

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name.....Nikhil Latho
 Address.....Deoria
 Phone.....7392370371

Job No.
 Date.....16/12/25
 Chasis No.
 Engine No.
 Key No.
 Regn. No.UP.52.BD.2290
 Speedmeter Redg.
 Insurance No.
 Model.....Maruti

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	2197	2197	
2	F. Window (R)	1PC	250	250	
3	Body Cover (R)	1PC	1950	1950	
4	Camden	1PC	750	750	
5					
6					
7					
8					
9					
10	Labour	—	—	600	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL					<u>5747</u>

- 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.....

For - **Ganpati Automobiles**
 Gora G. N. Road
 OPP. B. G. N. Gidri
 DEORIA
 770400471
 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.	NIKHIL LATH ✍ 7398370371
2	Vehicle No. / वाहन संख्या	UP52 BD 2290
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46575/389999
4	Period of Insurance / बीमा अवधि	24/12/2024 to 23/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/12/25 to 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	BAJAJI ROAD
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	NIKHIL LATH ✍ UP5220170008601 - 7398370371
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मालबिया रोड से बाजजी रोड जा रहे थे बाजजी रोड में सामने से रोड में अचानक कूला आ गया जिसको वचाने में चक्कर में गरी गया सड़ गीर कर आतिशत हो गयी है।
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 ✍ 7651989599

Date / दिनांक : 13/12/25
हस्ताक्षर

Nikhil 0116

Signature of Insured / बीमाधारक के

Nikhil 0116





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/2014/70010/46575/389999
 Tel. No. _____ Period of Insurance 24/12/24 to 23/12/25
 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 : NIKHIL LATHI
 (b) Address for correspondence : SURTJHATA
 (c) Telephone : 7398370371

2. THE INSURED VEHICLE

Make & Year <u>Hero-2019</u>	Engine No. Chassis No. <u>*00348</u> <u>*M01377</u>	Registration No <u>UP52BD2290</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 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? NA
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : NIKHIL LATHI
 (b) Age : 2019311999
 (c) Address : Sunil Matia
 (d) Is the Driver
 1. Owner : YES
 2. paid driver? : NA
 3. Owner's relative or friend? : Owner's
 (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 : UPS220170008601
 (h) Issuing Authority : 05/10/2021
 (i) Date of Expiry : 22/07/2037
 (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 : 7/12/25 at 7:00 PM
 (b) Place : BAJAJI ROAD
 (c) Speed of vehicle at the time of accident : 10 km/h
 (d) Give a short description of the accident : मालविकी रोड से बाजजी रोड जाते वक़्त बाजजी रोड में घातक है
 (e) If any third party was responsible for this accident give the name and address : वेबसे अपानामातल आगुलियालेन वक़्त के एक्सा में मेरी गड़बड़

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : NA
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Purua Deoria 765199597

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

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? : _____ *NA*
(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? : _____ *NA*
(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 13/12/25 200

Signature of the insured *[Signature]*

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 *R. Rajan*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2024/7001/O/46574/389999

Motorsathi Care Private Limited
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
NIKHIL LATH	1999-03-28	7398370371	VINOD KUMAR LATH	Hero Motocorp	MAFSTRO EDGE
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
125 NEW	UP52BD2290	IF17EKKGM00348	MBLJFW14XKGM01377	2019-12-31	125 1W
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV
32500.00	NA	0.00	0.00	0.00	32500.00
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	2183.40
Address			City / District	Pin Code	State
ADD- 156 WARD NO 17 SURTI HATTA ROAD NAI BAZAR DEORIA Deoria Uttar Pradesh 274001				274001	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
BENU LATHI	Female	50 Years	MOTHER	2024-12-24 16:47	Midnight of 2025-12-23

Section A, VRC: 261.70 ICR: 421.85 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) : 0.00 Total with GST(A) 683.55
 Section B, EC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 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: 265.53 ATDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 47.80 Total with GST(D): 313.33
Total (Section A+B+C+D) Offered Price After Discount: 2183

Package Period Covered	2024-12-24 To 2025-12-23	2025-12-24 To 2026-12-23	2026-12-24 To 2027-12-23	2027-12-24 To 2028-12-23	2028-12-24 To 2029-12-23
ADV	32500	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 2024-12-24 until 2025-12-23.

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 operating 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 MotorSathi 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.

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 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 at Aligarh.

Received with Thanks Rs 2183.4 ON 2024-12-18 from Mr./Ms. NIKHIL LATH against the ARN No. INCP00389999
 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: IMI - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20170008601

Issue Date: 05-10-2021 Validity (NT): 28-07-2037 Validity (TR): _____

Name: **NROHL LATH**


Date of Birth: **28-03-1999** Blood Group: _____ Organ Donor: **N**

Son/Daughter/Wife of: **VINOD LATH**

Address:
**SURTI HATTA ROAD MAJ BAZAR SADAR,
 KOTWALI DEORIA 274001**

Date of First Issue: **28-07-2017**

DL No: UP52 20170008601 UPDL0000065 17819

 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*
MCWS	MCWS	UP52	29-07-2017	NT			
LMV	LMV	UP52	29-07-2017	NT			
MVSD							

Emergency Contact Number _____

Authority
 UPSI DEORIA

Form 7 Rule 16(2)



भारत सरकार
Government of India



निखिल लाठ
Nikhil Lath
पिता : विनोद लाठ
Father : Vinod Lath
जन्म तिथि / DOB : 28/03/1999
पुरुष / Male



8767 8095 9746

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
आरामज: विनोद लाठ, 156, वॉर्ड 17,
सुरती हट्टा मार्ग, नई बाजार,
देवरिया, देवरिया, उत्तर प्रदेश,
274001

Address
S/O. Vinod Lath, 156, ward 17,
surti hatta road, nai bazar, Deoria,
Deoria, Uttar Pradesh, 274001

8767 8095 9746



help@uaid.gov.in



www.uaid.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



AS IPL2734L

नाम/ Name
NIKHIL LATH

पिता का नाम/ Father's Name
VINOD LATH

जन्म की तारीख/ Date of Birth
28/03/1999

Nikhil Lath
हस्ताक्षर/ Signature



20032017

