

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name: HAARENDRA SHARMA
 Address: DEORIA
 Phone: 7408164197

Job No.
 Date: 16/12/25
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52CH494
 Speedmeter Redg.
 Insurance No.
 Model: Plasage

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	Upper - Cover -	1PC	1450	1450	
2	Lower - Cover -	1PC	1080	1080	
3	F- Fender -	1PC	1150	1150	
4	Handle - Cover -	1PC	800	800	
5	HIL	1PC	3150	3150	
6	Handle -	1PC	680	680	
7	Handle - Croome -	1PC	350	350	
8	Body, Cover - L	1PC	1200	1200	
9					
10					
11					
12					
13					
14	Labour			600	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			TOTAL	10460/-	

- 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.

I agree with the conditions and approve the estimate.

Owner's Signature.....

For Ganpati Automobiles
 Gopalpur Road
 OPP. DUG N. DEORIA
 Mob. 77900475
 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.	HARENDRA SHARMA 7408164147
2	Vehicle No. / वाहन संख्या	UP52CE4941
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	07/03/2025-06-06/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/11/2025 Time: 1:00 PM.
6	Place of Accident / दुर्घटना का स्थान	गौरा स्कूली स्कूल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIJAY PRATAP SINGH UP5220180012219, 7408164147.
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण:	घर से देवरिया जा रहे थे। रास्ते में गौरा स्कूल विरुद्ध बुधा स्कूली स्कूल के पास रास्ते सड़क पे गड्ढे में सेरी गाली चली गई। जिसके वजह से सेरी गाली बायें शक्ति गिर कर क्षतिग्रस्त हो गई।
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.	JANAPATI A/P. MOBI (E. P. FOR) (P. P.)

Date / दिनांक : 15/11/2025
स्ताक्षर

Signature of Insured / बीमाधारक के
हरेन्द्र

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.	HARENDR A. SHARMA. 7408164147
2	Vehicle No. / वाहन संख्या	UP52CE4941
3	Policy No. / पालिसी संख्या	
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5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/12/2025 Time: 1:00 PM.
6	Place of Accident / दुर्घटना का स्थान	गौरा स्कूली स्कूल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIJAY. PRATAP. SINGH. UP5220180012219, 7408164147,
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	घर से देरिया जा रहे थे। वास्तु में गौरा स्कूल विरुद्ध बुधा स्कूली स्कूल के पास सागरे सड़क पे गूढ में मोरी गाड़ी चली गई। जिसके वजह से मोरी गाड़ी वायु शक्ति गिर कर क्षतिग्रस्त हो गई।
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.	JANAPATI ACP. MOBI. (E. OFFICE) (G.P.)

Date / दिनांक : 12/12/2025
हस्ताक्षर

12/12/2025

Signature of Insured / बीमाधारक के

हरेंद्र



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 07/03/2025 To - 06/03/2026
 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 HARENDRA-SHARMA
 (b) Address for correspondence GAYRA DEORIA (U.P)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>01366</u> Chassis No. <u>00378</u>	Registration No. <u>UP52CH</u> <u>4941</u>
-------------------------------------------	-----------------------------------------------------	--------------------------------------------------

- (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 _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: VIJAY PRATAP SINGH
 (b) Age: 15/11/1973
 (c) Address: KHARJURWA ROAD, DEORIA
 (d) Is the Driver
 1. Owner: NO
 2. paid driver?: NO
 3. Owner's relative or friend?: FRIEND
 (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: UP5220180012219
 (h) Issuing Authority: HI
 (i) Date of Expiry: 31/10/2033
 (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: 12/12/2025 30 Km Time: 1:00 PM
 (b) Place: गौरा (बुधा एकपत्ती)
 (c) Speed of vehicle at the time of accident: घर से देकरिया जा रहे थे करते में गौरा स्कूल
 (d) Give a short description of the accident: विराटम बुधा एकपत्ती स्कूल के पास सामन हाईवे पे घटने में गौरा गाड़ी जा गरी जिसके नजद है वाय साइस गौरा के क्षतिग्रस्त हो गयी
 (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: _____
 (c) When and where can the damaged vehicle be inspected: GANPATI AUTO MOBILE DEORIA

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?: _____

Signature.....

Authorised Signatory

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 Policy 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 15/12/2020

Signature of the insured ER-4

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE4941 Registration Date : 12-Mar-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 : HARENDRA SHARMA Son/wife/daughter of : OM PRAKASH
 Full Address: (Permanent) : VILL+PO- GAURA, PS- RAMPUR KARKHANA DEORIA, , DEORIA, UTTAR PRADESH-274405
 Full Address: (Temporary) : VILL+PO- GAURA, PS- RAMPUR KARKHANA DEORIA, , DEORIA-UTTAR PRADESH-274405
 Fitness UpTo : 11-Mar-2040 Owner Serial No : 1
 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 : AA2120222804 Rear HSRP No : AA2120686940
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLJFW661RGM00378
 Engine No : JF16E1RGM01366 Fuel : PETROL
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
 Maker's Classification : PLEASURE + CX Wheel base : 1238
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 106
 Colour : BLUISH TEAL Laden/GV Wt (kgs) : 236
 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 : 07-Mar-2025 Sale Amt : 84563/-
 OTT Date : 07-Mar-2025 Amount/Rcpt No : 8457 / UP52D25030001458
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Mar-2025 to 11-Mar-2040

Date : 27-Mar-2025 13:45:39

Location Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी

Signature of Registration Authority

Date : 27-Mar-2025

0 2509105

Customer's Signature.....

Authorised Signatory





2025-03-07

M. Ms. HARENDRA SHARMA
VILLAGE- GAURA PS- RAMPUR KARKHANA
DEORIA, Uttar Pradesh - 214405

Dear Mr. Ms. HARENDRA SHARMA,

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. HARENDRA SHARMA, 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

मोटरसाथी
सुखी यात्रा
सुखी यात्रा



Customer's Signature.....

Authorised Signatory



Certificate of Services

Certificate Issuer & Servicing Office Motor Sathi Care Private Limited, B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00414161

For Assistance, Please contact us at: Toll Free Number 7941050643 | Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00414161

Name of Certificate Holder: HARENDRA SHARMA

Mobile: 7575827595

Address: VILL+PO- GAURA PS- RAMPUR KARKHANA, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 80334.85

Vehicle Registration Number: New

Model: PLEASURE PLUS

Engine Number: JF16E1RGM01366

Acknowledgement No: MS/2025/E414161

Period of Coverage(MS): 2025-03-07 - 2026-03-06 MIDNIGHT
DOB: 1989-04-10

Period of Coverage(I): 2025-03-07 - 2030-03-06 MIDNIGHT
City / District: DEORIA

Pincode: 274405

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: XTECH CONNECTED

Chassis Number: MBLJFW661RGM00378

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders 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 steering 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" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1633.42	165.01	165.01	-	2183

Personal Accident Cover Details

Name of Certificate Holder: HARENDRA SHARMA

Nominee Name: URMILA DEVI

Nominee Gender: Female

Period of Insurance: 2025-03-07 (15:57 HRS) - 2026-03-06 MIDNIGHT

Nominee Relationship: WIFE

Nominee Age: 31 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. 8) Any form of Nuclear, Chemical and biological Terrorism is excluded. 9) Scope of Cover - 24 hrs. 10) This cover is subject to the terms and conditions of the policy. 11) This cover is subject to the terms and conditions of the policy. 12) This cover is subject to the terms and conditions of the policy. 13) This cover is subject to the terms and conditions of the policy. 14) This cover is subject to the terms and conditions of the policy. 15) This cover is subject to the terms and conditions of the policy. 16) This cover is subject to the terms and conditions of the policy. 17) This cover is subject to the terms and conditions of the policy. 18) This cover is subject to the terms and conditions of the policy. 19) This cover is subject to the terms and conditions of the policy. 20) This cover is subject to the terms and 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Authorised Signatory

Customer's Signature



सर्वोच्च न्यायालय
Government of India



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पता: [Blank]
[Blank] [Blank] [Blank] [Blank]
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आधार - आम आदमी का अधिकार



सर्वोच्च न्यायालय
Government of India

नाम: [Blank] पता: [Blank]
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भारत सरकार
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हरेन्द्र शर्मा
Harendra Sharma
जन्म तिथि / DOB : 10/04/1989
पुरुष / Male



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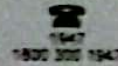
आधार - आम आदमी का अधिकार



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GOVT. OF INDIA

HARENDRA SHARMA

OM PRAKASH

10/04/1989

Permanent Account Number

GFIPS3590L

हरेन्द्र

Signature



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20180012219



Issue Date 18-10-2023 Validity (NT) 17-10-2033 Validity (TR) _____



Holder's Signature

(20-11-2018)

Date of First Issue

Name: **VUAY PRATAP SINGH**
Date of Birth: **15-11-1973** Blood Group **D+ VE** Organ Donor: **N**
Son/Daughter/Wife of: **RAMA SHANKAR SINGH**
Address: **225 KHARJARAWA ROAD WARD 20 SAKET NAGAR
DEORIA DEORIA, UP 274601**

DL No: UP52 20180012219

UPDL/09/00/12219



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	MCWOG	UP52	20-11-2018	NT			
Car	LHV	UP52	20-11-2018	NT			
MVSD							

Emergency Contact Number
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Licensing Authority
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