

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name: SANU JAINWAL
Address: DEORIA
Phone: 923571525

Job No.
Date: 8/11/2025
Chasis No.
Engine No.
Key No.
Regn. No. UP52BV0994
Speedmeter Redg.
Insurance No.
Model: DESTINI

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	F-Fender-	1A	1521	1521	
2	UPPER-COVER-	1B	1382	1382	
3	UPPER-CROOME	1A	531	531	
4	Hamdl-COVER-	1A	912	912	
5	HIL	1B	3350	3350	
6	HIL CROOME,	1B	230	230	
7	Hamdl-	1A	833	833	
8	LIVERE-(L)	1A	100	100	
9	F-LIMKEL-L	1B	920	920	
10	LOWER-COVER-	1A	1290	1290	
11	FLOOR- L	1A	889	889	
12	Body. COVER-(L)	1A	2101	2101	
13	Foot. Rest. (L)	1A	350	350	
14					
15					
16					
17					
18	CABONEX			600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				15009/-	

- 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 - Ganpati Automobiles
Gorakhpur Road
OPP. D. N. GUPTA
DEORIA
Mob. 7704000000

Authorised Signatory

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.	SANOJ. JAISWAL. 9235171525
2	Vehicle No. / वाहन संख्या	UP52BV0994
3	Policy No. / पालिसी संख्या	MS/2024/700/0/46575/391109
4	Period of Insurance / बीमा अवधि	25/12/2024-26-29/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/11/2025 Time-05:35PM.
6	Place of Accident / दुर्घटना का स्थान	सोनाड़ी मोड़, (देवरिया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANSHU. JAISWAL. UP5320240037916, 9235171525
8	Estimated Loss / अनुमानित हानि	15000/-
09.	Cause of Accident / दुर्घटना का कारण :	देवरिया से बरहज जाते समय रास्ते सोनाड़ी मोड़ पर अचानक सामने से कुत्ता आ गया और मैं ब्रेक मारा जिससे मेरी गाड़ी टकरा गई। और बाईं साइड गीर पर झटि अस्त हो गई। गाड़ी अभी जम्मू-काश्मीर पकड़े में विरामित 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 AUTO. MOBILE. DEORIA. (U.P.)

Date / दिनांक : 7/11/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

संजीव जायसवाल

संजीव जायसवाल



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/2024/7001/0/46575/391109

Tel. No. _____

Period of Insurance 25/12/2024 To - 24/12/2025

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
- (b) Address for correspondence
- (c) Telephone

1. INSURED
SANOJ JAISWAL.
AZAD NAGAR DEORIA -

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. * <u>14773</u> Chassis No. * <u>12447</u>	Registration No. <u>UP52BV</u> <u>0994</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 : ANSHU JAISWAL
 (b) Age : 14/08/2006
 (c) Address : SAHJANWA, GORKHIPUR, (U.P)
 (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 : UP5320240037916
 (h) Issuing Authority :
 (i) Date of Expiry : 13/08/2046
 (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 : 05/11/2025 30km Time - 5:35PM
 (b) Place : सोनाडी गाँव (देवोला) देवोला से बुरहल जाते समय रास्ते में
 (c) Speed of vehicle at the time of accident : 30km/h
 (d) Give a short description of the accident : इस गाँव रोड में एक बस जिसमें कन्दा
 (e) If any third party was responsible for this accident give the name and address : टक्का गरीब रोड वारें साईन और करे
 आते गल्ल हा गरीब

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER BESTIMAT
 (b) Estimated cost of repairs : 15000/-
 (c) When and where can the damaged vehicle be inspected : SHANPATI AUTO MOBILE DEORIA, (U.P)

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
 (b) Address :
 (c) Full Details of personal injury sustained : N/A
 (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? : 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 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 7/11/25
200

Signature of the insured रविनाथ जायसवाल

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 ...सनीष जायसवाल

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52BV0994 Registration Date : 13-Mar-2023
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Owner's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , -
Owner Name : SANJOJ JAISWAL Son/wife/daughter of : KISHORI
Full Address: (Permanent) : VILL AZAD NAGAR SOUTH WARD, NO 16 PO&PS BARHAJ, , DEORIA, UTTAR
PRADESH-274601
Full Address: (Temporary) : VILL AZAD NAGAR SOUTH WARD, NO 16 PO&PS BARHAJ, , DEORIA-UTTAR
PRADESH-274601
Fitness UpTo : 12-Mar-2038 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 : AA2071790814 Rear HSRP No : AA2072346900
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2022
No of Cylinders : 1 Chassis No : MBLJFW245NGL12447
Engine No : JF17EANGL14773 Fuel : PETROL
Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
Maker's Classification : DESTINI 125 (VX) Wheel base : 1245
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 114
Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 244
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 L&T FINANCE LTD, , , , ,
Deoria, Uttar Pradesh-274001 w.e.f. 12-Mar-2023.

Purchase dt : 10-Mar-2023 Sale Amt : 85158/-
OTT Date : 10-Mar-2023 Amount/Rcpt No : 8516 / UP52D23030001319
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 15-Mar-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 13-Mar-2023 to 12-Mar-2038

Date : 11-Apr-2023 10:35:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 11-Apr-2023



P 2045139

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANOJ JAISWAL	1975-06-05	6386796200	KISHORI	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
Destini	UPS2BV0994	JF17TANGL14773	MBLJFW245NGL12447	2023	110	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
61000.00	NA	0.00	0.00	0.00	61000.00	
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	1574.27	
Address			City / District	Pin Code	State	
ILL AZAD NAGAR SOUTH WARD, NO 16 PO&PS BARHAJ, , Deoria-274601				274601	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
NITIN JAISWAL	Male	19 Years	SON	2024-12-25 13:24	Midnight of 2025-12-24	

on A, VRC: 491.19 TCR: 431.88 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 923.07
 on 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 (B): 0.00
 on C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 on D, Drive Assure: 551.86 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 99.34 Total with GST(D): 651.20
 (Section A+B+C+D) Offered Price After Discount: 1574

Age Period Covered	2024-12-25 To 2025-12-24	2025-12-25 To 2026-12-24	2026-12-25 To 2027-12-24	2027-12-25 To 2028-12-24	2028-12-25 To 2029-12-24
	61000	NIL	NIL	NIL	NIL
Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-03-09 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

RESTRICTIONS 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) Motorized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.


COVER: 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 renewing 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: 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.

CLAIMER: 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 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.

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 1574.27 ON 2024-12-25 from Mr./Ms. SANOJ JAISWAL against the ARN No. INCP00391109
 This acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 For more details (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

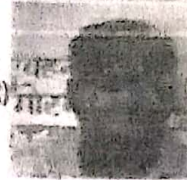


**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP53 20240037916

Issue Date: 10-10-2024
Validity (NT): 13-08-2046

Validity (TR)



Holder's Signature

Name: **ANSHU JAISWAL**
 Date of Birth: 14-08-2005 Blood Group:
 Son/Daughter/Wife of: **AJAY KUMAR JAISWAL**
 Address:
**PIPARAULI BUKIRG PIPARAULI BAZAR KHAINI
 PIPARAULI KHURD SAHJANWA GORAKHPUR UTTAR
 PRADESH 273212**

Date of first issue: 10.10.2014

DL No: UP53 20240037916

UPDL000014379883



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*
MCWG	UP53	10-10-2024	NT				
LMV	UP53	10-10-2024	NT				
MVSD							

Emergency Contact Number

[Signature]
Issuing Authority

Form 7 Rule 16(2)

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT OF INDIA

SANOJ JAISWAL

KISHORI LAL JAISWAL

15/02/1988

Permanent Account Number

AWLPJ3374K

संजीव भायराज

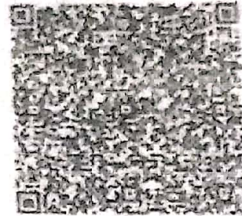
Signature



भारत सरकार
Government of India

संयुक्त आयसंस्थान
SANOJ JAISWAL

जन्म तिथि/DOB 05/06/1975
पुरुष / Male



6447 5842 8579

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India

पता: S/O: किशोरी, 86, बरहाज
आजाद नगर दक्षिणी, बंडा 15
बरहाज, देवरिया, उत्तर प्रदेश
274601

Address: S/O: Kishori, 86,
BARHAJ, AZAD NAGAR
SOUTH, ward no 15, Barhaj
Deoria, Uttar
Pradesh, 274601

6447 5842 8579

1947
1800 200 1947

help@uidai.gov.in

www.uidai.gov.in