

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name: S. S. G. G. G. G.
 Address: Deoria
 Phone: 9392304646

Job No.
 Date: 31.11.26
 Chasis No.
 Engine No.
 Key No.
 Regn. No. U.P.S.2.C.F.2979
 Speedmeter Redg.
 Insurance No.
 Model: Vida Van Plus

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	Upper Conn (R)	16	850	850	
2	Lower Conn (R)	18	1710	1710	
3	Body Conn (R)	16	2550	2550	
4	Hornelle Conn	15	580	580	
5	Floor (R)	18	120	120	
6	Mirror (R)	16	280	280	
7	Liner (R)	16	110	110	
8	f. Winker R	16	300	300	
9	f. Inner Conn	16	410	410	
10	T/L	16	1595	1595	
11	R.R. Fender	11	854	854	
12	T/L Conn - Inner	16	571	571	
13	Motor Conn - Inner	16	110	110	
14	No. Palet Light - R.R.	16	265	265	
15	Body Inner (R)	16	1180	1180	
16	Body Inner Conn	16	212	212	
17	H/L	16	4205	4205	
18	Wreel arm	16	580	580	
19	Wgg-Box A	16	2083	2083	
20	4 y B	15	875	875	
21					
22	Lotus			500	
23					
24					
25					
TOTAL				13570	

- 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.

THE HARI ANANDI
 Gorakhpur Road
 DEORIA
 For - Ganpati Automobiles
 Unit 72021055

I/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.	SAFARULLAH + 9792304646
2	Vehicle No. / वाहन संख्या	UP52CF2979
3	Policy No. / पालिसी संख्या	252400/31/2026/11100
4	Period of Insurance / बीमा अवधि	5/5/25 to 5/5/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/2026 @ 03:30 PM
6	Place of Accident / दुर्घटना का स्थान	Mal-shi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SAFARULLAH + 9792304646 UP5220210019397
8	Estimated Loss / अनुमानित हानि	1950/-
09.	Cause of Accident / दुर्घटना का कारण : वर्षा के कारण गलती जाते समय रास्ते में मोर्ची और वॉल के बिना में प्रवेश के परिणाम वाहन ने मोर्ची जाड़ी को टक्कर मार दिया और मोर्ची सामने टूट गया मोर्ची का टुकड़ा वाहन के आगे गिरा और वाहन को रोक दिया	
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 Purwa Deoria @ - 7651989597

Date / दिनांक : 01/1/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

साफ़रुल्लाह

साफ़रुल्लाह



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P. O. No. 2507, A-25/25, Road No. 1, New Delhi-110 002

MEMORANDUM OF CLAIM

The full name of the insured: _____ Construction Policy No. 252400/31/1000/10000
 The No. of the policy: _____ Period of Insurance: 6/5/25 to 5/5/26
 Capital No. _____

THIS POLICY IS THE BASIS ON WHICH THE LOSS TAKEN IS TO BE COMPENSATED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE POLICY
 Please answer all relevant questions fully

1. THE INSURED PARTY
 (a) Name: _____ SHRI K. K. K. K.
 (b) Address for correspondence: _____ ...
 (c) Telephone: _____ ...

2. THE INSURED PROPERTY

Value & Use	Region No. / Class No.	Registration No.
<u>...</u>	<u>...</u>	<u>...</u>

- (a) Was the vehicle in proper working condition? Yes
 (b) Was there any person in the vehicle being used at the time of accident? Person used
 (c) Was there accident?
 (d) If a third party concerned:
 1. Was a motor car involved? NA
 2. Was a yellow taxi involved? NA

3. DETAILS OF LOSS AND DAMAGE TO THE PROPERTY (IF ANY)

- The following questions need to be answered in chronological order only
- (a) Reported value of property
 - (b) Insured value
 - (c) Weight of goods carried and Classification No.
 - (d) Nature of goods
 - (e) Nature of goods carried
 - (f) Was the vehicle carrying the goods
 - (g) If yes, how/where was the accident occurred?
 - (h) Duration of journey of goods
 - (i) Duration of storage of goods
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SAFAARULLAH
 (b) Age : 10/05/1983
 (c) Address : BAGHAHAH
 (d) Is the Driver
 1 Owner : YES
 2 paid driver? : NA
 3 Owner's relative or friend? : Owner is
 (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 : UPS220210019397
 (h) Issuing Authority : 12/12/2021
 (i) Date of Expiry : 17/12/2031
 (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 : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 01/01/26 @ 3:30 PM
 (b) Place : Malshi
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident : बसोच्यारत से मलुसी जाते समारो राते मे मलुसी जो (वद्यो-यं
 (e) If any third party was responsible for this accident give the name and address : अनि-मोडिरे मे से प्रदीया वाहन मे से टकराओ के समय मे किरण
 जो मे मलुसी हानि से भरती मे टकराओ के बाद मलुसी को

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate
 (b) Estimated cost of repairs : 1951/-
 (c) When and where can the damaged vehicle be inspected : Grampeedi Automobiles Purana Deoria
 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 : NA
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory

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 01/12/2006

Signature of the insured _____

24/3/2006



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 / शशिभद्रा द.
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaperR.

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF2979 Registration Date : 07-May-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 : SAFARUOLLAH Son/wife/daughter of : HAFIJULLAH
 Full Address: (Permanent) : VILL- BAGHAUCHGHAT, PO+PS- BAGHAUCHGHAT DEORIA, , DEORIA, UTTAR
 PRADESH-274404
 Full Address: (Temporary) : VILL- BAGHAUCHGHAT, FO+PS- BAGHAUCHGHAT DEORIA, , DEORIA-UTTAR
 PRADESH-274404
 Fitness UpTo : 06-May-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2122688078 Rear HSRP No : AA2125625128
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 0 Chassis No : MBLCEW042S6B01564
 Engine No : ECD001S6B02592 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 124
 Colour : BLACK Laden/GV Wt (kgs) : 274
 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 TATA CAPITAL LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 06-May-2025.

Purchase dt : 06-May-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : EXEMPTED
 Date of Approval : 08-May-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 07-May-2025 to 06-May-2040

Date : 13-May-2025 12:21:18

Taxation Particulars / Advance Registration Mark Fee Details

कर/ टैक्स अधिकारी
 Signature of Registering Authority
 Date 13-May-2025

Q 2660553





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



UP52 20210019397



Issue Date **18-12-2021** Validity (NT) **17-12-2031** Validity(TR)* _____



Holder's Signature

(18-12-2021)

Date of First Issue

Name: **SAFAROULLAH**
 Date of Birth: **10-05-1983** Blood Group: _____ Organ Donor: **Y**
 Son/Daughter/Wife of: **HAFIJULLAH**
 Address:
**274 BAGHAUCH GHAT BAGHAUCH
 GHAT DEORIA, UP 274404**

DL No: UP52 20210019397

UPDL030007074076



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	18-12-2021	NT			
	LMV	UP52	18-12-2021	NT			
	MVSD						

Emergency Contact Number _____

[Signature]
 Licensing Authority
 UP52 DEORIA

Form 7 Rule 16(2)

Aadhaar No. Issued: 12/02/2015



भारत सरकार
Government of India



सफरुल्लाह
Safaroolah
जन्म तिथि / DOB : 10/05/1983
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

9783 2645 5595

मेरा आधार, मेरी पहचान

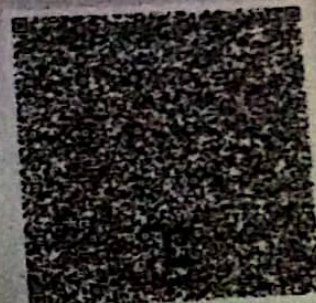


एनटीयू आइडीएल पहचान प्राधिकरण
Unique Identification Authority of India



Details as on 24/12/2024

पता: आत्मज: हफिजुल्लाह, 274, बघौच घाट,
बघौच घाट, बघौच, देवरिया, उत्तर प्रदेश,
274404
Address: S/O: Hafijullah, 274, baghauch
ghat, baghauch ghat, Baghauch,
PO:Baghauchghat, DIST:Deoria, Uttar
Pradesh, 274404



9783 2645 5595

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

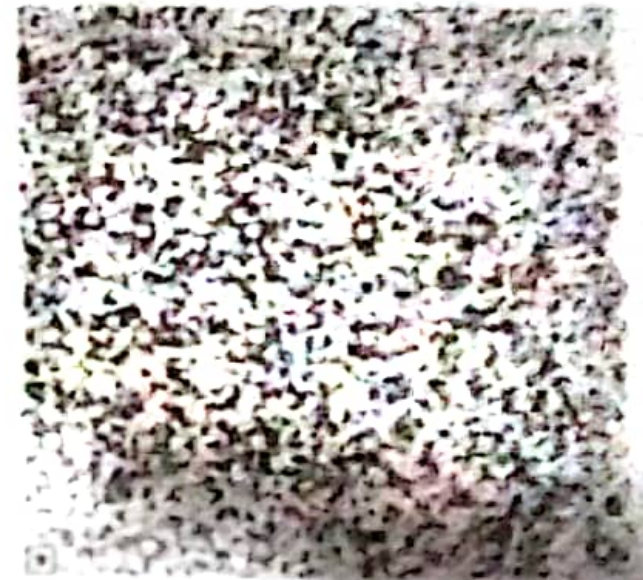


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ECYPS4176R



13012025

नाम / Name
SAFARODLLAH

पिता का नाम / Father's Name
HAFIJULLAH

जन्म की तारीख /
Date of Birth
10/05/1983

समीरुल्लाह
हस्ताक्षर / Signature