

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name... Aman Yadav
Address... Danda
Phone... 9628620514

Job No.
Date... 25.12.25
Chasis No.
Engine No.
Key No.
Regn. No. ... MP.53.BY.U.S.1
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	Visor	16	1000	1000	
2	HIL	16	535	535	
3	F. Winker R/L	25	200	500	
4	F. Winker	16	250	250	
5	F. Fork-L/R	—	—	500	
6	leg guard	16	475	475	
7	Handle	16	500	500	
8	Liver (R)	16	100	100	
9	Grip.	16	1100	1100	
10	Muffler Conn	16	515	515	
11	Seat Cable (R)	16	550	550	
12	Camber.	16	250	250	
13	R.R. Winker (R)	16	250	250	
14					
15					
16					
17					
18					
19	LABOUR			600	
20					
21					
22					
23					
24					
25					
TOTAL				7325	

- 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.....

Ganpati Automobiles
For - Ganpati Automobiles
Deoria

Authorised Sign

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.	AMAN YADAV & 9628620514
2	Vehicle No. / वाहन संख्या	UP52BY1151
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/396121
4	Period of Insurance / बीमा अवधि	15/01/2025 to 14/01/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/25 & 08:13 PM
6	Place of Accident / दुर्घटना का स्थान	Shachin Tada
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AJAY YADAV & 9628620514 UP5220250018735
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	परसा जंगल से बढ़ती हुई रास्ते में साधु लोग मोड़ने सामने अचानक सामने लिलगाप आ गई जिसे नकल मेरी गाड़ी कोरा गई ओर दाहिने साईड गिरना आरिगल हो गयी है। गिरने के कारण हानि हुई 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 Automobiles Purwar Deoria & 7651989597

Date / दिनांक : 24/12/25
हस्ताक्षर

अमन यादव
Signature of Insured / बीमाधारक के

अमन यादव



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. MS2025/7001/46575/396211

Tel. No. _____

Period of Insurance 15/01/2025-10-14/01/2026

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 : AMMAN. VADIV

(b) Address for correspondence : V. PARASA. JINGAL, DEORAI (C.P.)

(c) Telephone : _____

2 THE INSURED VEHICLE

Make & Year <u>HERO</u>	Engine No. * <u>09934</u> Chassis No. * <u>02255</u>	Registration No. <u>UP52BY</u> <u>1151</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 : _____

N/A



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name ADAY VADAV
 (b) Age 01/12/2008
 (c) Address USRA BAZAR DEORIA (C.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 UP5220250018735
 (h) Issuing Authority _____
 (i) Date of Expiry 31/12/2042
 (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 16/12/2025 3014 Time - 8:13 pm
 (b) Place साथ लाल पक्का बंगला से बहता कुएरे जाने समय
 (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 _____
 (c) When and where can the damaged vehicle be inspected SAMPATI AUTO. MOBILE. DEORIA (C.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

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? : _____ NA
(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? : _____ NA
(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 24/12/25
200

Signature of the insured 34114 21162

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 अमित अंतिल
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank





GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BY1151
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAH GKP ROAD, DEORIA, . . 193-274001
 Owner Name : AMAN YADAV
 Full Address: (Permanent) : VILL- PARASA JUNGAL, PO- TIWAI PS- SURAULI RUDRAPUR, DEORIA, DEORIA, UTTAR PRADESH-274204
 Full Address: (Temporary) : VILL- PARASA JUNGAL, PO- TIWAI PS- SURAULI RUDRAPUR, DEORIA, DEORIA-UTTAR PRADESH-274204

Registration Date : 19-Nov-2023
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SHIVSAGAR YADAV

Fitness Up To : 18-Nov-2038

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2081427492
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E7PHL09934
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ I3S (DRS)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : MATT GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built

Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2083471398
 Month/Year of Manuf. : 11/2023
 Chassis No : MBLHAW220PHL02255
 Fuel : PETROL
 Cubic Capacity : 97 20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 111
 Laden/GV Wt (kgs) : 241
 AC Fitted : NO

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 : 12-Nov-2023
 OTT Date : 12-Nov-2023
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 25-Nov-2023

Sale Amt : 77920/-
 Amount/Rcpt No : 7793 / UP52D23110003588
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion Details

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

This certificate is valid from 19-Nov-2023 to 18-Nov-2038

Date : 15-Dec-2023 17:17:53

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 15-Dec-2023

P 5799347





Package Offer

2025-01-15

Mr./Ms. AMAN YADAV

VILL-PARASA JUNGAL, PO-TIWAI PS-SURALI RUDRAPUR, DEORIA, DEORIA, UTTAR
PRADESH, 274204

, Uttar Pradesh, 274204

Dear Mr./Ms. AMAN 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 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 or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. AMAN 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



Program Proposal Two-Wheeler Package Contract - Bundled



ARN No.: MS/2025/7091/0/46575/396121

Care Private Limited

Regional Exposure: JAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 91 79410 50643
 info@motorsathi.com
 the trip section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model		
AMAN YADAV	2006-07-16	9628620514	SHIVSAGAR YADAV	Hero MotoCorp	SPLENDOR PLUS		
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cable Capacity	Vehicle Type	
DRUM SELF L20	UP52BY1151	HA11ETPBL09934	MB1RHW220PH102255	2023	100	TF	
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV		
55500.00	NA	0.00	0.00	0.00	55500.00		
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)		
	540			2	1655.51		
Address			City / District	Pin Code	State		
VILL:PARANA BUNGAL PLOT:WALIPB,BURAUJI RUDRAPUR DEORIA DEORIA,UTTAR PRADESH,274204				274204	Uttar Pradesh		
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date		
SHIVSAGAR YADAV	Male	49 Years	FATHER	2025-01-15 12:09	Midnight of 2026-01-14		
Section A: VRC: 446.93 (CR: 26) 9% Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA: 1024.00 (05%) 0.00 Total with GST(A): 708.85							
Section B: EC: 0.00 ITC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 FAC: 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): 241.51 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: 500.72 AHIC, DCR & Additional External Tyre Cover(AETC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 100.93 Total with GST(D): 661.65							
Total(Section A+B+C+D) Offered Price After Discount: 1656							
Package Period Covered	2025-01-15 To 2026-01-14	2026-01-15 To 2027-01-14	2027-01-15 To 2028-01-14	2028-01-15 To 2029-01-14	2029-01-15 To 2030-01-14		
ADV	55500	NIL	NIL	NIL	NIL	NIL	
MS Services Period Covered (SOOL)	1 Year	NIL	NIL	NIL	NIL	NIL	

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-11-09 (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 of 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 obtaining 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 - (50000) 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, non-disclosure of material fact or non-co-operation of the coverage.

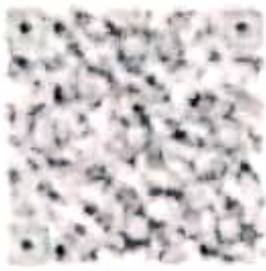
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as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

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LID AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 794100643 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 1655.51 ON 2025-01-15 from Mr./Ms. AMAN YADAV against the ARN No. INCP00396121
 The acknowledgment 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 JAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Invalid Carriage (Rajin 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	MCWG	UPS2	09-10-2025	NT			
LMV	LMV	UPS2	09-10-2025	NT			
MVED							

Emergency Contact Number

Licensing Authority
UPS2 DEORIA



Indian Union Driving Licence Issued by Uttar Pradesh



UPS2 20250018735

Issue Date: 09-10-2025 Validity (NT): 31-12-2042 Validity (TR)*



Holder's Signature

Name: AJAY YADAV
 Date of Birth: 01-01-2003 Blood Group:
 Son/Daughter/Wife of: JAY SH YADAV
 Address:
 TIWARI USRA BAZAR RUDRAPUR DEORIA UTTAR
 PRADESH 274204

Organ Donor: **M**

Parishad Number: 20250018735

First Issue: 09-10-2025



भारतीय विशिष्ट पहचान प्राधिकरण

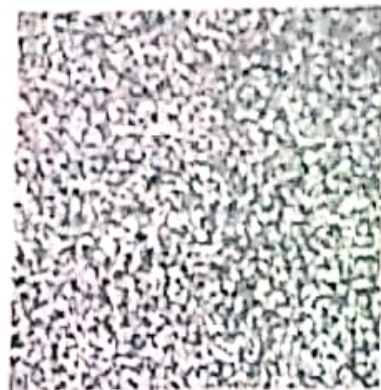
Unique Identification Authority of India

पता:

अमन शिवसगर यादव, विल-परासा जंगल, पीएल-शिवदुर्ग,
शिवदुर्ग, देहली,
उत्तर प्रदेश - 274204

Address:

S/O Shivasagar Yadav, Vill-parasa Jaungal,
post-lwar Tiwar, Deoria
Uttar Pradesh - 274204



QR Code with hologram

5941 6158 1903

VID: 9157 4434 4981 3672



भारत सरकार

Government of India



अमन यादव

Aman Yadav

जन्म तिथि/DOB: 16/07/2006

पुरुष/ MALE



5941 6158 1903

VID: 9157 4434 4981 3672

मेरा आधार, मेरी पहचान

