

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name Vaibhaw  
Address Deoria  
Phone 9707339750

Job No. ....  
Date 10/12/25  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. UPS2 BZ 4977  
Speedmeter Redg. ....  
Insurance No. ....  
Model Spld

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	Visor	1r	1000	1000	
2	H/L	1r	535	535	
3	f fender	1r	1500	1500	
4	<del>f fender</del>				
5	f fender - L & R - Complet	2r	2500	5000	
6	f. Winker - L/R	2r	250	500	
7	Handlee	1r	500	500	
8	Leg. guard	1r	675	675	
9	Wester light	1r	500	500	
10	Coripe	1r	1045	1045	
11	Mirror Inner	1r	300	300	
12	Lipin (L)	1r	100	100	
13	Mirror - L & R	2r	250	500	
14					
15					
16					
17					
18					
19	LABOR			600	
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				12406	

- 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. Gurd.  
DEORIA  
770000

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.	VAIBHAW & 8707339750
2	Vehicle No. / वाहन संख्या	UP52 BZ 4977
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/402136
4	Period of Insurance / बीमा अवधि	21/02/25 to 20/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025 & 07:50 AM
6	Place of Accident / दुर्घटना का स्थान	PARSHAUNA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VAIBHAW & 8707339750 UP52202400/0493
8	Estimated Loss / अनुमानित हानि	12406/-
09.	Cause of Accident / दुर्घटना का कारण : शिवानपुर में देविया P.D. Academy में रहा था रात में पहलवानों के पास हेम्यू से लाने वाले सड़ से भी गड्ढे को टकरा गया जिससे भी गड्ढे वाले सड़ में एक आइसक्रीम के गड्ढे में	
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 Automobiles Purua Deoria & 7651989597

Date / दिनांक :  
हस्ताक्षर

10/12/25  
Vaibhaw

Signature of Insured / बीमाधारक के

Vaibhaw





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/2025/7001/0/46575/402136

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

Period of Insurance 21/02/25 to 20/02/26  
 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 : VATBHAW  
 b) Address for correspondence : BHAGWANPUR  
 c) Telephone : 8707339750

2. THE INSURED VEHICLE

Make & Year <u>Heroic-2024</u>	Engine No. <u>* 25720</u> Chassis No. <u>* 10442</u>	Registration No. <u>UP52BZ4977</u>
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- 1) Was the vehicle in proper working condition? YES
- 2) For what purpose was the vehicle being used at the time of accident? Passenger used
- 3) Was trailer attached?
- 4) If a Motor Cycle/scooter
  - 1. Was a side-car attached NA
  - 2. Was a pillion rider carried NA

ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- 1) Registered laden weight
- 2) Unladen Weight
- 3) Weight of goods carried/Load Challan No.
- 4) Nature of permit
- 5) Nature of goods carried
- 6) Was the vehicle plying for hire
- 7) If Lorry/Jeep/Tractor, was trailer attached? NA
- 8) Number of passengers carried
- 9) Number of Passenger permitted

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : VAIBHAW  
 (b) Age : 16/11/2006  
 (c) Address : Mohalla  
 (d) Is the Driver  
 1. Owner : NA  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Relative  
 (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 : UPS220240010493  
 (h) Issuing Authority : 27/05/2024  
 (i) Date of Expiry : 15/11/2031  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (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 : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 10/12/25 @ 07:50AM  
 (b) Place : PARSANA  
 (c) Speed of vehicle at the time of accident : 40 KM/H  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 10/12/25

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As for Estimated  
 (b) Estimated cost of repairs : 12,406  
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles/Purva Deoria 7651989597

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 \_\_\_\_\_

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 10/12/25 200

Signature of the insured *Prithvi*

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 *Jai Phaw* .....  
Occupation .....  
Address .....  
.....  
.....

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



# GOVERNMENT OF UTTAR PRADESH

## Transport Department DEORIA FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP52BZ4977  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001  
 Owner Name : VAIBHAW  
 Full Address: (Permanent) : VILL-MOHALLA BHAGWANPUR, PO-KARJAHAN, PS-RAMPUR KARKHANA, DEORIA, UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL-MOHALLA BHAGWANPUR, PO-KARJAHAN, PS-RAMPUR KARKHANA, DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 22-Feb-2039

Registration Date : 23-Feb-2024  
 Purpose For Printing RC : HPT  
 Son/wife/daughter of : RAMNATH

#### Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2090085175  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11E7RHA25720  
 Horse Power(BHP) : 7.91  
 Maker's Classification : SPLENDOR+ I3S (DRS)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : MATT GREY  
 Other Criteria :  
 Vehicle Purchase As : Fully Bullt

Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2095377344  
 Month/Year of Manuf. : 01/2024  
 Chassis No : MBLHAW22XRHA10442  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1236  
 Standing Cap : 0  
 Unladen Wt (kgs) : 111  
 Laden/GV Wt (kgs) : 241  
 AC Fitted : NO

#### 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 w.e.f. .

Purchase dt : 21-Feb-2024  
 OTT Date : 21-Feb-2024  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 24-Feb-2024  
 Sale Amt : 77926/-  
 Amount/Rcpt No : 7793 / UP52D24020002945  
 Tax Exempted or Not : NOT EXEMPTED

#### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 23-Feb-2024 to 22-Feb-2039

Date : 10-Oct-2025 14:40:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 10-Oct-2025

Q 5896862

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/0/46575/402136

Motorsathi Care Private Limited

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

Contact us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
VAIBHAW	1996-11-16	8707339750	RAMNATH	Hero MotoCorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BZ4977	HA11E7RHA25720	MBLHAW22XRHA10442	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
55500.00	NA	0.00	0.00	0.00	55500.00	
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	1521.42	
Address			City / District	Pin Code	State	
VILL-MOHALLA BHAGWANPUR, PO-KARJAHAN, PS-RAMPUR KARKHANA, Deoria, Uttar Pradesh, 274001				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHRAWAN KUMAR MAURYA	Male	31 Years	BROTHER	2025-02-21 17:06	Midnight of 2026-02-20	

Section A, VRC: 312.83 TCR: 261.96 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (15%): 67.04 Total with GST(A): 507.75

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): 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: 617.52 AHDC, DOC & Additional External Tyre Cover(AFTC), Other Discount: 0.00 GST (CGST @9% + SGST @9%): 111.15 Total with GST(D): 728.67

Total(Section A+B+C+D) Offered Price After Discount: 1521

Package Period Covered	2025-02-21 To 2026-02-20	2026-02-21 To 2027-02-20	2027-02-21 To 2028-02-20	2028-02-21 To 2029-02-20	2029-02-21 To 2030-02-20
ADV	55500	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 2029-02-20 (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 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](http://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 MOTORSATHI CARE PVT LTD AT: Website: [www.motorsathi.com](http://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 1521.44 ON 2025-02-03 from Mr./Ms. VAIBHAW against the ARN No. INCP0402136

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



भारत सरकार  
विदेश विभाग



भारत सरकार  
विदेश विभाग

GOVERNMENT OF INDIA  
MINISTRY OF EXTERNAL AFFAIRS

भारत सरकार  
विदेश विभाग

भारत सरकार

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



**UP52 20240010493**



Issue Date **27-05-2024**    Validity (NT) **15-11-2036**    Validity(TR)\* \_\_\_\_\_



(27-05-2024)

Holder's Signature

Date of First Issue

Name: **VAIBHAW**

Date of Birth: **16-11-1996**    Blood Group: \_\_\_\_\_

Organ Donor: **N**

Son/Daughter/Wife of: **RAMNATH**

Address:  
**mohalla-bhagwanpur Deoria Deoria  
Bhatpar Rani Deoria Uttar Pradesh 274001**

**DL No: UP52 20240010493**

UPDL000010491007



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*
	MCV 5	UP52	27-05-2024	NT			
	LMV	UP52	27-05-2024	NT			

Emergency Contact Number

Licensing Authority  
**UP52 DEORIA**

Form 7 Rule 16(2)





भारत सरकार



Aadhaar no. issued: 02/06/2012



वैभव

Vaibhaw

जन्म तिथि/DOB: 16/11/1996

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण या क्यूआर कोड/ऑफलाइन एकलपत्रक की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML)

7540 2641 8726

मेरा आधार, मेरी पहचान



भारत सरकार



Details as on: 16/08/2025

पता:  
S/O रामनाथ, मोहल्ला-भगवानपुर, देवरिया, देवरिया, उत्तर प्रदेश - 274001

Address:  
S/O Ramnath, mohalla-bhagwanpur, Deoria, PO: Deoria, DIST: Deoria, Uttar Pradesh - 274001



7540 2641 8726

VID : 9171 2084 0027 8201

1947

help@uidai.gov.in

www.uidai.gov.in