

# GANPATI AUTOMOBILES

Purwa-Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name: SANDEEP CHAUHAN  
 Address: DEORIA  
 Phone: 9712174272

Job No. ....  
 Date: 12/12/2025  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. UP52BA7769  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model: SPL7

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	VIBRA	1A	1100	1100	
2	HIL	1P	525	525	
3	F-Fanblade	1R	1500	1500	
4	Mittor - Inner	1K	303	303	
5	F-Linkage - R	1R	250	250	
6	Hamell	1K	500	500	
7	LIVOR - R	1K	100	100	
8	Fuel Tank	1B	5876	5876	
9	Piston - R	1R	800	800	
10	R.R. Linkage - R & R	2R	250	200	
11	Muffler Cover	1K	515	515	
12	Mittor Seat	1B	1325	1325	
13	Fork. L & R. Complete	2R	5000	5000	
14	Mirry R.	1K	250	250	
15					
16					
17					
18					
19	LABOR			600	
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				19246	

- 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.

We agree with the conditions and approve the estimate.

Customer's Signature.....

Ganpati Automobile  
 For - Ganpati Automobile  
 OPP. B.N. Gupta  
 DEORIA  
 770400479

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.	SANDEEP CHAUHAN, 9712174272
2	Vehicle No. / वाहन संख्या	UP52BA7769
3	Policy No. / पालिसी संख्या	MS120247001/046575/391943
4	Period of Insurance / बीमा अवधि	03/01/2025-30-02/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/12/2025 Time - 12:30 pm.
6	Place of Accident / दुर्घटना का स्थान	पुरवा चौराहा (देवीट्या)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SONU KUMAR CHAUHAN, UP522015002/283, 9712174272
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण:	B.R.O. से पुरवा चौराहा जा रहे थे अर्थात् पुरवा चौराहा पर सामने से दो बहिया वाहन तेज गति से आ रहा था। निश्चय गेरी जारी की सामने से टकराट मार दिया जिससे गेरी जारी टाये साई डीर 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.	JANAKIA AUTO MOBILE REPAIR

Date / दिनांक : 11/12/2025  
हस्ताक्षर

Sandeep

Signature of Insured / बीमाधारक के

Sandeep



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/2004/7001/4/46575/391943

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

Period of Insurance 03/01/2025 - 02/01/2026  
 Claim No \_\_\_\_\_

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

1. INSURED  
 (a) Name SANDEEP CHAUDHAN  
 (b) Address for correspondence PURWA CHAUDHAN DEORA  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2017</u>	Engine No. <u>7359</u> Chassis No. <u>70089</u>	Registration No <u>UP52BA</u> <u>7769</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: SONU. KUMAR. CHAUHAN.  
 (b) Age: 28/01/1995  
 (c) Address: PAUKANA, OPFORIA.  
 (d) Is the Driver  
 1. Owner: NO.  
 2. paid driver?: NO.  
 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: UP5220150021283  
 (h) Issuing Authority: \_\_\_\_\_  
 (i) Date of Expiry: 31/12/2035  
 (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

Time: 12:30 pm

(a) Date and Time: 6/11/2025  
 (b) Place: पूरन, ओरिया  
 (c) Speed of Vehicle at the time of accident: B.R.O. के पुराना रिकॉर्ड के मुताबिक 40-50 किलोमीटर प्रति घंटा था।  
 (d) Give a short description of the accident: एक गाड़ी ने दूसरी गाड़ी को टक्कर मारी।  
 (e) If any third party was responsible for this accident give the name and address: दूसरी गाड़ी का ड्राइवर जिसे पता नहीं है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE  
 (b) Estimated cost of repairs: \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected: (GAMPATI AUTO MOBILE OPFORIA)

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?: \_\_\_\_\_

8. INJURY TO DRIVER/OCCUPANT

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

MIA

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 Police 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 11/12/25 200

Signature of the insured Sandeep

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 11/12/25 200

Signature of the insured Sandeep

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 *Sandeep* .....  
Occupation .....  
Address .....  
.....  
.....

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



Registration No : UP52BA7769 Registration Date : 09-Jul-2019  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : HPT  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...  
 Owner Name : SANDEEP CHAUHAN Son/wife/daughter of : SUBASH CHAUHAN  
 Full Address: (Permanent) : VILL SOMANATH MANDIR, PO G.I ESTATE, PS DEORIA, DEORIA, UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL SOMANATH MANDIR, PO G.I ESTATE, PS DEORIA, DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 08-Jul-2034 Tax UpTo : One Time  
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE IV  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2002497486 Rear HSRP No : AA1000274916  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2019  
 No of Cylinders : 1 Chassis No. : MBLHAW087KHF70089  
 Engine No : HA10AGKHFA7394 Fuel : PETROL  
 Horse Power(BHP) : 8.24 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (ISS-SELF-DR UM-CAST) Wheel base : 1230  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : 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)
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 : 19-Jun-2019 Sale Amt : 54675/-  
 OTT Date : 19-Jun-2019 Amount/Rcpt No : 5468 / UP52D19060003846  
 TaxUpTo : One Time Vehicle is Govt/ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 09-Jul-2019

Other State/Transfer/Conversion Details

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

This certificate is valid from 09-Jul-2019 to 08-Jul-2034

Date : 14-Sep-2020 16:27:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 14-Sep-2020

L2676789



## Package Offer

2024-12-30

Mr./Ms. SANDEEP CHAUHAN

, Uttar Pradesh,

Dear Mr./Ms. SANDEEP CHAUHAN,

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. SANDEEP CHAUHAN, 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)

GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled



WARRANTY CONDITIONS

Motorsath Limited  
 Plot No. 10, Sector 10, Gurgaon, Haryana, India  
 Phone: 01294-200000  
 Email: info@motorsath.com  
 Website: www.motorsath.com

No. of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
1		8712174772		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
150 DISC ALLOY WHEEL NEW		HA10AGKEHPA*334	MRLHA W01TKHF*00F9	2019		TW
Asset Deprecial Value (ADV)	Safe Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.00	NA	0.00	0.00	0.00	0.95	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Seat			2	1850.95	
	Address		City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
FLIP KART DEVI	Female	50 Years	MOTHER	2025-01-03 00:00	Midnight of 2026-01-02	

Section A, VHC: 25.23 UCR: 254.30 Less Fabricated Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default): Total with GST(A): 474.79  
 Section B, IC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 EDC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @9% + SGST @9%): (B): 137.52 Total with GST(B): 901.52

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 Assist: 898.96 AEDC, DOC & Additional External Tyre Cover(AETC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 25.79 Total with GST(D): 188.75

Total Section A+B+C+D Offered Price After Discount: 1850

Package Period Covered	2025-01-03 To 2026-01-02	2026-01-03 To 2027-01-02	2027-01-03 To 2028-01-02	2028-01-03 To 2029-01-02	2029-01-03 To 2030-01-02
ADV	0.95	NIL	NIL	NIL	NIL
MS Services Period Covered (NOEL)	1 Year	NIL	NIL	NIL	NIL

The vehicle covered in this contract have a valid TP coverage from 2025-01-03 until 2025-12-31.

**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 retaining 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, 1988.

**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 liability. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsath.com or Motorsath 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.

**WITH 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 MOTORSAATH CARE PVT LTD AT:** Website: www.motorsath.com Customer Care / Toll Free Phone No.: 7941050643 email: info@motorsath.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 in Mumbai.

\* Received with Thanks Rs 1850.00 ON 2024-12-30 from Mr./Ms. SANDEEP CHAUHAN  
 The acknowledgment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please see website for details) Cancellation Stamp/Duty Paid Endorsements: TMT - 22, 16, 18  
 Customer Service Address: D-27, Khastri Nagar, Meerut, Uttar Pradesh, (250004), India

# Program Proposal Two-Wheeler Package Contract - Bundled



MS/2024/7001/046575/091943

MotoSathi Private Limited  
Plot No. 10, Sector 10, Meerut, Uttar Pradesh, (250004) India

410 50643  
www.motorsathi.com  
help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANDEEP CHAUHAN		9712174272		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
125 DISK ALLOY WHEEL NEW		HA10ACKHFA7394	MBLHAW087KHP0019	2019		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
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	1850.95	
Address		City / District		Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
FULPATI DEVI	Female	50 Years	MOTHER	2025-01-03 00:00	Midnight of 2026-01-02	

Section A, VRC: 35.33 TCRC: 354.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A): 474.79  
 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): 764.00 GST (CGST @9% + SGST @9%) (B): 137.52 Total with GST(B): 901.52  
 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: 189.94 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 21.79 Total with GST(D): 188.75  
**Total(Section A+B+C+D) Offered Price After Discount: 1850**

Package Period Covered	2025-01-03 To 2026-01-02	2026-01-03 To 2027-01-02	2027-01-03 To 2028-01-02	2028-01-03 To 2029-01-02	2029-01-03 To 2030-01-02
ADV	0.95	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 from 2025-01-03 until 2025-12-31.

**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 or MotoSathi 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, non-disclosure 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 MOTORSATHI 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 as 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 Meerut.

#: Received with Thanks Rs 1850.95 ON 2024-12-30 from Mr./Ms. SANDEEP CHAUHAN  
 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



भारत सरकार

Government of India

संदीप चौहान  
Sandeep Chauhan



जन्म तिथि/DOB: 01/06/1990  
लिंग / Male



6216 8479 5615

आधार - आम आदमी का अधिकार



एन.डी.ए.ए.ए.

Unique Identification Authority of India

पता: S/O सुभाष चौहान, 237  
सोमनाथ मण्डिर, देवरिया, वार्ड नं 7  
देवरिया, देवरिया, देवरिया  
उत्तर प्रदेश, 274001

Address: S/O Subash  
Chauhan, 237 somnath  
Mandir DEORIA, ward no 7,  
Deoria Deoria Uttar  
Pradesh, 274001

6216 8479 5615

1947  
1800 300 1947

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UNION OF INDIA Driving Licence (UP) (NT+T)

UP52 20150021283



मारी जारी की तिथि  
Date of Issue  
10/12/2015  
जन्म तिथि  
Date of Birth  
28/01/1995

वैधता तिथि  
Validity  
19/01/2020  
रक्त समूह  
Blood Group  
B



नाम / Name

SONU KUMAR CHAUHAN

पिता/माता के नाम / Son/Daughter/Wife of

SUBASH CHAUHAN

UP52 20150021283

UP04920789MT



LMV  
10/12/2015



MCWG  
10/12/2015



TRANS  
20/01/2017



UP

Form 7 (Rule 16(2))

पता / Address

MEHDA PURWA, G.I. STATE  
KOTWALI  
DEORIA -

SONU

Holder's Signature

अधिकारी / Issuing Authority Sign  
DEORIA

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



पंजीकृत खाता नंबर कार्ड  
Registered Account Number Card  
BNXPC1419A



नाम  
पता  
व्यक्तिगत आयकर  
व्यक्तिगत आयकर  
व्यक्तिगत आयकर