

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob - 9415383539 9336531183

ESTIMATE

Owner's Name RAM VINAY SHARMA

Address DEORIA

Phone 9936382807

Job No.
 Date 06/12/2025
 Chasis No.
 Engine No.
 Key No. 4P52CB6437
 Regn. No.
 Speedmeter Redg.
 Insurance No.
 Model J.P. DELUXE

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	R.R. Fender-	11	1000	1000	
2	Best. Couval. L&R.	2K	500	1100	
3	Centre-	18	750	150	
4	TIL	11	400	4600	
5	F- Limkoe-2	11	250	250	
6	F- Fender-	11	1000	1000	
7	VIRAC-	11	1000	1000	
8	HIL	1K	535	535	
9	Hamel.	11	500	500	
10					
11					
12					
13					
14	Washers			600	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			TOTAL	6545	

- 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 _____

For - Ganpati Automobiles
 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.	RAM VINAY SHARMA 9936382807
2	Vehicle No. / वाहन संख्या	4P52CB6437
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/457182
4	Period of Insurance / बीमा अवधि	12/08/2025 - To - 11/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/11/2025 Time - 3:15 pm.
6	Place of Accident / दुर्घटना का स्थान	सोनू घाट (देवरिया)
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	RAM. VINAY. SHARMA 4P5220000030020, 9936382807,
8	Estimated Loss / अनुमानित हानि	65911
9	Cause of Accident / दुर्घटना का कारण :	देवरिया से सोनपुर कोरगांव जा रहे थे रास्ते में सोनू घाट चौराहा पर पिछे से एक पहिया वाला ड्राइवला कार जिसने मेरे गाड़ी को पिछे से टक्कर मार दिया और मेरी बायां तरफ कीर 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.	GANPATI AUTO. MOBILE. & FORTIA. (L.P.)

Date / दिनांक
हस्ताक्षर

5/12/25
Ram Duly

Signature of Insured / बीमाधारक के



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/2025/7001/0/46575/457182

Tel No _____

Period of Insurance 12/08/2025 - To 11/08/2026

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 RAM. VINAY. SHARMA.
 (b) Address for correspondence INDARA NAGAR. DEORIA. (U.P.)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO 2024</u>	Engine No. * <u>00957</u> Chassis No. * <u>50442</u>	Registration No <u>UP52CB 6437</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/Jep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____
- NA



3 DRIVER AT THE TIME OF ACCIDENT

(a) Name RAM VINAY SHARMA
 (b) Age 30/03/1969
 (c) Address BALUDA BANKATHA DEORIA (U.P.)
 (d) Is the Driver
 1 Owner V/S
 2 paid driver?
 3 Owner's relative or friend? OWNER
 (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 UPS220000030020
 (h) Issuing Authority
 (i) Date of Expiry 12/06/2029
 (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 29/11/2025 80km Time 8:15 PM
 (b) Place बालुआ (U.P.)
 (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 6575/-
 (c) When and where can the damaged vehicle be inspected GAMPATI AUTO MOBILE DEORIA (U.P.)

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

Customer's Signature

8 INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____ NIA
- (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? _____ NIA
- (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 5/12/2025 200

[Signature]
Signature of the insured

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 / *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

DO
S
ed m.

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52CB6437	Registration Date	16-Aug-2024
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	NEW
Dealer's Name & Address	GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , 199-274001		
Owner Name	RAM VINAY SHARMA	Son/wife/daughter of	CHANDRADEV SHARMA
Full Address: (Permanent)	VILL- WARD NO- 18 H.N 108 INDIRA NAGAR DEORIA, DEORIA, UTTAR PRADESH- 274001		
Full Address: (Temporary)	VILL- WARD NO- 18 H.N 108 INDIRA NAGAR DEORIA, DEORIA-UTTAR PRADESH- 274001		
Fitness Up To	15-Aug-2039	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	Rear HSRP No	AA2103132901
Front HSRP No	AA2104672222	Month/Year of Manu..	08/2024
Type of Body	SOLO WITH PILLION	Chassis No	MBLHAW130R9H50442
No of Cylinders	1	Fuel	PETROL
Engine No	HA11E1R9H00457	Cubic Capacity	97.20
Horse Power(BHP)	7.91	Wheel base	1235
Maker's Classification	HF DELUXE CANVAS	Standing Cap	0
Seating Cap(in all)	2	Unladen Wt (kgs)	112
Sleeper Cap	0	Laden/GV Wt (kgs)	242
Colour	BLACK AND ACCENT	AC Fitted	NO
Other Criteria			
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	11-Aug-2024	Sale Amt	69278/-
OTT Date	11-Aug-2024	Amount/Rcpt No	6928 / UP52D24080001554
Vehicle is Govt./ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	27-Aug-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 16-Aug-2024 to 15-Aug-2039

Date: 12-Sep-2024 15:08:18

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date 12-Sep-2024



P 9710751





Package Offer

2023-07-21

Mr. Mr. RAM VINAY SHARMA

VILL. WARD NO. 18 H.N 106, INDIRA NAGAR DEORIA, Deoria -274001

Uttar Pradesh, 274001

Dear Mr. Mr. RAM VINAY 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 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 transparent 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. Mr. RAM VINAY 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
- GSTIN: G9AANM5877M1ZD



Please scan the QR for details

DO NOT
G
Pa



Private Limited
 and Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 79410 50643
 info@motorsathi.com
 help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
RAM VINAY SHARMA	1969-03-30	9936382807	CHANDRADLV SHARMA	Hero Motocorp	III DELUXE
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
SLI E-20	UP52CB6437	HAIHLR9HJ00457	MBLHAW130R9H50442	2024	100 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
49000.00	NA	0.00	0.00	0.00	49000.00
Place of Regn	Body Type	HP/L ease/Hire-Purchase Agreement	Branch Office of HP/L ease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
	Solo			2	1370.62
Address			City / District	Pin Code	State
VILL - WARD NO- 18 H.N 108, INDIRA NAGAR DEORIA, Deoria -274001				274001	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
HEMVANTI DEVI	Female	53 Years	Wife	2025-08-12 17:57	Midnight of 2026-08-11

Section A, VRC: 688.76 TCR: 289.10 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%) 187.42 Total with GST(A): 790.44
 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): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00
 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: 250.15 AHDC: BOC & Additional External Tyre Cover(EATC): Other Discount: 0.00 GST (CGST @9% + SGST @9%) 45.03 Total with GST(D): 295.18
Total(Section A+B+C+D) Offered Price After Discount: 1371

Package Period Covered	2025-08-12 To 2026-08-11	2026-08-12 To 2027-08-11	2027-08-12 To 2028-08-11	2028-08-12 To 2029-08-11	2029-08-12 To 2030-08-11
ADV	49000	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 TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-08-11 (DETAILS ARE AS PROVIDED BY THE CUSTOMER)

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, 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 mail 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 1370.62 ON 2025-07-21 from Mr./Ms. RAM VINAY SHARMA against the ARN No. INCP00457182
 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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Authorised Signatory

Customer's Signature

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAM VINAY SHARMA

CHANDRADEO SHARMA

30/03/1969

Permanent Account Number

BZYPS1789Q

Signature



30112008





Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20000030020

Issue Date Validity (NT) Validity (TR)*
13-06-2024 12-06-2029



Holder's Signature

Name: **RAM VINAY SHARMA**

Date of Birth: **30-03-1969** Blood Group: **B+ VE** Organ Donor: **N**

Son/Daughter/Wife of: **CHANDRA DEQ SHARMA**

Address:

**BALUWA BANKATA DEORIA
DEORIA, DEORIA, UP 274001**

DL No



Date of First Issue: 07 04 2000

Class of Vehicle
MVSC

Emerge

DL No: UP52 20000030020

UPDL 000013513430



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*
	MLWG	UP52	07-04-2000	NI			
	LMV	UP52	07-04-2000	NI			
	MVSD						

Emergency Contact Number

licensing authority
UP52 DEORIA



Holder's Signature

Date of First Issue 07-04-2000

Donor N

Form 7 Rule 16(2)