

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name Shatrughan Verma
 Address Deoria
 Phone 6206945232

Job No.
 Date 02/01/20
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52-BH-6321
 Speedometer 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	Visor	1	1100	1100	
2	H/L	1	535	535	
3	F. Fender	1	1500	1500	
4	F. Winker (R)	1	250	250	
5	Handle	1	500	500	
6	Living (R)	1	100	100	
7	Mirror (R)	1	150	150	
8	F - Fender - L/R	2	2500	5000	
9	Log Guard	1	675	675	
10					
11					
12					
13					
14					
15					
16	Labour			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				10410	7

- Note:
- If required, labour for above material shall be charged extra.
 - Price of parts are subject to change without notice.
 - VEHICLE DELIVERY AGAINST PAYMENT ONLY.
 - All Disputes Subject to Deoria Jurisdiction only.

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

Customer's Signature

For - Ganpati Automobiles

Gorakhpur Road
 OPP. Dr. B. N. Gupta
 DEORIA
 U.P.

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.	S'HATRUGHAN VARMA & 6206945238
2	Vehicle No. / वाहन संख्या	UP52 BH 6321
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/449140
4	Period of Insurance / बीमा अवधि	14/06/2025 to 13/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/12/25 & 02:00PM
6	Place of Accident / दुर्घटना का स्थान	JIGNA DHALA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHATRUGHAN VERMA & BR2820170092992 - 6206945238
8	Estimated Loss / अनुमानित हानि	10410/-
09.	Cause of Accident / दुर्घटना का कारण : भारत से सिविल जाते समय हाइवे पर जिग्ना डाला के सामने रोड पर रुक जा रहा था अचानक ब्रेक लग दीया जिसमे मेरी गाडी अंदरूनी नहीं हुई और दुर्घटना में लगभग 115 और 54000 रुपये का नुकसान हुआ 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 / फोन नं.	Ganpati Automobiles Purana Deoria & 7651989597

Date / दिनांक : 2/1/26
हस्ताक्षर

Shatrughan Varma

Shatrughan Varma,
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/2025/7001/0446575/449140
 Tel. No. _____ Period of Insurance 14/06/25 to 13/06/26
 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 SHATRUGHAN VARMA
 (b) Address for correspondence SANSARPUR
 (c) Telephone 6206945238

2 THE INSURED VEHICLE

Make & Year <u>Hero-2020</u>	Engine No. <u>X 04140</u> Chassis No. <u>X 03259</u>	Registration No. <u>UP52BH 6321</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 Used
 (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 : SHATRUGHN VERMA
 (b) Age : 01/07/1992
 (c) Address : SANSARPUR
 (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 : DR2820170092992
 (h) Issuing Authority : 29/09/2017
 (i) Date of Expiry : 23/09/2037
 (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 : 31/12/25 @ 02:00 PM
 (b) Place : VIGNA BHADA
 (c) Speed of vehicle at the time of accident : NA
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 गौरी मे विवान जाते समय जिगा टा लो करामे रोकु
 समयमा जा उच्यो जा जाउनु जिगा मे रोकु करामे
 रोकु करामे रोकु करामे रोकु करामे रोकु करामे

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 10410/-
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Purua Dera
 7651984597

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? :

Customer's Signature.....

Authorised Signatory

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.

NA

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

NA

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 02/11/26 200

Signature of the insured Shatrughan Varma,

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 _____ /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 *Shatya Sharmar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

..... and approve the estimate.
Customer's Signature.....

Goran
PP. Dr. D. N.
NEONIA
.....
Authorised Signatory

GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION

Registration No: UP52BH6321 Registration Date: 07-Nov-2020
 Description of Vehicle: M-CYCLE/SCOOTER Purpose For Printing RC: NEW
 Dealer's Name & Address: GANPATI AUTOMOBILES (P) PURWA CHAURAHIA GKP ROAD DEORIA
 Owner Name: BHATRUGHAN VARMA Son/wife/daughter of: L. L. RAMNARESH VARMA
 Full Address: (Permanent): VILL. BANSARPUR, P.O. PS. BHOREY, GOPALGANJ, GOPALGANJ, BHARAT 241426
 Full Address: (Temporary): VIKASH BHAWAN, DEORIA, DEORIA, UTTAR PRADESH 274001
 Fitness Up To: 06-Nov-2035 Tax Up To: One Time
 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: AA2018820152 Rear HSRP No: AA2019440550
 Type of Body: SOLO WITH PILLION Month/Year of Manuf: 10/2020
 No of Cylinders: 1 Chassis No: MHLHAW112LHK03250
 Engine No: HA11EVLJHK04140 Fuel: PETROL
 Horse Power(BHP): 7.91 Cubic Capacity: 97.20
 Maker's Classification: SPLENDOR + (SELF-DRUM Wheel base: 1236
 Seating Cap(in all): 2 Standing Cap: 0
 Sleeper Cap: 0 Unladen Wt (kgs): 111
 Colour: Red Black Laden/GV Wt (kgs): 241
 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 we f

Purchase dt: 30-Oct-2020 Safe Amt: 63175/-
 OTT Date: 30-Oct-2020 Amount/Rept No: 6318 / UP52D20110000194
 TaxUpTo: One Time Vehicle is Govt/Pvt: PRIVATE
 Tax Exempted or Not: NOT EXEMPTED Date of Approval: 07-Nov-2020

Other State/Transfer/Conversion Details

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

This certificate is valid from 07-Nov-2020 to 06-Nov-2035

Date: 01-Dec-2020 14:55:37

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 01-Dec-2020

116614

Customer's Signature

Authorised Signatory



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/449140

MotorSathi Care Private Limited
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) 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	
SHATRUGHAN VARMA	1992-07-01	6206945238	L T RAMNARESH VARMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF L20	UP52BH6321	HA111LVLHK04140	MBLRAW112LHK03259	2020-11-07	160	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
34000.00	NA	0.00	0.00	0.00	34000.00	
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	1571.61	
Address			City / District	Pin Code	State	
VILL - SANSARPUR, PO PS - BHOREY, GOPALGANJ, Gopalganj				841426	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
UMA BHARTI	Female	33 Years	WIFE	2025-06-14 15:14	Midnight of 2026-06-13	

Section A, VRC: 591.70 TCR: 401.32 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) : 0.00 Total with GST(A): 1033.02

Section B, FC: 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 Again: 214.91 AHDC, DOC & Additional External Tyre Cover(AETC), Other Discount: 0.00 GST (CGST @9% + SGST @9%): 38.68 Total with GST(D): 253.59

Total(Section A+B+C+D) Offered Price After Discount: 1572

Package Period Covered	2025-06-14 To 2026-06-13	2026-06-14 To 2027-06-13	2027-06-14 To 2028-06-13	2028-06-14 To 2029-06-13	2029-06-14 To 2030-06-12
ADV	34000	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 2025-10-29 (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 baggage) 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 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.: 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 Aligarh.

Received with Thanks Rs 1571.61 ON 2025-06-14 from Mr./Ms. SHATRUGHAN VARMA against the ARN No. INCP00449140

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, 18, 19

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Authorized Signatory



Scanned with OKEN Scanner



भारत सरकार

Government of India



शत्रुघ्न वर्मा

Shatrughan Varma

जन्म तिथि / DOB : 01/07/1992

पुरुष / Male



4232 8675 0712

मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता:

S/O राम नरेश वर्मा, संसारपुर, भोरे,
सौन्सारपुर, गोपालगंज, भोरे, बिहार,
841426

Address:

S/O Ram Naresh Varma
Sansarpur, Bhore, Saunsarpur,
Gopalganj, Bhore, Bihar, 841426

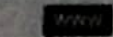
4232 8675 0712



1947



help@uidai.gov.in



www.uidai.gov.in



INDIAN DRIVING LICENCE
GOVERNMENT OF BIHAR

FORM 7

DL: BR-2820170092992

Name : SHATRUGHN VERMA

SA/ID of : RAMNARESH VERMA

Address : AT-SANSARPUR, PO&PS-
BHKRE, DIST-GOPALGANJ

DOB : 01/07/1992 BG : O+

Valid Till (Transport) : 23/09/2037

Valid Till (Non-Transport) : 23/09/2037

Badge No :

Signature of Holder

Type of Vehicles : LMV-NT MCWG only

Sign. of Licensing Authority : DTO - GOPALGANJ

Issued on : 24/09/2017

DL: BR-2820170092992

Original LA : DTO, GOPALGANJ

Old DL No :

Date Of Issue : 24/09/2017

Class Of Vehicles

Vehicle Class	Issue Date
LMV-NT	24/09/2017
MCWG	24/09/2017

BR 10DL 0138R257

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ALEPV9234C

नाम / Name

SHATRUGHAN VARMA

पिता का नाम / Father's Name

RAM NARESH VARMA

जन्म की तारीख / Date of Birth

01/07/1992

Shatrughan Varma

हस्ताक्षर / Signature



08092017