

**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-1225-114	Date	08-12-2025
Customer Name	RAJU GIRI	Contact No.	7027944127
VIN	MBLHAW336SHJ03677	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP52CJ3082
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	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
3	37100AAE94099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	3,457.00
4	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
5	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
6	61311AAE940S -STAY SPEEDO MOUNTING	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
9	64311AAE900S -BRACKET COMPLETE FRONT NUMBER PLATE	87141090	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
10	88110AACH41ZAS - MIRROR ASSEMBLY RIGHT BACK-NH-1	70091090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
11	35010AAE931S -KEY SET	83012000	Paid	762.71	1	9.00	9.00	0.00	0.00	0.00	0.00	900.00

Parts Total 0.00 12,437.00

**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	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC 2.0	998729	Paid	296.61	9.00	9.00	0.00	0.00	0.00	0.00	350.00

Jobs Total 0.00 940.00

Parts Total	12,437.00
Labour Total	940.00
SGST (Parts) 9%	948.58
CGST (Parts) 9%	948.58
SGST (Labour) 9%	71.69
CGST (Labour) 9%	71.69
<b>Total</b>	<b>13,377.00</b>



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.	Raju Guri 7027944127
2	Vehicle No. / वाहन संख्या	UP52CT 3082
3	Policy No. / पालिसी संख्या	252400/31/2026/45737
4	Period of Insurance / बीमा अवधि	17/10/2025 To 16/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/12/2025 7.30Pm
6	Place of Accident / दुर्घटना का स्थान	Gauri Bazar
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	नवीन पुरि UP 2020007029
8	Estimated Loss / अनुमानित हानि	12000
09.	Cause of Accident / दुर्घटना का कारण : नवीन पुरि जी मेरे भाजि हैं। हारि गाड़ी लेकर गौरि बजार जा रहे थे तभी अचानक गली में से (गैड से) एक जोरदार ट्रक निकला जिससे मेरी गाड़ी ठोस होकर गड्डे में जा गिरा।	
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 / फ़ोन नं.	Janta mechanics Desahi Bazar 7800807912 - 9918116698

08/12/2025  
Date / दिनांक :  
हस्ताक्षर

राजु गुरि  
Signature of Insured / बीमाधारक के

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 \_\_\_\_\_ 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 ✓ रालु गिरी .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



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. 252400/31/2021/45737

Tel. No.

Period of Insurance 17/10/2025 To 16/10/2026  
 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 : Rajju giri  
 (b) Address for correspondence : Hetimpur Hetimpur Deoria UP  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>19/10/2025</u>	Engine No. <u>HAT1EBSHJ03429</u> Chassis No. <u>MBLHAW1336SHJ03677</u>	Registration No. <u>UP52CJ3082</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 No  
 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 trailor attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Naveen Puri  
 (b) Age : 24  
 (c) Address : Laxmipur Doriaa up  
 (d) Is the Driver :  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : Change.  
 (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 : UP522020007029  
 (h) Issuing Authority :  
 (i) Date of Expiry : 17/07/2020  
 (j) Was the licence temporary/permanent : permanent 07/04/2011  
 (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

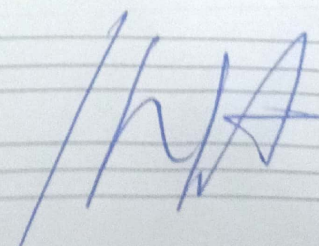
5. DETAILS OF ACCIDENT

(a) Date and Time : 05/12/2025 - 7:30 PM  
 (b) Place : Gauri Bazar  
 (c) Speed of vehicle at the time of accident : 40  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address : श्रीरिवाला, जूट कागज सामग्री (रेक से 50 कोकिला मिट्टी जितनी भरि गयी वक्रा गड-

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front side  
 (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? :  


## GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CJ3082 Registration Date : 19-Oct-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAH GKP ROAD, DEORIA, , 190-274001  
 Owner Name : RAJU GIRI Son/wife/daughter of : DURBIJAY  
 Full Address: (Permanent) : VILL-HETIMPUR, DEORIA, , DEORIA, UTTAR PRADESH-274206  
 Full Address: (Temporary) : VILL-HETIMPUR, DEORIA, , DEORIA-UTTAR PRADESH-274206  
 Fitness UpTo : 18-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 : AA2134072141 Rear HSRP No : AA2134816686  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW336SHJ03677  
 Engine No : HA11FBESHJ03429 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
 S)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar 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.	Description	As Regd.	Weight(in kgs)
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- 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	: 17-Oct-2025	Sale Amt	: 80517/-
OTT Date	: 17-Oct-2025	Amount/Rcpt No	: 8052 / UP52D25100004512
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 25-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 19-Oct-2025 to 18-Oct-2040

Date : 10-Nov-2025 16:54:51

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 10-Nov-2025

Q 5352120



8. INJURY TO DRIVER/OCCUPANT

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

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 Police 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 08/12/2025 200

राजु गिरी  
Signature of the insured ✓



**भारत सरकार**  
**Government of India**


**राजू गिरी**  
 Raju Giri  
 जन्म तिथि / DOB : 01/01/1996  
 पुरुष / Male



**3153 3171 7560**


**आधार - आम आदमी का अधिकार**



**Unique Identification Authority of India**


**पता:**  
 S/O: दुर्बीजय, स्थान चिह्न: हेतिपुर,  
 गांव/कांठा/शहर: हेतिपुर, जिला:  
 देवरिया, पोस्ट ऑफिस: हेतिपुर,  
 राज्य: उत्तर प्रदेश, पिन कोड:  
 274206

**Address:**  
 S/O: Durbijay, Landmark:  
 hetimpur, Village/Town/City:  
 Hetimpur, District: Deoria, P.O.:  
 Hetimpur, State: Uttar Pradesh,  
 PinCode: 274206

**3153 3171 7560**

 1800 306 1947

 help@uidai.gov.in

 www.

www.uidai.gov.in

**आयकर विभाग**  **भारत सरकार**  
**INCOME TAX DEPARTMENT** **GOVT. OF INDIA**

**स्थायी लेखा संख्या कार्ड**  
 Permanent Account Number Card


**CZZPG9401P**



**नाम / Name**  
 RAJU GIRI

**पिता का नाम / Father's Name**  
 DURBIJAY

**जन्म की तारीख / Date of Birth**  
 01/01/1996

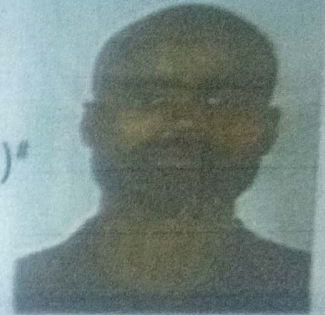
**हस्ताक्षर / Signature**  
 राजू गिरी

28062019

Indian Union Driving Licence  
Issued by Uttar Pradesh

UP52 20200007029

Issue Date      Validity (NT)      Validity(TR)#  
17-07-2020      07-04-2041      -----



Holder's Signature

Name: **NAVEEN PURI**  
Date of Birth: **08-04-2001**      Blood Group:      Organ Donor: **N**  
Father/Daughter/Wife of: **SURESH PURI**  
Address:  
**ALAXAN LAXMIPUR DEORIA, UP  
204**

L No: UP52 20200007029

UPDL000003238721



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	17-07-2020	NT			
	LMV	UP52	17-07-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP52 DEORIA