

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name..... Sandeep Michael  
Address..... Deoria  
Phone..... 9621520577

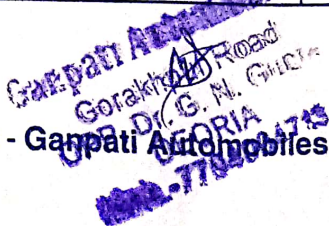
Job No. ....  
Date..... 20/11/25  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. .... UP52 BL 2024  
Speedmeter Redg. ....  
Insurance No. ....  
Model..... Swift

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	Vision	1R	1500	1500	
2	HIL	1R	525	525	
3	F-Fender	1R	1500	1500	
4	F-Winker (R)	1R	250	250	
5	Panle - (R)	1R	850	850	
6	Seat Cover (R)	1R	530	530	
7	F-Fender HR	2R	2500	5000	
8	Muffler Cover	1R	515	515	
9	Handle	1R	500	500	
10	Liver (R)	1R	100	100	
11	R.R. Winker (R)	1R	250	250	
12					
13					
14					
15					
16					
17	Carbure			500	
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				11620	

- 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  
 DEORIA  
 Mob. 778...

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 इन्शोरेंस 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.	Savita Nishad & 9621580517
2	Vehicle No. / वाहन संख्या	UP52BL2024
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/410628
4	Period of Insurance / बीमा अवधि	26/02/25 to 25/02/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/25 & 05:00 AM
6	Place of Accident / दुर्घटना का स्थान	कुटी के सामने
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	GAUTAM KUMAR & 9621580517 UP5220200012413
8	Estimated Loss / अनुमानित हानि	11620/-
09.	Cause of Accident / दुर्घटना का कारण :- बाईक से फर्नीचर जाते समय रास्ते में कुटी के सामने रोड पर अचानक कुटी आया जिससे मोटर गाड़ी टकरा गई और दाहिने हाईड गिरने से अचानक हादसा हो गया 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.	Gautam Automobiles Purua Deoria & 9651989597

Date / दिनांक :  
हस्ताक्षर

20/12/25  
साविता निषाद

Signature of Insured / बीमाधारक के

साविता निषाद





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/2025/7001/01/46575/410628

Tel. No. \_\_\_\_\_

Period of Insurance 26/02/2025 to 25/02/26  
 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 : Savita Nishad  
 (b) Address for correspondence : Painkauri  
 (c) Telephone : 9621580517

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2021</u>	Engine No. Chassis No. <u>* 11293</u> <u>* 17162</u>	Registration No. <u>UP52BL2024</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 : \_\_\_\_\_ NA  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : GAUTAM KUMAR  
 (b) Age : 20/11/1999  
 (c) Address : Patkauri  
 (d) Is the Driver  
 1. Owner : NA  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Patkauri  
 (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 : UPS2-20200012413  
 (h) Issuing Authority : 22/03/2022  
 (i) Date of Expiry : 19/06/2039  
 (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 : 17/12/25 05:00AM  
 (b) Place : Road on HMT  
 (c) Speed of vehicle at the time of accident : 20 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 :  
 गाँधी जंक्शन रोड पर गाँधी स्टेशन के पास एक कार ने टक्कर मारी।  
 गाँधी 311 मनीषा नगर मंगल कोणकरी नगर गाँधी स्टेशन रोड पर।  
 गाँधी एम 21

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS for Estimated  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Purup Deoria 761989597

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

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?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

NA

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

NA

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 20/12/20

Signature of the insured

SHARAD KUMAR



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 ..... शान्ति मेधा

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....



**GOVERNMENT OF UTTAR PRADESH**

Transport Department Deoria

FORM 23

**CERTIFICATE OF REGISTRATION**

Registration No : UP52BL 2024      Registration Date : 29-May-2021  
 Type of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, -  
 SAVITA NISHAD      Son/wife/daughter of : BASANT NISHAD  
 (Permanent) : VILL&PO PAIKAULI, PS BHALUANI, , DEORIA, UTTAR PRADESH-274001  
 (Temporary) : VILL&PO PAIKAULI, PS BHALUANI, , DEORIA-UTTAR PRADESH-274001  
 Validity : 28-May-2036      Tax UpTo : One Time

Category : M-CYCLE/SCOOTER      Link Vehicle No :  
 Status : INDIVIDUAL      Norms : BHARAT STAGE VI  
 Manufacturer : HERO MOTOCORP LTD  
 Model : AA2038372629      Rear HSRP No : AA2038071226  
 Configuration : SOLO WITH FILLION      Month/Year of Manuf. : 04/2021  
 Engine No : 1      Chassis No : MBLHAW123M4D17162  
 Frame No : RA11EYM4D11293      Fuel : PETROL  
 Displacement : 7.91      Cubic Capacity : 97.20  
 Location : SPLENDOR +(I3S-SELF-DR      Wheel base : 1236  
 (Type) : UM-CAST)  
 No. of Gears : 2      Standing Cap : 0  
 : 0      Unladen Wt (kgs) : 112  
 : BLACK-SILVER STR      Laden/GV Wt (kgs) : 242  
 :      AC Fitted : NO  
 : Fully Built

Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Description	As Regd.	Weight(in kgs)

The vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD. ...  
 Uttar Pradesh-274001 w.e.f. 24-May-2021.

Registration Date : 19-May-2021      Sale Amt : 64310/-  
 : 19-May-2021      Amount/Rcpt No : 6431 / UP52D21050002388  
 : One Time      Vehicle is Govt./ Pvt. : PRIVATE  
 : NOT EXEMPTED      Date of Approval : 29-May-2021

Transfer/Conversion Details  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

Registration is valid from 29-May-2021 to 28-May-2036

Signature of Registering Authority  
 DEORIA      Date : 30-Jun-2021

95829



## Package Offer

2025-02-26

Mr./Ms. SAVITA NISHAD

, Uttar Pradesh,

Dear Mr./Ms. SAVITA NISHAD,

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 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. SAVITA NISHAD, 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)

GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.

# Proposal Two-Wheeler Package Contract - Bundled

Contract No.: MS/2025/7001/O/46575/410628

Care Private Limited

Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

Contact:

91 79410 50643

info@motorsathi.com

For help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SAVITA NISHAD		9621580517		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DISK ALLOY WHEEL NEW		HA11EYM4D11293	MBLHAW123M4D17162	29-05-2021		TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
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	1670.51	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ASANT NISHAD	Male	32 Years	HUSBAND	2025-02-26 00:00	Midnight of 2026-02-25	

V, VRC: 430.50 TCR: 483.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 1115.00  
 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

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  
 D, Drive Assure: 229.25 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 41.26 Total with GST(D): 270.51

Offered Price After Discount: 1671

Period Covered	2025-02-26 To 2026-02-25	2026-02-26 To 2027-02-25	2027-02-26 To 2028-02-25	2028-02-26 To 2029-02-25	2029-02-26 To 2030-02-25
Period Covered (NODL)	0.95	NIL	NIL	NIL	NIL
Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

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

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 Driving 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 Motor Vehicle Rules, 1989.

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 above mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or App

TERMINATION: 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.

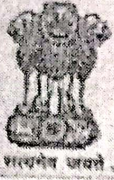
ANTI-MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

FOR REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:7941050643



**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 insured under this policy shall be subject to the provisions 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 Meerut.

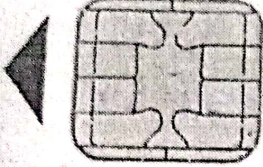
It Thanks Rs 1670.51 ON 2025-02-26 from Mr./Ms. SAVITA NISHAD  
 This payment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 For details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



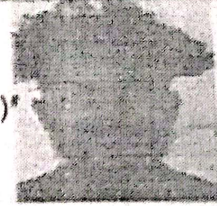
Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP52 20200012413



Issue Date 22-03-2022    Validity (NT) 19-06-2039    Validity (TR)\* 21-03-2027



(09-10-2020)

Holder's Signature

Name: GAUTAM KUMAR  
Date of Birth: 20-06-1999    Blood Group:  
Son/Daughter/Wife of: CHHOTELAL NISHAD

Organ Donor: N

Address:  
PAIKAULI MAHARAJ BHALUANI  
DEORIA, UP 274001

Date of First Issue

DL No: UP52 20200012413

UPDL000007848107



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*
	IACWG	UP52	09-10-2020	NT			
	LMV	UP52	09-10-2020	NT			
	TRANS	UP52	22-03-2022	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
Licence Authority  
UP52 DEORIA





भारत सरकार

Government of India



सविता निषाद

Savita Nishad

जन्म तिथि / DOB : 01/09/1992

महिला / Female



7350 5499 3507

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: अधोगिनी: बसन्त निषाद,  
गांव-पैकौली, पोस्ट-पैकौली, देवरिया,  
देवरिया, उत्तर प्रदेश, 274001

Address: W/O: Basant Nishad,  
Village-Paikauli, Post-Paikauli, Deoria,  
Deoria, Uttar Pradesh, 274001

7350 5499 3507



1847



happ@uidai.gov.in

WWW

www.uidai.gov.in

