

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 9415383539, 9336531183

## ESTIMATE

Owner's Name.. RAGHVENDRA PRATAP VISHWAKARMA  
Address..... DEORIA.....  
Phone..... 7398221003.....

Job No. ....  
Date..... 22/12/25.....  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. .... AUPS2 CD 8264.....  
Speedmeter Redg. ....  
Insurance No. ....  
Model..... X-TREME 125.....

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	15	1000	1000	
2	Tank - Saravel - (R)	15	700	700	
3	Mirror - (R)	12	300	300	
4	Muffler Cover	15	350	3800	
5					
6					
7					
8					
9					
10					
11					
12	LAMP			300	
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				2900	

- 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.

For - Ganpati Automobiles

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

Customer's Signature.....

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.	RAJHAVENDRA PRATAP VISHWAKARMA. 7398881003,
2	Vehicle No. / वाहन संख्या	UP52CD8264
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	14/01/2025 - To - 13/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025 - Time - 9:30 AM.
6	Place of Accident / दुर्घटना का स्थान	रामगुलाम टोला (देवरिया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJHAVENDRA PRATAP VISHWAKARMA. UP5220160018093, 73,98881003,
8	Estimated Loss / अनुमानित हानि	2900/-
09.	Cause of Accident / दुर्घटना का कारण: रामगुलाम टोला में मेरे मकान के पास मेरी गाड़ी खड़ी थी। तभी अचानक बंदरने मेरी गाड़ी पर कुद गया जिससे मेरी गाड़ी टूटा शक्ति गिर कर क्षतिग्रस्त हो 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.	SIANPATA AUTO. MOBILE. DEORIA

Date / दिनांक  
हस्ताक्षर

20/12/25  
Rajhendra

Signature of Insured / बीमाधारक के

Rajhendra



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 14/01/25 to 13/01/26  
 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 : RAGHVENDRA PRATAP VISHWAKARMA  
 (b) Address for correspondence : PIPARAICH  
 (c) Telephone : 7398221003

2. THE INSURED VEHICLE

Make & Year <u>Hero-2025</u>	Engine No. Chassis No. <u>* 06026</u> <u>* 10712</u>	Registration No.
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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 Used  
 (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



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 20/12/25 200

Signature of the insured Raghuvaran

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 ..... *Raghunath*  
Occupation .....  
Address .....  
.....  
.....

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



# GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CD8264 Registration Date : 16-Jan-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 : RAGHVENDRA PRATAP Son/wife/daughter of : TRILOKI NATH  
 VISHWAKARMA VISHWAKARMA  
 Full Address: (Permanent) : VILL- PIPARAICH PO- DHANAUTI KHURD, PS- RAMPUR KARKHANA DEORIA, , DEORIA  
 UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL- PIPARAICH PO- DHANAUTI KHURD, PS- RAMPUR KARKHANA DEORIA, ,  
 DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 15-Jan-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 : AA2118657521 Rear HSRP No : AA2118323006  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLJAU027RGL10712  
 Engine No : JA07AVRGL06026 Fuel : PETROL  
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70  
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 137  
 Colour : BLACK Laden/GV Wt (kgs) : 267  
 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 : 14-Jan-2025 Sale Amt : 101439/-  
 OTT Date : 14-Jan-2025 Amount/Rcpt No : 10144 / UP52D2501C00107  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 22-Jan-2025

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 16-Jan-2025 to 15-Jan-2040

Date : 28-Jan-2025 14:47:35

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 28-Jan-2025



Q 1256253

2025-01-14

Mr./Ms. RAGHVENDRA PRATAP VISHWAKARMA  
VILL- PIPARAICH , PO- DHANAUTI KHURD  
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. RAGHVENDRA PRATAP VISHWAKARMA,

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](mailto:info@motorsathi.com) or visit our website at [www.motorsathi.org](http://www.motorsathi.org) or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. RAGHVENDRA PRATAP VISHWAKARMA, 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](mailto:info@motorsathi.com)  
Website: [www.motorsathi.org](http://www.motorsathi.org)



यह बीमा पॉलिसी गाडी वा वाहन बीमा  
(00) एक एक  
गैद तालिका अनुसार है।



Please scan the QR for details



## 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, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00396050

For Assistance, Please contact us at Toll Free Number 79419506431 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00396050

Period of Coverage(MS): 2025-01-14 to 2026-01-13 MIDNIGHT

Name of Certificate Holder: RAGHIVENDRA PRATAP VISHWAKARMA

DOB: 1996-12-16

Mobile: 7398881003

Period of Coverage(I): 2025-01-14 - 2030-01-13 MIDNIGHT

Address: VILL- PIPARAICH, PO- DHANAUTI KHURD, DEORIA, DEORIA

City / District: DEORIA

State: Uttar Pradesh

Pincode: 274001

IDV: 96367.05

Manufacturing Year: 2024

Vehicle Registration Number: New

Vehicle Manufacturer: HERO MOTOCORP

Model: XTREME 125

Variant: XTREME 125R ABS

Engine Number: JA07AVRGL06026

Chassis Number: MBLJAU027RGL10712

Acknowledgement No: MS/2025/E396050

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 stepney 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

ADHC 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	1973.85	177.65	177.65	-	2329

### Personal Accident Cover Details

Name of Certificate Holder: RAGHIVENDRA PRATAP VISHWAKARMA

Period of Insurance: 2025-01-14 (17:54 HRS) - 2026-01-13 MIDNIGHT

Nominee Name: PRAMILA DEVI

Nominee Relationship: MOTHER

Nominee Gender: Female

Nominee Age: 48 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. 6) 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. 7) Any form of Nuclear, Chemical, and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs. Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts of Aligarh.



UP52 2 50018093

UP04575315M



MCWG  
15/10/2016



Form 7 Rule 16(2)

पता / Address

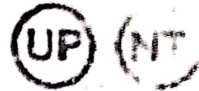
7, PAH WCH  
DIANAUTI KHURD, RAMPUR KARKHANA  
DEORLY -

Holder's Signature

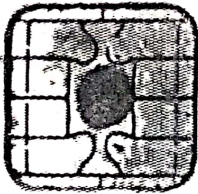
जारीकर्ता / Issuing Authority Sign  
D. TORIA



# UNION OF INDIA Driving Licence



UP52 20160018093



जारी करने की तिथि  
Date of Issue

15/10/2016

वैधता / Validity

14/10/2038

जन्म तिथि  
Date of Birth

16/12/1966

Blood Group  
Unknown

नाम / Name

**RAGHAVENDRA PRATAP VISHWAKARM**

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

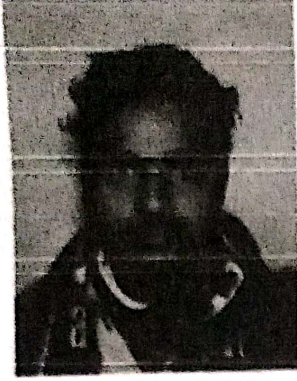
TRILOKI NATH VISHWAKARMA





भारत सरकार

Government of India



राघवेन्द्र प्रताप विश्वकर्मा

Raghvendra Pratap Vishwakarma

जन्म तिथि / DOB : 16/12/1996

पुरुष / Male



9966 9023 1618

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: त्रिलोकी नाथ विश्वकर्मा,  
ग्राम पिपराईच पोस्ट धनौती खुर्द,  
थाना रामपुरकारखाना, देवरिया,  
देवरिया, भटपार रानी, उत्तर प्रदेश,  
274001

Address:

S/O: Triloki Nath Vishwakarma,  
gram piparaich post dhanauti  
khurd, thana rampurkarkhana,  
Deoria, Deoria, Bhatpar Rani,  
Uttar Pradesh, 274001

9966 9023 1618



1947  
1800 300 1947



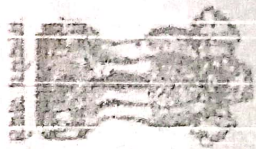
help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

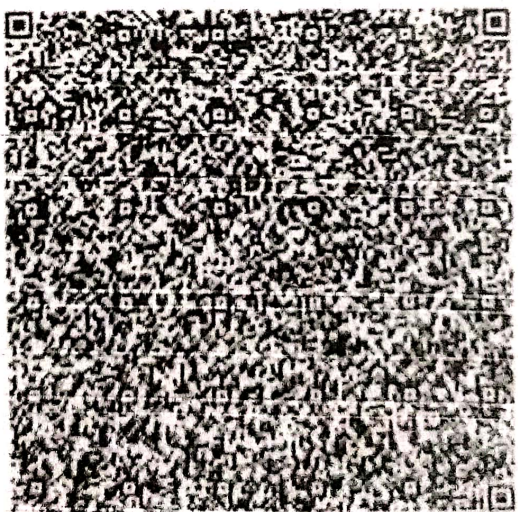
AUHPV9944M

नाम / Name  
RAGHVENDRA PRATAP VISHWAKARMA

पिता का नाम / Father's Name  
TRILOKI NATH VISHWAKARMA

जन्म की तिथि /  
Date of Birth  
16/12/1996

हस्ताक्षर / Signature



31032023