

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Job No. ....  
 Date..... 6th 12/2022  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. UPS2B21922  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model..... S.P.L.T

Owner's Name. AMIRULLAH KHAN  
 Address..... Deoria  
 Phone..... 9935209665

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Vigra	1K	1100	1100	
2	HIL	18	535	535	
3	F-Fender-	15	1500	1500	
4	F-Wlimketa - L&R	20	250	250	
5	R.R. Wlimketa - L	1K	250	250	
6	Hamdl-	1K	500	500	
7	Mirrae - L	1K	150	150	
8	LIVAR - L	1K	100	100	
9	Mittas. Imm-	1K	303	303	
10	F-Foraks. L&R	1	-	550	
11					
12					
13					
14					
15					
16					
17					
18				600	
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>					5839/-

- Note: 1. If required, labour for above material shall be charged extra.  
 2. Price of parts are subject to change without notice.  
 3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.  
 4. All Disputes Subject to Deoria Jurisdiction only.

Ganpati Automobiles  
 For - Ganpati Automobiles  
 OPP. B. G. N. Gupta  
 DEORIA  
 Mob. 77940047

I/We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory

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.	AMRULLAH KHAN 9935209665
2	Vehicle No. / वाहन संख्या	UP52B21922
3	Policy No. / पालिसी संख्या	MS/2025/7001/6/46575/895912
4	Period of Insurance / बीमा अवधि	24/01/2025 - 23/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/11/2025 Time - 9:30 AM.
6	Place of Accident / दुर्घटना का स्थान	शुजौली कालोनी (देवरिया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMRULLAH KHAN UP529940008125, 9935209665
8	Estimated Loss / अनुमानित हानि	5838/-
09.	Cause of Accident / दुर्घटना का कारण:	शुजौली से डालीनगर (दरभंगा) रास्ते में शुजौली कालोनी के सामने रास्ते में अचानक कुत्ता दौड़ा गया जिसकी वजह से चक्कर में गरी गाड़ी बायां राइड वीर कर क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	GANPATI AUTO. MOBILE. DEVRAYA (UP)

Date / दिनांक : 03/12/2025  
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/2025/7001/0/46575/395912

Tel. No. \_\_\_\_\_

Period of Insurance 29/01/2025 to 23/01/2026

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

(a) Name INSURED AMIRULLAH KHAN  
 (b) Address for correspondence BALONLI COLONY. DEORIA  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>82160</u> Chassis No. <u>39010</u>	Registration No. <u>4P52B2</u> <u>1922</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 USE  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter NA  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

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

NA



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name AMIRULLAH KHAN  
 (b) Age 24/11/1954  
 (c) Address MADAN GOPAL FORIA  
 (d) Is the Driver  
 1. Owner YES  
 2. paid driver?  
 3. Owner's relative or friend? OWNER  
 (e) If paid driver, how long has he been in your employment NA  
 (f) Was he under the influence of intoxication Liquor or drugs? NA  
 (g) Driving Licence Number UP5219940008125  
 (h) Issuing Authority  
 (i) Date of Expiry 24/10/2029  
 (j) Was the licence temporary/permanent PERMANENT  
 (k) Details of endorsement/suspension, if any NA  
 (l) Has he been involved in any accident before? NA  
 (m) Has he been charged by the policy? If so, Why? NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time 23/11/2025 30 km Time - 9:30 AM  
 (b) Place शुजौली काला  
 (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 AS PER ESTIMATE  
 (b) Estimated cost of repairs 5200/-  
 (c) When and where can the damaged vehicle be inspected (SIANPAT) AUTO MOBILE FORIA

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 NA  
 (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.

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 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 6/3/11-25

Signature of the insured [Signature]

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 ..... *[Signature]*  
Occupation .....  
Address .....  
.....  
.....

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







## Package Offer

2025-01-14

Mr./Ms. AMIRULLAH KHAN

VILL- MAHARANA PRATAP NAGAR, BHUJALI COLONY DEORIA, , Deoria, Uttar Pradesh,  
274001

, Uttar Pradesh, 274001

Dear Mr./Ms. AMIRULLAH KHAN,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your offer details of the program are attached, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

**In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: [info@motorsathi.com](mailto:info@motorsathi.com) or visit our website at [www.motorsathi.org](http://www.motorsathi.org) or download Motorsathi app from play store for guidance from Motorsathi.**

Mr./Ms. AMIRULLAH KHAN, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643

Email: [info@motorsathi.com](mailto:info@motorsathi.com)

Website: [www.motorsathi.org](http://www.motorsathi.org)



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/D/46575/395912

**Motorsathi Care Private Limited**  
 Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Tel: +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	
AMIRULLAH KHAN	1954-11-07	9935209665	KHALIL	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BZ1922	HA11E8RHA821e0	MBLHAW237RHA99010	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
55000.00	NA	0.00	0.00	0.00	55000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1510.30	
Address			City / District	Pin Code	State	
VILL- MAHARANA PRATAP NAGAR, BIHUAULI COLONY DEORIA, Dooria, Uttar Pradesh, 274001				274001	Uttar Pradesh	

Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
MOHD IQBAL KHAN	Male	41 Years	SON	2025-01-24 14:28	Midnight of 2026-01-23

Section A, VRC: 442.88 TCR: 259.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (15%): 66.43 Total with GST(A): 636.05  
 Section B, LC: 0.00 EC Service: 0.00 LCPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 IDC: 0.00 MCTD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total with GST(B): 0.00  
 Section C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00  
 Section D, Drive Assure: 499.36 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 89.89 Total with GST(D): 589.25  
**Total(Section A+B+C+D) Offered Price After Discount: 1510**

Package Period Covered	2025-01-24 To 2026-01-23	2026-01-24 To 2027-01-23	2027-01-24 To 2028-01-23	2028-01-24 To 2029-01-23	2029-01-24 To 2030-01-23
ADV	55000	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 2029-01-23 (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) Carnage 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 Company's 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 1 lakh 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. 7941050643  
 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 1510.3 ON 2025-01-14 from Mr./Ms. AMIRULLAH KHAN against the ARN No. INCP00395912  
 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, (202001), India

भारत सरकार  
GOVERNMENT OF INDIA




अनिरुल्लाह खान  
Anirullah Khan  
जन्म तिथि/DOB: 07/11/1954  
पुरुष / MALE



4430 1743 8556

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:  
आत्मज: खलील, 1530 बॉर्ड  
न.-13, प्लाट न. 159,  
महरना प्रताप नगर, भुजीली  
कालोनी, भुजीली, देवरिया,  
उत्तर प्रदेश - 274001

Address:  
S/O: Khalil, 1530 Ward No. -13 Plot  
No. 159, Maharana Pratap Nagar,  
Bhujawali Colony, Bhujawali, Deoria,  
Uttar Pradesh - 274001

4430 1743 8556

Aadhaar-Aam Admi ka Adhikar



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



**UP52 19940008125**



Issue Date    Validity (NT)    Validity (TR)  
25-10-2024    24-10-2029



Holder's Signature

Date of First Issue 17-03-1994

Name: **AMIRULLAH**  
Date of Birth: **07-11-1954**    Blood Group:  
Son/Daughter/Wife of: **KHALIL KHAN**    Organ Donor: **N**  
Address:  
**SHARATHAPATTI PIPARA MADAN  
GOPAL DEORIA 274405**

**DL No: UP52 19940008125**

**UPDL000014439383**



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*
Car	MCVNS	UP52	17-03-1994	NT			
Car	MCV	UP52	17-03-1994	NT			

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
Licensing Authority  
**UP52 DEORIA**



**आयकर विभाग**

**INCOME TAX DEPARTMENT**

**AMIRULLAH KHAN**

**KHALIL KHAN**

**07/11/1964**

**Permanent Account Number**

**DMKPK2491A**



**Signature**



**भारत सरकार**

**GOVT. OF INDIA**



**07032014**