

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name..... Ajit Kumar  
 Address..... Deoria  
 Phone..... 8896002176

Job No. ....  
 Date..... 29.12.2018  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. .... UPS 2 BD 7214  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model..... Supra Spl

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>Scat Cover - L/R</u>	<u>2K</u>	<u>850</u>	<u>1600</u>	
2	<u>Centers</u>	<u>1B</u>	<u>350</u>	<u>350</u>	
3	<u>T/L</u>	<u>1K</u>	<u>700</u>	<u>700</u>	
4	<u>R.R. Washer (L)</u>	<u>1K</u>	<u>250</u>	<u>250</u>	
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15	<u>Washer</u>			<u>600</u>	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				<u>3500</u>	<u>17</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.

  
 For - Ganpati Automobiles

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

Customer's Signature.....

Authorised Signatory

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name..... Ajit Kumar.....  
 Address..... Deoria.....  
 Phone..... 8896002176.....

Job No. ....  
 Date..... 29.12.2017.....  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. .... UP52 BD 7214.....  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model..... Super Spl.....

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>Saft Cover - L/R</u>	<u>2K</u>	<u>850</u>	<u>1600</u>	
2	<u>Centres</u>	<u>1B</u>	<u>350</u>	<u>350</u>	
3	<u>T/L</u>	<u>1K</u>	<u>700</u>	<u>700</u>	
4	<u>R.R. Indicator (2)</u>	<u>1K</u>	<u>250</u>	<u>250</u>	
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15	<u>Washbasin</u>			<u>600</u>	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				<u>3500</u>	<u>17</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.

We agree with the conditions and approve the estimate.

Customer's Signature.....

Ganpati Automobiles  
 Ganpati Automobiles  
 Opp. Dr. G. N. Ghera  
 DEORIA  
 Mob. 77040047  
 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.	AJIT KUMAR VISHWAKRAMA ☎ 8896002176
2	Vehicle No. / वाहन संख्या	UPS2BD7214
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/393702
4	Period of Insurance / बीमा अवधि	06/01/2025 to 03/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/25 ☎ 01:00 PM
6	Place of Accident / दुर्घटना का स्थान	दुर्गापुर मोडल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AJEET KUMAR VISHWAKARMA ☎ UPS220100003946 - 8896002176
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	भुजोली मोडल से दुर्गापुर मोडल जाते समय रास्ते में दुर्गापुर मोडल मोडल मोडल समय थिडे से ईटिका वाले ने टकराया माल दिया जिससे ग्री ग्राडी - वाये साई गीटका अतिग्राह तो गये 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 Purana Deoria ☎ 7651989592

29/12/25

Date / दिनांक :  
हस्ताक्षर अजित विश्वकर्मा

Signature of Insured / बीमाधारक के

☎ अजित विश्वकर्मा





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/2025/7001/0/46575/393702

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

Period of Insurance 06/01/2025 to 05/01/2026

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 ADIT KUMAR VISHWAKARMA  
 (b) Address for correspondence WARAN NAGAR  
 (c) Telephone 889600276

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2020</u>	Engine No. Chassis No. <u>* 12788</u> <u>X 13013</u>	Registration No. <u>UP52 BD7214</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  
 (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 : AJEET KUMAR VISHWKARMA  
 (b) Age : 31  
 (c) Address : Deoria kha  
 (d) Is the Driver  
 1. Owner : YES  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Owner's  
 (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 : UP220100003946  
 (h) Issuing Authority : 26/05/2010  
 (i) Date of Expiry : 25/05/2030  
 (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 @ 01:00PM  
 (b) Place : एमपी गिरी  
 (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 :  
 दिकान्त आरोगी से एमपी गिरी एमपी गिरी एमपी गिरी  
 एमपी गिरी एमपी गिरी एमपी गिरी एमपी गिरी  
 एमपी गिरी एमपी गिरी एमपी गिरी एमपी गिरी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Ag. for Estimated  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles, Purwa  
 785198597

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? : \_\_\_\_\_ / 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? : \_\_\_\_\_ NA  
(g) When? : \_\_\_\_\_  
(h) Which Policy 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 29/12/25<sub>200</sub>

Signature of the insured सुनील किशोर

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	: UP52BD7214	Registration Date	: 11-Feb-2020
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: 06-Jan-2020
Dealer's Name & Address	: GANPATI AUTOMOBILES (D), PURWA CHALUKHARA GKP ROAD,	Son/wife/daughter of	: VISWA
Owner Name	: AJIT KUMAR		
Full Address: (Permanent)	: VISHWAKRAMA		
Full Address: (Temporary)	: R/O-MAKAN NO.24 UMA NAGAR WARD, NO.15 DEORIA KHAS, DEORIA, UTTAR PRADESH-274001	Owner Serial No	: 1
Expires Up To	: 10-Feb-2035		
Detailed Description		Link Vehicle No	: BHARAT STAGE 1
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: AA2012414473
Ownership	: INDIVIDUAL	Rear HSRP No	: 12/2019
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: MBLJAW000KGM13013
Front HSRP No	: AA1007833373	Chassis No	: PETROL
Type of Body	: SOLO WITH PILLION	Fuel	: 124.70
No of Cylinders	: 1	Cubic Capacity	: 1755
Engine No	: MASEGKRM12788	Wheel base	
Horse Power(BHP)	: 9.00	Standing Cap	: 0
Motor's Classification	: SUPER SPLE... DRUM (SELF-CAST)	Unladen Wt (kgs)	: 121
Seating Cap(In all)	: 2	Laden/GV Wt (kgs)	: 251
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: Grey Black		
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 w.o.f.

Purchase dt	: 06-Jan-2020	Sale Amt	: 69501-
OTT Date	: 06-Jan-2020	Amount/Rcpt No	: 6905 / UP52020010000737
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-Feb-2020		
Other State/Transfer/Conversion Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 11-Feb-2020 to 10-Feb-2035

Date: 19-Aug-2023 17:38:35

Taxation Particulars / Advance Registration Mark Fee Details



3803015

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



**Package Offer**

**2025-01-04**

Mr./Ms. AJIT KUMAR VISHWAKRAMA

, Uttar Pradesh,

Dear Mr./Ms. AJIT KUMAR VISHWAKRAMA,

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. AJIT KUMAR VISHWAKRAMA, 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.



00047  
Authorised Signatory



# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/393702

Motorsathi Care Private Limited  
 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	
AJIT KUMAR VISHWAKRAMA		8896002176		Hero	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ZX		JA05EGK9M12788	MBLJAW09XK9M13013	2019		TW
Asset 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	2076.05	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SANJU SHARMA	Female	27 Years	WIFE	2025-01-06 00:00	Midnight of 2026-01-05	

Section A, VRC: 123.73 TCR: 376.42 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A): 609.94  
 Section B, LC: 0.00 LC Service: 0.00 LCPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @ 9% + SGST @ 9%) (B): 137.52 Total with GST(B): 901.52  
 Section C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 41.47 Total MS Services with GST(C): 285.00  
 Section D, Drive Assur: 236.94 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 42.65 Total with GST(D): 279.59  
**Total Section A+B+C+D Offered Price After Discount: 2076**

Package Period Covered	2025-01-06 To 2026-01-05	2026-01-06 To 2027-01-05	2027-01-06 To 2028-01-05	2028-01-06 To 2029-01-05	2029-01-06 To 2030-01-05
ADV	0.95	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 from 2025-01-06 until 2026-01-06.

**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 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 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 - 100000/ 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, 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 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 MOTORSAATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 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

Received with Thanks Rs 2076.05 ON 2025-01-04 from Mr./Ms. AJIT KUMAR VISHWAKRAMA  
 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

Owner's Signature.....

Authorised Signatory

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BHUPV6157R**

नाम / Name

**AJIT KUMAR VISHWAKRAMA**

पिता का नाम / Father's Name

**CHANDRABHAN VISHWAKRAMA**

जन्म की तारीख / Date of Birth

**01/01/1992**

*अजित कुमार विश्वकर्मा*  
हस्ताक्षर / Signature



03092017



भारत सरकार




अजित कुमार विश्वकर्मा  
Ajit Kumar Vishwakrama  
जन्म तिथि/ DOB: 01/01/1992  
पुरुष / MALE

9345 0044 1019

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:  
S/O चंद्रभान विश्वकर्मा,  
प्लॉट नं 24, उमा नगर  
देवरिया खास वार्ड नं 15,  
देवरिया, देवरिया,  
उत्तर प्रदेश - 274001

Address:  
S/O Chandrabhan Vishwakrama,  
makan n 24, uma nagar deoria khas  
ward n 15, Deoria, Deoria,  
Uttar Pradesh - 274001

9345 0044 1019

Aadhaar-Aam Admi ka Adhikar

Owner's Signature.....

Authorised Signatory



**UNION OF INDIA Driving Licence** (UP) (NT)

UP52 20100003946



	जारी करने की तिथि Date of Issue <b>26/05/2010</b>	वैधता / Validity 25/05/2030	
नाम / Name	जन्म तिथि Date of Birth <b>02/01/1992</b>	Blood Group <b>Unknown</b>	

**AJEET KUMAR VISHWKARMA**

पिता/पति का नाम / Son/Daughter/Wife of

**CHANDR.BHAN VISHWKARMA**


UP52 20100003946

 <b>LMV</b> 26/05/2010	 <b>MCWG</b> 26/05/2010	
---	--	--

नाम / Address

**DEORIA KHAS  
DEORIA  
DEORIA - 274001**

Holder's Signature

  
 जारीकर्ता / Issuing Authority Sign  
**DEORIA**

(UP)

Holder's Signature.....

Authorised Signatory

