

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name: BIRENDRA YADAV
 Address: BORIA
 Phone: 85 43 93 15 92

Job No.
 Date: 23/11/2026
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP 52 RN 8435
 Speedmeter Redg.
 Insurance No.
 Model: Indiamour XTEC

Dear Sir,

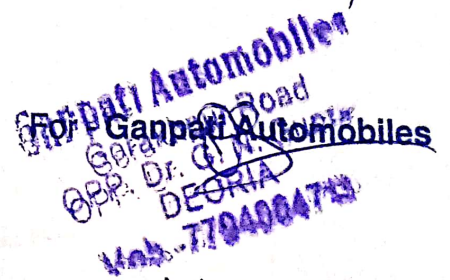
Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Vigolo - L&R.	2PC	350	700	
2	Wind. Screens.	1PC	400	400	
3	HIL	1PC	3150	3150	
4	Hamchl.	1PC	400	400	
5	Mittare, Inome.	1PC	350	350	
6	HIL. Inome. Case - L&R.	1PC	300	300	
7	F-Fender	1PC	1000	1000	
8	Livore - 2	1PC	100	100	
9	Mirror - 2	1PC	210	210	
10	F-Winker - 2	1PC	200	200	
11	F-Fork. L&R. Complete.	1PC	2241	4482	
12	Seat. Cover - L	1PC	600	600	
13	R-R. Winker - 2	1PC	200	200	
14					
15					
16					
17					
18					
19	labour -			600	
20					
21					
22					
23					
24					
25					
TOTAL				12692	

- 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
 Gopala Road
 OPP. Dr. Q.M. Centre
 DEORIA
 Mob. - 7794004793

Authorized 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.	BIRENDRA YADAV & 8543931592
2	Vehicle No. / वाहन संख्या	UP52BN 3435
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/455995
4	Period of Insurance / बीमा अवधि	16/07/2025 to 15/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/26 & 09:05 AM
6	Place of Accident / दुर्घटना का स्थान	रुद्रपुर मोड पे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIV SHANKAR YADAV & UP5220160008044 - 8543931592
8	Estimated Loss / अनुमानित हानि	12692/-
09.	Cause of Accident / दुर्घटना का कारण :	भारतीय चौकी से देवस्थान जा रहे थे रात में रुद्रपुर मोड पे सामने से एक देवस्थान वाहन आ रहा था जो सने मेरी गाड़ी को सामने लगाने में प्रयास किया जिससे मेरी गाड़ी बार लाने में आने में बाधित हो गयी। 21/01/26
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.	Ganapati Automobiles. Purua Deoria & 8543931592

Date / दिनांक : 3/01/26
हस्ताक्षर

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/2025/7001/0/46575/455995
 Tel. No. _____ Period of Insurance 16/7/2025 to 15/07/2026
 Claim No. _____

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

1. INSURED

(a) Name : BIRENDRA YADAV
 (b) Address for correspondence : BHARALI
 (c) Telephone : 8543931592

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>00106</u> Chassis No. <u>00188</u>	Registration No. <u>UP52BN</u> <u>3435</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 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHIV SHANKAR VADAVI
 (b) Age : 10/10/1997
 (c) Address : BHARALI BAZAR, DEORIA (U.P.)
 (d) Is the Driver :
 1. Owner : No.
 2. paid driver?
 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 : UP5220160008044
 (h) Issuing Authority :
 (i) Date of Expiry : 11/05/2036
 (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 : 01/01/2028
 (b) Place : हनुमन्त मठ
 (c) Speed of vehicle at the time of accident : 30km
 (d) Give a short description of the accident : Time: 9:05 pm. श्रीमती चौराहा से देवीया जा रहे थे रास्ते में हनुमन्त मठ से सामने से बस को पीछा किया वह बस ने देवीया को टक्कर मारी जिससे देवीया को चोट लगी और बस भी क्षतिग्रस्त हो गयी।
 (e) If any third party was responsible for this accident give the name and address : जीर काफ़ी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : A.S. PER ESTIMATE
 (b) Estimated cost of repairs : 12692/-
 (c) When and where can the damaged vehicle be inspected : (GANPATI) AUTO. MOBILE. DEORIA.

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

N/A

- (a) Was driver/any occupant injured? : _____
- (b) If yes, give full details : _____

9. WITNESS

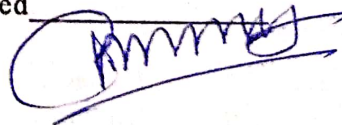
- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____ N/A
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

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? : _____ N/A
- (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 03/01/2026 200

Signature of the insured 

Issuing Office



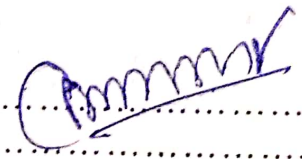
The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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 
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BN3435 Registration Date : 03-Dec-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , -
 Owner Name : BIRENDRA YADAV Son/wife/daughter of : GULAB YADAV
 Full Address: (Permanent) : VILL BHARAU LI, PO BHARAU LI PANDEY, PS KHUKHUNDU, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL BHARAU LI, PO BHARAU LI PANDEY, PS KHUKHUNDU, DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 02-Dec-2036 Tax UpTo : 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 : AA2047025873 Rear HSRP No : AA2047672275
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2021
 No of Cylinders : 1 Chassis No : MBLJAW213M9L00188
 Engine No : JA07AFM9L00106 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : GLAMOUR XTEC-DRUM-SE Wheel base : 1273
 LF-CAST
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : GREY BLUE STRIPE Laden/GV Wt (kgs) : 252
 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)
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- 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	: 22-Nov-2021	Sale Amt	: 80900/-
OTT Date	: 22-Nov-2021	Amount/Rcpt No	: 8090 / UP52D21110004788
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 03-Dec-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 03-Dec-2021 to 02-Dec-2036

Date : 11-Jan-2022 19:18:56

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 11-Jan-2022

1526277

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/455995

Motorsathi Care Private Limited
 B.D. 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	
BIRENDRA YADAV	1970-09-25	8543931592	GULAB YADAV	Hero Motocorp	GLAMOUR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DISK SELF	UP52BN3435	JA07AFM9L00106	MBLJAW213M9L00188	2021	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
45000.00	NA	0.00	0.00	0.00	45000.00	
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	1681.36	
Address			City / District	Pin Code	State	
VILL BHARAULI, PO BHARAULI PANDEY, PS KHUKHUNDU, Deoria, Uttar Pradesh, 274001				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SMT REENA DEVI	Female	51 Years	WIFE	2025-07-16 10:12	Midnight of 2026-07-15	

Section A, VRC: 768.08 TCR: 584.10 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1352.18
 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): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D, Drive Assure: 278.97 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.21 Total with GST(D): 329.18
Total(Section A+B+C+D) Offered Price After Discount: 1681

Package Period Covered	2025-07-16 To 2026-07-15	2026-07-16 To 2027-07-15	2027-07-16 To 2028-07-15	2028-07-16 To 2029-07-15	2029-07-16 To 2030-07-15
ADV	45000	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 2026-11-21 (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 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 1lakh 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

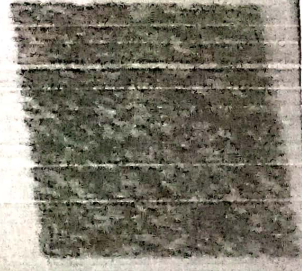
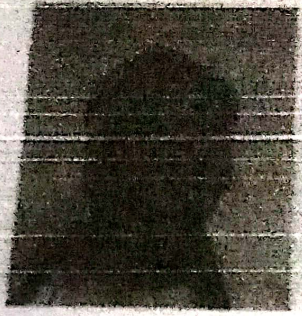


IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

#: Received with Thanks Rs 1681.36 ON 2025-07-16 from Mr./Ms. BIRENDRA YADAV against the ARN No. INCP00455995
 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, 16, 18
 Customer Service Address: B.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



बिरेन्द्र यादव
 Birendra Yadav
 जन्म तिथि/DOB: 25/09/1970
 लिंग/ GENDER: MALE



9932 9280 3130

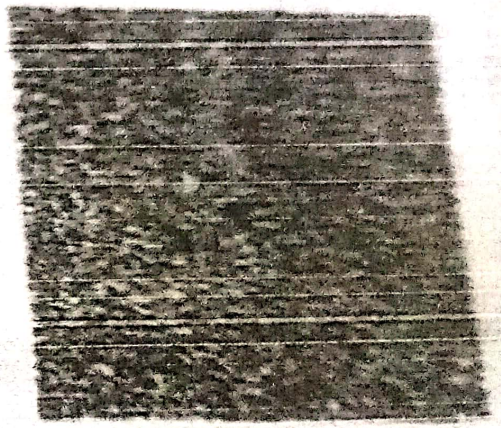
VID: 9174 5059 5955 5918

मेरा आधार, मेरी पहचान



पता
 S/O: गुलाब यादव, भारौली, देवरीया,
 उत्तर प्रदेश - 274001

Address:
 S/O: Gulab Yadav, Bharauli, Deoria,
 Uttar Pradesh - 274001



9932 9280 3130

VID: 9174 5059 5955 5918



www.mca.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SIRENDRA YADAV

GULAB YADAV

25/09/1970

Permanent Account Number

ACPPY7284H

Signature



1103174



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

UP

UP52 20160008044



Issue Date: 17-11-2022 Validity (NT): 11-05-2036 Validity (TR)*: 16-11-2027



(12-05-2016)

Date of First Issue

Name: **SHIV SHANKAR YADAV**
 Date of Birth: 10-10-1997 Blood Group: O+ VE Organ Donor: N
 Son/Daughter/Wife of: **VIRENDRA YADAV**
 Address:
**BHARAULI BAZAR BATRAULI PANDEY,
 KHUKHUNDU Deoria, UP 274001**

DL No: UP52 20160008044

UPDL000009889805



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	12-05-2016	NT			
	LMV	UP52	12-05-2016	NT			
	TRANS	UP52	17-11-2022	TR			

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
 License Authority
 UP52 DEORIA

