

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob: 9415083536 9336531183

ESTIMATE

Owner's Name MANISH
 Address SOPIA KHA.
 Phone 8881145119

Job No.
 Date 01/12/2016
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP 52 CE 1978
 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	Vizor -	1	1000	1000	
2	FIL	1	350	350	
3	Behind Screen	1	390	390	
4	Crucial	1	200	200	
5	F. Fender	1	1800	1800	
6	F. Winker - R	1	250	250	
7	Handle	1	500	500	
8	Liver - R	1	100	100	
9	Miror - R	1	150	150	
10	Muffler - Catalic	1	515	515	
11					
12					
13					
14					
15					
16					
17	Wagon				
18				6500	
19					
20					
21					
22					
23					
24					
25					
TOTAL				8515	

- 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
 DEORIA
 Mob: 77000047

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.	MANISH 8881145119
2	Vehicle No. / वाहन संख्या	UP52CE1975
3	Policy No. / पालिसी संख्या	252400/31/2025/82545
4	Period of Insurance / बीमा अवधि	03/02/2025 से - 02/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/12/2025 Time: 10:00 AM.
6	Place of Accident / दुर्घटना का स्थान	शेरा राग (देवीला)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ABHINAV SINGH UP5220250007282, 8881145119
8	Estimated Loss / अनुमानित हानि	845/-
9	Cause of Accident / दुर्घटना का कारण : उमानगढ़ से शेरा राग घर ला रहे थे। शेरा राग के राग रोड घर राग से बड़क वाले ने तककर गार फिगा जिगा गेरी गाडी दाहिने साइड जीर कर क्षतिग्रस्त हो गयी। गाडी अमन से चला रहे हैं।	
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 AUTO MOBILE DEPOT

Date / दिनांक : 01/01/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

Manish
Chauhan

Manish
Chauhan



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 252400/31/2025/82545

Tel. No _____

Period of Insurance 03/02/2025-30-02/02/2026
 Claim No _____

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

- (a) Name
 (b) Address for correspondence
 (c) Telephone

1. INSURED
MANISH
KIORN RAM, GEORIDA, (CIP)

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No <u>01060</u> Chassis No <u>00835</u>	Registration No <u>4PS2CE</u> <u>1975</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. C/SR.
 (c) Was trailer attached?
 (d) If Motor Cycle/moped
 1. Was a side-car attached? NA
 2. Was a pillion rider carried? NA

3. 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





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. 252400/31/2025/82545
 Tel. No. _____ Period of Insurance 03/02/2025-02/02/2026
 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 MANISH
 (b) Address for correspondence KHORA RAM, BORIA, CIP,
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>01060</u> Chassis No. <u>400835</u>	Registration No. <u>4P52CE</u> <u>1975</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. C/SR.
 (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 _____
- NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name ABHINAV SINGH
 (b) Age 12/08/2006
 (c) Address UMANA GAR, DEORIA (U.P.)
 (d) Is the Driver
 1 Owner NO
 2 paid driver? NO
 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 UP5220250007282
 (h) Issuing Authority
 (i) Date of Expiry 11/08/2046
 (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 29/12/15 3:00 PM Time - 10:00 AM
 (b) Place बनारस (U.P.)
 (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 GANPATI AUTO MOBILE DEORIA (U.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? _____
- (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 01/01/26 200

Signature of the insured Manish Chauhan

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 *Manish Chauhan*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE1975 Registration Date : 05-Feb-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : DUP
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . . 190-274001
 Owner Name : MANISH Son/wife/daughter of : KRISHNA GOPAL CHAUHAN
 Full Address: (Permanent) : VILL- KHORARAM, PO- BADHAYA BUJURG, KHORARAM DEORIA, DEORIA, UTTAR
 PRADESH-274001
 Full Address: (Temporary) : VILL- KHORARAM, PO- BADHAYA BUJURG, KHORARAM DEORIA, DEORIA-UTTAR
 PRADESH-274001
 Fitness UpTo : 04-Feb-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 : AA2118651037 Rear HSRP No : AA2118217320
 Type of Body : SOLD WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLJAW401R9M00835
 Engine No : JA07AMR9M01060 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 Other Criteria :
 Vehicle Purchase As : Fully Built 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 : 03-Feb-2025 Sale Amt : 82461/-
 OTT Date : 03-Feb-2025 Amount/Rcpt No : 8247 / UP52D25020000474
 Vehicle is Govt/ Pvt : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-Feb-2025

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

This certificate is valid from 05-Feb-2025 to 04-Feb-2040

Date 13-Nov-2025 17:11:25

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date 13-Nov-2025



भारत सरकार
GOVERNMENT OF INDIA



मनीष चौहान

Manish Chauhan

जन्म तिथि/DOB: 08/09/2006

पुरुष/ MALE

2457 7933 8353

VID : 9162 9836 1419 7357

मेरा आधार , मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:

डारा: कृष्ण गोपाल चौहान, खोरराम, पोस्ट बढया बुजुर्ग,
देवरिया, देवरिया, देवरिया,
उत्तर प्रदेश - 274001

Address :

C/O Krishna Gopal Chauhan, khoraram, post
kadhaye bujurg, Deoria, PO: Deoria, DIST: Deoria,
Uttar Pradesh - 274001



2457 7933 8353

VID : 9162 9836 1419 7357



1047



help@uidai.gov.in



www.uidai.gov.in



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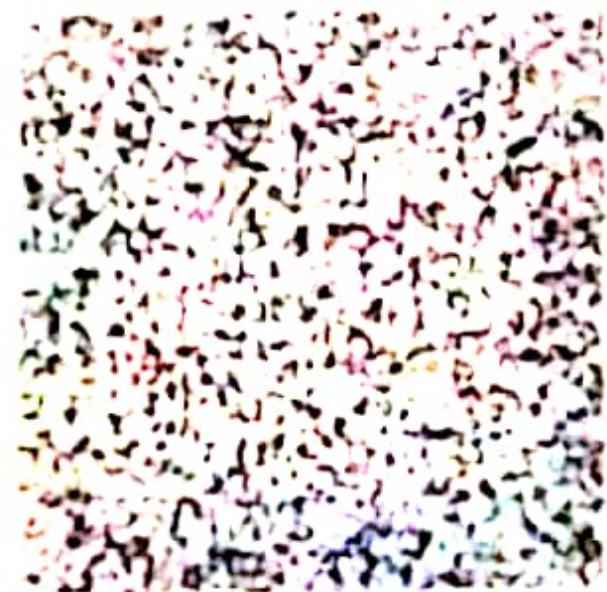
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JNRPM8260D



नाम / Name

MANISH CHAUHAN

पिता का नाम / Father's Name

KRISHKA GOPAL CHAUHAN

जन्म की तिथि /

Date of Birth

08/09/2006

Manish Chauhan
हस्ताक्षर / Signature

25042025



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



UP52 20250007282

Issue Date Validity (NT) Validity (TR)*
23-04-2025 11-08-2046



Holder's Signature

Date of First Issue 23-04-2025

Name: **ABHINAV SINGH**
 Date of Birth: **12-08-2006** Blood Group: .
 Son/Daughter/Wife of: **ASHOK KUMAR SINGH**
 Address:
**H.NO- 649 WARD NO-15 UMANAGAR DEORIA
 DEORIA BHATPAR RANI DEORIA UTTAR PRADESH
 274001**

Organ Donor: . N

DL No: **UP52 20250007282**

UPDLS21000012848



Invalid 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	23-04-2025	NT			
	LMV	UP52	23-04-2025	NT.			
	MVSD						

Form 7 (Rule 16(2))

Emergency Contact Number

Licensing Authority
UP52 DEORIA

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name MANISH
 Address DEORIA
 Phone 8881145119

Job No.
 Date 01/11/2016
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52CF1978
 Speedmeter Redg.
 Insurance No.
 Model SUPER SPL

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S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Vibrant -	1K	1000	1000	
2	HIL	1K	350	350	
3	Wheel Screener.	1K	390	390	
4	Croome.	1K	200	200	
5	F-Fender-	1K	1300	1300	
6	F-Winker - R	1K	250	250	
7	Handl-	1K	500	500	
8	Liver - R	1K	100	100	
9	Mirror - R	1K	150	150	
10	Muffler - Cover -	1K	515	515	
11					
12					
13					
14					
15					
16					
17	LABOR				
18				500	
19					
20					
21					
22					
23					
24					
25					
TOTAL				8515	

- Note:
1. If required, labour for above material shall be charged extra.
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Ganpati Automobiles
 Gorakhpur Road
 For - Ganpati Automobiles
 DEORIA
 Mob. 77040047

Authorised Signatory

