

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name: SUNNEL, KUMAR: KUSHWAH  
 Address: PO RIA,  
 Phone: 7379 646908

Job No. ....  
 Date: 16/12/2025  
 Chassis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. UPSY-CH1659  
 Speedometer Redg. ....  
 Insurance No. ....  
 Model: VEDA V2

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-R.	16	819	819	
2	LOWER-COVER-R.	15	1714	1714	
3	FLOOR-R.	16	200	200	
4	WHEEL-INNER-R	16	402	402	
5	LIVOR-R.	16	200	200	
6	F-WHEEL-R.	16	350	350	
7	Body-COVER-R.	16	2525	2525	
8	MIRROR-R.	16	245	245	
9	CRIP-R.	16	1009	1009	
10	Center-Bracket	16	377	377	
11	Fork Inner-R.	16	599	599	
12					
13					
14					
15					
16					
17	Labour			600	
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				9000	

- 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.

I/We agree with the conditions and approve the estimate.

Customer's Signature.....

**GANPATI AUTOMOBILES**  
 For - Sarakhwa Road  
 OPP. DEORIA  
 Mob: 7706000000

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.	SUNNEL KUMAR KUSHALPANA 7379646908.
2	Vehicle No. / वाहन संख्या	UP52CH1659
3	Policy No. / पालिसी संख्या	252400/31/2026/26321
4	Period of Insurance / बीमा अवधि	05/07/2025-30/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025 Time - 11:30 AM.
6	Place of Accident / दुर्घटना का स्थान	चैरो-चौराहा (देवोसा)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUNNEL KUMAR KUSHALPANA. RJ5520220002031, 7379646908,
8	Estimated Loss / अनुमानित हानि	4050/-
9	Cause of Accident / दुर्घटना का कारण : माथावाटू से सलेगापुर जा रहे थे रास्ते में चैरो-चौराहा पर सामने से ट्रैक्टर को वसात के चक्कर में मेरी गाड़ी क्षतिग्रस्त हो कर दायां साइड गीट के अतिशय से 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.	JANAPATI AUTO MOBILE REPAIR

Date / दिनांक  
हस्ताक्षर

Sureel Kumar  
15/12/2025

Signature of Insured / बीमाधारक के

Sureel Kumar



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, Anaf Ali Road, New Delhi-110 002

**MOTOR CLAIM FORM**

To: Office Address \_\_\_\_\_

Certificate/Policy No 252900/31/2026/26321

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

Period of Insurance 5/7/2025 to 9/7/2026

Claim No. \_\_\_\_\_

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

1. INSURED  
 (a) Name SUNJEL KUMAR. MISUJIAN  
 (b) Address for correspondence SALEMPUR. ROORAH  
 (c) Telephone \_\_\_\_\_

**2. THE INSURED VEHICLE**

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>* 03560</u> Chassis No. <u>* 00921</u>	Registration No <u>UP52CH</u> <u>1659</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

**3. 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 Chlatan No.  
 (d) Nature of permit  
 (e) Nature of goods carried  
 (f) Was the vehicle plying for hire  
 (g) If Lorry/Truck/Tractor, was trailer attached?  
 (h) Number of passengers carried  
 (i) Number of Passengers permitted
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name SUNEEL KUMAR KUSHAWAHA  
 (b) Age 20/10/1988  
 (c) Address POKARNI, JAFSA Jme. RJ-2  
 (d) Is the Driver YES.  
 1 Owner OWNER  
 2 paid driver?  
 3 Owner's relative or 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 RJ5520220002031  
 (h) Issuing Authority  
 (i) Date of Expiry 06/09/2032  
 (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 Sokni Time 11:30 AM.

(a) Date and Time 10/11/2025  
 (b) Place पुस्तकालय  
 (c) Speed of vehicle at the time of accident  
 (d) Give a short description of the accident  
 (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 - GEORGA

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?

Customer's Signature

Authorised Signatory

8. INJURY TO DRIVER/OCCUPANT

NA

- (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.

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 15/12/2025

Signature of the insured Suneel Kumar

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other Witnesses, if any \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? N/A
- (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? N/A
- (g) When? \_\_\_\_\_
- (h) Which Police Station? \_\_\_\_\_
- (i) C.R. diary Number \_\_\_\_\_

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited

Date 15/12/2020

Signature of the insured Suneel Kumar

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 *Sureel Kumar* .....  
Occupation .....  
Address .....  
.....  
.....

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



Transport Department DEORIA  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH1659 Registration Date : 07-Jul-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 : SUNNEL KUMAR Son/wife/daughter of : JAGUDEESH KUSHAWAHA  
KUSHWAHA

Full Address: (Permanent) : VILL+PO-ITAHUA CHANDAULI, PS-SALEMPUR, , DEORIA, UTTAR PRADESH-274509  
Full Address: (Temporary) : VILL+PO-ITAHUA CHANDAULI, PS-SALEMPUR, , DEORIA-UTTAR PRADESH-274509

Fitness UpTo : 06-Jul-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
Ownership : INDIVIDUAL Norms : Not Available  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2122888098 Rear HSRP No : AA2125625148  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
No of Cylinders : 0 Chassis No : MBLCEW058S6B00721  
Engine No : ECD001S8B03560 Fuel : PURE EV  
Horse Power(BHP) : 8.04 Cubic Capacity : 0.00  
Maker's Classification : VIDA V2 LITE Wheel base : 1301  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepor Cap : 0 Unladen Wt (kgs) : 114  
Colour : BLACK Laden/GV Wt (kgs) : 264  
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) Tandon:			

The motor vehicle above described is subject to Hypothecation in favour of BAJAJ FINANCE LTD, , , , ,  
Deoria, Uttar Pradesh-274001 w.e.f. 07-Jul-2025.

Purchase Date : 05-Jul-2025 Sale Amt : 105000/-  
OTT Date : Amount/Rcpt No : /  
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : EXEMPTED  
Date of Approval : 08-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Jul-2025 to 06-Jul-2040

Date : 10-Jul-2025 13:02:35

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 10-Jul-2025

Q 4111582

Government of Uttar Pradesh Government of Uttar Pradesh  
Government of Uttar Pradesh Government of Uttar Pradesh

Customer's Signature.....

Authorised Signatory



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-012140&3570, (GSTIN: 09AACT0637R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	05-JUL-25	
Policy No	252400/31/2025-25321		Proposal No.& Date	R/252400/31/2025-18906-A-05-JUL-2025	
Agent/Broker Code	LJ/003020650		Policy Period (OWN DAMAGE)	FROM 21:32 ON 05/07/2025 TO MIDNIGHT OF 04/07/2026	
Agent/Broker Name	M/S POLICY BAZAAR INSURANCE BROKERS PVT LTD		Policy Period (LIABILITY)	FROM 21:32 ON 05/07/2025 TO MIDNIGHT OF 04/07/2026	
Insured Name	MR SUNJEE KUMAR KUSHAWAHA (RSTEN )			Lead/Breakin No	/
Insured Address	C/O JAGDEESH KUSHAWAHA, VILL-PO-ITARUA CHANDAUUPS- SALEMPOUR, DEORIA, NA,			Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (IN Rs.)		
Make	HERO		Vehicle	99750	
Model & Variant	VIDA V2 LITE		Electrical Accessories	0	
Registration No	NTW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	99750	
Engine / Chassis No	EC00015601560 - MBLCTW06S600721		TIME CONTRACT NO		
Cubic Capacity	6		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	INDIA	
Type Of Body	SLD	Type Of Fuel	BATTERY POWERED - ELECTRICAL		
Schedule Of Premium (Amount In Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1671.81		Basic Third Party Liability	3273	
Electrical Accessories	0		Compulsory PA Cover Premium	0	
Non-Electrical Accessories	0		PA Cover for 0 Person (0 Rs) each (IMT-16)	0	
			Legal Liability (WC) to driver (IMT-28)	0	
Basic Premium	149.81		Legal Liability to Employees (IMT-29)	0	
Geographical Area Extra (IME-4)	0		Legal Liability to Passenger (IMT-46)	NA	
Driving Without Landing On (D) Premium (60%)	0		Driving Without Landing On (P Premium (60%))	NA	
Sub-Total Additions	0		PA Paid Driver, Conductor, Cleaner-GR16R1	0	
			Net Liability Premium (B)	3273	
			Total Premium (A+B)	1672	
			GST	660	
			SERVICE TAX	0	
			STAMP DUTY	0.00	
			Swachh Bharat Cess @ 0.50%	0	
			Krishi Kalyan Cess @ 0.50%	0	
			Gross Premium Paid	4332	
			Net Distribution	249	
			Return to Insurer	0	
			Key Replacement	0	
			Commission	0	
			Sub-Total Add-on Coverages	249	
			Net Gross Premium (A)	199	
Number Details	Number Name	Age	Relation		
Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	
				4332	
Financer Type	Financer Name	Bajaj Finance Limited	Financer Branch		
FOR Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA

Note:  
1. Policy Instance is the subject of the realisation of cheques.  
2. Consolidated Stamp Duty paid via Challan No.  
3. The Policy is subject to a compulsory deductible of Rs (RM 7-22)  
4. Voluntary excess (Rs 0)  
5. Subject to Endorsements IMT 7.10,24.

In the event of a claim under the policy exceeding Rs 1000, the insured will comply with the provisions of the AMI policy of the Company. The AMI 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, TMT, and (if) endorsements, institutional herein above, which are available on company's website.

Whereas it is an admitted fact that the policy setting of this Company shall not be valid under the policy and the policy shall be void ab initio (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 authorized by and on behalf of the company has here to set his/her hand at 252400 on 05 JUL-25

**IMPORTANT NOTICE**  
This Insured 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 is made in order to comply with the MV Act, 1988 in compliance from the insured for the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY"

This Insured is to maintain 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 luggage) (3) Occupational driving (4) Public loading (5) Special towing (6) Professional work.

Policy Premium is commensurate with motor fleet.

Insured's Claims from 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 also drive vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1988.

Limits of Liability: Covered under section II-1 (b) of the policy: Death of or body injury: Such amount as necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (b) of the policy-4) third party property is Rs.7.2 lakhs P.A. cover under section III for owner Driver is Rs.

No Claim Bonus: The interest is entitled for a No Claim Bonus (NCB) for the own damage section of the policy, if no claim is made in pending during the preceding year(s) as per the. The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 50% of NCB on (1) premium No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

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

This Insurer includes off any pending damages.

Approved By: 19-21/SMD  
Approved On: 05-JUL-25  
Title: MPT  
Printed On: 25-NOV-25

For and on behalf of  
The Oriental Insurance Company Limited  
GANPATI CHAURAHIA  
General Manager  
Authorized Signature



भारत सरकार

Government of India



सुनील कुमार कुशावाहा

Suneel Kumar Kushawaha

जन्म तिथि / DOB - 22/10/1988

पुरुष / Male



5940 5527 6315

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

जगदीश कुशावाहा  
चण्डी, देवरिया, इटावा घन्टीली,  
उत्तर प्रदेश 274509

Address S/O Jagudeesh Kushawaha  
Chandoul, Deoria Itahua Chandaul, Uttar  
Pradesh 274509

5940 5527 6315



help@uidai.gov.in

WWW

www.uidai.gov.in

Customer's Signature

Authorised Signatory



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SUNEEL KUMAR KUSHWAHA

JAGDISH KUSHWAHA

22/10/1988

Permanent Account Number

COSPK7874G



UNION OF INDIA Driving Licence (RJ) (NT)

RJ55-20220002031



प्राथमिक दिनांक  
Date of First Issue

वैधता / Validity

07/09/2022

06/09/2032

जन्म तिथि  
Date of Birth

Blood Group

20/10/1988

B+

नाम / Name

SUNEEL KUMAR KUSHAWAHA

पिता/पति का नाम / Son/Daughter/Wife of

JAGUDEESH KUSHAWAHA

D07884145R

RJ55-20220002031



LMV  
07/09/2022



MCWG  
07/09/2022



Form 7 Rule 16(2)

स्थायी पता / Permanent Address

A VEH PLATOON  
CO 56 APS POKARAN  
Pokaran, Jaisalmer, RJ 907012

Holder's Signature

जारीकर्ता / Issuing Authority Sign

POKARAN

