

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name: SUMAN DEVI
Address: DEORIA
Phone: 9554039170

Job No.
Date: 12/11/2025
Chasis No.
Engine No.
Key No.
Regn. No. UP52CH4733
Speedmeter Redg.
Insurance No.
Model: SPL

Dear Sir,

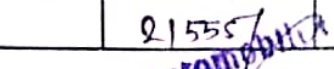
Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Vigde -	18	1000	1000	
2	HIL	18	565	565	
3	F-Fender	18	1500	1500	
4	F- Wheelcar - R	18	250	250	
5	F- Fork. Complete L&R	21	2500	5000	
6	F- Alloy. Wheel.	18	4000	4000	
7	LIVOR - (R)	12	100	100	
8	Fuel Tank.	18	5200	5200	
9	Handl -	18	500	500	
10	Handl - T	18	890	890	
11	F- ग्रिफ्ट Repair	-	-	1250	
12					
13					
14					
15					
16	LABOUR			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				21550	

- 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.

We agree with the conditions and approve the estimate.

Customer's Signature.....


 Gorakhpur Road
 Dr. S. H. GHESE
 Deoria
 For - Ganpati Automobiles
 77021

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.	SUMAN DEVI 9554039170
2	Vehicle No. / वाहन संख्या	UP52CH4733.
3	Policy No. / पालिसी संख्या	252400/31/2026/30482
4	Period of Insurance / बीमा अवधि	30/07/2025 - 29/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/2026 Time:- 1:40 PM
6	Place of Accident / दुर्घटना का स्थान	सुपे स्कैमी टिके (पा)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAKESH. KUMAR. CHAMPAN. M. UP5220150005248, 9554039170,
8	Estimated Loss / अनुमानित हानि	2535 ✓
09.	Cause of Accident / दुर्घटना का कारण : पुरवा गांव से पुरवा-चौराहा जाते समय रास्ते में सुपे स्कैमी के सामने रोड पर सामने से वाइक वाला ने टक्कर मार दिया जिससे मेरी गाड़ी दाहिने साइड जीर कर झोटे झरत हो गयी। गाड़ी (कम) डूबा चलाकर रिपैर हो	
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.	CHAMPAN APT. RAJOLI (E.P.F.R.)

Date / दिनांक : 12/01/26
हस्ताक्षर सुमल देवी

Signature of Insured / बीमाधारक के
सुमल देवी



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. 252900/31/2026/30482

Tel. No. _____

Period of Insurance 30/07/2025 - 30/07/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

- (a) Name
- (b) Address for correspondence
- (c) Telephone

INSURED
SUMAN DEVI
MEHADA, PURWA, FARIA, (P)

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. * <u>55/25</u> Chassis No. * <u>50080</u>	Registration No. <u>UP52 CH</u> <u>4733</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

NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAKESH. KUMAR. CHAUHAN.
 (b) Age : 12/08/1996
 (c) Address : MEHRA. PURWA. DEORIA. (U.P.)
 (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 : N/A.
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A.
 (g) Driving Licence Number : UP5220150005248
 (h) Issuing Authority :
 (i) Date of Expiry : 23/03/2035
 (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 : 04/01/2006 6:40 pm
 (b) Place : पुरवा गांव के पुरवा चौराहा जाले समय
 (c) Speed of vehicle at the time of accident : रास्ते में बायीं स्कैफो के बायें बाइल पर
 (d) Give a short description of the accident : बायें बाइल वाले ने स्कैफो भाट दिया
 (e) If any third party was responsible for this accident give the name and address : जिसका मोबाइल कार्ड बायें बाइल पर था
 कार्ड का नाम दे दिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 2150/-
 (c) When and where can the damaged vehicle be inspected : JANGATI AUTO MOBILE DEORIA.

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (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? _____
- (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? _____
- (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 12/01/26 200

Signature of the insured सुमन देवी

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH4733
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001
 Owner Name : SUMAN DEVI
 Full Address: (Permanent) : VILL- MEHADA PURWA, PO- DEORIA PS- DEORIA, , DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL- MEHADA PURWA, PO- DEORIA PS- DEORIA, , DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 08-Aug-2040
 Registration Date : 09-Aug-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : JITENDRA
 Owner Serial No : 1

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2133138960
 Rear HSRP No : AA2133727234
 Type of Body : SOLO WITH PILLION
 Month/Year of Manuf. : 06/2025
 No of Cylinders : 1
 Chassis No : MBLHAW469SHF50080
 Engine No : HA11F6SHF55125
 Fuel : PETROL
 Horse Power(BHP) : 8.17
 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS)
 Wheel base : 1235
 Seating Cap(In all) : 2
 Standing Cap : 0
 Sleeper Cap : 0
 Unladen Wt (kgs) : 113
 Colour : BLACK TORNADO GRÉY
 Laden/GV Wt (kgs) : 243
 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 : 06-Aug-2025
 Sale Amt : 83351/-
 OTT Date : 06-Aug-2025
 Amount/Rcpt No : 8336 / UP52D25080000863
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 12-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 09-Aug-2025 to 08-Aug-2040

Date : 19-Aug-2025 12:34:14

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 19-Aug-2025

Q 5086592

Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh

Customer's Signature.....

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FLEPD2470P



नाम / Name
SUMAN DEVI

पिता का नाम / Father's Name
BABULAL PRASAD

जन्म की तारीख /
Date of Birth
01/01/1987

सुमन देवी
हस्ताक्षर / Signature

27032019



भारत सरकार
Government of India

सुमन देवी

Suman Devi

जन्म तिथि / DOB . 01/01/1987

भंगिना / Female



5279 9717 0484

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:

संबोधित: जितेन्द्र, मेहडा पुरवा, महरा,
देवरिया, जी.आइ.स्टेट, उत्तर प्रदेश,
274001

Address:

W/O. Jitendra, MEHADA PURWA,
Mehra, Deoria G.I.estate, Uttar
Pradesh, 274001

5279 9717 0484



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20150005248

Issue Date Validity (NT) Validity(TR)*
 31-10-2025 23-03-2035 14-12-2030



Holder's Signature

Date of First Issue 24.03.2015

Name: **RAKESH KUMAR CHAUHAN**
 Date of Birth: **12-08-1996** Blood Group: **A+ VE** Organ Donor: **N**
 Son/Daughter/Wife of: **PARASHURAM CHAUHAN**
 Address:
MEHAD PURWA PO-G.I. STATE
KOTWALI DEORIA 274001

DL No: **UP52 20150005248**

UPDL521000036536



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	24-03-2015	NT			
	LMV	UP52	24-03-2015	NT			
	TRANS	UP52	13-12-2016	TR			
	MVSD						

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)