

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name..... Vriiddhi Chandel.....  
Address..... Deoria.....  
Phone..... 8795261670.....

Job No. ....  
Date..... 31.11.26.....  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. .... UPS 2 AR 7384.....  
Speedmeter Redg. ....  
Insurance No. ....  
Model..... Spd......

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	Seat Cover. L/R	2PC	550	1100	
2	Computer	1PC	250	250	
3	T/L	1PC	300	300	
4	R.R. Fender	1PC	600	600	
5	F - Winker (L)	1PC	200	200	
6	Vision	1PC	1050	1050	
7	F - Fender	1PC	1500	1500	
8					
9					
10					
11					
12					
13	Labour			600	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>					<u>5600/-</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  
OPP. OF G. N. ROAD  
DEORIA  
176400473

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.	VRIDDH CHAND & 8795261670
2	Vehicle No. / वाहन संख्या	UPS2AR7384
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/398181
4	Period of Insurance / बीमा अवधि	21/01/2025 to 20/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/01/26 & 10:00AM
6	Place of Accident / दुर्घटना का स्थान	बिजुनपुरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJENDRA YADAV & -8795261670 UPS220240007038
8	Estimated Loss / अनुमानित हानि	5600/-
09.	Cause of Accident / दुर्घटना का कारण : बिजुनपुरा से बेंतकपुरा जाते समय रास्ते में बिजुनपुरा चौराहे के सामने रोड पर पीक से वाइबन चलते समय हलकिया मिल गया जिससे मोती गाड़ी बायें साइड गिरकर अतिशय क्षतिग्रस्त हो गयी है। गाड़ी राजेंद्र यादव 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.	Granpanti Automobiles Purwa Deoria & 7651989597

Date / दिनांक : 9/1/26  
हस्ताक्षर वृद्धिचन्द्र यादव

वृद्धिचन्द्र यादव  
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/2025/7001/0/46575/398181  
 Tel. No. \_\_\_\_\_ Period of Insurance 21/01/25 to 20/01/26  
 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 : VRIDDHICHAND  
 (b) Address for correspondence : BIKAMPUR  
 (c) Telephone : 8795261670

2. THE INSURED VEHICLE

Make & Year <u>Hero 2017</u>	Engine No. Chassis No. <u>* E3066</u> <u>* 95358</u>	Registration No. <u>UP52AR 7384</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 : \_\_\_\_\_  
 (g) If Lorry/Jeep/Tractor, was trailer attached? NA  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAJENDRA YADAV  
(b) Age : 10/04/2004  
(c) Address : Vikrampur  
(d) Is the Driver :  
1. Owner : NA  
2. paid driver? : NA  
3. Owner's relative or friend? : Relative  
(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 : UPS22024 0007038  
(h) Issuing Authority : 8/04/2024  
(i) Date of Expiry : 9/04/2044  
(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 : 6/01/26 @ 10:00 AM  
(b) Place : 14444  
(c) Speed of vehicle at the time of accident : 40KM/H  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address : गणेश जी वंदेयल गांधीपुरा गाँव में विद्युत-दोरी से।  
गाँव स्थित डी.ए.ए. असेन गाँव देवपुरा हिल डी.ए. गाँव  
गाँव में गाँव में गाँव में गाँव में गाँव में गाँव में

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
(b) Estimated cost of repairs : 5600/-  
(c) When and where can the damaged vehicle be inspected : Chandpati Automobiles Purua Dewra  
7851929597

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? : \_\_\_\_\_ / 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? : \_\_\_\_\_ NA  
(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 9/1/26 200

Signature of the insured वृद्धिचन्द्र भास्कर

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 ..... वृक्षचन्द्र पाठक

Occupation .....

Address .....

.....

.....

Bank Account Number .....

Name of the Bank .....



TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ४८)

FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत

UTTAR PRADESH TRANSPORT DEPARTMENT, AMIG, DEORIA

Registration Number (पंजीकरण संख्या) **UP52AR7384**

Owner's Name & Address (वाहन स्वामी का नाम एवं पता) **VRIDDHICHAND**

Son/wife/daughter of: **KAMASHISH**

Full Address: (Permanent) **VILL. BIKAMRAMPUR BASPAR PO. BAITALPUR PS. KOTWALI DEORIA DEORIA**

Full Address: (Current) **VILL. BIKAMRAMPUR BASPAR KUNTI NAGAR PO. BAITALPUR PS. KOTWALI DEORIA DEORIA**

Dealer's Name & Address (डिलेरा का नाम) **GANPATI AUTOMOBILES (D) FURWA CHAURAHA GKF ROAD DEORIA**

Vehicle Class (श्रेणी) **MOTOR CYCLE**

Chassis Number (चेसिस संख्या) **MBLHAR074HHK95358**

Engine Number (इंजन संख्या) **HA10AGHFK3066**

Type of Body (बॉडी का प्रकार) **SOLO**

Maker's Name (निर्माता का नाम) **SPL + CAST**

F.P / Lease Agreement with (हस्तक्षेप/लीज समझौता किससे) **HERO MOTO CORP LTD**

Description and Size of Tyres (टायरों का विवरण एवं आकार)

(a) Front Axle (फ्रंट एक्सल)

(b) Rear Axle (रियर एक्सल)

(c) Any other Axle (अन्य कोई एक्सल)

(d) Tandem Axle (टेन्डम एक्सल)

Vehicle Registered Against NEW VEHICLE Case

Air Conditioner (A.C.) Fitted-No

Standing Capacity - 0 Sleeper Capacity - 0

Entered By: SACHIN 31-Oct-2017

Registration Date (पंजी. तिथि) **19-Oct-2017**

Owner's Serial (वाहन स्वामी क्रमांक) **1**

Manufacturing Year (निर्माण का वर्ष) **09/2017**

No. of Cylinders (सिलिंडर की संख्या) **1**

Unladen Weight (खाली भार) **109 kgs**

Laden Weight (भरा हुआ भार) **239 kgs**

Seating Capacity (सीट क्षमता) **2 (including driver)**

Colour (रंग) **GBK**

Horse Power (अश्व शक्ति) **97 HP / 97 CC**

Fuel Used (इंधन) **PETROL**

Tax paid upto (कर भुगतान) **Life Time**

Tax Rate (कर दर) **Life Time (RT - Rs. 5147/-)**

Fitness Valid upto (पंजीयन की वैधता) **18-Oct-2032**

Wheel Base (ह्वील बेस) **1230**

Registered Axle Weight (पंजीकृत एक्सल भार)

(a) Front Axle (फ्रंट एक्सल)

(b) Rear Axle (रियर एक्सल)

(c) Any other Axle (अन्य कोई एक्सल)

(d) Tandem Axle (टेन्डम एक्सल)

St. No. (क्र. नं.) **RC.-AD-0639962**

Specimen Signature of the Owner

Specimen Signature of Financier

Signature of Registration Authority





## Package Offer

2025-01-21

Mr./Ms. VRIDDHICHAND

VILL-BIKAMRAMPUR BASPAR PO-BAITALPUR PS- KOTWALI DEORIA DEORIA Uttar Pradesh

, Uttar Pradesh, 274201

Dear Mr./Ms. VRIDDHICHAND,

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](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. VRIDDHICHAND, 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)



Please scan the QR for details.



# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/398181

**Motorsathi Care Private Limited**

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh. (202001) India  
 Contact us at:  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
VRIDDHICHAND	1969-10-06	8795261670	RAMASHISH	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SPL+ 13S SELF DRUM	UP52AR7384	HA10AGHHKE3066	MBLHAR074HHK95358	2017-10-19	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
21000.00	NA	0.00	0.00	0.00	21000.00	
Place of Regn.	Body Type	HP/Lense/Hire-Purchase Agreement	Branch Office of HP/Lense/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1530.94	
Address			City / District	Pin Code	State	
VILL-BIKAMRAMPUR BASPAR PO-BAITALPUR PS- KOTWALI DEORIA DEORIA Uttar Pradesh				274201	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
PRIYANSHU YADAV	Male	18 Years	SON	2025-01-21 13:00	Midnight of 2026-01-20	

Section A, VRC: 169.10 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 169.10

Section B, EC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @9% + SGST @9%) (B): 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: 148.58 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 26.74 Total with GST(D): 175.32

Total(Section A+B+C+D) Offered Price After Discount: 1531

Package Period Covered	2025-01-21 To 2026-01-20	2026-01-21 To 2027-01-20	2027-01-21 To 2028-01-20	2028-01-21 To 2029-01-20	2029-01-21 To 2030-01-20
ADV	21000	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 2025-01-21 until 2026-01-20.

**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](http://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](http://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 Aligarh.

#: Received with Thanks Rs 1530.92 ON 2025-01-21 from Mr./Ms. VRIDDHICHAND against the ARN No. INCP00398181

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

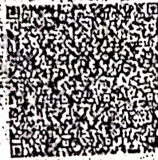
Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



भारत सरकार  
Government of India



बृधी चंद यादव  
Vradhi Chand Yadav  
जन्म तिथि/DOB: 06/10/1969  
पुरुष/ MALE



5666 2616 3896

VID: 9140 8467 6598 9112

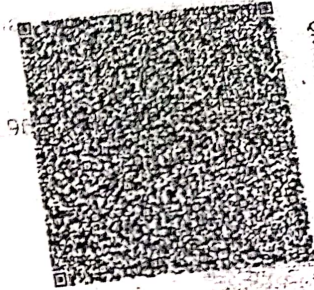
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
संबोधित: रामअशीष, बिकरमपुर बंसापर, देवरिया,  
उत्तर प्रदेश - 274201

Address:  
S/O: Ramashish, Bikarampur Banspar, 95  
Deoria,  
Uttar Pradesh - 274201



QR Code with Photograph

5666 2616 3896

VID: 9140 8467 6598 9112

www.uidai.gov.in

www.uidai.gov.in

मेरा

मेरी पहचान

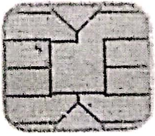




Indian Union Driving Licence  
Issued by Uttar Pradesh



UP52 20240007038



Issue Date 08-04-2024 Validity (NT) 09-04-2044 Validity (TR)



Holder's Signature

(08-04-2024)

Date of First Issue

Name: RAJENDRA YADAV  
Date of Birth: 10-04-2004 Blood Group: Organ Donor: N  
Son/Daughter/Wife of: SUBASH YADAV  
Address:  
Vill-Vikrampur Baspar Bikarampur  
Banspar Deoria Uttar Pradesh 274201

DL No: UP52 20240007038

UPDL000013163215



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	08-04-2024	NT			
	LMV	UP52	08-04-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
UP52 DEORIA

Form 7 Rule 16(2)