

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name..... Vijay Patel.....  
 Address..... Deoria.....  
 Phone..... 8858529626.....

Job No. ....  
 Date..... 21.1.26.....  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. .... UP52CF0563.....  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model..... Spide.....

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	Vision	1PC	1000	1000	
2	H/L	1PC	620	620	
3	F. Fender	1PC	1500	1500	
4	H/L - Lamp	1PC	900	900	
5	Matter Inner	1PC	350	350	
6	F. Winker - (R)	1PC	300	300	
7	Fuel Tank	1PC	5550	5550	
8	F. Fank - L/R <u>Butter</u>	2PC	2400	4800	
9	Horn	1PC	550	550	
10	Liner (R)	1PC	100	100	
11	F. Alloy wheel	1PC	4200	4200	
12	Leg guard	1PC	650	650	
13	Mirror - L/R	1PC	350	350	
14					
15					
16					
17					
18	Labour			600	
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				<u>21470/-</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.....

**Ganpati Automobiles**  
 For - Ganpati Automobiles  
 DEORIA  
 Mob. 77940047

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.	VIJAY PATEL & 8858529626
2	Vehicle No. / वाहन संख्या	UPS2CF0563
3	Policy No. / पालिसी संख्या	252400/31/2025/5970
4	Period of Insurance / बीमा अवधि	22/4/25 to 21/4/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/1/26 & 7:30 PM
6	Place of Accident / दुर्घटना का स्थान	BAITALPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AJAY KUMAR CHAUDHARY & UPS220170003062 - 8858529626
8	Estimated Loss / अनुमानित हानि	21470/-
09.	Cause of Accident / दुर्घटना का कारण :	गोरखपुर से चतुर्भुजापुर आते समय रात के वैकालपुर डिपो के सामने फ्लिपिंग के पास बायें साईड से आ रहा पिक्अप ने मेरी गाड़ी में बायें साईड से टक्के मार कर हानि किया जिससे मेरी गाड़ी दाहिने साईड गिरकर अतिगहरे हो गयी है गाड़ी अजय कुमार चौधरी का चला रहे है
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.	Granpati Automobiles Purum Deoria & 7651989597

Date / दिनांक : 01/1/26  
हस्ताक्षर

Vijay Patel

Signature of Insured / बीमाधारक के

Vijay Patel



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. 252400/31/2026/5970

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

Period of Insurance 22/4/25 to 21/4/26

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 : VIJAY PATEL  
 (b) Address for correspondence : BAMPUR  
 (c) Telephone : 8858529626

2. THE INSURED VEHICLE

Make & Year <u>Hero- 2025</u>	Engine No. Chassis No. <u>* 27495</u> <u>* 19512</u>	Registration No. <u>UPS2CF0563</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 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



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_
- (b) If yes, give full details : \_\_\_\_\_

NA

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 8/1/26 200

Signature of the insured Vijay Patel

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 ... *Vijay Patel* ...  
Occupation .....  
Address .....  
.....  
.....

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

# GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CF0563 Registration Date : 24-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 : VIJAY PATEL Son/wife/daughter of : UDAY PRATAP PATEL  
Full Address: (Permanent) : VILL- CHATURBHUIJPUR, PO- BARPAR PS- RAMPUR KARKHANA, DEORIA, DEORIA,  
UTTAR PRADESH-274201  
Full Address: (Temporary) : VILL- CHATURBHUIJPUR, PO- BARPAR PS- RAMPUR KARKHANA, DEORIA, DEORIA-  
UTTAR PRADESH-274201  
Fitness UpTo : 23-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 : AA2124455192 Rear HSRP No : AA21244882826  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
No of Cylinders : 1 Chassis No : MBLHAW212SHC19512  
Engine No : HA11E7SHC27495 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 112  
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242  
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 w.e.f. .

Purchase dt : 22-Apr-2025 Sale Amt : 81601/-  
OTT Date : 22-Apr-2025 Amount/Rcpt No : 8161 / UP52D25040003507  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 26-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 24-Apr-2025 to 23-Apr-2040

Date : 06-May-2025 16:58:53

Taxation Particulars / Advance Registration Mark Fee Details

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



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AACT0627R4ZU)

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/Breakin No, Insured State.

INSURED MOTOR VEHICLE DETAILS table with columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location.

INSURED DECLARED VALUE (IDV) (in Rs.) table with columns: Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, IMT CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.) table with columns: OWN DAMAGE SECTION(A), LIABILITY SECTION (B), Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT-1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT-22A), Anti- Theft Device (IMT-19), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SLP 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 columns: Nominee Details (Name, Age, Relation), Payment Details (Method, Cheque No./Transaction No., Bank Name, Amount), POS Name, POS ID, POS PAN No./Aadhar No.

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.co.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (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.

I/We hereby certify that the policy to which the 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. In witness whereof the undersigned being authorized by and on behalf of the company has/have herein set his/their hands at 252400 on 22-APR-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 by the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use 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.

Limit of Liability Clause: Under section II-1 (ii) 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 75 lakhs. P.A 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.

I/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 M.V. Act, 1988. \* This insurance excludes all pre-existing damages.

Approved By: 659523SMD
Approved On: 22-APR-25
Place: MRT

For and on behalf of
The Oriental Insurance Company Limited



भारत सरकार

Government of India



विजय पटेल

Vijay Patel

जन्म तिथि/DOB: 20/10/2002

पुरुष/ MALE



7827 9329 1201



Unique Identification Authority of India

Address:

S/O Udaypratap Patel,  
Chaturbhujpur, Deoria,  
Uttar Pradesh - 274201

पता:

S/O उदयप्रताप पटेल, चतुर्भुजपुर, देवरिया,  
उत्तर प्रदेश - 274201

7827 9329 1201



help@uidai.gov.in



www.uidai.gov.in



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आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

GTMP0089M



नाम / Name

VIJAY PATEL

पिता का नाम / Father's Name

UDAYPRATAP PATEL

जन्म की तारीख /

Date of Birth

20/10/2002

हस्ताक्षर / Signature

Vijay Patel

DUPLICATE

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं:

आयकर पैन सेवा इकाई एन एस डी एल

5 वीं मंजिल मंत्री स्टर्लिंग,

प्लॉट नं. 341 सर्वे नं. 997/8,

मॉडल कालोनी, दीप बंगला चौक के पास,

पुणे - 411 016

*If this card is lost / someone's lost card is found,  
please inform / return to :*

Income Tax PAN Services Unit, NSDL

5th Floor, Mantri Sterling,

Plot No. 341, Survey No. 997/8,

Model Colony, Near Deep Bungalow Chowk,

Pune - 411 016

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081

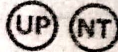
e-mail: tininfo@nsdl.co.in

Note :- This is not original card, this is just copy.

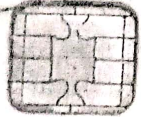


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UNION OF INDIA Driving Licence



UP52 20170003062



जारी करने की तिथि  
Date of Issue  
28/03/2017

वैधता / Validity  
27/03/2037

जन्म तिथि  
Date of Birth  
05/10/1996

Blood Group  
Unknown



नाम / Name

AJAY KUMAR CHAUDHARY

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

UDAI PRATAP CHAUDHARY

UP52 20170003062

UP-05181898MT

  
LMV  
28/03/2017


  
MCWG  
28/03/2017




Form 7 Rule 16(2)

पता / Address

CHATURBHUJPUR BARPAR  
RAMPUR KARKHANA  
DEORIA -

  
Holder's Signature

  
जारीकर्ता / Issuing Authority Sign  
DEORIA

