

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name.. Anuj Kumar Yadav
 Address..... Deoria
 Phone..... 9919355743

Job No.
 Date..... 20.12.2017
 Chasis No.
 Engine No.
 Key No.
 Regn. No. ... UP52CF2980
 Speedmeter Redg.
 Insurance No.
 Model..... Spld

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	Vign	1PC	1000	1000	
2	H/L	1PC	535	535	
3	F. fender	1PC	1500	1500	
4	F. Fank - 1/R <u>puja</u>	1PC	2300	2300	
5	F. Winker (R)	1PC	250	250	
6	Handle	1PC	580	580	
7	Liver (R)	1PC	100	100	
8	Mirror (R)	1PC	250	250	
9	Muffler Cover	1PC	515	515	
10	No. Palist Stand	1PC	100	100	
11					
12					
13					
14					
15					
16					
17					
18	<u>1/2 ha</u>			600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				10310	

- 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.

GANPATI AUTOMOBILES
 For - Ganpati Automobiles
 Gorakhpur Road
 DEORIA, G. N. GUPTA
 Mob. 7704002

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

Customer's Signature.....

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.	ANUJ KUMAR YADAV & 9918355743
2	Vehicle No. / वाहन संख्या	UPS2CF2980
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	06/05/2025 to 5/5/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/12/25 @ 02:00 PM
6	Place of Accident / दुर्घटना का स्थान	BAITALPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANUJ KUMAR YADAV UPS220240014693 - 9918355743
8	Estimated Loss / अनुमानित हानि	10350 ✓
9.	Cause of Accident / दुर्घटना का कारण :-	क्याल्यू मे खोराराम आले समय राते मे क्याल्यू चोरदा पु. डीहायम वाला ने वृकन एक रदा था वृकत मेरी गडी सामने मे वकन 11पी डाई वरने मड्ड गले एक आदेशत 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.	Compati Automobiles Purua Deoria & 7651989597

Date / दिनांक : 20/12/25
हस्ताक्षर
Anuj Kumar Yadav

Anuj Kumar Yadav
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. _____

Tel. No. _____

Period of Insurance 06/05/25 to 05/05/2026

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 : ANUJ KUMAR YADAV
 (b) Address for correspondence : KHORARAM
 (c) Telephone : 9918355743

2. THE INSURED VEHICLE

Make & Year <u>Hero-2025</u>	Engine No. Chassis No. * <u>26175</u> * <u>49526</u>	Registration No. <u>UP2CF2980</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 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 to 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 : ANUJ KUMAR YADAV
 (b) Age : 15/03/2004
 (c) Address : Gram KHORARAM
 (d) Is the Driver
 1. Owner : YES
 2. paid driver? : NA
 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 : UP5220240014693
 (h) Issuing Authority : 24/07/24
 (i) Date of Expiry : 14/03/2024
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (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 : 19/12/25 @ 02:00 PM
 (b) Place : BAITAL PUR
 (c) Speed of vehicle at the time of accident : 70 KM/H
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 वाहक के खोले हुए आने से हुए हादसे के कारण
 वाहन पर नियंत्रण न होने से हुए हादसे के कारण
 वाहन A को टक्कर मारी जाने से हुए हादसे के कारण

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 10350/-
 (c) When and where can the damaged vehicle be inspected : Gampati Automobiles Purwa Dewat
 761929897

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 : NA
 (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?
- (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 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 20/12/28 200

Signature of the insured Anuj Kumar Yadav

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 *Anuj Kumar Yadav..*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF2980 Registration Date : 07-May-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 : ANUJ KUMAR YADAV Son/wife/daughter of : CHANDRABHAN YADAV
 Full Address: (Permanent) : VILL- KHORARAM, PO- BADHAYA BUJURG, PS- DEORIA, DEORIA, UTTAR
 PRADESH-274001
 Full Address: (Temporary) : VILL- KHORARAM, PO- BADHAYA BUJURG, PS- DEORIA, DEORIA-UTTAR
 PRADESH-274001
 Fitness UpTo : 06-May-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 : AA1042572321 Rear HSRP No : AA2124115305
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW237SHC49526
 Engine No : HA11E8SHC26175 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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 : 06-May-2025 Sale Amt : 77026/-
 OTT Date : 06-May-2025 Amount/Rcpt No : 7703 / UP52D25050001246
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-May-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-May-2025 to 06-May-2040

Date : 30-May-2025 13:59:21

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 30-May-2025



2025-05-06

Mr./Ms. ANUJ KUMAR YADAV
VILL- KHORARAM , PO- BADHAYA BUJURG
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. ANUJ KUMAR YADAV,

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.

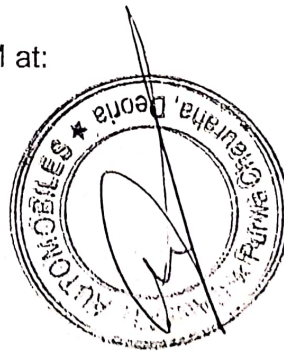
We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of 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 or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. ANUJ KUMAR YADAV, 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



यह पत्र, मोटर्सथी ऑटोमोबाइल
(OO) के द्वारा प्रेषित किया गया है।
कृपया इसे ध्यान से पढ़ें।



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, Uttar Pradesh, (202001) Certificate Number: INCP00435375

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@mtorosathi.com

Tax invoice cum Certificate Number: INCP00435375

Name of Certificate Holder: ANUJ KUMAR YADAV

Mobile.: 9918355743

Address: VILL- KHORARAM , PO- BADHAYA BUJURG, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 73174.7

Vehicle Registration Number: New

Model: SPLENDOR PLUS

Engine Number: HA11E8SHC26175

Acknowledgement No: MS/2025/E435375

Period of Coverage(MS): 2025-05-06 - 2026-05-05 MIDNIGHT

DOB: 2004-03-15

Period of Coverage(I): 2025-05-06 - 2030-05-05 MIDNIGHT

City / District: DEORIA

Pincode: 274001

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: DRUM SELF E20

Chassis Number: MBLHAW237SHC49526

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	1814.58	163.31	163.31	-	2141

Personal Accident Cover Details

Name of Certificate Holder: ANUJ KUMAR YADAV

Period of Insurance: 2025-05-06 (16:55 HRS) - 2026-05-05 MIDNIGHT

Nominee Name: CHANDRABHAN YADAV

Nominee Relationship: FATHER

Nominee Gender: Male

Nominee Age: 49 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Ago 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. 7) 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 at Aligarh.



आयकर विभाग
INCOME TAX DEPARTMENT

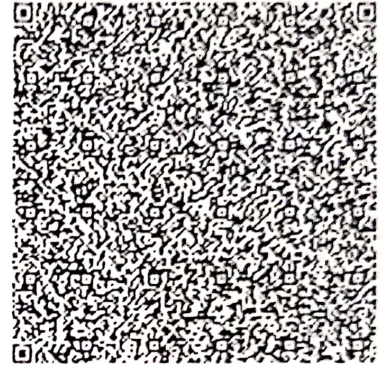


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BKSPY0096B



नाम / Name
ANUJ KUMAR YADAV

पिता का नाम / Father's Name
CHANDRABHAN YADAV

22032022

जन्म की तारीख /
Date of Birth
15/03/2004

Anuj Kumar Yadav
हस्ताक्षर / Signature



भारत सरकार

भारत सरकार

Issue Date: 31/10/2019



अनुज कुमार यादव
Anuj Kumar Yadav
जन्म तिथि / DOB : 15/03/2004
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



8239 1337 5758

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

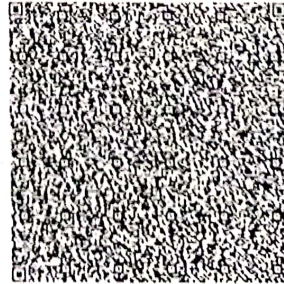
Unique Identification Authority of India



पता: द्वारा: चंद्रभान यादव, ग्राम खोराराम, पोस्ट
बडया बुजुर्ग, खोराराम, देवरिया, उत्तर प्रदेश,
274001

Print Date: 12/03/2023

Address: C/O: Chandrabhan Yadav, gram
khoraram, post badhaya bujurg, Khoraram,
Deoria, Uttar Pradesh, 274001



8239 1337 5758



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help@uidai.gov.in



www.uidai.gov.in



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