

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 0336531183

ESTIMATE

Owner's Name: LAXMI SINGH
 Address: S.F.O. RIA
 Phone: 6306768359

Job No.
 Date: 09/12/25
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52CA18065
 Speedmeter Rodg.
 Insurance No.
 Model: S.P.L.

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	HIL	1	450	450	
2	R.R. Frontal-	1	1020	1020	
3	Side Cover- L&R.	2	550	1100	
4	Center-	1	250	250	
5	Muffler Cover-	1	515	515	
6	R.R. Chassis - 1/2	-	-	1250	
7	R.R. Alloy. Wheel	1	4800	4800	
8	R.R. Limb - L	1	250	250	
9	Bottom Light	1	250	250	
10					
11					
12					
13					
14					
15					
16					
17	<u>Wagon</u>			6500	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				10425	

- 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
 Gorakhpur Road
 OPP. Dr. N. G. G. DEORIA
 For - Ganpati Automobiles
 Mob. 9415383539

We agree with the conditions and approve the estimate.

Customer's Signature:

Authorised Signatory



fo / 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.	LAXMI SINGLA. 6306768354.
2	Vehicle No. / वाहन संख्या	UP52 CH 8065
3	Policy No. / पालिसी संख्या	252400/31/2026/36923
4	Period of Insurance / बीमा अवधि	23/09/2025 - 22/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/2025 Time - 9:30 Am.
6	Place of Accident / दुर्घटना का स्थान	गैल गौड़ पे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DINESH. SINGLA. UP5220150008232, 6306768354.
8	Estimated Loss / अनुमानित हानि	
09	Cause of Accident / दुर्घटना का कारण :	शुद्धि से गैल गौड़ पे तेल रक्तार झाड़ी ने पिछे से तकर मार दिया और गाड़ी डेगेल 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.	(SARAPATI) NIGTO. MOBI (802509)A.

Date / दिनांक : 08/12/25
हस्ताक्षर

लक्ष्मी सिंह

Signature of Insured / बीमाधारक के

लक्ष्मी सिंह





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. 252400/31/2026/36923

Tel. No. _____

Period of Insurance 23/09/25 to 22/09/2026
 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 ABHINAV BHATI
 (b) Address for correspondence BHATI LA
 (c) Telephone 6366768354

2. THE INSURED VEHICLE

Make & Year <u>Hero-2025</u>	Engine No Chassis No. <u>* HALLF6SHH01631</u> <u>* B6578</u>	Registration No. <u>UP52CH8065</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
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : DINESH SINGH
 (b) Age : 10/04/1970
 (c) Address : BHADILA
 (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 : UPS220150008232
 (h) Issuing Authority : 22/09/2020
 (i) Date of Expiry : 9/04/2030
 (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 : 08/12/2025 Broken Time - 5:30 AM
 (b) Place : मैन
 (c) Speed of vehicle at the time of accident : शुद्धिना हो गेन जाते समय गेन ले धावो मोटो
 (d) Give a short description of the accident : य तंज रक्ता, छापीन पिछली तरकर गाट
 (e) If any third party was responsible for this accident give the name and address : पिता और भाई (मैन ए जे)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : GAHPATI ALRO MOBILE OBERIA
 (c) When and where can the damaged vehicle be inspected

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : XIA
 (b) Address : XIA
 (c) Full Details of personal injury sustained : XIA
 (d) Name and address of any person/hospital giving medical attention to injured person : XIA
 (e) Full details of property damaged : XIA
 (f) Has notice of any claim been given to you? : XIA

8. INJURY TO DRIVER/OCCUPANT

MIA

- (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.

MIA

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 Policy Station?
(i) C.R. diary Number

MIA

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 05/12/21 200

Signature of the insured वसुधा सिंह

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 *लक्ष्मी त्रिपाठी*
Occupation
Address
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION

Registration No. : UP52CH8065 Registration Date : 26-Sep-2025
Description of vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Owner's Name & Address : GANPATI AUTOMOBILES (D) PURWA CHAURAHA GKP ROAD DEORIA
Owner Name : LAXMI SINGH Son/wife/daughter of : JITENDRA SINGH
Address: (Permanent) : VILL-BHADILA DOYAM,PO-MAHEN PS MADANPUR DEORIA ,UTTAR PRADESH 274603
Address: (Temporary) : VILL-BHADILA DOYAM,PO-MAHEN PS MADANPUR DEORIA ,UTTAR PRADESH 274603
Valid UpTo : 25-Sep-2040 Tax UpTo : One Time
Engine Serial No : 1
Detailed Description
Type of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
Manufacturer's Name : HERO MOTORCORP LTD
Registration HSRP No : AA2133087957 Rear HSRP No : AA3134811079
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025
Number of Cylinders : 1 Chassis No : MBLHAW471SHHB6578
Frame No : HA11F6SHH01631 Fuel : PETROL
Engine Power(BHP) : 8.17 Cubic Capacity : 97.2
Manufacturer's Classification : SPLENDER+01 EDITION
Standing Cap(In all) : 2 Wheel base : 1235
Seat Cap : 0 Standing Cap : 0
Colour : MATT GREY Unladen Wt (kgs) : 113
Other Criteria : Laden/GV Wt (kgs) : 243
Vehicle Purchase As : Fully Built AC Fitted : NO

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

Purchase dt : 25-Sep-2025 Sale Amt : 74999/-
TT Date : 25-Sep-2025 Amount/Rcpt No : 7500/UP52D25090001928
Valid Up To : PRIVATE Vehicle Is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 21-Oct-2025

Other State/Transfer/Conversion Details

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

This certificate is valid from 26-Sep-2025 to 25-Sep-2040

Date : 21-Oct-2025 15:06:35

Registration Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 21-Oct-2025
उत्तर प्रदेश परिवहन विभाग

2739627

The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

REGIONAL OFFICE, 346 KHAIR NAGAR, OFF. FILMISTAN CINEMA MEERUT, PIN-221006/578 (GSTIN: 09AAACT0627R4ZU)

REGULATED POLICY (AUTOMOBILE TWO WHEELERS-45 Years)

Policy Issued On: 23-SEP-25
Proposal No. & Date: R/252400/1/2026/28978 & 23-SEP-2025

Policy Period (OWN DAMAGE): FROM 11.18 ON 23/09/2025 TO MIDNIGHT OF 22/09/2026
Policy Period (LIABILITY): FROM 11.18 ON 23/09/2025 TO MIDNIGHT OF 22/09/2030

Insured Name: ARSHAD BILALI
Insured Address: LAXMI NAGAR, MEERUT

Insured Vehicle Details: CHITRONA SINGLE VILL. BHADOLA DOYAM POST MAHIN THANA MADANPUR THEORIA UTTAR PRADESH
Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make: HONDA	Model: HONDA SPLENDOR PLUS 97	Vehicle: 71250	Electrical Accessories: 0
Year: 2025	Registration No: UP-18-2014-2015-0000000	Non Electrical Accessories: 0	Total IDV: 71250
Color: RED	Engine No: 180	TMV CONTRACT NO:	Zone B - Rest of India
Chassis No: 180	Chassis No: 180	Geographical Area:	INDIA

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Basic Premium (IMT-1)	1194.15	Basic Third Party Liability	3851
Load Premium (IMT-2)	0	Compulsory PA Cover Premium	0
Accident Benefit Premium (IMT-3)	0	PA Cover for 6 Person Of Rs (8) each (IMT-16)	0
Legal Liability Premium (IMT-28)	1194.15	Legal Liability (WC) to driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	0	Legal Liability to Passenger (IMT-29)	0
Legal Liability to Passenger (IMT-46)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Traction Loading On TP Premium (60%)	0	Driving Traction Loading On TP Premium (60%)	NA
PA Paid Driver, Conductor, Cleaner-GR36B1	0	PA Paid Driver, Conductor, Cleaner-GR36B1	0
Net Liability Premium (B)	0	Net Liability Premium (B)	3851
Total Premium (A+B)	1194.15	Total Premium (A+B)	4030
GST	0	GST	726
SERVICE TAX	0	SERVICE TAX	0
STAMP DUTY	0	STAMP DUTY	0.00
Swachh Bharat Cess@0.50%	0	Swachh Bharat Cess@0.50%	0
Krishi Kalyan Cess@0.50%	0	Krishi Kalyan Cess@0.50%	0
Gross Premium Paid	1194.15	Gross Premium Paid	4756

Note:
1. Policy Issuance is subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT, 7, 10, 28.

Sl. No.	Insured Name	Age	Relation
1	ARSHAD BILALI		

Sl. No.	Payment Method	Chq No./Transaction No.	Bank Name	Amount
1	Bank Transfer		SBI/DRAM FINANCE LIMITED	4756

Sl. No.	Financier Name	Financier Branch
1	SBI/DRAM FINANCE LIMITED	

Sl. No.	POS ID	POS PAN NO/Aadhar No
1	NA	NA

Under the policy regarding the use as a vehicle for relief of premiums exceeding Rs.1000, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our offices as company's website.

The policy is subject to conditions, exclusions, sub-limits, co-insurance, deductibles, IMTs and OIC endorsements mentioned herein above which are available on company's website.

Any claim or amount payable under the policy shall be subject to the terms and conditions of the policy and the policy shall be void ab initio (from inception) in all instances of premium payment of the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

While driving License is found false or not in the knowledge of the insured.

That the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

The undersigned being authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 23-SEP-25.

ENTIRE

Insured shall be liable to driver otherwise than in accordance with this schedule. Any Payment made by the company by reason of water terms appearing in the certificate in order to comply with requirements from the insured for the above stated "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

This policy covers the use of the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Hire or reward (4) Special towing (5) Liability for theft or damage to the insured's vehicle or contents thereof.

When the insured is driving the vehicle, he/she shall be deemed to be driving the vehicle at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the driver's license may not be a valid license if the driver is not in possession of a valid license (as defined in the Motor Vehicle Act, 1988).

Under Section 14-1 of the policy, death of or body injury shall amount to meet the requirement of the motor vehicle act 1998 Under Section 14-1 (ii) of the policy. Damage to third party shall be settled by a No Claim Bonus (NCB) from the own damage portion of the policy, if no claim is made or pending during the preceding year(s). As per the The preceding year 20% preceding two preceding years consecutive years 25% preceding three consecutive years 40% preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed.

The policy to which this certificate relates as well as the conditions of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1988.

Approved By: 49922040
Approved On: 23-SEP-25

For and on behalf of
The Oriental Insurance Company Limited





The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: POIR0978

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN 2214063578 (GSTIN: 09AAACT0617R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	23-SEP-25
Policy No	252400/31/2026/36923	Proposal No. & Date	R/252400/31/2026/28978 & 23-SEP-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11.18 ON 23/09/2025 TO MIDNIGHT OF 22/09/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 11.18 ON 23/09/2025 TO MIDNIGHT OF 22/09/2029
Insured Name	LAXMI SINGH (GSTIN)		
Insured Address	C/O JITENDRA SINGH, VILL-BHADILA DOYAM-POST-MAHEN-THANA-MADANPUR DEORIA UTTAR PRADESH, VILL-BHADILA DOYAM-POST-MAHEN-THANA-MADANPUR DEORIA UTTAR PRADESH, NA, NA	Lead /Breakin No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP		Vehicle	71250
Model & Variant	HERO SPLENDOR PLUS FI		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	71250
Engine -Chassis No	HA11F6SHH01631 - MBLHAW471SHH6578		TMF CONTRACT NO	
Cubic Capacity	100		Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1		Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1194 15	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC)to driver (IMT-28)	0
		Legal Liability to Employees (IMT-29)	NA
Basic Premium	1194 15	Legal Liability to Passenger (IMT-46)	NA
Geographical Area Extn (IMT -1)	0	Driving Traction Loading On TP Premium (60%)	0
Driving Traction Loading On OD Premium (60%)	0	PA Paid Driver, Conductor, Cleaner-GR36R3	3851
Sub-Total Additions	0	Net Liability Premium (B)	4010
		Total Premium (A+B)	726
		GST	0
Voluntary Deductibles (IMT 22A)	0	SERVICE TAX	0.00
Anti- Theft Device (IMT-10)	0	STAMPDUTY	0
AAI Membership (IMT-8)	0	Swachh Bharat Cess@0.50%	0
No Claim Bonus	0	Kristi Kalyan Cess@0.50%	4756
Discount for vehicle designed for handicapped	1015	Gross Premium Paid	
SIP Discount	1015		
Sub -Total Deductibles			
Add-On Coverages			
NIL Depreciation			
Returns to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	179		
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4756
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs 1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The Insurer under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website www.theorientalinsurance.org in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 23-SEP-25

IMPORTANT NOTICE
The Insurer 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 water terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Stunt driving (7) Duty Purpose in connection with motor trade.

Driver's Clause: Any person including the insured, 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 license is also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability: Clause Under section II-1 (i) of the policy - Death of or body injury Such amount is necessary to meet these requirements of the motor vehicle act 1988 Under Section II-1 (i) of the policy. Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner - Driver is RS 50 lakhs. The Insurer is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the The preceding year(s) preceding two consecutive years/25% preceding three consecutive years/35% preceding four consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus may be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1988.

* This Insurer excludes all pre-existing damages.

Approved By : 65925BMD
Approved On : 23-SEP-25

For and on behalf of
The Oriental Insurance Company Limited

Customer's Signature.....

Authorised Signatory



भारत सरकार
Government of India



लक्ष्मी सिंह
Laxmi Singh
जन्म तिथि/ DOB: 01/01/1989
महिला / FEMALE



7695 6072 4380

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O जितेन्द्र सिंह, 82, भदिला दोयम
पोस्ट महेन, भदिला दोयम, देवरिया,
उत्तर प्रदेश - 274603

Address:
W/O Jitendra Singh, 82, bhadila
doyam post mahen, Bhadila
Doyam, Deoria,
Uttar Pradesh - 274603

7695 6072 4380



help@uidai.gov.in

www

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ITTPS3637B

भारत
सरकार

नाम / Name

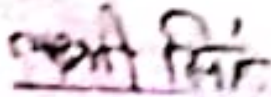
LAXMI SINGH

पिता का नाम / Father's Name

SHRIRAM SINGH

जन्म की तारीख / Date of Birth

01/01/1989


हस्ताक्षर / Signature



18082017

Motor Vehicle Driving Licence
Uttar Pradesh

UP52 20150008232

Issue Date: 22-09-2020
Validity (NT): 09-04-2030
Validity (TR):



Holder's Signature

(16-05-2015)

Date of First Issue

Name: **DINESH SINGH**
Date of Birth: **10-04-1970** Blood Group:
Son/Daughter/Wife of: **LT MADAN SINGH**
Address:
BHADILA DOYAM MAHEN MADANPUR
DEORIA 274603

Organ Donor: **N**

DL No: UP52 20150008232



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	16-05-2015	NT			
LMV		UP52	16-05-2015	NT			
MVSD							

Emergency Contact Number

UP52 DEORIA

Form 7 (Rule 16(2))



GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name LAXMI SINGH
 Address DEORIA
 Phone 6306768354

Job No.
 Date 09/12/25
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UPSZCH18065
 Speedmeter Redg.
 Insurance No.
 Model SPLH

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	HL	15	460	450	
2	R.R. Fender-	15	1020	1020	
3	Suit. Cover- 48 R.	22	550	1100	
4	Cepter-	15	250	250	
5	Muffler- Cover-	15	515	515	
6	R.R. Checkise - 1/2	-	-	1250	
7	R.R. Alloy. Wheel	15	4800	4800	
8	R.R. Wheel- L	15	250	250	
9	Bosom Light	15	250	250	
10					
11					
12					
13					
14					
15					
16					
17	Laxmi			6000	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				10400	

- 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.

Garpati Automobiles
 Gorakhpur Road
 OPP. Dr. N. GUPTA
 DEORIA
 For - Garpati Automobiles
 Mob. 9415383539

We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory