

GANPATI AUTOMOBILES

Deoria Chauraha, Deoria
 No. - 9415383539 9336531183

ESTIMATE

Owner's Name: AMIT GOVIND
 Address: DEORIA
 Phone: 9793272232

Job No.
 Date: 7/10/2020
 Chassis No.
 Engine No.
 Key No.
 Regn. No. UP52 BS734
 Speedmeter Redg.
 Insurance No.
 Model: SUPER 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	Wiper	1K	1100	1100	
2	HIL	15	615	615	
3	F-Fender	1K	1500	1500	
4	Mittler Seat	1K	1800	1800	
5	F-Windore - R	1K	250	250	
6	Fuel Tank	1K	6700	6700	
7	Hamdl	1K	500	500	
8	Wind. Scae	1K	390	390	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	1 Axle			600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				15450	

- 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. P. Guha
 DEORIA
 200473
 For - Ganpati Automobiles

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.	Amit. GOVIND 979372232,
2	Vehicle No. / वाहन संख्या	UP52BE7311
3	Policy No. / पालिसी संख्या	MS/2025/700/0/46575/116050
4	Period of Insurance / बीमा अवधि	18/03/2025 To-17/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/01/2026 Time: 9:40 AM.
6	Place of Accident / दुर्घटना का स्थान	पुरना डोअर ब्रिज (देवीया)
7	Name of the Driver, D.L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit. GOVIND + UP5220110009208, 979372232,
8	Estimated Loss / अनुमानित हानि	15115 ✓
09	Cause of Accident / दुर्घटना का कारण : राधकान्त से देवीया का रहेना रास्ते पुरना डोअर ब्रिज के पास क्षमते से इस्तिस्ना नाले ने गैरे गाड़ी को क्षमते से त्वरक गत किया जिससे मेरी गाड़ी फायर साइट जीट कर क्षतिग्रस्त 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.	LAMPANA AUTO-MOBILE REPAIRING

Date / दिनांक : 6/01/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

Amit Govind

Amit Govind





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/2025/7001/0/4657514/6050
 Tel. No. _____ Period of Insurance 18/03/2025 - 17/03/2026
 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 AMIT. GOVIND.
 (b) Address for correspondence RAGHAV. NAGAR, PEORIA (U.P.)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No <u>* 30182</u> Chassis No <u>* 12377</u>	Registration No <u>UPS2 BE</u> <u>7311</u>
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- (a) Was the vehicle in proper working condition? YES, PAP
 (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 _____
- NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name AMIT GOVIND
 (b) Age 38/1989
 (c) Address GANAV NAGAR, 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 UP5220110009208
 (h) Issuing Authority
 (i) Date of Expiry 16/08/2031
 (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 3/01/2026 30 KM Time 9:40 AM
 (b) Place पुरवा रोजा सिन
 (c) Speed of vehicle at the time of accident
 (d) Give a short description of the accident
 (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 15457
 (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?

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? _____ NA
(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? _____ NA
(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 6/01/2026 200

Signature of the insured Amil goind

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
Water Mark
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Package Offer



2025-03-13

Mr./Ms. AMIT GOVIND

, Uttar Pradesh,

Dear Mr./Ms. AMIT GOVIND,

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 offer details of the program are attached, 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 nos: +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. AMIT GOVIND, 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.



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/0/46575/416050

MOTORSAATHI CARE Private Limited

Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

at us at:

☎ +91 79410 50643

mail: info@motersathi.com

visit the help section of www.motersathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
AMIT GOVIND		9793272232		Hero	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ZX		JA05EGK9L30142	MBLJAW093K9L12377	23-03-2020		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
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	2228.47	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
BANDANA DEVI	Female	31 Years	WIFE	2025-03-18 00:00	Midnight of 2026-03-17	

Section A, VRC: 314.26 TCR: 376.42 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus NT Discount: (Default) Total with GST(A): 842.29
 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): 764.00 GST (CGST @9% + SGST @9%): (BI): 137.52 Total with GST(B): 901.52
 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 Assure: 169.20 AFDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 30.46 Total with GST(D): 199.66
Total(Section A+B+C+D) Offered Price After Discount: 2228

Package Period Covered	2025-03-18 To 2026-03-17	2026-03-18 To 2027-03-17	2027-03-18 To 2028-03-17	2028-03-18 To 2029-03-17	2029-03-18 To 2030-03-17
ADV	0.95	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 from 2025-03-18 until 2026-03-18

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.motersathi.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, non-disclosure 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 MOTERSATHI CARE PVT LTD AT: Website: www.motersathi.com Customer Care / Toll Free Phone No.: 7941050643 email id: info@motersathi.com



IMPORTANT NOTICE: The coverage is not underwritten 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 Meerut.

Received with Thanks Rs 2228.47 ON 2025-03-13 from Mr./Ms. AMIT GOVIND

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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 21

CERTIFICATE OF REGISTRATION



Registration No
Description of Vehicle
Dealer's Name & Address
Owner Name

UPS2020011
M CYCLE SCOOTER
GANGA AUTOMOBILE SID
AMT GROND

Registration Date
Purpose for Purvision HC
Socw/Rel/dlaughter of

23 Mar 2020
H/W
DEORIA HETI KUMAR
GAPTA

Full Address (Permanent)
Full Address (Temporary)
Passes Up To
Owner Serial No

VILL RAGHAWNAGAR, PO... DEORIA, DEORIA, UTTAR PRADESH 224001
VILL RAGHAWNAGAR, PO... DEORIA, DEORIA, UTTAR PRADESH 224001
22 Mar 2020
Pass Up To

Details Description

Class of Vehicle
Generation
Maker's Name
Front HSRP No
Type of Body
No of Cylinders
Engine No
Horse Power(BHP)
Maker's Classification

MCYCLE SCOOTER
INDIVIDUAL
HERO MOTOCORP LTD
A2011177523
SOLO WITH FILLION
1
JA05E6K9L30182
8.00
SUPER SPLENDOR(GHUM)

Link Vehicle No
Norms

BHARAT STAGE IV

Rear HSRP No
Month/Year of Manuf.

A2013218823
: 11/2019

Chassis No

MBLJAW003K9L12377

Fuel

PETROL

Cubic Capacity

: 124.70

Wheel base

: 1265

Seating Cap(in all)

SELF-CAST)

Standing Cap

0

Sleeper Cap

2

(Unladen Wt (kgs)

121

Colour

0

Laden GV Wt (kgs)

251

Other Criteria

EBONY GREY

A/C 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 w.e.l.

Purchase @	18-Mar-2020	Sale Amt	59650/-
OTT Date	18-Mar-2020	Amount/Rept No	5965 / UPS202003000687
Test Up To	One Time	Vehicle is Govt./Pvt	PRIVATE
Tax Exempted or Not	NOT EXEMPTED	Date of Approval	23-Mar-2020

Other State Transfer/Conversion Details

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

This certificate is valid from 23-Mar-2020 to 22-Mar-2021.

Date: 23-Mar-2020 11:52:11
Taxation Particulars: 18-Mar-2020, 18-Mar-2020, 18-Mar-2020, 18-Mar-2020

Signature of Registrar, Deoria
Date: 23-Mar-2020

K 2217854



भारत सरकार

Government of India



अमल गोविन्द

Amal Govind

जन्म तिथि / DOB 06/08/1989

पुरुष / Male



7971 0679 2414

आधार - आम आदमी का अधिकार





भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O: धीरेन्द्र कुमार गुप्त, 475,
आयकर विभाग के पिछे राघव नगर
वार्ड न0 16, वॉर्ड न 14, देवरिया,
देवरिया, उत्तर प्रदेश, 274001

Address:

S/O: Dhirendra Kumar Gupta,
475, BEHIND INCOME TAX
DEPARTMENT RAGHAV NAGAR
WARD NO 16, WARD no 14,
Deoria, Deoria, Uttar Pradesh,
274001

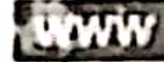
7971 0679 2414



1947
900 300 1947



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT
AMIT GOVIND .



भारत सरकार
GOVT. OF INDIA

DHIRENDRA KUMAR GUPTA

06/08/1989

Permanent Account Number
BCRPG2016C

Signature



11022012

इस कार्ड के खोने / पाने पर कृपया सूचित करें - लॉटर।
आयकर पैन सेवा इकाई, एन एस डी एल
तीसरी मंजिल, सफ़ाई चेंबर्स,
बानेर टेलिफोन एक्सचेंज के नजदीक,
बानेर, पुना - 411 045

*If this card is lost / someone's lost card is found,
please inform / return to:*
Income Tax PAN Services Unit, NSDL
3rd Floor, Sapfire Chambers,
Near Baner Telephone Exchange,
Baner, Pune - 411 045

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: tininfo@nsdl.co.in



UNION OF INDIA Driving Licence

UP NT

UP52_20110009208



जारी करने की तिथि
Date of Issue
17/08/2011

वैधता
Validity
16/08/2031

जन्म तिथि
Date of Birth
06/08/1989

Blood Group
Unknown



नाम / Name

AMIT GOVIND

पिता/पति का नाम / Son/Daughter/Wife of

DHIRENDRA KUMAR GUPTA

UP04578899NT

UP52_20110009208



UP

Form - Rule 16(2)

Issued by / Issuing Authority
UP 52

