

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name: SONU KAIMAR Ground  
Address: DEORIA  
Phone: 7468650374

Job No. ....  
Date: 8/01/2026  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. UP S2CF6731  
Speedmeter Redg. ....  
Insurance No. ....  
Model: SPL +

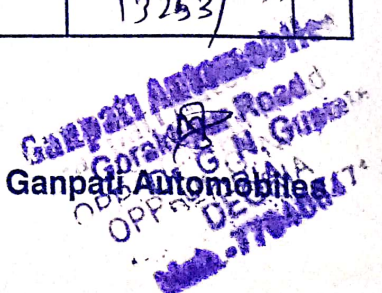
Dear Sir,

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	Visor -	1	1100	1100	
2	HIC	1	535	535	
3	Mittler. Sast	1	1388	1388	
4	Mittler. Sast	1	303	303	
5	F- Wilmker L&R	2	250	500	
6	F- T-muck	1	5000	5000	
7	F- Fendele -	1	1500	1500	
8	Hamde -	1	500	500	
9	Livare - R.	1	100	100	
10	Lag. Grund.	1	675	675	
11	F- Fank. L&R	-	-	550	
12	Muffelbo. Colay	1	515	515	
13					
14					
15					
16					
17					
18					
19	Labour →			6000	
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				<b>13253</b>	

- 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.

  
**For - Ganpati Automobiles**  
 G. N. Gumber  
 DEORIA  
 9336531183

Customer's Signature .....

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.	SONU KUMAR, GAUND. 7408650374-
2	Vehicle No. / वाहन संख्या	UP52CF0731
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	23/04/2025 - To - 22/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/2026 Time - 11:23 Am.
6	Place of Accident / दुर्घटना का स्थान	इमरी चौराहा (देवरिया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DURJESH. UP5220120002448, 7408650374,
8	Estimated Loss / अनुमानित हानि	13253/-
09.	Cause of Accident / दुर्घटना का कारण:	देवरिया से इमरी जाते समय रास्ते में इमरी चौराहा पर मोड़ पर अचानक चार पहिया आ गया जिससे मेरी गाड़ी तकरा गयी और दाहिने साइड जीर कर क्षतिग्रस्त हो गयी गाड़ी अक्षय कुमार सिंह से
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.	JANPATI AUTO MOBILE DEORIA (P.O)

Date / दिनांक : 7/11/26  
हस्ताक्षर

*Sonukumarbera*  
Signature of Insured / बीमाधारक के

*Sonukumarbera*



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 23/04/2025 TO - 22/04/2026

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 : SONU. KUMAR. GUPTA.  
 (b) Address for correspondence : SINGI MILI. COLONY. DEORIA. (U.P.)  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u>	Engine No. * <u>66703</u> Chassis No. * <u>5249</u>	Registration No. <u>UP52CF</u> <u>673</u>
----------------------------	--------------------------------------------------------	-------------------------------------------------

(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 : DURGESH  
 (b) Age : 22/05/1990  
 (c) Address : KESAR PUR, RAMPUR, KARKHARA (UP)  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : FRIEND  
 (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 : UPS220120002448  
 (h) Issuing Authority :  
 (i) Date of Expiry : 26/02/2032  
 (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 : 9/1/2026 30km Time - 11:23  
 (b) Place : इमरी चौराहा  
 (c) Speed of vehicle at the time of accident : वकीला न इमरी जाते समय रास्ते में  
 (d) Give a short description of the accident : इमरी चौराहा पर मोटर वाहन का टक्कर  
 (e) If any third party was responsible for this accident give the name and address : वकीला न इमरी चौराहा पर मोटर वाहन का टक्कर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE  
 (b) Estimated cost of repairs : 13233/-  
 (c) When and where can the damaged vehicle be inspected : GANPATI AND. MOBILE. KARKHARA (UP)

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? : NA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : NIA  
(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? : NIA  
(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? : NIA  
(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 7/11/26 200

Signature of the insured Sanku Sorend

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 *Bone Kumar Bonef*  
Occupation .....  
Address .....  
.....  
.....

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



# GOVERNMENT OF UTTAR PRADESH

## Transport Department DEORIA

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No : UP52CF0731 Registration Date : 25-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 : SONU KUMAR GAUND Son/wife/daughter of : SURAJ GAUND  
 Full Address: (Permanent) : VILL- JAMUNA SADAN SINDHI MILL, COLONY WARD N 9, PO+PS- DEORIA, DEORIA, UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL- JAMUNA SADAN SINDHI MILL, COLONY WARD N 9, PO+PS- DEORIA, DEORIA- UTTAR PRADESH-274001  
 Fitness UpTo : 24-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 : AA2124455261 Rear HSRP No : AA2124882895  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1 Chassis No : MBLHAW231SHBB5249  
 Engine No : HA11E8SHB66703 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 : BLACK GREY STRIPE 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.	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 SHRIRAM FINANCE LTD, DEORIA, , , Deoria, Uttar Pradesh-274001 w.e.f. 25-Apr-2025.

Purchase dt : 23-Apr-2025 Sale Amt : 77026/-  
 OTT Date : 23-Apr-2025 Amount/Rcpt No : 7703 / UP52D25040003697  
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 28-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 25-Apr-2025 to 24-Apr-2040

Date : 06-May-2025 16:59:19

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीवन अधिकारी  
 Signature of Registering Authority  
 Date: 06-May-2025  
 देवीरिया

Q 2660695



2025-04-23

Mr./Ms. SONU KUMAR GAUND  
DEORIA, Uttar Pradesh,

Dear Mr./Ms. SONU KUMAR GAUND,

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.

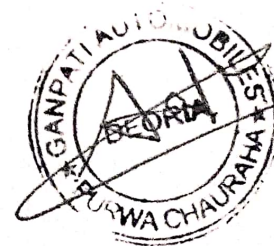
We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of 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. SONU KUMAR GAUND, 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](mailto:info@motorsathi.com)  
Website: [www.motorsathi.org](http://www.motorsathi.org)  
GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



Scanned with OKEN Scanner

**Certificate of Services**

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, D-27, Shastr  
 Nagar, Meerut, Uttar Pradesh, (250004) Certificate Number: INCP00430170  
 Fax Invoice cum Certificate Number: INCP00430170  
 Name of Certificate Holder: SONU KUMAR GAUND  
 Mobile.: 7408650374  
 Address: , DEORIA, DEORIA  
 State: Uttar Pradesh  
 IDV: 68543.45  
 Vehicle Registration Number: New  
 Model: SPLENDOR PLUS  
 Engine Number: HA11E8SHB66703  
 Acknowledgement No: MS/2025/E430170  
 Hypothecation: CASH

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@mtorosathi.com  
 Period of Coverage(MS): 2025-04-23 - 2026-04-22 MIDNIGHT  
 DOB:  
 Period of Coverage(I): 2025-04-23 - 2030-04-22 MIDNIGHT  
 City / District: DEORIA  
 Pincode:  
 Manufacturing Year: 2025  
 Vehicle Manufacturer: HERO MOTOCORP  
 Variant: DRUM SELF E20  
 Chassis Number: MBLHAW231SHBB5249  
 Personal Accident Insurance Amount: 15,00,000

**Drive Assure**

S.No	Featured Benefits	Description	TW
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 stepney 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	1833.15	164.99	164.99	-	2163

**Personal Accident Cover Details**

Name of Certificate Holder: SONU KUMAR GAUND  
 Nominee Name: SUNNY KUMAR GAUND  
 Nominee Gender: Male

Period of Insurance: 2025-04-23 (19:18 HRS) - 2026-04-22 MIDNIGHT  
 Nominee Relationship: BROTHER  
 Nominee Age: 19 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. B) 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 Meerut.

Aadhaar no. Issued: 091112013



भारत सरकार  
Government of India



सोनू कुमार गौंड  
Sonu Kumar Gaund  
जन्म तिथि/DOB: 10/02/2002  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या ड्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

5420 0956 1526

मेरा आधार, मेरी पहचान



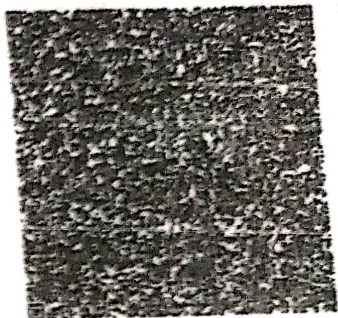
भारतीय चिह्निष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 10/07/2015

पता:  
S/O: सुरज गौंड, जमुना सदन, सिंधी मिल कालोनी, बॉर्ड न 9,  
देवरिया, देवरिया, देवरिया,  
उत्तर प्रदेश - 274001

Address:  
S/O: Suraj Gaund, JAMUNA SADAN, SINDHI  
MILL colony, ward no 9, Deoria, PO: Deoria, DIST:  
Deoria,  
Uttar Pradesh - 274001



5420 0956 1526

VID : 9113 9167 2066 1523

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

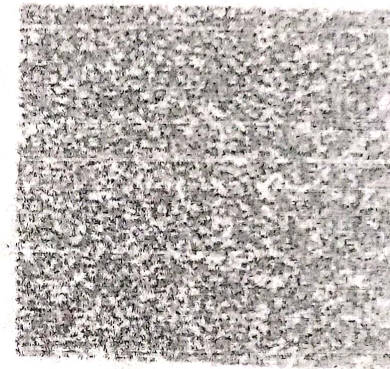


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

DFGPG3071H



नाम / Name  
SONU KUMAR GAUND

पिता का नाम / Father's Name  
SURAJ GAUND

दिनांक / Date of Birth  
10/02/2002

हस्ताक्षर / Signature



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP52 20120002448

Issue Date: 16-12-2024  
Validity (NT): 26-02-2032  
Validity (TR): 15-12-2029



Holder's Signature

DURGESH

Name:

Date of Birth: 22-05-1990

Blood Group:

RAM ASHREY

Organ Donor: N

Son/Daughter/Wife of:

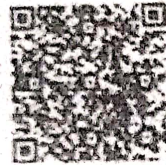
Address:

KESAR PURI RAMPUR KARIGHANA  
DEORIA 274405

Date of First Issue: 27-02-2012

DL No: UP52 20120002448

UP52 2012 145 40285



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	27-02-2012	NT				
LMV	UP52	27-02-2012	NT				
TRANS	UP52	22-04-2013	TR				
MVS0							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP52 DEORIA