

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mod. - 9415383539, 9336531183

ESTIMATE

Owner's Name SUSIL KAMAR, YADAV

Address DEORIA

Phone 9682031552

Job No.

Date 6/11/25

Chasis No.

Engine No.

Key No.

Regn. No. UP60BH7928

Speedometer Redg.

Insurance No.

Model SPL+

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	Vigey-	10	1000	1000	
2	HIL	18	535	535	
3	F-Feemdao-	18	1500	1500	
4	Hamdl-	18	500	500	
5	Mirror-L&R.	20	250	500	
6	Liver-R.	10	100	100	
7	F-Fork. L&R. Complete.	20	2500	5000	
8	F-Linker-R	15	280	280	
9	Mutter-Imme.	10	803	803	
10	F-Ally. L&R.	15	4700	4700	
11	F-SM लिट	10	895	895	
12	उपल चर्चा	15	9195	9195	
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			TOTAL	25078	

- 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.

Ganpati Automobiles
 Gorakhpur Road
 OFFICE: G. N. GILDA
 DEORIA
 Mob. 7704115743

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.	SUSIL KUMAR YADAV 9682031552,
2	Vehicle No. / वाहन संख्या	UP60BH7928.
3	Policy No. / पालिसी संख्या	252400/31/2026/29/62
4	Period of Insurance / बीमा अवधि	22/07/2025 - To - 21/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026. Time 4:30 PM.
6	Place of Accident / दुर्घटना का स्थान	बैतालपुर डिवी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SOM NATH YADAV. UP6020140010689, 9682031552,
8	Estimated Loss / अनुमानित हानि	25069
9	Cause of Accident / दुर्घटना का कारण: जोरखपुर से बैतालपुर जा रहे थे। रास्ते में बैतालपुर डिवी में रुक आदमी को बचाने के चक्कर में डिविडर में जाकर तक्कर खा गई। और मेरी गाड़ी टाया साइड गीर के बलियुक्त हो गयी। गाड़ी सामान्य चालू चरहे को	
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 AUTO MOBILE. PARI. (P.D.)

Date / दिनांक : 05/01/26
हस्ताक्षर

Susil Kumar

Signature of Insured / बीमाधारक के

Susil Kumar





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. 2524-00/31/2026/29162

Tel. No. _____

Period of Insurance 22/07/2025 - 21/07/2026
 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 : SUSIL KUMAR YADAV
 (b) Address for correspondence : MAJWALIYA DEORIA (P)
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. * <u>42984</u> Chassis No. * <u>61537</u>	Registration No. <u>4P60BH</u> <u>7928</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 : SOM. NATH. VADAN.
 (b) Age : 01/06/1995
 (c) Address : REKHA NARSIPUR, DEORIA.
 (d) Is the Driver
 1. Owner : NO.
 2. paid driver? : NO.
 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 : UP6020140010689.
 (h) Issuing Authority :
 (i) Date of Expiry : 20/08/2034.
 (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 : 05/01/2026 30km Time - 4:30 PM.
 (b) Place : बतालपुर जिया
 (c) Speed of vehicle at the time of accident : जोरखपुर से बेलहरा जा रहे हो रूले में
 (d) Give a short description of the accident : बतालपुर जिया पर एक डाकू को बचाने के लिए मैं ड्राइवर से निकल निकल कर रुका
 (e) If any third party was responsible for this accident give the name and address : जोरी और मेरी जोरी वाया बस जोर के कर्ना गल हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : ASPER. ESTIMATE
 (b) Estimated cost of repairs : 25078/
 (c) When and where can the damaged vehicle be inspected : JANPATI AUTO MOBILE, DEORIA. (P.O)

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

NA

- (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.

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 5/6/2026 200

Signature of the insured Susil Kumar

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 *Susil Kumar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department Ballia

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP60BH7928 Registration Date : 25-Jul-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 : SUSIL KUMAR YADAV Son/wife/daughter of : RAMBACHAN YADAV
 Full Address: (Permanent) : VILL- MAJHAWALIA PO- UBHAON, BELTHARA ROAD BALLIA, . BALLIA, UTTAR
 PRADESH-221715
 Full Address: (Temporary) : VILL- MAJHAWALIA PO- UBHAON, BELTHARA ROAD BALLIA, . BALLIA-UTTAR
 PRADESH-221715

Fitness UpTo : 24-Jul-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	: AA2133138305	Rear HSRP No	: AA2133726580
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 02/2025
No of Cylinders	: 1	Chassis No	: MBLHAW23XSHB61537
Engine No	: HA11E8SHB42984	Fuel	: PETROL
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ (DRS)	Wheel base	: 1236
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 109
Colour	: SPORTS RED BLACK	Laden/GV Wt (kgs)	: 239
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.	:	As Regd.	:
		Description	Weight(In Kgs)

- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 25-Jul-2025.

Purchase dt	: 22-Jul-2025	Sale Amt	: 77026/-
OTT Date	: 22-Jul-2025	Amount/Rcpt No	: 7703 / UP60D25070001705
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 14-Aug-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 25-Jul-2025 to 24-Jul-2040

Date : 14-Aug-2025 15:32:22

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar
Date : 14 Aug 2025





TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FIRMAL CINEMA MEERUT, 01114063570, (GSTIN: 09AACT0627R471)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breaker No, Insured State.

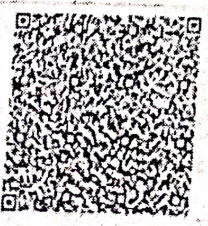
Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTI Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMH CONTRACT NO, Policy Type, Geographical Area.

Table with 4 columns: OWN DAMAGE SECTION(A), LIABILITY SECTION (B), Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area, Driving Tuition Loading, Sub-Total Additions, Deductibles, Voluntary Deductibles, Anti-Theft Device, AAI Membership, No Claim Bonus, Discount for vehicle designed for handicapped, NIP Discount, Sub-Total Deductibles, Add-On Coverages, Nil Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A).

Table with 4 columns: Number Details (Name, Age, Relation), Payment Details (Method, Cheque No./Transaction No., Bank Name, Amount), Financer Type (Name, Branch), POS Name (NA).

In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs.1 lac, the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our operating offices as well as company's website. The insurance under the policy is subject to conditions, clauses, warranties, exclusions, MTs and OIC underwritten mentioned herein above which are available on company's website. We warrant that in case of adjustment of premium request(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception). Claims are not admissible if driving license is found fake or is not valid whether or not in the knowledge of the insured. We hereby certify that the policy in which the certificate relates as well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988. IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used in driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of such terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF ELECTIVITY".

Limitations as to use: to be used only for social, domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage); (3) Organized racing (4) Fun Making (5) Speed testing (6) Liability trials (7) Any Purpose in connection with motor trade. Driver's License: Not person on whom the insured. 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 license's license may also drive vehicle & that such a person satisfies the requirement of Rule 1 of the Central Motor Vehicles Rules, 1988. Limits of Liability: Section II-I (of the policy) - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-I (of the policy) - Damage to third party property in Rs. 75 lakhs. P.A. in case under section III for owner-driver is Rs. No Claim Bonus: The amount of credit for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year's term per the preceding year's 20% preceding two consecutive years, 25% preceding three consecutive years, 35% preceding four consecutive years, 45% preceding five consecutive years, 50% of NCB on LD premium. No Claim Bonus only be allowed provided the policy is renewed. We hereby certify that the policy in which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of MV Act, 1988. * This insurance checks all prevailing damages.



Approved By: R191273442
Approved On: 22 JUL 25
Place: 1 MEH
Printed On: 22 JUL 25

For and on behalf of
The Oriental Insurance Company Limited





भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: रामबचन यादव, मझवलिया,
मझवालिया, बलिया, उभाओं, उत्तर
प्रदेश, 221715

Address:

S/O: Rambachan Yadav,
Majhawalía, Majhwalía, Ballia,
Ubhaon, Uttar Pradesh, 221715

5781 6058 2322



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार

Government of India

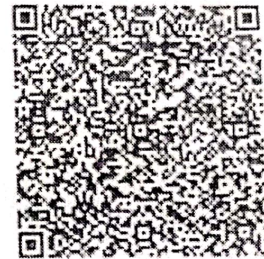


सुशील कुमार यादव

Susil Kumar Yadav

जन्म तिथि / DOB : 11/04/1995

पुरुष / Male



5781 6058 2322

आधार - आम आदमी का अधिकार



Scanned with OKEN Scanner

आयकर विभाग
INCOME TAX DEPARTMENT

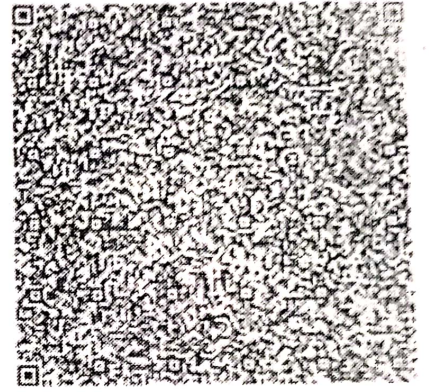


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AXSPY9761B



नाम / Name
SUSIL KUMAR YADAV

पिता का नाम / Father's Name
RAMBACHAN YADAV

जन्म की तारीख /
Date of Birth
11/04/1995

Susil Kumar
हस्ताक्षर / Signature

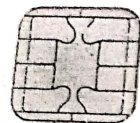
07092018



Indian Union Driving Licence
Issued by Uttar Pradesh



UP60 20140010689



Issue Date 30-01-2021
Validity (NT) 20-08-2034
Validity (TR)* 29-01-2026



Holder's Signature

Date of First Issue (21-08-2014)

Name: **SOM NATH YADAV**
Date of Birth: **01-06-1995** Blood Group: **A+ VE** Organ Donor: **N**
Son/Daughter/Wife of: **JAY RAM YADAV**
Address: **VILL REKUWA NSIRPUR POST KHANWAR PS
NAGRA RASRA, BALLIA 221711**

DL No: UP60 20140010689

UPDL000004310949



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	UP60	21-08-2014	NT			
	LMV	UP60	21-08-2014	NT			
	TRANS	UP60	15-02-2018	TR			

Form 7 Rule 16(2)

Emergency Contact Number a

R. Jha
Licensing Authority
UP60 BALLIA