

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name... Riyajuddin
Address... Deoria
Phone... 9821954653

Job No.
Date... 14.10.17
Chasis No.
Engine No.
Key No.
Regn. No. UP52 CE 2690
Speedmeter Redg.
Insurance No.
Model... H.C. Deoria

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	Visor	1K	1150	1150	
2	HIL	1B	525	525	
3	f. fender	1K	1500	1500	
4	Muffler Sate	1B	1375	1375	
5	Muffler inner	1K	303	303	
6	No. pedal Stand	1K	150	150	
7	Handle	1B	500	500	
8	Selfe Switch	1K	330	330	
9	Liner (R)	1B	100	100	
10	f. fender L/R	2K	2500	5000	
11	HIL Stand	1K	303	303	
12	R. Winker (L)	1K	250	250	
13	f. Winker (R)	1K	250	250	
14	leg guard	1K	675	675	
15					
16					
17					
18					
19	<u>Carriage</u>			600	
20					
21					
22					
23					
24					
25					
TOTAL					

- 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.

Ganpati Automobiles
Gorakhpur Road
OPP. Dr. G.N. Gupta
DEORIA
For - Ganpati Automobiles

I/We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory





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. _____

Tel No. _____

Period of Insurance 17/2/25 to 16/2/26
 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 : RIYAZ UDDIN
 (b) Address for correspondence : RAMPUR
 (c) Telephone : 8881954653

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. Chassis No. <u>* 00973</u> <u>* 30200</u>	Registration No. <u>UP52CE2690</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 Use
 (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? : _____
- (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 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 13/11/26 200

Signature of the insured Ruyyabhin

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 *Rajyatin*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No: UP52CE2690 Registration Date: 24-Feb-2025
 Class of Vehicle: MOTORCYCLE/SCOOTER Purpose For Printing RC: NEW
 Name of Proprietor: HANPATI AUTOMOBILES (D) PURWA CHAURAHA SKP ROAD DEORIA - 274001
 Name of Owner: RAJUJUDIN Son/wife/daughter of: SANULLAH ANSARI
 Address (Permanent): SAUR KOTHI CHAKIYA PO RAMPUR AWASTHI PS RAMPUR KARKHANA DEORIA UTTAR PRADESH-274001
 Address (Temporary): SAUR KOTHI CHAKIYA PO RAMPUR AWASTHI PS RAMPUR KARKHANA DEORIA DEORIA UTTAR PRADESH-274001
 Validity Up To: 21-Feb-2040 Owner Serial No: 1
 Description: MOTORCYCLE/SCOOTER Link Vehicle No:
 Ownership: INDIVIDUAL Norms: 5th-4th STAGE VI
 Manufacturer Name: HERO MOTOCORP LTD Rear HSRP No: 442118217001
 Front HSRP No: 442120215589 Month Year of Manufacture: 02-2024
 Type of Body: COOLED WITH FILLION Chassis No: MBI HAW136RHJ00200
 Number of Cylinders: 1 Fuel: PETROL
 Engine No: 4421 E1RHJ00973 Cubic Capacity: 97.20
 Gross Power (BHP): 15.00 Wheel base: 1235
 Power Classification: 40 DELUXE CANVAS Standing Cap: 0
 Number of Seats: 2 Unladen Wt (kgs): 112
 Number of Doors: 2 Laden/GV Wt (kgs): 242
 Number of Purchases: 1 AC Fitted: 0

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Sl. No.	Description	As Regd.	Weight (in kgs)
1) Front			
2) Rear			
3) Other			
4) Total			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORE LTD DEORIA
 Registration No: UP52CE27400 Validity: 24-Feb-2025

Date of Issuance: 24-Feb-2025 Sale Amt: 65630/-
 Date of Approval: 24-Feb-2025 Amount Rept No: 6563 PUP52E 25-02-2025
 Category (Govt./Pvt): PRIVATE Tax Exempted or Not: NOT EXEMPTED

State Transfer/Conversion/Reassign Details
 Previous Reg No:
 Entry Date:
 Conversion Date:

Certificate is valid from 20-Feb-2025 to 21-Feb-2040

Signature of Registering Authority: _____
 Date: 24-Feb-2025



2025-02-17

Mr./Ms. RIYAJUDDIN
VILL-GAUR KOTHI CHAKIYA, PO-RAMPUR AWASTHI
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. RIYAJUDDIN,

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 transcript of proposal is attached and your policy is getting issued with insurer, 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 or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. RIYAJUDDIN, 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
Website: www.motorsathi.org



श्री गणेशाय नमः
श्री गणेशाय नमः
(CO) एक मूल्य
श्री गणेशाय नमः



Please scan the QR for details.



Certificate of Services

Issuer & Servicing Office Motor Sathi Care Private Limited, B. Dada, Gauripour
/ DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh,
Uttar Pradesh, (202001) Certificate Number: INCP00407151

For Assistance, Please contact us at Toll Free Number:
79410506431 Email ID: info@motorsathi.com

Invoice/Cert Certificate Number: INCP00407151

Name of Certificate Holder: RIYAJUDDIN

Mobile: 8858146308

Address: VILL-GAUR KOTHI CHAKIYA, PO-RAMPUR AWASTHI, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 62348.5

Vehicle Registration Number: New

Model: HF DELUXE

Engine Number: HA11E1RHJ00973

Acknowledgement No: MS/2025/E407151

Period of Coverage(MS): 2025-02-17 - 2026-02-16 MIDNIGHT

DOB: 2002-07-05

Period of Coverage(I): 2025-02-17 - 2030-02-16 MIDNIGHT

City / District: DEORIA

Pincode: 214001

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: ALL BLACK

Chassis Number: MBLHAW136RHJ30200

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Rider's friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insurer.	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Services	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later.

Accidental Hospital Daily Cash

ADHC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit maximum 24 hours hospitalisation is mandatory.

Coverage Amount - Rs. 1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	566.37	50.98	50.98	-	668

Personal Accident Cover Details

Name of Certificate Holder: RIYAJUDDIN

Nominee Name: SANAUULLAH ANSARI

Nominee Gender: Male

Period of Insurance: 2025-02-17 (15:54 HRS) - 2026-02-16 MIDNIGHT

Nominee Relationship: FATHER

Nominee Age: 45 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 7) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 8) Any form of Nuclear, Chemical and Biological Terrorism is excluded. 9) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.





Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20230015486

Issue Date: 21-09-2023
Validity (NT): 04-07-2042
Validity (TR):

Date of First Issue (21-09-2023)



Holder's Signature

Name: RIYAJUDDIN

Date of Birth: 05-07-2002 Blood Group: Organ Donor: N

Son/Daughter/Wife of: SANALLAH ANSARI

Address:
gaur kothi chakiya tola Rampur Awasthi
Deoria Uttar Pradesh 274001

DL No: UP52 20230015486

UPDL 000011517754



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*
auto	MCBG	UP52	21-09-2023	NT			
auto	LBEV	UP52	21-09-2023	NT			
MVSD							

Form 7 (Rev. 11/21)

Emergency Contact Number

Issuing Authority
UP52 DEORIA

लायकर विभाग
INCOME TAX DEPARTMENT

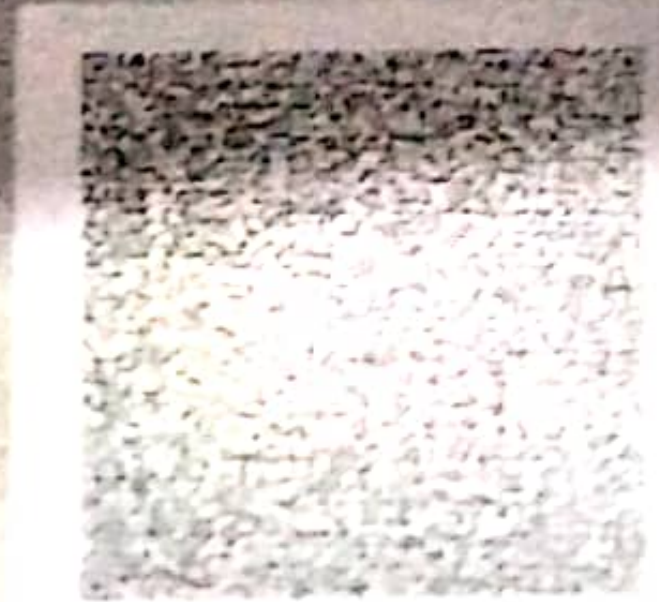


भारत सरकार
GOVT. OF INDIA



स्थायी खाता संख्या कार्ड
Permanent Account Number Card

FTYPR2033C



RIYAJUDDIN

Father's Name
SANAULLAH ANSARI

05/07/2002

Riyajuddin

Signature

39815





भारत सरकार
Government of India



Valid Date: 02/09/2015



रियाजुद्दीन
Riyajuddin
जन्म तिथि/DOB: 05/07/2002
पुरुष/ MALE

4593 0851 4088
VID : 9191 3718 2690 4616

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 18/02/2022

पता:
द्वारा: सनाउल्लाह अंसारी, गोर कोठी चकिया टोला, रामपुर
अवस्थी, देवरिया,
उत्तर प्रदेश - 274001

Address:
C/O: Sanaullah Ansari, gaur kothi chakiya
tola, Rampur Awasthi, Deoria,
Uttar Pradesh - 274001



4593 0851 4088
VID : 9191 3718 2690 4616

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