

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. 915383539, 9336531183

ESTIMATE

Owner's Name..... Surida Devi
 Address..... Deoria
 Phone..... 9335912569

Job No.
 Date..... 21.01.2026
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP 52 CE 0207
 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	<u>Viser</u>	<u>15</u>	<u>1000</u>	<u>1000</u>	
2	<u>H/L</u>	<u>15</u>	<u>535</u>	<u>535</u>	
3	<u>F. fender</u>	<u>1K</u>	<u>1500</u>	<u>1500</u>	
4	<u>F. Fork-L/R</u> — <u>—</u>	<u>—</u>	<u>—</u>	<u>550</u>	
5	<u>F. Winker (L)</u>	<u>1K</u>	<u>250</u>	<u>250</u>	
6	<u>Handle</u>	<u>1K</u>	<u>500</u>	<u>500</u>	
7	<u>Livein (L)</u>	<u>1K</u>	<u>100</u>	<u>100</u>	
8	<u>Metter Imur</u>	<u>15</u>	<u>203</u>	<u>303</u>	
9	<u>Metter</u>	<u>1K</u>	<u>1375</u>	<u>1375</u>	
10					
11					
12					
13					
14					
15					
16	<u>LABOUR</u>			<u>600</u>	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				<u>6713</u>	<u>7</u>

- 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
 For - Ganpati Automobiles
 Gorakhpur Road
 OPP. Dr. G. N. Gupta
 DEORIA

Authorised Signatory

To/ सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

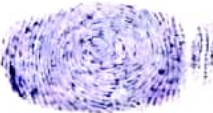
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	SUNITA DEVI + 9335918569
2	Vehicle No. / वाहन संख्या	UP52CE0807
3	Policy No. / पालिसी संख्या	252400/31/2025/81846
4	Period of Insurance / बीमा अवधि	31/01/2025 to 30/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/25 + 06:30PM
6	Place of Accident / दुर्घटना का स्थान	राउतपाल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRINS KUMAR YADAV + UP5220250001150 - 9335918569
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	बैलगाड़ी से देविया जाते समय रात में राउतपाल के सामने रोड पर अचानक ब्रुता आ गया वहां सामने पोल में लड गया जिससे मोरि जाड़ी बाधे साइड गार्ड में आगेगात हो गये गोपि विद्यालाल चन्दर 25/2
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.	Cranpati Automobiles Purua Deoria + 7651989597

Date / दिनांक : 31/12/25
हस्ताक्षर



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. 252900/31/2025/81846

Tel. No. _____

Period of Insurance 31/01/2025 to 30/01/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED
 (a) Name : ABHINAV BHATI
 (b) Address for correspondence : MAHLI
 (c) Telephone : 9335918569

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No Chassis No. <u>* 03591</u> <u>* 58259</u>	Registration No. <u>UP52CE0807</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 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? NA
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name PRINS KUMAR YADAV
 (b) Age 18/11/2002
 (c) Address BHAWANIPUR
 (d) Is the Driver
 1 Owner NA
 2 paid driver? NA
 3 Owner's relative or friend? BHAWANIPUR
 (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 UPS22025 0001150
 (h) Issuing Authority 17/01/2025
 (i) Date of Expiry 09/06/2030
 (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 28/12/25 at 06:30 PM
 (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
कंप्यूटर में दोषपूर्ण एप्लिकेशन रन करने से राजपुरा में राउट 35 स्थिति पर 30 मिनट के लिए रुक गया और इस समय एक गाड़ी का पहलू टकराया जिससे घटना घटी
 a DAMAGE TO INSURED VEHICLE
 (a) Full details of damage As per Estimator
 (b) Estimated cost of repairs
 (c) When and where can the damaged vehicle be inspected Ganpati Automobiles 761989597 Premier Darya

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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : PRINS KUMAR YADAV
 (b) Age : 12/11/98
 (c) Address : BHAWANIPUR
 (d) Is the Driver
 1. Owner :
 2. paid driver? : NA
 3. Owner's relative or friend? : NA
 BHAWANTPUR
 (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 : UPS22025-0001150
 (h) Issuing Authority :
 (i) Date of Expiry : 17/01/2025
 (j) Was the licence temporary/permanent : 09/08/2038
 (k) Details of endorsement/suspension, if any : Permanent
 (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

Date and Time : 28/12/25 @ 06:30 PM
 Place : राउतगुल
 Speed of vehicle at the time of accident : 40 km/h
 Give a short description of the accident :
 If any third party was responsible for this accident give the name and address :
 देवपुरा से देवपुरा जाते समय राउतगुल के रास्ते से 30 मीटर दूरी पर एक गाड़ी का सामना हुआ जो कि राउतगुल से जा रही थी।

6. DAMAGE TO INSURED VEHICLE

Full details of damage : As per Estimated
 Estimated cost of repairs : 6700/-
 When and where can the damaged vehicle be inspected : Gramjeeti Automobiles, Purnea, Bihar, 7651989597

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name :
 Address :
 Full Details of personal injury sustained :
 Name and address of any person/hospital giving medical attention to injured person : NA
 Full details of property damaged :
 Has notice of any claim been given to you? :

8 INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NA
- (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? 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? _____
- (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 31/10/25

Signature of the insured 

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	UP52CE7807	Registration Date	06-Feb-2025
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	NEW
Owner's Name & Address	SANPAT AUTOMOBILES (D), PURWA CHAURAH GKP ROAD, DEORIA, 190-274001		
Owner Name	SUNITA DEVI	Son/wife/daughter of	ARVIND YADAV
Full Address: (Permanent)	VILL MAHUI BAIKUNTHPUR, DEORIA, DEORIA, UTTAR PRADESH-274501		
Full Address: (Temporary)	VILL MAHUI BAIKUNTHPUR, DEORIA, DEORIA-UTTAR PRADESH-274501		
Fitness Up To	05-Feb-2040	Owner Serial No	1
Detailed Description		Link Vehicle No	
Class of Vehicle	M-CYCLE/SCOOTER	Norms	BHARAT STAGE VI
Ownership	INDIVIDUAL	Rear HSRP No	AA2118217024
Maker's Name	HERO MOTOCORP LTD	Month/Year of Manuf.	11/2024
Front HSRP No	AA2118650740	Chassis No	MBLHAW220R9L50259
Type of Body	SOLO WITH PILLION	Fuel	PETROL
No of Cylinders	1	Cubic Capacity	97.20
Engine No	HA11E7R9L03591	Wheel base	1236
Horse Power(BHP)	7.91	Standing Cap	0
Maker's Classification	SPLENDOR+ 135 (DRS)	Unladen Wt (kgs)	111
Seating Cap(in all)	2	Laden/GV Wt (kgs)	241
Sleeper Cap	0	AC Fitted	NO
Colour	MATT GREY		
Other Criteria			
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 FINCORP LTD, Deoria, Uttar Pradesh-274001 w.e.f 04-Feb-2025

Purchase dt	31-Jan-2025	Sale Amt	79866/-
OTT Date	31-Jan-2025	Amount/Rcpt No	7987 / UP52D25020000629
Vehicle is Govt./Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	20-Feb-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Feb-2025 to 05-Feb-2040

Date: 03-Mar-2025 16:42:13

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 03-Mar-2025





भारत सरकार
Government of India



सुनीता देवी
Sunita Devi
जन्म तिथि / DOB : 01/01/1982
महिला / Female



5745 0947 1653

आम आदमी का अधिकार

www.uidai.gov.in



help@uidai.gov.in



1800 300 1947



5745 0947 1653

Address:
W/O: Arvind Yadav, mahul, mahul,
Baikunthpur, Deoria, Baikunth
Pur, Uttar Pradesh, 274501

पता:
अरवि यादव, अरवि यादव, महल, महल,
बाकुण्ठपुर, देवरी, बाकुण्ठपुर,
उत्तर प्रदेश, 274501

Unique Identification Authority of India



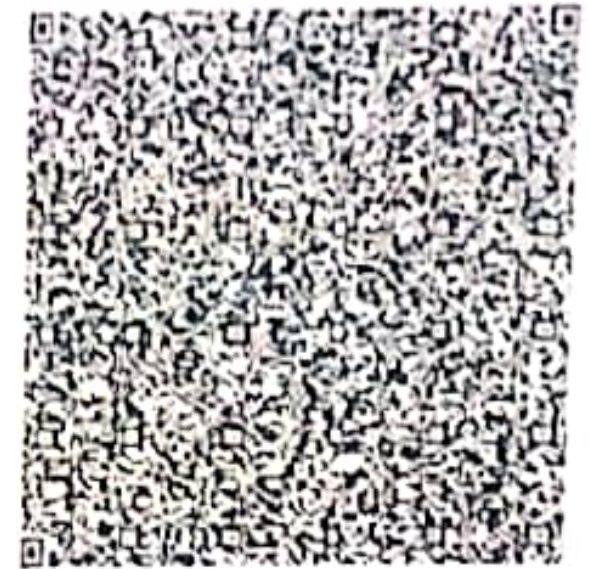
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ICUPD7583M



नाम / Name

SUNITA DEVI

पिता का नाम / Father's Name

LALBACHAN

जन्म की तारीख /

Date of Birth

01/01/1982



हस्ताक्षर / Signature

11092022



UP52 DEORIA
 Licensing Authority

Emergency Contact Number

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCWG	UPS2		17-01-2025	NT			
LMV	UPS2		17-01-2025	NT			
MSD							

Form 7 Rule 16(2)



Invalid Carriage (Regn Numbers)
 Hazardous Validity
 Hill Validity

UPDL52100000764

DL No: UP52 20250001150



Indian Union Driving Licence
 Issued by Uttar Pradesh



UP52 20250001150

Issue Date Validity (NT) Validity (TR)
 17-01-2025 09-08-2038



Holder's Signature

Date of First Issue 17-01-2025

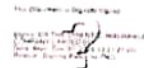
Name: PRINS KUMAR YADAV
 Date of Birth: 10-08-1998 Blood Group: B+ VE Organ Donor: N
 Son/Daughter/Wife of: CHANDRIKA YADAV

Address:
 HOUSE NO-2, GRAM-BHAWANIPUR BAIKUNTH
 PUR BAIKUNTHPUR BHATPAR RANI DEORIA
 Uttar Pradesh 274501



The Oriental Insurance Company Ltd.
Policy Schedule

Report No. POB024
Page No. 1



TAX INVOICE / CERTIFICATE / POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	BUNDLE POLICY (MOTORIZED TWO WHEELERS (2 WHEELERS))		Policy Issued On	31-12-2025
Policy No	25240031202501840		Proposal No & Date	R25240031202501840 & 31-12-2025
Agent/Broker Code	R6000125144		Policy Period (OWN DAMAGE)	31-12-2025 TO 29-02-2026
Agent/Broker Name	ARJUNAS BHAIJI		Policy Period (TARIFF)	29-02-2026 TO 28-02-2027
Insured Name	SUNNYA DEVI GONDIMBI		Lead/Breakdown Invoiced State	UTAR PRADESH
Insured Address	C/O. ARVIND YADAV, MAHARAJA ROAD, KATKI, SECTOR-1, PLOT-1, BANGSI, BILASPUR, JHARKHAND			

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)	
Make	HERO MOTORCYCLE	Vehicle	75871
Model & Variant	HERO SPLENDOR PLUS FI	Electrical Accessories	0
Registration No	UP-86	Non-Electrical Accessories	0
Year Of Manufacture	2023	Total IDV	75871
Engine - Chassis No	HAT17TR603591 - MBLHAW276R918239	TYPE CONTRACT NO	
Cubic Capacity	110	Policy Type	Zero Di - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
W/O Location	Type Of Fuel - PETROL		

OWN DAMAGE SECTION(A)		Schedule Of Premiums (Amount in Rs.)		LIABILITY SECTION (B)	
Vehicle	1273.00	Basic Third Party Liability			185
Own Damage	0	Compulsory PA Cover Premium			0
Non-Elec Accessories	0	PA Cover for 0 Person Other (IMT-16)			0
Basic Premium	1273.00	Legal Liability (WC) to driver (IMT-20)			0
Geographical Area Load (IMT-17)	0	Legal Liability to Employees (IMT-29)			NA
Driving License Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)			NA
Sub-Total Additions	0	Driving License Loading On TP Premium (60%)			0
Deductibles		PA For Driver, Conductor, Cleaner (RUB)			0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)			185
Anti-Theft Device (IMT-18)	0	Total Premium (A+B)			185
AAI Membership (IMT-8)	0	GNV			0
No. Claim Bonus	0	SERVICE TAX			0
Discount for vehicle designed for handicapped	0	STAMP DUTY			0.00
ATP Discount	1081	Swachh Bharat Cess @ 0.50%			0
Sub-Total Deductibles	1081	Krishi Kalyan Cess @ 0.50%			0
Add-On Coverages		Gross Premium Paid			185
Nil Depreciation	190				
Return to Insurer	0				
New Replacement	0				
Contaminables	190				
Sub-Total Add-on Coverages	190				
Net Own Damage Premium (A)	190				

Names Details	Names Name	Age	Relation	Amount
Payment Details	Payment Method	Cheque No/Transaction No	Bank Name	Amount
Finance Type	Finance Name	Finance No	Finance Branch	
POS Name	POS ID	POS No	POS PAN NO/Authorization No	NA

In the event of a claim under the policy exceeding Rs. 10000 or a claim for return of premium exceeding 10% of the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our operating Offices as well as company website.

1. This certificate is issued on the basis of the information furnished by the insured and it is not intended to be a contract of insurance. It is subject to the terms and conditions of the policy and the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule.

IMPORTANT NOTE
This is a non-indemnified vehicle to be used or driven otherwise than in accordance with the terms and conditions of the policy. Any claim made by the insured in respect of such a vehicle shall be subject to the provisions of the policy and the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule.

Limitations on Claims: The insured shall be liable to pay the premium as mentioned in the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule. The insured shall be liable to pay the premium as mentioned in the policy schedule.

Approved By: 25/02/2025
Approved On: 01-12-2025
Date: 06/12/2025
Printed On: 01-12-2025

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

