

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob - 9415383539 9336531183

**ESTIMATE**

Owner's Name Gudiyra  
 Address Deoria  
 Phone 9929511351

Job No \_\_\_\_\_  
 Date 23/12/25  
 Chassis No \_\_\_\_\_  
 Engine No \_\_\_\_\_  
 Key No \_\_\_\_\_  
 Regn No UP52CF 2355  
 Speedometer Rcdg \_\_\_\_\_  
 Insurance No \_\_\_\_\_  
 Model SPH

Dear Sir,

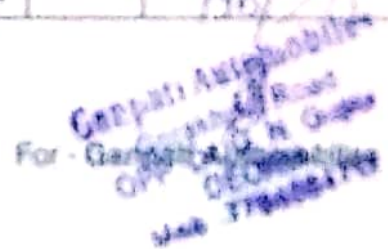
Here Under we are forwarding our estimate for your acceptance. Please sign and return copy to us so that we may take up the work in hand.

| S. No. | Details of Job      | Qty. | Rate | Amount |    |
|--------|---------------------|------|------|--------|----|
|        |                     |      |      | Rs.    | P. |
| 1      | Vision              | 10   | 1000 | 10000  |    |
| 2      | HIL                 | 10   | 535  | 5350   |    |
| 3      | f. fender           | 10   | 1500 | 15000  |    |
| 4      | f. fender - 1/R     | —    | —    | 500    |    |
| 5      | f. window - (R)     | 15   | 20   | 300    |    |
| 6      | liner - (R)         | 10   | 100  | 1000   |    |
| 7      | Handle              | 10   | 500  | 5000   |    |
| 8      | Leg guard           | 10   | 625  | 6250   |    |
| 9      | Back base cover (R) | 10   | 500  | 5000   |    |
| 10     | Muffler cover       | 10   | 505  | 5050   |    |
| 11     | f. Checkash -       | —    | —    | 1200   |    |
| 12     |                     |      |      |        |    |
| 13     |                     |      |      |        |    |
| 14     |                     |      |      |        |    |
| 15     |                     |      |      |        |    |
| 16     |                     |      |      |        |    |
| 17     | <u>Labour</u>       |      |      | 600    |    |
| 18     |                     |      |      |        |    |
| 19     |                     |      |      |        |    |
| 20     |                     |      |      |        |    |
| 21     |                     |      |      |        |    |
| 22     |                     |      |      |        |    |
| 23     |                     |      |      |        |    |
| 24     |                     |      |      |        |    |
| 25     |                     |      |      |        |    |
| TOTAL  |                     |      |      | 7950   |    |

- 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 \_\_\_\_\_

  
 For - GANPATI AUTOMOBILES  
 OFFICE DEORIA  
 Mob. 9929511351

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.                       | GURDIA &<br>9984511751  |
| 2   | Vehicle No. / वाहन संख्या  | UPS2CF2355  |
| 3   | Policy No. / पालिसी संख्या   |   |
| 4   | Period of Insurance / बीमा अवधि  | 02/05/2025 to 01/05/2026  |
| 5   | Date of loss & Time / दुर्घटना का दिनांक & समय                                       | 20/12/25 & 10:00 AM   |
| 6   | Place of Accident / दुर्घटना का स्थान  | उसरा बाजार  |
| 7   | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं      | ASHWAN KUMAR MEHRA &<br>UPS220150004120-9984511751  |
| 8   | Estimated Loss / अनुमानित हानि   |   |
| 09. | Cause of Accident / दुर्घटना का कारण :   | रुड़पूल से देवघिया जाते समय रास्ते में उसरा बाजार के सामने रोड पर आगे हिला जा रहा था मेरी गाड़ी टेल् में पीछे हुआ गाड़ी और दाहिने साईड गिर कर अतिशय हो गया है। अश्वनी कुमार मेहरा |
| 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 Automobles Purwa Deoria &<br>7651989597   |

Date / दिनांक :  
हस्ताक्षर

20/12/25  
गुडिया देवी

गुडिया देवी  
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 02/05/25 to 01/05/26  
 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 : Chudya  
 (b) Address for correspondence : Pakari  
 (c) Telephone : 9984511751

2. THE INSURED VEHICLE

|                                   |   |                                       |
|-----------------------------------|---|---------------------------------------|
| Make & Year<br><u>Hero - 2025</u> | Engine No. <u>* 06290</u><br>Chassis No. <u>* 02985</u> | Registration No.<br><u>UP52CF2355</u> |
|-----------------------------------|---|---------------------------------------|

- (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  
 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 : ASHWANS KUMAR MEHRA  
 (b) Age : 30 Year  
 (c) Address : JUNGLE  
 (d) Is the Driver  
 1. Owner : NA  
 2. paid driver? : NA  
 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 : UPS220150004120  
 (h) Issuing Authority : 13/03/2015  
 (i) Date of Expiry : 12/03/2035  
 (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 : 20/12/25 at 10:00 AM  
 (b) Place : JUNGLE  
 (c) Speed of vehicle at the time of accident : 10 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 :  
 कस्युए मे पोलिस एन्ड लाल साहने मे डारा वला (कन लामे रीस मे डारा डेन एन रीस मे गरी डेन मे पीरे डुन मीत डारे दारि मीस मे कन साहने मे मीत)

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 Automobile & Furniture Design 7651989697

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 witnesses, 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 past or future accident shall be forfeited.

Date 24/12/25 200

Signature of the insured [Signature]

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-2/27, Anand, Al. 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 or future arising directly/indirectly in respect of the said accident

Rs. \_\_\_\_\_

The Signer  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Branch \_\_\_\_\_  
District \_\_\_\_\_

Witness  
Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_

Signature सुडीया देवी  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_

Bank Account Number \_\_\_\_\_  
Name of the Bank \_\_\_\_\_

Customer's Signature \_\_\_\_\_

Authorized Signatory

Transport Department DEORIA  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF2355 Registration Date : 04-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 : GUDIYA Son/wife/daughter of : DINDYAL  
 Full Address: (Permanent) : VILL-PAKARI BUJURG, PO-PIPARPATI, PS-BARIYARPUR, DEORIA, UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL-PAKARI BUJURG, PO-PIPARPATI, PS-BARIYARPUR, DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 03-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 : AA2124556749 Rear HSRP No : AA2124115034  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1 Chassis No : MBLHAW227SHB02985  
 Engine No : HA11E7SHB06290 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ 13S (DRS) Wheel base : 1236  
 Seating Cap(In all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 111  
 Colour : MATT GREY Laden/GV Wt (kgs) : 241  
 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 : 02-May-2025 Sale Amt : 79866/-  
 OTT Date : 02-May-2025 Amount/Rcpt No : 7987 / UP52D25050000563  
 Vehicle is Govt./Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 07-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 04-May-2025 to 03-May-2040

File : 30-May-2025 13:42:40

Additional Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date: 30-May-2025

3622543

Government of Uttar Pradesh Government of Uttar Pradesh  
 Government of Uttar Pradesh Government of Uttar Pradesh

5/30/2025, 1:42 PM

Customer's Signature.....

Authorised Signatory



2025-05-02

Mr/Ms. GUDIYA  
VILL - KAKARI BURG, PO- PIPARPATI  
DEORIA, Uttar Pradesh, 274001

Dear Mr/Ms. GUDIYA,

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. GUDIYA, 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 6AM to 7PM at

Phone No: +91 794 1050643  
Email: [info@motorsathi.com](mailto:info@motorsathi.com)  
Website: [www.motorsathi.org](http://www.motorsathi.org)



मोटरसाथी  
ग्राहकों को सर्वोत्तम सेवा प्रदान करने का दायित्व है।  
सर्वोत्तम सेवा प्रदान करने के लिए हमें सहायता दें।



Please scan the QR for details

Customer's Signature

Authorized Signatory



## Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, B Doss Compound  
Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh,  
Uttar Pradesh, (202001) Certificate Number: INCP00433682

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

Tax Invoice cum Certificate Number: INCP00433682

Name of Certificate Holder: GUDIYA

Mobile: 9919454276

Address: VILL- PAKARI BUJURG, PQ- PIPARPATI, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 75872.7

Vehicle Registration Number New

Model: SPLENDOR PLUS

Engine Number: HA11E7SHB06290

Acknowledgement No. MS/2025/E433682

Period of Coverage (MS): 2025-05-02 - 2026-05-01 MIDNIGHT

DOB: 2003-03-10

Period of Coverage (I): 2025-05-02 - 2030-05-01 MIDNIGHT

City / District: DEORIA

Pincode: 274001

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: SPORTS 01

Chassis Number: MBLHAW227SHB02085

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 ADHC 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 | 1840.19     | 165.62    | 165.62    | -          | 2171         |

## Personal Accident Cover Details

Name of Certificate Holder: GUDIYA

Period of Insurance: 2025-05-02 (17:23 HRS) - 2026-05-01 MIDNIGHT

Nominee Name: DINDYAL

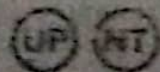
Nominee Relationship: FATHER

Nominee Gender: Male

Nominee Age: 50 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. 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.

INDIAN Driving Licence



UP52 20150004120



Valid from 13/03/2015

13/03/2015

12/03/2035

18/05/1994

Unknown

ASHWANI KUMAR MEHRA

Resident of UP - Son/Daughter/Wife of

RAM CHHABILA DEEPAK

UP52 20150004120



UPV  
13/03/2015



MCVNG  
13/03/2015



Address

JUNGLE DOMARDILA  
RUDRAPUR  
DEORIA

Holder's Signature

Issuing Authority Sign  
DEORIA



भारत सरकार  
Government of India



पुंरिण  
Gudiya  
अणु ढररर/DOB: 19/03/2003  
डरररर / FEMALE



4501 0751 4823

डेरर आधर, डेरर डरररर



अणु डररररररररररर  
Unique Identification Authority of India

डरर:  
D/O डररररर, अणु डररर डुरुर,  
डरर- डररररर, डरर डुरुरर,  
डरररर,  
उडर डरर - 274001

Address:  
D/O Dindyal, gram-pakar  
Bajung, post- poorpal, Pakari  
Bajung, Deoria,  
Uttar Pradesh - 274001

4501 0751 4823



# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name..... Gudiyaa  
 Address..... Deoria  
 Phone..... 9984511751

Job No. ....  
 Date..... 25/12/25  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. .... UP52CF2355  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model..... Spht

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                | 1R   | 535  | 535    |      |
| 3            | F. fender          | 1R   | 1500 | 1500   |      |
| 4            | F. Fank-L/R        | —    | —    | 550    |      |
| 5            | F. Winker (R)      | 1B   | 250  | 250    |      |
| 6            | Linum (R)          | 1B   | 100  | 100    |      |
| 7            | Handle             | 1C   | 500  | 500    |      |
| 8            | Leg guard          | 1C   | 675  | 675    |      |
| 9            | Fuel Box Cover (R) | 1B   | 500  | 500    |      |
| 10           | Muffler Cover      | 1R   | 515  | 515    |      |
| 11           | F. Checkish        | —    | —    | 1250   |      |
| 12           |                    |      |      |        |      |
| 13           |                    |      |      |        |      |
| 14           |                    |      |      |        |      |
| 15           |                    |      |      |        |      |
| 16           |                    |      |      |        |      |
| 17           | <u>LABOUR</u>      |      |      | 600    |      |
| 18           |                    |      |      |        |      |
| 19           |                    |      |      |        |      |
| 20           |                    |      |      |        |      |
| 21           |                    |      |      |        |      |
| 22           |                    |      |      |        |      |
| 23           |                    |      |      |        |      |
| 24           |                    |      |      |        |      |
| 25           |                    |      |      |        |      |
| <b>TOTAL</b> |                    |      |      |        | 7925 |

- 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  
 OPP. M.C. N. Gupta  
 DEORIA  
 Mob. 7784081183

We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory