

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name... Anil Shah
 Address... Deoria
 Phone... 8757078002

Job No.
 Date... 2/11/26
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52 BZ 3479
 Speedmeter Regd.
 Insurance No.
 Model... Spa.P.

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	Handle	1pc	550	550	
2	Vision	1pc	800	800	
3	H/L	1pc	600	600	
4	f. fender	1pc	1500	1500	
5	leg guard	1pc	650	650	
6	f. Rank - L/R - Ripper	=	=	550	
7	Mirror (R)	1pc	300	300	
8	Living (R)	1pc	100	100	
9					
10					
11					
12					
13					
14					
15					
16	labours			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				<u>5650/-</u>	

- 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.....


 For - Ganpati Automobiles
 OPP. D.P. G. Road
 DEORIA
 Mob. 7704004713

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.	ANIL SHAH & 8757078002
2	Vehicle No. / वाहन संख्या	UPS2B23479
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/448864
4	Period of Insurance / बीमा अवधि	13/06/25 to 12/6/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/11/26 & 6:00 PM
6	Place of Accident / दुर्घटना का स्थान	विजयीपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANIL KUMAR SHAH & UPS220110003904 - 8757078002
8	Estimated Loss / अनुमानित हानि	5650/-
09.	Cause of Accident / दुर्घटना का कारण :	देवरिया से मोटे जाते समय रास्ते में विजयीपुर के सामने रैडम हानि रैडम अचानक लिलगाय आ गयी. जीमने मोरी गडी लाना गयी ओ दाहिने हांडे जी लाना आते गेट हो गयी हो गडी अनीलकुमार हाइ गडी चला रहे थे
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 Automobiles Purwa Deoria - 7651989597

Date / दिनांक : 10/11/26

हस्ताक्षर
अनिल शाह

अनिल शाह
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/2025/7001/0/46575/448864

Tel. No. _____

Period of Insurance 13/6/25 to 12/6/26

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 : ANIL SHAH
 (b) Address for correspondence : BHORE
 (c) Telephone : 8757078002

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2024</u>	Engine No. Chassis No. <u>* 50910</u> <u>* 86032</u>	Registration No. <u>UP52BZ3479</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 Used
 (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 : ANIL KUMAR SHAH
(b) Age : 21/07/1985
(c) Address : Ram Gidlam
(d) Is the Driver
1. Owner : YES
2. paid driver? : NA
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 : UPS220110003904
(h) Issuing Authority : 20/07/2024
(i) Date of Expiry : 17/04/2031
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any :
(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 : NA

5. DETAILS OF ACCIDENT

- (a) Date and Time :
(b) Place :
(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 Estimated
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : Crampati Automobiles Punna Dauty
7651989597

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 : NA
(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? : _____
(c) Was accident reported to Police? If not, Why? : _____ NA
(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? : _____ NA
(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 10/11/26 200

Signature of the insured अमित राठे

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 अनिल ए.ए.
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BZ3479 Registration Date : 11-Feb-2024
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 : ANIL SHAH Son/wife/daughter of : YOGI SHAH
Full Address: (Permanent) : VILL- BHORE PO- BHORE, GOPALGANJ, , GOPALGANJ, BIHAR-841426
Full Address: (Temporary) : VILL- BAIKUNTHPUR DEORIA, DEORIA, , DEORIA-UTTAR PRADESH-274501
Fitness UpTo : 10-Feb-2039 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 : AA2090252005 Rear HSRP No : AA2093953424
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2023
No of Cylinders : 1 Chassis No : MBLHAW230PHJ86032
Engine No : HA11E8PHJ50910 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
Sleepar 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 w.e.f. .

Purchase dt : 06-Feb-2024 Sale Amt : 74991/-
OTT Date : 06-Feb-2024 Amount/Fcpt No : 7500 / UP52D24020001300
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 13-Feb-2024

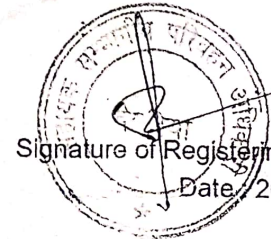
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Feb-2024 to 10-Feb-2039

Date : 26-Feb-2024 13:17:45

Taxation Particulars / Advance Registration Mark Fee Details



Signature of Registering Authority
Date : 26-Feb-2024

6500770



Package Offer

2025-06-13

Mr./Ms. ANIL SHAH

, Bihar,

Dear Mr./Ms. ANIL SHAH,

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 no: +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. ANIL SHAH, 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



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/448864

Motorsathi Care Private Limited
 Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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	
ANIL SHAH	1985-02-27	8757078002		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ZX		HA11E8PHJ50910	MBLHAW230PHJ86032	2024		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	IIFL SAMASTA FINANCE LTD.	---	2	1608.36	
Address			City / District	Pin Code	State	
					Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
BABITA DEVI	Female	33 Years	WIFE	2025-06-13 00:00	Midnight of 2026-06-12	

Section A, VRC: 562.09 TCR: 261.96 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 1004.94

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): 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: 269.85 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.57 Total with GST(D): 318.42

Total(Section A+B+C+D) Offered Price After Discount: 1608

Package Period Covered	2025-06-13 To 2026-06-12	2026-06-13 To 2027-06-12	2027-06-13 To 2028-06-12	2028-06-13 To 2029-06-12	2029-06-13 To 2030-06-12
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 TAKEN FROM AN INSURANCE COMPANY.

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 Companys 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 Meerut.

Received with Thanks Rs 1608.36 ON 2025-06-13 from Mr./Ms. ANIL SHAH
 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



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20110003904

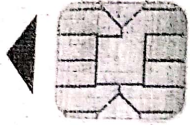
Issue Date Validity (NT) Validity(TR)*
 20-07-2024 17-04-2031



Holder's Signature

Date of First Issue 18-04-2011

Name: **ANIL KUMAR SHAH**
 Date of Birth: **01-07-1985** Blood Group:
 Son/Daughter/Wife of: **JOGI SHAH**
 Address:
RAM GULAM TOLA SHASTRI NAGAR
DEORIA 274001



DL No: UP52 20110003904

UPDL000000759609



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	18-04-2011	NT			
	MV	UP52	18-04-2011	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA



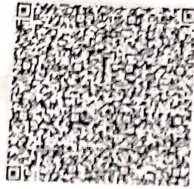
भारत सरकार

Government of India



अनिल शाह
ANIL SHAH

जन्म तिथि / DOB : 27/02/1985
पुरुष / Male



5466 6213 1763

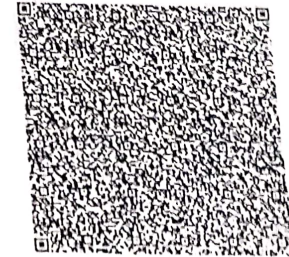
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान आधिकारण

Unique Identification Authority of India

पता: S/O: योगी शाह, द. -, भोरे, भोरे, भोरे,
गोपालगंज, बिहार, 841426
Address: S/O: Yogi Sah, ., -, BHORE, Bhore,
Bhore, Gopalganj, Bihar, 841426



5466 6213 1763



1947



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग

INCOME TAX DEPARTMENT

ANIL SHAH

YOGI SAH

27/02/1985

GXOPS-4476D

भारत सरकार

GOVT. OF INDIA