

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name Shiv Dayal Singh
Address D. con 79
Phone 9120559980

Job No.
Date 12.11.20
Chasis No.
Engine No.
Key No.
Regn. No. UP.S.2.C.D. 81.62
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	Vision	15	1000	1000	
2	HIL	18	3000	2000	
3	F-fender	15	1500	1500	
4	F. Winker (R)	18	250	250	
5	Foot Rest (R)	15	235	235	
6	Log guard	15	675	575	
7	Handle	18	500	500	
8	Linear (R)	18	100	100	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	LABOUR			500	
19					
20					
21					
22					
23					
24					
25					
TOTAL				7860	

- 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.

For - Ganpati Automobiles
Ganpati Auto Road
OPP. Dr. G. N. Singh
DEORIA
7700007

We agree with the conditions and approve the estimate.

Customer's Signature.....

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.	SHIV DAYAL SINGH f 9120559980
2	Vehicle No. / वाहन संख्या	UP52CD 8462
3	Policy No. / पालिसी संख्या	252400/31/2025/77849
4	Period of Insurance / बीमा अवधि	15/01/25 to 14/01/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/26 f 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	KANCHANPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIV DAYAL SINGH f UP5220250016365 - 9120559980
8	Estimated Loss / अनुमानित हानि	7860/-
09.	Cause of Accident / दुर्घटना का कारण :	पश्चाद्देवा से देवारिया जाते समय रास्ते में लम्बानु के सामने रोड पर लम्बानु से वाइपन वाले ने टक्कर मार दिया जिससे मेरी गाड़ी दाहिने साइड में एक अतिगहरी की गयी 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.	Ganpati Automobiles Purnea District f 7651989597

Date / दिनांक : 12/01/26
हस्ताक्षर Shiv dayal singh

Shiv dayal Singh
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. 252400/31/2025/77849

Tel. No. _____

Period of Insurance 15/01/25 to 14/01/25
 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 : SHIVDAYAL SINGH
 (b) Address for correspondence : MPARA
 (c) Telephone : 912559980

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. Chassis No. * <u>24005</u> * <u>23434</u>	Registration No. <u>UP2CD8462</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 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

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 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 12/11/26 200

Signature of the insured Shiv dayal singh

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 *Shiv dayal Singh*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Customer's Signature.....

DL-77000047
Authorised Signatory



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CD8462 Registration Date : 18-Jan-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 : SHIV DAYAL SINGH Son/wife/daughter of : PRAMOD SINGH
 Full Address: (Permanent) : VILL- PIPARA BAGHRA MAHUARI, PO- BAGHRA MAHUARI PS- TARKULWA, DEORIA, DEORIA, UTTAR PRADESH-274404
 Full Address: (Temporary) : VILL- PIPARA BAGHRA MAHUARI, PO- BAGHRA MAHUARI PS- TARKULWA, DEORIA, DEORIA-UTTAR PRADESH-274404

Fitness UpTo : 17-Jan-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 : AA2118649818 Rear HSRP No : AA2118323303
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW408RHL23434
 Engine No : HA11F1RHL24005 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy 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 : 15-Jan-2025 Sale Amt : 84351/-
 OTT Date : 15-Jan-2025 Amount/Rcpt No : 8436 / UP52D25010001712
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Jan-2025 to 17-Jan-2040

Date : 07-Feb-2025 15:33:24

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 07-Feb-2025

Q 2107024

Government of Uttar Pradesh Government of Uttar Pradesh

Customer's Signature.....

Authorised Signatory



TAX INVOICE/CERTIFICATE/CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, -2110063578. (GSTIN: 09AAACT0437842U)

Policy Type: BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Year(s))	Policy Issued On: 15-JAN-23
Policy No: 252400311202577849	Proposed No. & Date: R/252400311202577846 & 15-JAN-2025
Agent/Broker Code: BADD00155144	Policy Period (OWN DAMAGE): FROM 17.31 ON 15/01/2025 TO MIDNIGHT OF 16/01/2025
Agent/Broker Name: ASHNAV BHATI	Policy Period (LIABILITY): FROM 17.31 ON 15/01/2025 TO MIDNIGHT OF 16/01/2025
Insured Name: SHIV DAVAL SINGH (GSTIN: 0)	
Insured Address: C/O. PRANOD SINGH, VILLI-PIPARA BAGIRAMAU/RIARI, PO-BAGIRAMAU/KALPS-TARRU, W.A. DEORIA, N.A.	Lead/Breakin No: / Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DEFECTIVE VEHICLE (IDV) (in Rs.)	
Make: HERO MOTORCORP	Model & Variant: HERO SPLENDOR PLUS XTECH E20	Vehicle: 80133	Electrical Accessories: 0
Registration No: N1W	Year Of Manufacture: 2023	Non-Electrical Accessories: 0	
Engine-Chain No: HA11FTRHL20025 - MBLHAW400RHJL23434	Cubic Capacity: 100	Total IDV: 80133	IMP CONTRACT NO:
Seating Capacity: 1 + 1	Type Of Body: SOLO	Policy Type: Zone B - Rest of India	Geographical Area: INDIA
Type Of Fuel: PETROL	RTO Location:		

Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1743.03	Basic Third Party Liability	3851
Electrical Accessories	0	Compulsory PA Cover Premium	0
Non-Electrical Accessories	0	PA Cover for 8 Person (P. Rs. 10) each (MT-10)	0
Book Premium	1263.03	Legal Liability (Who driver) (MT-20)	0
Geographical Area Rate (DMT - I)	0	Legal Liability to Employees (MT-29)	515
Driving Tuition Landing On OD Premium (80%)	0	Legal Liability to Passenger (MT-40)	NA
Sub-Total Additions	0	Driving Tuition Landing On TP Premium (80%)	0
Deductions	0	PA Paid Driver, Conductor, Cleaner-GR16R3	3451
Voluntary Deductibles (MT 22A)	0	Net Liability Premium (B)	4172
Anti-Theft Device (MT-40)	0	Total Premium (A+B)	750
AAI Membership (MT-40)	0	GST	0
No Claim Bonus	0	SRVYCF TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
GST Discount	1142	Swachh Bharat Cess@0.50%	0
Sub-Total Deductions	1142	Kristal Kalyan Cess@0.50%	4922
Net Premium	200	Gross Premium Paid	
Nil Depreciation	0		
Sumo In Insure	0		
Net Premium	0		
Sumo In Insure	0		
Sub-Total Additions	200		
Sub-Total Deductions	200		
Net Premium	0		

Member Details	Member Name	Age	Relation

Payment Details	Payment Method	Cheque No./Transaction No	Bank Name	Amount
				4922

POB Name: NA | POB ID: NA | POB PAN No/Aadhar No: NA

IMPORTANT NOTICE:
The Insured is not to be held liable for any claim under this policy exceeding Rs. 1000/- or a claim for refund of premium exceeding Rs. 1000/-, the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our operating offices as well as company website.

DISBURSEMENT NOTICE:
The Insured is not to be held liable for any claim under this policy exceeding Rs. 1000/- or a claim for refund of premium exceeding Rs. 1000/-, the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our operating offices as well as company website.

EXCLUSIONS:
This insurance excludes all pre-existing damages.

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

Customer's Signature.....

Authorised Signatory

आयकर विभाग
INCOME TAX DEPARTMENT

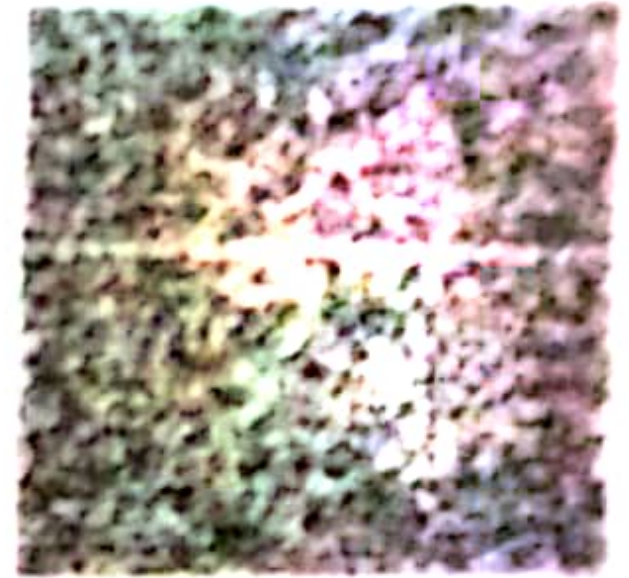


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

OFYPS9516A



नाम / Name

SHIV DAYAL SINGH

पिता का नाम / Father's Name

PRAMOD SINGH

जन्म की तारीख /

Date of Birth

06/10/2006

Shiv Dayal Singh

Signature

6402075





भारत सरकार
Government of India



शिव दयाल सिंह
Shiv Dayal Singh
जन्म तिथि/DOB: 06/10/2006
पुरुष/ MALE



6567 6267 9880

VID: 9138 1122 2508 4988

मेरा आधार, मेरी पहचान



भारतीय अद्वितीय पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आलय: प्रमोद सिंह, पिपरा, बाग्रमहारी, देवा, उत्तर प्रदेश - 274404



Address:
S/O: Pramod Singh, pipara,
Bagrahamhari, Deona,
Uttar Pradesh - 274404

6567 6267 9880

VID: 9138 1122 2508 4988





**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20250016365

Issue Date: 01-09-2025 Validity (NT): 05-10-2046 Validity (TR)*:



Licence holder's Signature

Date of First Issue: 01-09-2025

Name: **SHY DATAL SINGH**
 Date of Birth: 06-10-2006 Blood Group: **B**
 Son/Daughter/Wife of: **PRANJAY SINGH**
 Address: **PIPRA BAGHARA BAGHARAPUR/SHY DATAL SINGH
 BAGH DEORIA UTTAR PRADESH 270004**

Organ Donor:

DL No: **UP52 20250016365**

UPDL521000029604



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	01-09-2025	NT			
	LGV	UP52	01-09-2025	NT			

Emergency Contact Number

Licensing Authority
 UPS2 DEORIA

Form 7 Rule 16(2)