

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name.....Ram Lal Rajbhan.....
 Address.....Deoria.....
 Phone.....9554707134.....

Job No.
 Date.....26.11.25.....
 Chasis No.
 Engine No.
 Key No.
 Regn. No.UP52 BW 3770.....
 Speedmeter Redg.
 Insurance No.
 Model.....Split.....

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	15	1100	1100	
2	HIL	15	565	565	
3	F Fender	15	1500	1500	
4	F. Wln Kar (R)	1R	250	250	
5	F. Alloy Wheel	1R	4500	4500	
6	F. Fank. L/R	2L	2500	5000	
7	Handle	15	500	500	
8	Line (R)	15	100	100	
9	Fuel tank	15	5500	5500	
10	Foot Rest (R)	15	235	235	
11	R.R. Wlnker (L)	15	250	250	
12	Minnem (R)	1R	150	150	
13					
14					
15					
16					
17					
18	<u>WALD</u>			600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				20300	

- 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.

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

Customer's Signature.....

Ganpati Automobiles
 Gorakhpur Road
 Opp. D.S.N. GLOBE
 DEORIA
 Mob. 7704117777

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.	RAMLAL RAJBHAR & 9554707134
2	Vehicle No. / वाहन संख्या	UPS2 BW 3220
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46525/481305
4	Period of Insurance / बीमा अवधि	21/10/2025 to 20/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/11/25 & 01:30 PM
6	Place of Accident / दुर्घटना का स्थान	मौतन मोड़
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIJAY KUMAR - 9554707134 UPS22008006097
8	Estimated Loss / अनुमानित हानि	20350/-
09.	Cause of Accident / दुर्घटना का कारण :	
	<p>दृष्टिकोण से गाड़ी वाले समय रात में मौतन मोड़ पर अचानक एक वाहन आया जिससे भेरी गाड़ी अचानक हीट होकर बाई ले किनारे पेड में टकरा गयी और दाहिने साइड गिरने से अतिगंभीर हो गयी है।</p>	
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.	Granpeeti Automobiles Purwar Deoria & 7651929597

Date / दिनांक : 26/11/25
हस्ताक्षर रामलाल राजभार

रामलाल राजभार
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. MS/2025/7001/0/46575/481305

Tel. No. _____

Period of Insurance 21/10/25 to 20/10/26

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 : RAMLAL RAJBHAR
 (b) Address for correspondence : SARAURA
 (c) Telephone : 9554707134

2. THE INSURED VEHICLE

Make & Year <u>Hero-2023</u>	Engine No. <u>* 25828</u> Chassis No. <u>* 35878</u>	Registration No. <u>UPS2BW3220</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
 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 : VIJAY KUMAR

(b) Age : 13/10/1988

(c) Address : SARAURA

(d) Is the Driver

1. Owner : NA

2. paid driver? : NA

3. Owner's relative or friend? : friend

(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 : UP5220080060971

(h) Issuing Authority : 20/12/2024

(i) Date of Expiry : 12/10/2028

(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 : 23/11/25 & 01:30PM

(b) Place : राजपुरा

(c) Speed of vehicle at the time of accident : 40 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 : दरवाजा से आते जाते समय दसवें नंबर नॉस के अग्रभाग के साथ आगमन जिससे मोटर गाड़ी अचानक रोका जा सका जिससे दुर्घटना घटित हुई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated

(b) Estimated cost of repairs : ₹ 350/-

(c) When and where can the damaged vehicle be inspected : Ganapati Auto mechanics Purua Deoria 7651989592

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? : _____

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 26/11/28 200

Signature of the insured रामलाल राजगुल

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 राममाम रामगुल

Occupation

Address

.....

.....

Bank Account Number

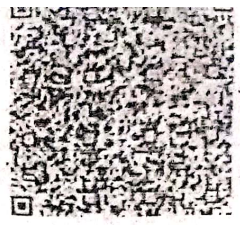
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BW3220 Registration Date : 06-Jun-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
 Owner Name : RAMLAL RAJBHAR Son/wife/daughter of : RAMCHANDRA RAJBHAR
 Full Address: (Permanent) : VILL- SARAURA PO- KRAUDI, PS- BARIYARPUR DEORIA, DEORIA, UTTAR PRADESH- 274501
 Full Address: (Temporary) : VILL- SARAURA PO- KRAUDI, PS- BARIYARPUR DEORIA, DEORIA-UTTAR PRADESH- 274501
 Fitness Up To : 05-Jun-2038 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 : AA2075909047 Rear HSRP No : AA2077469848
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2023
 No of Cylinders : 1 Chassis No : MBLHAW217PHE35878
 Engine No : HA11E7PHE25828 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt.(kgs) : 112
 Colour : BLACK SPARKING BLUE Laden/GV Wt (kgs) : 242
 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 HERO FINGORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 05-Jun-2023.

Purchase dt : 02-Jun-2023 Sale Amt : 78851/-
 OTT Date : 02-Jun-2023 Amount/Rcpt No : 7886 / UP52D23060000988
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Jun-2023

Other State/Transfer/Conversion Details
 Previous Owner :
 Old State : Previous RegNo :
 Transfer Date : Entry Date :
 Conversion Date :

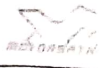
This certificate is valid from 06-Jun-2023 to 05-Jun-2038

Date : 20-Jun-2023 16:23:14
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 20-Jun-2023

P 2576997

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/481305

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RAMLAL RAJBHAR	2004-05-01	8758608133	RAMCHANDRA RAJBHAR	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle T
SPL+ XTEC E20	UP52BW3220	HA11E7PIIE25828	MBLHAW217PIIE35878	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
45500.00	NA	0.00	0.00	0.00	45500.00	
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	1354.76	
Address			City / District	Pin Code	State	
VILL- SARAURA PO- KRAUDI,PS- BARIYARPUR DEORIA..274501				274501	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
GOVIND	Male	36 Years	SON	2025-10-21 14:28	Midnight of 2026-10-20	

Section A, VRC: 685.25 TCR: 375.83 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1061.08
 Section 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

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 248.88 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 44.80 Total with GST(D): 293.68

Total(Section A+B+C+D) Offered Price After Discount: 1355

Package Period Covered	2025-10-21 To 2026-10-20	2026-10-21 To 2027-10-20	2027-10-21 To 2028-10-20	2028-10-21 To 2029-10-20	2029-10-21 To 2030-10-20
ADV	45500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-06-01 (DETAILS ARE 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) Carnage of goods (other than samples or personal luggage) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in 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 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 Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. Not 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 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, 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 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 LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 794105064 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 Meerut.

9: Received with Thanks Rs 1354.76 ON 2025-10-21 from Mr./Ms. RAMLAL RAJBHAR against the ARN No. INCP00481305
 The acknowledgement 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

Government of India

संभवतः व्यक्ती
RAMLAL RAJBHAR
Date of Birth/DOB: 01/05/2004
Sex/ GENDER: MALE

5250 8406 7234
VID : 9105 9604 6356 4409

मारी रामधर, मारी सोनम

भारतीय सिविल आपुनता पहिरता
Union Identification Authority of India

संभवतः व्यक्ती
संभवतः व्यक्ती, संभवतः व्यक्ती, संभवतः व्यक्ती
संभवतः व्यक्ती - 274501

Address:
Ranchandra Rajbhar, Saraura, Deoria,
Uttar Pradesh - 274501

5250 8406 7234
VID : 9105 9604 6356 4409

1927 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

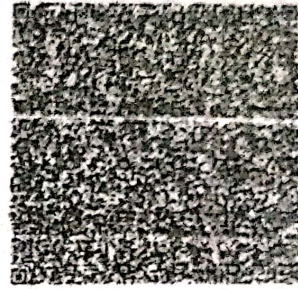


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EILPR0632E



नाम / Name

RAMLAL RAJBHAR

पिता का नाम / Father's Name

RAMCHANDRA RAJBHAR

वर्ग / Category

01/05/2004

This Application is only valid if signed by the card holder. It is not valid if signed by any other person.

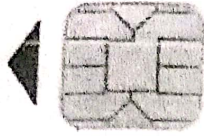
11/05/2004



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20080060971



Issue Date **20-12-2024** Validity (NT) **12-10-2028** Validity (TR)*



Holder's Signature

Name: **VIJAY KUMAR**
Date of Birth: **13-10-1988** Blood Group:
Son/Daughter/Wife of: **KARAN PRASAD**

Organ Donor: **N**

Address:
**SARAURA KARAUDI BAZAR KOTAWALI
DEORIA 274501**

Date of First Issue

DL No: UP52 20080060971

UPDL000014850073



Invalide 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*
	MCWG	UP52	22-12-2008	NT			
	LMV	UP52	22-12-2008	NT			

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)