-01-01	9634809654	BHARTO	Hero Motocorp	SUPER SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
DRUM SELF CAST BLA	UP85CM2354	JA07AMP9L10014	MBLJAW402P9L50072	2023	125 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
73500.00	NA	0.00	0.00	0.00	73500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
	Solo	TATA CAPITAL LIMITED	---	2	1909.56
Address			City / District	Pin Code	State
369 SONKH ROAD USPAR USFAR Mathura Uttar Pradesh 281004				281004	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
ANIL KUMAR	Male	29 Years	SON	2025-06-30 11:48	Midnight of 2026-06-29

Section A. VRC: 1033.14 TCR: 433.65 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1466.79

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 with 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 Assure: 375.23 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 67.54 Total with GST(D): 442.77

Total(Section A+B+C+D) Offered Price After Discount: 1910

Package Period Covered	2025-06-30 To 2026-06-29	2026-06-30 To 2027-06-29	2027-06-30 To 2028-06-29	2028-06-30 To 2029-06-29	2029-06-30 To 2030-06-29
ADV	73500	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 2028-11-11 (DETAILS ARE AS 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 luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

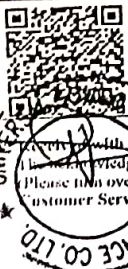
DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: 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 or 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 of fraud, 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 accountability will 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 MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care Toll Free Phone No. 1800-123-4567 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.

Rs 1909.56 ON 2025-06-30 from Mr./Ms. OMVATI against the ARN No. INCP00452621
 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
 Address: B.Daxx Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Omivati

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CM2354 Registration Date : 08-Jan-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004
Owner Name : OMVATI Son/wife/daughter of : BHARTO
Full Address: (Permanent) : 369, SONKH ROAD, USPAR USFAR, MATHURA, UTTAR PRADESH-281004
Full Address: (Temporary) : 369, SONKH ROAD, USPAR USFAR, MATHURA-UTTAR PRADESH-281004
Fitness UpTo : 07-Jan-2039 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 : AA2085702948 Rear HSRP No : AA2085293018
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2023
No of Cylinders : 1 Chassis No : MBLJAW402P9L50072
Engine No : JA07AMP9L10014 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
R
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : BLACK Laden/GV Wt (kgs) : 252
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. : 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 TATA CAPITAL LIMITED, AGRA, , , Agra, Uttar Pradesh-282001 w.e.f. 08-Jan-2024.

Purchase dt : 08-Jan-2024 Sale Amt : 84578/-
OTT Date : 08-Jan-2024 Amount/Rcpt No : 8458 / UP85D24010001969
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 01-Feb-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 08-Jan-2024 to 07-Jan-2039

Date : 13-Feb-2024 16:22:48

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
Signature of Registering Authority
Date : 13-Feb-2024
MATHURA

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6158307



UNION OF INDIA Driving Licence

UP NT

UP85 20190003251



जारी करने की तिथि
Date of Issue
28/03/2010

अवधि / Validity
27/03/2039

जन्म तिथि
Date of Birth
03/05/1990

Blood Group




नाम / Name

ANIL KUMAR

पिता/पति के नाम / Son/Daughter/Wife of

BHARAT SINGH

ओमवती


भारतीय विश्वैक पहचान प्राधिकरण
 Unique Identification Authority of India

पता : मरौ, 369, चौख रोड, मयरा उखण,
 उखण, मयरा,
 उत्तर प्रदेश - 281004

W/O: भारो, 369, Sonkh Road, Mathura,
 Uspar, Usfar, DIST: Mathura
 Uttar Pradesh - 281004

7672 6842 4508

Download Date: 09/01/2024

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

भारत सरकार
Government of India

ओम वती
 Om Vati
 जन्म तिथि / DOB: 01/01/1976
 महिला / Female

7672 6842 4508

मेरा आधार, मेरी पहचान

Issue Date: 09/01/2024

आधार

आयकर विभाग
INCOME TAX DEPARTMENT

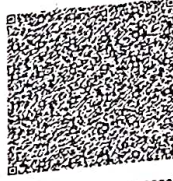


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BFRPV5891K



नाम / Name
OM VATI

पिता का नाम / Father's Name
RAMJI LAL

जन्म की तारीख /
Date of Birth
01/01/1976

हस्ताक्षर / Signature

24032019

हस्ताक्षर

Application for Services on Driving Licence

TRANSPORT DEPARTMENT, GOVERNMENT OF UTTAR PRADESH

* Driving Licence Number UP85 20190003251

* Date of Birth 03-05-1996

Personal Details and Particulars of existing Licence (Learners or Permanent) of the DL Holder

Name : ANIL KUMAR
Father's Name : BHARAT SINGH
Date of Birth : 03-05-1996
Present Address: 369 USPHAR
HIGHWAY SONKH ROAD
Mathura,UP
281004



[Signature]

DL Holder Last Endorsed Details :

State- Uttar Pradesh

RTO - ASST.RTO, MATHURA

Class of Vehicles :

Validity Period

COV Abbr.	Issue Date & Issue Authority	
MCWG	ASST.RTO, MATHURA	A
LMV	ASST.RTO, MATHURA	

Non - Transport 28-03-2019 to 27-03-2039

Confirmed that the above Driving Licence details are mine:

Select

Category of the Driving Licence Holder :

General

Select only if the Driving Licence Holder belongs(Ex-Servicemen / Repatriate / Refugees / Diplomats (Foreigner) / Foreigners (But not Diplomats) / Physically Challenged)

Submit Request to :

To know your RTO Office Enter the pin code of Applicants Present Address here

PINCODE

State Uttar Pradesh

RTO Office

Proceed Reset Exit

(*) Mandatory Fields.

Note:: 1) DL Number can be entered in any format. For example if DL Number is : RJ-14/DLC/00/91059 then it can be entered in any one of the below mentioned formats :

- i) RJ14 20000091059 or ii) RJ1420000091059 or iii) RJ14 /2000/0091059 or iv) RJ-1420000091059

