

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

## ESTIMATE

Owner's Name... Anjun Maddeshiya  
 Address... Deoria  
 Phone... 9829192962

Job No. ....  
 Date... 6/11/26  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. UP22 CF 2077  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model... Spit

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	1K	1500	1500	
2	Mirror - L/R	2K	250	500	
3	Handle	1K	500	500	
4	H/L	1K	3000	3000	
5	F-fender	1K	1500	1500	
6	F-fork - L/R	2K	2500	5000	
7	Fuel tank	1K	4750	4750	
8	Liver - R	1K	100	100	
9	Muffler Cover	1K	515	515	
10	F - blinker - L/R	2K	250	500	
11					
12					
13					
14					
15					
16					
17	W/L			500	
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				17915	

- 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  
 For - Ganpati Automobiles  
 OFFICE: GORAKHPUR  
 DEORIA

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.	ARJUN MADDESHIYA of 9889192962
2	Vehicle No. / वाहन संख्या	UP52CE 8077
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	02/04/2025 to 01/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/01/26 of 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	मेहरोना - चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SAGAR MADDESHA of UP5220190013029 - 9889192962
8	Estimated Loss / अनुमानित हानि	17915/-
09.	Cause of Accident / दुर्घटना का कारण : मलेखुल से सीवम जाते समय हाटले में मेहरोना - चौराहा के सामने रोड पर सामने से हीक्सा वाले ने coroner मार दिया जिससे मेरी गाड़ी दाहिने साईड जीट कर अतिशय हो गयी है (मार्ग-चौकड़े फोटो)	
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 Purua Deoria of 7651989597

Date / दिनांक :

हस्ताक्षर

05/1/26  
Arjun maddehiya

Signature of Insured / बीमाधारक के

Arjunmaddehiya





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. \_\_\_\_\_

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

Period of Insurance 02/04/25 to 11/04/26  
 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 : ARJUN MADESHIYA  
 (b) Address for correspondence : BATFALPUR  
 (c) Telephone : 9889192962

2 THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. <u>x 13364</u> Chassis No. <u>x 13457</u>	Registration No. <u>UP2CE8077</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? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SAGAR MADDHESIA  
 (b) Age : 27/07/1999  
 (c) Address : BARTALPUR  
 (d) Is the Driver  
 1. Owner : NA  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Relative  
 (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 : UP5220190013029  
 (h) Issuing Authority : 19/12/2019  
 (i) Date of Expiry : 26/02/2039  
 (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 : 02/01/26 @ 07:00 PM  
 (b) Place : गेहलोना-मोहरी  
 (c) Speed of vehicle at the time of accident : 40 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 :  
 मजेमड ले एवीएम चाले गाडी रास्ते मे गेहलोना-मोहरी ओ  
 गाडी रुकले गाडी ओ डीवाला बाजे ठामने मिले दिये निमने  
 मजेमड गाडी मडे ओने अडिक्ते रोमने

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As far Estimated  
 (b) Estimated cost of repairs : 12915/-  
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Purua Deoria  
 7651980597

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? \_\_\_\_\_
- (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 05/01/20 200

Signature of the insured [Handwritten 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 \_\_\_\_\_ 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 *Abhinav Mehta*  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE8077 Registration Date : 08-Apr-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA. 190-274001  
 Owner Name : ARJUN MADDESHIYA Son/wife/daughter of : MADAN MADDESHIYA  
 Full Address: (Permanent) : VILL+PO- BAITALPUR, PS- GAURI BAZAR DEORIA, DEORIA, UTTAR PRADESH-274201  
 Full Address: (Temporary) : VILL+PO- BAITALPUR, PS- GAURI BAZAR DEORIA, DEORIA, UTTAR PRADESH-274201  
 Fitness Up To : 07-Apr-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 : AA1039727419 Rear HSRP No : AA2121564703  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1 Chassis No : MBLHAW40XSHB13457  
 Engine No : HA11F1SHB13364 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235  
 Security Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242  
 Other Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

	Description	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 : 02-Apr-2025 Sale Amt : 84361/-  
 OTI Date : 02-Apr-2025 Amount/Rcpt No : 8436 / UP52D25040000945  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 16-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 08-Apr-2025 to 07-Apr-2040

Date: 22-Apr-2025 11:51:07

Tax/Advance Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी  
 स्ट्रीट नं. १, सिटी ऑफिस, देवरिया  
 दिनांक: 22-Apr-2025

Q 2663905



2025-04-02

Mr./Ms. ARJUN MADDESHIYA  
VILL+PO-BAITALPUR PS-GAURI BAZAR  
DEORIA, Uttar Pradesh, 274201

Dear Mr./Ms. ARJUN MADDESHIYA,

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](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. ARJUN MADDESHIYA, thank you for again for choosing to do business with us. We are grateful for the oppurtunity 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)



Please scan the QR for details.





### Certificate of Services

Certificate Issuer & Servicing Office Motor Sathi Care Private Limited, B Dasa Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aigarh, Aigarh, Uttar Pradesh, (202001) Certificate Number: INCP00422785

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

Tax Invoice cum Certificate Number: INCP00422785

Period of Coverage(MS): 2025-04-02 - 2026-04-01 MIDNIGHT

Name of Certificate Holder: ARJUN MADDESHIYA

DOB: 1994-12-10

Mobile: 9889192962

Period of Coverage(T): 2025-04-02 - 2026-04-01 MIDNIGHT

Address: VILL +PO-BAITALPUR PS-GAURI BAZAR, DEORIA, DEORIA

City / District: DEORIA

State: Uttar Pradesh

Pincode: 274201

IDV: 80133.45

Manufacturing Year: 2025

Vehicle Registration Number: New

Vehicle Manufacturer: HERO MOTOCORP

Model: SPLENDOR PLUS

Variant: XTEC 2.0

Engine Number: HA11F1SHB13364

Chassis Number: MBLHAWN40XSHB13457

Acknowledgement No: MS/2025/E422785

Personal Accident Insurance Amount: 15,00,000

#### Drive Assure

S.No	Featured Benefits	Description	Yr
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 steppery 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	Yes
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.	After 7 Days
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

ADHC 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	1631.84	164.87	164.87	-	2161

#### Personal Accident Cover Details

Name of Certificate Holder: ARJUN MADDESHIYA

Period of Insurance: 2025-04-02 (17-13 HRS) - 2026-04-01 MIDNIGHT

Nominee Name: KIRAN DEVI

Nominee Relationship: WIFE

Nominee Gender: Female

Nominee Age: 24 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. 6) 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 Aigarh.





भारत सरकार  
Government of India

Issue Date: 21/01/2019



अर्जुन मदेशिया  
Arjun Maddeshiye  
जन्म तिथि/DOB: 10/12/1988  
पुरुष/ MALE

5636 7187 9651

VID : 9148 2344 0353 2343

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
श. नरन मदेशिया, ग्राम बैतालपुर, पोस्ट बैतालपुर,  
बैतालपुर, बैतालपुर,  
उत्तर प्रदेश - 274201

Address:  
C/O: Madan Maddeshiye, gram baitalpur, post  
baitalpur, Baitalpur, Uteoria,  
Uttar Pradesh - 274201



5636 7187 9651

VID : 9148 2344 0353 2343

1047

help@uidai.gov.in

www.uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**EANPM6872B**

नाम/ Name

**ARJUN MADDHESHIYA**

पिता का नाम/ Father's Name

**MADAN MADDHESHIYA**

जन्म की तारीख/ Date of Birth

**10/12/1994**

*Arjun Maddheshiya*

हस्ताक्षर/ Signature



02092017



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



**UP52 20190013029**

Issue Date: 19-12-2019  
Validity (NT): 26-07-2039  
Validity (TR):



Holder's Signature

Date of First Issue (19-12-2019)

Name: **SAGAR MADDHESIA**  
Date of Birth: 27-07-1999 Blood Group: Organ Donor: **N**  
Son/Daughter/Wife of: **ASHOK MADDHESIA**  
Address:  
**BAITALPUR BAITALPUR DEORIA, UP  
274201**

**DL No: UP52 20190013029**

UPDL000002070015



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	MCWG	UP52	19-12-2019	NT			
LMV	LMV	UP52	19-12-2019	NT			
MVSD							

Emergency Contact Number

*P. J. Rao*  
Licensing Authority  
UP52 DEORIA

Form 7 Rule 16(2)