

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name.. AJIT KUMAR VISHWAKRAMA

Address..... Deoria

Phone..... 9896002176

Job No.
Date..... 02/11/26
Chasis No.
Engine No.
Key No.
Regn. No. UP52-BU 6326
Speedmeter Redg.
Insurance No.
Model..... Sp1

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	Vign	1K	1100	1100	
2	H/L	1K	535	535	
3	F-Fender	1S	1500	1500	
4	F-Winker(R)	1K	250	250	
5	Metter Socker	1K	1375	1375	
6	Metter Imner	1K	302	302	
7	Hamolle	1K	500	500	
8	Liner(D)	1K	100	100	
9	F-Fender L/R -	2K	2500	5000	
10	Log guard	1K	675	675	
11	Soot Canal - L/R	2K	550	1100	
12	Cambers	1K	150	150	
13	R.R. Winker (L)	1K	250	250	
14					
15					
16					
17					
18					
19	10000			600	
20					
21					
22					
23					
24					
25					
TOTAL				13438	1

- 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

Authorised Signatory

Customer's Signature.....

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	UPS2BU6326
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/398905
4	Period of Insurance / बीमा अवधि	27/01/2025 to 26/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/25 ☎ 04:00 PM
6	Place of Accident / दुर्घटना का स्थान	B. वैताल # 100, पीन को
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AJEET KUMAR VISHWAKRAMA ☎ UPS220100003946 - 8896002176
8	Estimated Loss / अनुमानित हानि	13499/-
09.	Cause of Accident / दुर्घटना का कारण : द्वेषिया से वैताल # 100 के पास सामान रखते वीच में रोड पे पीई से अधीन ने टोकरा मार दिया जोलने पेरी मडी वामे हाईड सिग्नल अधिरुक्त से मरी हो।	
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 Purum Deoria ☎ 7651985597

Date / दिनांक : 2/1/26
हस्ताक्षर

अजीत विश्वकर्मा

अजीत विश्वकर्मा
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/2025/7001/0/16575
 Tel No. _____ Period of Insurance 27/01/25 to 26/01/2026
 Claim No _____

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

(a) Name I INSURED
 (b) Address for correspondence JUST KUMAR VISHWAKRAMA
 (c) Telephone UMA NAGAR
2296002176

2. THE INSURED VEHICLE

Make & Year	Engine No Chassis No	Registration No
<u>Hero - 2023</u>	<u>* 39021</u> <u>* 79288</u>	<u>UPS2 BU6326</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: AJEET KUMAR VISHWKARMA
(b) Age: 02/01/1992
(c) Address: KHAS
(d) Is the Driver:
1 Owner: YES
2 paid driver? NA
3 Owner's relative or friend? Owner is
(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: UP5220100003946
(h) Issuing Authority: 26/03/2010
(i) Date of Expiry: 25/05/2030
(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: NA

5 DETAILS OF ACCIDENT

(a) Date and Time: 28/12/2025 @ 04:00 PM
(b) Place: Delhi
(c) Speed of vehicle at the time of accident: 40 km/h
(d) Give a short description of the accident: [Handwritten description in Hindi]
(e) If any third party was responsible for this accident give the name and address: [Handwritten details]

6 DAMAGE TO INSURED VEHICLE

(a) Full details of damage: As per Endorsed
(b) Estimated cost of repairs: 13498/-
(c) When and where can the damaged vehicle be inspected: Crampack Automobiles Pune
2007 7651929597

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? /

Authorised Signatory

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 2/11/26 200

Signature of the insured अज्ञात विरोधकर्ता

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 *अमित शिरोकर*
Occupation
Address

Bank Account Number
Name of the Bank

Customer's Signature

Authorised Signatory

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BU6326
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD DEORIA, ...
 Owner Name : AJIT KUMAR
 Full Address: (Permanent) : VISHWAKRAMA
 Full Address: (Temporary) : VILL-MAKAN N.24 UMA NAGAR DEORIA, KHAS WARD NO.15 DEORIA, PO+PS-DEORIA, DEORIA, UTTAR PRADESH-274001
 Fitness UpTo : 31-Jan-2038
 Detailed Description : VILL-MAKAN N.24 UMA NAGAR DEORIA, KHAS WARD NO.16 DEORIA, PO+PS-DEORIA, DEORIA-UTTAR PRADESH-274001

Registration Date : 01-Feb-2023
 Purpose For Printing RC : NEW
 Son/wife/daughter of : CHANDRABHAN VISHWAKRAMA

Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1023898560
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11EVPHA39081
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (SELF-DR-CS T)SS
 Seating Cap(In all) : 2
 Standing Cap : 0
 Colour : BLACK-SILVER STR
 Unladen Wt (kgs) : 144
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Laden/GV Wt (kgs) : 241
 AC Fitted : NO
 Rear HSRP No : AA2068941254
 Month/Year of Manuf. : 01/2023
 Chassis No : MBLHAW110PHA79286
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236

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 SHRIRAM FINANCE LTD, Deoria, Uttar Pradesh-274001 w.e.f. 30-Jan-2023.

Purchase dt : 27-Jan-2023
 OTT Date : 27-Jan-2023
 Vehicle is Govt/ Pvt. : PRIVATE
 Date of Approval : 02-Feb-2023
 Sale Amt : 71926/-
 Amount/Rcpt No : 7193 / UP52D23020000093
 Tax Exempted or Not : NOT EXEMPTED

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

This certificate is valid from 01-Feb-2023 to 31-Jan-2038

Date : 27-Feb-2023 17:52:38

Taxation Particulars / Advance Registration Mark Fee Details

P 2060235

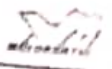
Signature of Registering Authority
 Date : 27-Feb-2023

Government of Uttar Pradesh Government of Uttar Pradesh

Authorised Signatory

Program Proposal Two-Wheeler Package Contract - Bundled

Age Contract No.: MS/2025/7001/O/46575/398965



Motorsathi Care Private Limited

B-Doms Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Contact us at
Phone: 91 79416 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	1992-01-01	8896002176	CHANDRABHAN VISHWAKRAMA	Hire-Monocorp	SPRINTOR PLUS
Sub Model	Vehicle Regn. No	Engine No	Chassis No	Year of Mfg	Cubic Capacity
DRUM SLIFF 20	UP52BL6326	HAIIEVPHIAJ00X1	MBLHAW10PHIA7230	2023	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
48500.00	NA	0.00	0.00	0.00	Total ADV
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	1502 Jn
Address			City / District	Pin Code	State
VILL-MAKAN N 24 UMA NAGAR DEORIA, KHAS WARD NO 15 DEORIA, PO-PS-DEORIA, 274001				274001	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
SANJU VISHWAKARMA	Female	30 Years	WIFE	2025-01-27 16:07	Midnight of 2026-01-26

Section A, VRC: 390.54 TCR: 343.38 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30% of VRC) = 117.16 Total with GST(A): 616.76
 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): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 43.47 Total MS Services with GST(C): 285.00
 Section D, Drive Assure: 339.49 AIDC, DOC & Additional External Tyre Cover(AETC) Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 61.11 Total with GST(D): 400.60

Total (Section A+B+C+D) Offered Price After Discounts: 1362

Package Period Covered	2025-01-27 To 2026-01-26	2026-01-27 To 2027-01-26	2027-01-27 To 2028-01-26	2028-01-27 To 2029-01-26	2029-01-27 To 2030-01-26
ADV	48500	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 2026-01-26 (DETAILS ARE AS 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) 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 3 days' notice in case of fraud, misrepresentation, non-disclosure 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. 7941650643 email id: scfo@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 Aligarh.

Received with Thanks Rs 1362.36 ON 2025-01-23 from Mr./Ms. AJIT KUMAR VISHWAKRAMA against the ARN No. INCP06398965
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please note: overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22.16.18
 Customer Service Address: B-Doms Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

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


हस्ताक्षर / Signature







09092017


UNION OF INDIA Driving Licence

UP **NT**

UP52 20100003946

नाम / Name
AJEET KUMAR VISHWKARMA


पिता/पति का नाम / Son/Daughter/Wife of
CHANDR.BHAN VISHWKARMA

जारी करने की तिथि / Date of Issue
26/05/2010

वैधता की तिथि / Validity
25/05/2030

जन्म तिथि / Date of Birth
02/01/1992

Blood Group
Unknown



UP52 20100003946



LMV

26/05/2010



MCWG

26/05/2010

Address

DEORIA KHAS
DEORIA
DEORIA - 274001

Holder's Signature



Issuing Authority Sign
DEORIA

भारत सरकार
Government of India

अजित कुमार विश्वकर्मा
Ajit Kumar Vishwakrama

जन्म तिथि / DOB : 01/01/1992

पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

9345 0044 1019

मेरा आधार, मेरी पहचान

Aadhaar No. XXXXX 201029

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता S/O चंद्रभान विश्वकर्मा, मकान नं २४,
उमा नगर देवरिया खास वार्ड नं १५, देवरिया,
देवरिया, उत्तर प्रदेश, 274001
Address S/O Chandrabhan Vishwakrama,
makan n 24, uma nagar deoria khas ward n
15, Deoria, PO., DIST Deoria, Uttar Pradesh,
274001

9345 0044 1019

1947 help@uidai.gov.in www.uidai.gov.in