

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

## ESTIMATE

Owner's Name... Vikas Kumar Jaiswal  
 Address... Deoria  
 Phone... 9832541863

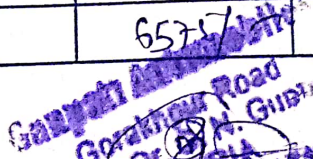
Job No. ....  
 Date... 7.12.26  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. ... UP57BW 8207 ...  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model... H.F. Deluxe .....

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	Wheel	12	1000	1000	
2	H/L	14	525	525	
3	F. Fender	12	1500	1500	
4	Horn	15	500	500	
5	F. Bank HR	—	—	550	
6	F. Window (L)	18	250	250	
7	Liver - (L)	16	100	100	
8	Pompe - (L)	12	650	650	
9	Horn - T	10	900	900	
10					
11					
12					
13					
14					
15					
16	LABOUR			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
			<b>TOTAL</b>	6575	

- 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  
 Gopalkrishna Road  
 OPP. Dr. B. K. Gupta  
 DEORIA  
 For - Ganpati Automobiles  
 Mob. 9415383539

• I/We agree with the conditions and approve the estimate.

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.	VIKAS KUMAR JAISWAL & 9838541863
2	Vehicle No. / वाहन संख्या	UP57BW8807
3	Policy No. / पालिसी संख्या	252400/31/2025/93148
4	Period of Insurance / बीमा अवधि	10/03/25 to 9/03/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/26 & 03:45PM
6	Place of Accident / दुर्घटना का स्थान	महुआडीह
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIKAS KUMAR JAISWAL & UP5720230004607 - 9838541863
8	Estimated Loss / अनुमानित हानि	65757
09.	Cause of Accident / दुर्घटना का कारण :	राज्य के महुआडीह जाते समय रात में महुआडीह गाँव के सामने रोड पर सामने से वाहन चले आये तब हम गाँव दिशा में जा रहे थे तब सामने से गाड़ी चले आई जिससे अतिशय जोर से टक्कर
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.	Grampati Automobiles Punna Deoria & 7651989597

Date / दिनांक :  
हस्ताक्षर

6/1/26

विकास कुमार जायसवाल

विकास कुमार जायसवाल  
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. 252400/31/2025/93148

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

Period of Insurance 10/3/25 to 9/3/26

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 : Vikash Kumar Jaiswal  
 (b) Address for correspondence : Dheer Patti  
 (c) Telephone : 9838541863

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. Chassis No. <u>* 05602</u> <u>* 05113</u>	Registration No. <u>UP57BW8807</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 : \_\_\_\_\_ NA  
 (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 : VIKAS KUMAR JAISWAL  
 (b) Age : 22 (09) 1994  
 (c) Address : Kushinagar  
 (d) Is the Driver  
 1. Owner : YES  
 2. paid driver? : NO  
 3. Owner's relative or friend? : Owner's  
 (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 : UP5720230004607  
 (h) Issuing Authority : 05/04/2023  
 (i) Date of Expiry : 27/09/2024  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : Permanent  
 (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 : As 04/01/26 at 03:45 PM  
 (b) Place : HS 3115E  
 (c) Speed of vehicle at the time of accident : 10 km/h  
 (d) Give a short description of the accident : single H HS3115E me hume raste me HS3115E me de  
 (e) If any third party was responsible for this accident give the name and address : Humise hume H 9000 9000 9000 me hume hume  
Humise hume H 9000 9000 9000 me hume hume

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As Per Estimated  
 (b) Estimated cost of repairs : 5500  
 (c) When and where can the damaged vehicle be inspected : Crompton Autome 7651999597

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? : \_\_\_\_\_  
(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. : \_\_\_\_\_

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 Policy 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 6/11/26 200

Signature of the insured विचार्य कुमार जायसवाल

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 ..... *विद्युत कुमार साहू*  
Occupation .....  
Address .....  
.....  
.....

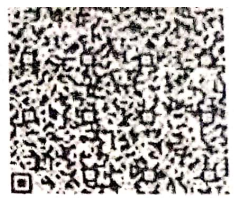
Bank Account Number .....  
Name of the Bank .....

**GOVERNMENT OF UTTAR PRADESH**

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

**CERTIFICATE OF REGISTRATION**



Registration No : UP57BW8807 Registration Date : 12-Mar-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : VIKAS KUMAR JAISWAL Son/wife/daughter of : CHHEDI JAISWAL  
 Full Address: (Permanent) : VILL-DHEER PATTI, POST-SARYA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-DHEER PATTI, POST-SARYA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 11-Mar-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	Rear HSRP No	: AA2120675512
Front HSRP No	: AA2120226595	Month/Year of Manuf.	: 11/2024
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW149RHL05113
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11ECRHL05602	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: HF DELUXE (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK NEXUS BLUE	AC Fitted	: NO
Other Criteria	:		
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.f. .

Purchase dt	: 10-Mar-2025	Sale Amt	: 63900/-
OTT Date	: 10-Mar-2025	Amount/Rcpt No	: 6390 / UP57D25030001665
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 08-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 12-Mar-2025 to 11-Mar-2040

Signature of Registering Authority  
Date : 10-May-2025

Date : 10-May-2025 14:48:35  
Taxation Particulars / Advance Registration Mark Fee Details

Q 3351097



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGIR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA METRUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)	
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)
Policy No	252409.31/2025/93148
Agent/Broker Code	BA0000155144
Agent/Broker Name	ABHINAV BHATI
Insured Name	VIKAS KUMAR JAISWAL (GSTIN: 0)
Insured Address	C/O CHHEDI JAISWAL, VILL-DHIFER PATTI POST-SARYA, TJANAPADRAUNA, PADRAUNA (KUSHINAGAR), NA.
Lead/Brenkn No	/
Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR CORP	Vehicle	60705
Model & Variant	HERO HD DELUXE SLF L20	Electrical Accessories	0
Registration No	NFW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	60705
Engine - Chassis No	BA1HUCRHU05602 - MBLHAW149RHL05113	TNF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1017.42	Basic Third Party Liability	3851
Flex Accessories	0	Compulsory PA Cover Premium	0
Non-Else Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	956.42	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22B)	0	Total Premium (A+B)	4095
AAI Membership (IMT-8)	0	GST	738
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@ 0.50%	0
STP Discount	864	Krishi Kalyan Cess@ 0.50%	0
Sub-Total Deductibles	864	Gross Premium Paid	4833
Add-On Coverages			
NIL Depreciation	152		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	152		
Net own Damage Premium (A)	244		

Note:

1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT,7,10,28,

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
				Amount
				4833
POS Name		NA	POS ID	NA
			NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs 1lac or a claim for refund of premium exceeding Rs 1lac, the insured will comply with the provisions of the AML policy of the Company. The AML 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, IMTs and OIC endorsements mentioned herein above which are available on company's website: [www.orientalinsurance.org](http://www.orientalinsurance.org) in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is 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 to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

To a witness whereof the undersigned being authorised by and on behalf of the company has here in set his hands at 252400 on 10-MAR-25

IMPORTANT NOTICE

The Insured 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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: (1) 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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs 7.5 lakhs PA Cover under section III for owner-Driver is Rs

No Claim bonus: The insured is entitled 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), as per the. The preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding five consecutive years 45% preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify that the policy to 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 excludes all pre-existing damages



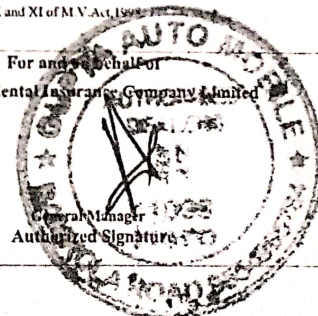
Approved By : 255092SMH

Approved On : 10-MAR-25

Place : MRT

Printed On : 10-MAR-25

For and on behalf of  
The Oriental Insurance Company Limited



General Manager  
Authorized Signature

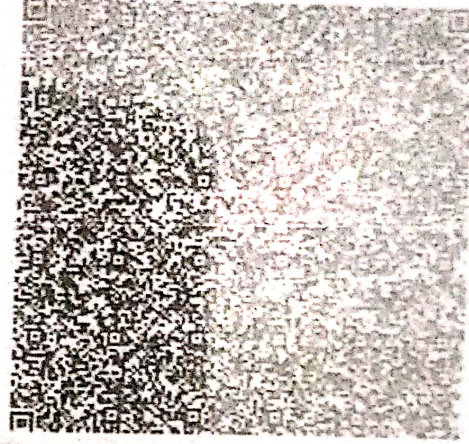


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
छेदी जायसवाल, धीर पट्टी, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
CHHEDI JAISWAL, Dheer Patti, Kushinagar,  
Uttar Pradesh - 274304



5485 7515 8249

VID : 9157 3182 1790 5743



1947



help@uidai.gov.in



www.uidai.gov.in

Download Date: 06/01/2023



भारत सरकार  
Government of India



विकास कुमार जायसवाल  
VIKAS KUMAR JAISWAL  
जन्म तिथि/DOB: 28/09/2004  
पुरुष/ MALE

Issue Date: 08/12/2014

5485 7515 8249

VID : 9157 3182 1790 5743

मेरा आधार, मेरी पहचान



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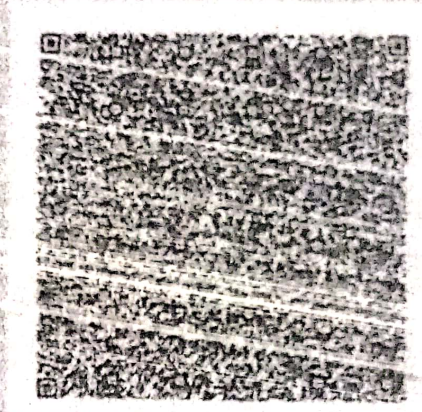
आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CRLPJ7300L



09012023

नाम / Name  
VIKAS KUMAR JAISWAL

पिता का नाम / Father's Name  
CHHEDI JAISWAL

जन्म की तारीख /  
Date of Birth  
14/08/2004

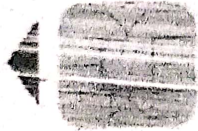
विकास कुमार जायसवाल  
Signature



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20230004607



Issue Date 05-04-2023 Validity (NT) 27-09-2044

Validity (TR)



(05-04-2023)

Date of First Issue:

Name: **VIKAS KUMAR JAISWAL**  
 Date of Birth: **28-09-2004** Blood Group: \_\_\_\_\_ Organ Donor: **N**  
 Son/Daughter/Wife of: **CHHEDI JAISWAL**  
 Address: **Cher Path Kushinagar Uttar Pradesh 274304**

No: **UP57 20230004607**

UPDL000011023507



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	UP57	05-04-2023	MT			
	LMV	UP57	05-04-2023	MI			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**

