

GANPATI AUTOMOBILES

Purva-Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Job No.
 Date 02/01/2026
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52-CH3847
 Speedmeter Redg.
 Insurance No.
 Model VIDA V2 Plus

Owner's Name NARENDRA KUMAR CHATURVEDI
 Address DEORIA
 Phone 9838605913

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	F-Fender-	1	1100	1100	
2	No Protect Light	18	265	265	
3	UPPER- Cover- L	1	840	840	
4	Lower- Cover- L	1	1714	1714	
5	Body. Cover- L	1	2544	2544	
6	Liver- L	1	150	150	
7	mirror- 2	1	250	250	
8	Innre. Handl. Cover- 2	15	410	410	
9	R. Socker- 6 ti Cover-	1	210	210	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			TOTAL		

- 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.

Ganpati Automobiles
 Gorakhpur Road
 Opp. Dr. G.N. Guleria
 For - DEORIA
 Ganpati Automobiles
 Mob. 9415383539

We agree with the conditions and approve the estimate.

Customer's Signature.....

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.	NARENDRA KUMAR CHAURASIA 9838605913
2	Vehicle No. / वाहन संख्या	UP52CH3847
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	28/07/2025-16-27/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/12/2025 - Time 6:00 pm
6	Place of Accident / दुर्घटना का स्थान	बधनी (देहरादून)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	NARENDRA KUMAR CHAURASIA UP522015000194, 9838605913
8	Estimated Loss / अनुमानित हानि	8113 ✓
09. Cause of Accident / दुर्घटना का कारण : (अपवृत्तिया स्कूल से घर गयी बधनी जाते समय रास्ते में लड़ी बधनी के सामने से वाहिक वाले ने ठक्कर मार दिया जिससे मेरी गाड़ी बाएं साइड कीर कर अतिशयत हो गयी)		
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.	जानकारी प्राप्त मोबाइल फ़ोन नं. 9838605913

Date / दिनांक : 02/01/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

नरेन्द्र कुमार चौरसिया

नरेन्द्र कुमार चौरसिया





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. 2

Tel. No _____

Period of Insurance 28/07/2025 to 28/07/2026

Claim No. _____

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

1. THE INSURED
 (a) Name NAKENDRA KUMAR CHAURSIYA
 (b) Address for correspondence BARHAMI DEORIA (U.P)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No <u>X 0220</u> Chassis No <u>X 00889</u>	Registration No <u>UP52CH</u> <u>3847</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 USES
 (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 NARENDRA KUMAR CHAKRABORTY
 (b) Age 05/08/1979
 (c) Address BADHANI DEORIA (U.P)
 (d) Is the Driver
 1. Owner YES
 2. paid driver?
 3. Owner's relative or friend? OWNER
 (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 UP5220150001941
 (h) Issuing Authority
 (i) Date of Expiry 09/08/2029
 (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 31/12/2025 30km Time - 6:00 pm
 (b) Place बदानी देवगढ़ समय रात में कड़ी बगली के सामने
 (c) Speed of vehicle at the time of accident व्यक्त बल से चल रहा था
 (d) Give a short description of the accident व्यक्त बल से चल रहा था और अचानक मोरी से गिरा
 (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 8131
 (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

Customer's Signature

Authorised Signatory

4. INJURY TO DRIVER/OCCUPANT

(a) Was driver/occupant injured? N/A
(b) If yes, give full details _____

5. WITNESS

(a) Give names and addresses of passengers/other witnesses, if any _____
(b) Did a Police Constable take part in the accident? N/A
(c) Was accident reported to Police? If not, Why? _____
(d) If yes, to which Police Station? _____
(e) Date and Day: to _____

10. THEFT

(a) Date and Time _____
(b) Place _____
(c) What was stolen? _____
(d) Estimated cost of replacement? N/A
(e) By whom discovered and reported? _____
(f) Has theft been reported to Police? _____
(g) Where? _____
(h) Which Police Station? _____
(i) C.R. form number _____

I/We the above named do hereby, in the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or at 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 past or future accident shall be forfeited.

Date: 21/01/2025

Signature of the insured _____

[Signature]

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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

Car/Bus
License Stamp
Valid Amount
Issued On: 2000-

Witness
Name
Signature
Address

Signature *[Handwritten Signature]*
Occupation
Address

Bank Account Number
Name of the Bank



2025-07-28

Mr./Ms. NARENDRA KUMAR CHAURASIA
VILL- BABHANI
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. NARENDRA KUMAR CHAURASIA,

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 transcript of proposal is attached and your policy is getting issued with insurer, 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 or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. NARENDRA KUMAR CHAURASIA, 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
Website: www.motorsathi.org
GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



Customer's Signature

Authorized Signatory





Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00458559

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00458559
Name of Certificate Holder: NARENDRA KUMAR CHAURASIA
Mobile: 9838605913
Address: VILL- BABHANI, DEORIA, DEORIA
State: Uttar Pradesh
IDV: 118750
Vehicle Registration Number: New
Model: VIDA
Engine Number: ECD00156G02201
Acknowledgement No. MS/2025/E458559

Period of Coverage(MS): 2025-07-28 - 2026-07-27 MIDNIGHT
DOB: 1979-08-05
Period of Coverage(I): 2025-07-28 - 2030-07-27 MIDNIGHT
City / District: DEORIA
Pincode: 274001
Manufacturing Year: 2025
Vehicle Manufacturer:
Variant: V2 PLUS
Chassis Number: MBLCEW045S6G00889
Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	After 7 Days
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	4
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

AHDC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	2986.22	268.76	268.76	-	3524



Personal Accident Cover Details

Name of Certificate Holder: NARENDRA KUMAR CHAURASIA
Nominee Name: MANGALAM KUMAR CHAURASIA
Nominee Gender: Male
Period of Insurance: 2025-07-28 (18:27 HRS) - 2026-07-27 MIDNIGHT
Nominee Relationship: SON
Nominee Age: 15 Years


Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 7) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Customer's Signature


Authorised Signatory

UNION OF INDIA Driving Licence  



UP52 20150001941

	कार्य करने की तिथि Date of Issue	वैधता / Validity
	31/01/2015	04/08/2029
नाम / Name	जन्म तिथि Date of Birth	Blood Group
	05/08/1979	Unknown


NARENDRA KUMAR CHAURASIA
पिता/पति का नाम / Son/Daughter/Wife of
KAMALA PRASAD CHAURASIA




UP52 20150001941 UP02192215MT



	
LMV	MCV/G
31/01/2015	31/01/2015

पता / Address
BABHANI
DEORIA
DEORIA


Holder's Signature 

परिष्कार / Issuing Authority Sign
DECF

 Form 7 Rule 16(1)






नरेन्द्र कुमार चौरसिया
Narendra Kumar Chaurasia
जन्म तिथि/DOB: 05/08/1979
पुरुष/ MALE



6574 1926 8505

मेरा आधार, मेरी पहचान

Address:
SO Karia Prasad Chaurasia,
H.N.29, Village - Babhari, Near
Laxman Pochara, Post - Deoria,
Babhari, Deoria,
Uttar Pradesh - 274001

पता:
SO कृष्ण प्रसाद चौरसिया, प.स.29, वी.
बगरी, पोस्ट लखीमन पोचरा, पोस्ट -
देरिया, बगरी, देरिया,
उत्तर प्रदेश - 274001

6574 1926 8505



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी खाता संख्या कार्ड
Permanent Account Number Card

CLTPC8394P



नाम / Name
NARENDRA KUMAR CHAURASIA

पिता का नाम / Father's Name
KAMLA PRASAD CHAURASIA

जन्म की तारीख /
Date of Birth
05/08/1979

हस्ताक्षर / Signature

28032021