

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name... Rangopal V. Singh
 Address... Deoria
 Phone... 9520539903

Job No.
 Date... 13/12/25
 Chasis No.
 Engine No.
 Key No.
 Regn. No. ... UP52 CF 911
 Speedmeter Redg.
 Insurance No.
 Model... H.F. Deluxe

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	Vign	16	1100	1100	
2	H/L	1PC	565	565	
3	F. fender	11	1200	1200	
4	F. fender L/R Refuse	26	—	150	
5	Handle	1P	500	500	
6	Liner - (R)	11	100	100	
7	leg guard	11	600	600	
8	knip.	11	1300	1300	
9	F. Window (L)	11	250	250	
10	Mirror - (L)	1P	250	250	
11					
12					
13					
14					
15					
16				600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				4845	

- 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
 G.P. Dr. G. Deoria

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.	RAMGOPAL VISHWAKARMA 9520539903
2	Vehicle No. / वाहन संख्या	UPS2CF9111
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	07/05/2025 to 06/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/25 at 03:00 PM
6	Place of Accident / दुर्घटना का स्थान	SANUGMAT
7	Name of the Driver, D.L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SOMU VISHWAKARMA UPS220250015601 - 9520539903
8	Estimated Loss / अनुमानित हानि	40000/-
09. Cause of Accident / दुर्घटना का कारण : मुझे सुई से देखा जाते समय जाते में सोनुकार जीव पेट्रोल पंप के सामने मोड़ पर मुझे समय वाइले साई से आ रही वाइले ने मेरी गाड़ी के इंजन में टकराव मार दिया जिससे मेरी गाड़ी वाई साई गिरकर साईलेंडर से मुझे घात मारने 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 Purwa Deoria at 9651929597

Date / दिनांक : 12/12/25
हस्ताक्षर

रामगोपाल विश्वकर्मा

रामगोपाल विश्वकर्मा

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. _____

Tel. No. _____

Period of Insurance 07/05/2025 to 06/05/2026
 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 RAM GOPAL VISHWAKARMA
 (b) Address for correspondence MUNDER
 (c) Telephone 9520539903

2. THE INSURED VEHICLE

Make & Year <u>Hero- 2025</u>	Engine No. <u>* 10911</u> Chassis No. <u>* 15832</u>	Registration No. <u>UP52CF9111</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 Used
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried AN

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 : SONLI VISHWAKARMA
 (b) Age : 13/02/2003
 (c) Address : Gram Mundera
 (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 : UP5220250015601
 (h) Issuing Authority : 23/08/2025
 (i) Date of Expiry : 19/08/2043
 (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 : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 11/12/25 @ 03:00
 (b) Place : SONHGHAT
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident : NA
 (e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : USD 10
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles, Purana Deonta, 761929597

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

Customer's Signature.....

Authorised Signatory



8 INJURY TO DRIVER/OCCUPANT

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

NA

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

NA

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

NA

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 12/12/28
200

Signature of the insured राजगोपल विगनकर्

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 or 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 राजगोपाल निरंजन
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

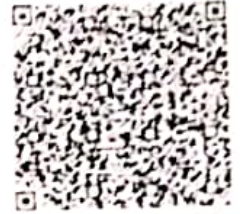


GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CF9111 Registration Date : 09-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D) PURWA CHAURAHA GKP ROAD, DEORIA, ... 190-274001
 Owner Name : RAMGOPAL VISHWAKARMA Son/wife/daughter of : RAMJANAM VISHWAKARMA
 Full Address (Permanent) : VILL- MUNDERA KHURD, PO- BAIRAUNA PS- KHUKHUNDOO, DEORIA, DEORIA, UTTAR
 PRADESH-274001
 Full Address (Temporary) : VILL- MUNDERA KHURD, PO- BAIRAUNA PS- KHUKHUNDOO, DEORIA, DEORIA-UTTAR
 PRADESH-274001
 Fitness Up To : 08-May-2040 Owner Serial No :
 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 : AA1042572497 Rear HSRP No : AA1042031131
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2024
 No of Cylinders : 1 Chassis No : MBLHAW140RHJ15832
 Engine No : HA11ECRHJ10911 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK GREY STRIPE 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)
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. 09-May-2025

Registration Date : 07-May-2025 Sale Amt : 63900/-
 Entry Date : 07-May-2025 Amount/Rept No : 6390 / UP52D25050001667
 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 : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 09-May-2025 to 08-May-2040

Date : 23-Jun-2025 17:23:59

Printout Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 23-Jun-2025

Q 1368139



2025-05-07

Mr./Ms. RAMGOPAL VISHWAKARMA
VILL- MUNDERA KHURD , PO- BAIRAUNA
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. RAMGOPAL VISHWAKARMA,

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 transcript of proposal is attached and your policy is getting issued with insurer, 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 or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. RAMGOPAL VISHWAKARMA, 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
Website: www.motorsathi.org
GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.

..... and approve the estimate.

Customer's Signature.....

Authorised Signatory



Certificate of Services

Service Issuer & Servicing Office Motor Sathi Care Private Limited, D-27, Shastri Nagar, Meerut, Uttar Pradesh - 250004 | Certificate Number: INCP00435947
Tax Invoice Cum Certificate Number: INCP00435947
Name of Certificate Holder: RAMGOPAL VISHWAKARMA
Mobile: 7506677622
Address: VILL- MUNDERA KHURD, PO- BAIRAUNA, DEORIA, DEORIA
State: Uttar Pradesh
IDV: 58543 45
Vehicle Registration Number/ New:
Model: HF DELUXE
Engine Number: HA11EORHU16R11
Acknowledgement No.: MS/2025/E435947
Hypothecation: CASH

For Assistance: Please contact us at Toll Free Number 7941050643 Email: info@motorsathi.com
Period of Coverage(MS): 2025-05-07 - 2026-05-06 MIDNIGHT
DOB: 1985-01-01
Period of Coverage(TI): 2025-05-07 - 2030-05-06 MIDNIGHT
City: District DEORIA
Pincode: 274001
Manufacturing Year: 2025
Vehicle Manufacturer: HERO MOTOCORP
Variant: DRUM SELF E20
Chassis Number: MBLHAW140RHJ15832
Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	Y/N
1	Relay of Urgent messages	Pass on message to Rider's friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired. Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured.	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance, hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date.	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the Insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later.

Accidental Hospital Daily Cash

AHDC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent, accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory.

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-794-1050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	556.91	50.12	50.12	-	657

Personal Accident Cover Details

Name of Certificate Holder: RAMGOPAL VISHWAKARMA
Nominee Name: BABY DEVI
Nominee Gender: Female
Period of Insurance: 2025-05-07 (00:00 HRS) - 2026-05-06 MIDNIGHT
Nominee Relationship: WIFE
Nominee Age: 42 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent, accidental external and visible means, which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury, suicide or attempted suicide, physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 7) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs. Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Indian Union Driving Licence
Issued By: Uttar Pradesh

UPDL 20250015601

Issue Date: 23-08-2024 Validity (DT): 13-08-2043

Name: **ANIL KISHORE SHARMA**


Date of Birth: 13-08-2003 Blood Group: **AB-VE** Organ Donor:

Sex/Complexion/Hair: **MALE/FAIR/BLACK**

Address:
SHRI ANANDRAJ SHARMA POST BUDADEWA
SHRI ANANDRAJ SHARMA DISTRICT BAHAI
Dist: Prayagraj, UP-220001

State of India: Uttar Pradesh

DL No: **UPDL 20250015601** **UPDL 20250015601**

 **Issued Licence (Drgn Number)**

Postcard No. Validity **Self Validity**

Class of Licence	Code	Issued No.	Date of Issue	Issued Category	Expiry Number	Expiry Issue Date	Expiry Issued By
DRIVER	DR	UPDL	23-08-2024	DR			
DRIVER	DR	UPDL	13-08-2043	DR			

Exchanging Licence Number: _____

[Signature]
UPDL DEWA

Form 17 (Sub 1) (2023)



Indian Union Driving Licence
Issued by Uttar Pradesh



UPS2 20250015601



Issue Date: 23-08-2025
Validity (RT): 12-08-2043



Holder's Signature

Name: SCHEE VISHWANATHAN

Date of Birth: 15-08-2001 Blood Group: AB-VE Organ Donor:

Sex: M Category: 02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-00

Address:
GRAM MUNDRA CHAND POST BARRIANA
BARRIANA BARRIANA DISTRICT BARRIANA
Uttar Pradesh 200001

Date of First Issue: 15-08-2001

DL No: UPS2 20250015601 UPOLSC1000020197

QR Code

Invalid Carriage (Regn Number):
Invalid Validity: HIS Validity:

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Amount (₹)	Badge Issued By
02	02	UPS2	23-08-2025	RT			
03	03	UPS2	23-08-2025	RT			
04	04						
05	05						
06	06						
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00	00						

Emergency Contact Number: _____

Signature: _____
UPSI DEORA

Form / Rule 16(2)



भारत सरकार
Government of India



रामगोपाल विश्वकर्मा
Ramgopal Vishwakarma
जन्म तिथि/DOB: 01/01/1980
पुरुष/ MALE



5556 0504 4285

मेरा आधार, मेरी पहचान



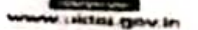
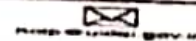
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O संजनाम विश्वकर्मा, 20, मुंदेराखुदर, मुंदेरा खुर्डा,
देओरिया, मुंदेरा, देओरिया,
उत्तर प्रदेश - 274001

Address:
S/O Ramjanam Vishwakarma, 20,
Munderakhudar., Mundera Khurda,
Deoria, Mundera, Deoria,
Uttar Pradesh - 274001



5556 0504 4285



आयकर विभाग
INCOME TAX DEPARTMENT

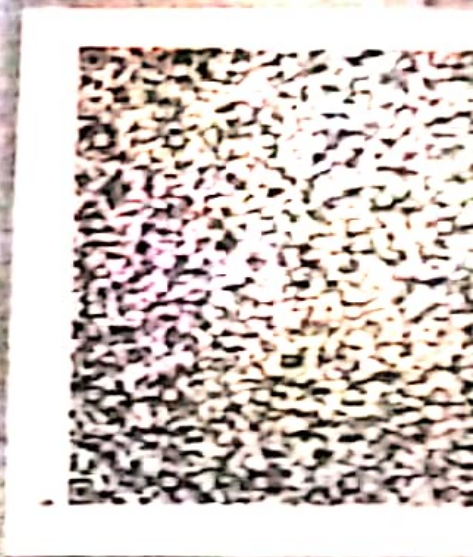


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CJBPV5880K



नाम / Name

RAMGOPAL VISHWAKARMA

पिता का नाम / Father's Name

RAMJANAM VISHWAKARMA

जन्म तिथि / Date of Birth

01/01/1980

हस्ताक्षर / Signature

RAMJANAM VISHWAKARMA

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