

GANPATI AUTOMOBILES

Purva Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name Ravindra Kumar Vishwakarma
 Address Deoria
 Phone 9235161216

Job No.
 Date 1.11.2016
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP-CD-2802
 Speedometer Redg.
 Insurance No.
 Model Spelt

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	
				Ra.	P.
1	Visor	15	1100	1100	
2	H/L	15	2000	3000	
3	f. fender	15	1500	1500	
4	f. Mirror (R)	15	250	250	
5	Handle	15	500	500	
6	Lixer (R)	15	100	100	
7	Mirror (R)	15	250	250	
8	Matter Linner	15	203	303	
9					
10					
11					
12					
13					
14					
15	<u>W/ fender</u>			600	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				<u>7603</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.....


 For - Ganpati Automobiles
 OFF. DEORIA
 DEORIA
 Mob. 770400474

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.	RAVINDRA KUMAR VISIWAJAKARMA ए 9235167216
2	Vehicle No. / वाहन संख्या	UP52 CD 2292
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	17/01/2025 to 16/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/01/26 @ 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	गुरुदास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAVINDRA KUMAR VISIWAJAKARMA - A UP5220250002319 - 9235167216
8	Estimated Loss / अनुमानित हानि	7602/-
09. Cause of Accident / दुर्घटना का कारण : सड़क पार से देविया आते समय रास्ते में गलतफुटपाथ से सड़क पार करने से कारण से उत्पन्न हुए दुर्घटना जिसे देवी गाड़ी दक्षिण दिशा में चलते आतेपुके हो गये 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 / फोन नं.	Compati Automobiles Purwa Deoria & - 7851922597

Date / दिनांक :

हस्ताक्षर

16/01/26

रविन्दु कुमार

रविन्दु कुमार

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. _____

Tel. No. _____

Period of Insurance 17/01/2025 to 16/01/26

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 : RAVINDRA KUMAR VISHWAKARMA
 (b) Address for correspondence : PADOLLI
 (c) Telephone : 9235167816

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. Chassis No. <u>* 17516</u> <u>* 16557</u>	Registration No. <u>UP52 CD 8892</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? Assumed 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 : RAVINDRA KUMAR VISHWAKARMA
 (b) Age : 08/07/1999
 (c) Address : ANICOLI
 (d) Is the Driver
 1. Owner : YES
 2. paid driver? : NA
 3. Owner's relative or friend? : Owner's
 (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 : UP5220250008319
 (h) Issuing Authority :
 (i) Date of Expiry : 08/05/2025
 (j) Was the licence temporary/permanent : 07/07/2023
 (k) Details of endorsement/suspension, if any : Permanent
 (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 : 12/01/26 @ 10:00 AM
 (b) Place : गायत्री
 (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 : मोदीयल से देवालय आते समय रास्ते में गायत्री के मंदिर में मोदी से वाहन में टक्कर मालू देवालय में मोदी देवालय में मोदी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 7603/-
 (c) When and where can the damaged vehicle be inspected : Ganapati Automobiles Puram, Deoria 7661929597

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 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 16/1/26 200

Signature of the insured [Signature]

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CD8892 Registration Date : 21-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 : RAVINDRA KUMAR Son/wife/daughter of : RAMDHYAN
VISHWAKARMA VISHWAKARMA
Full Address: (Permanent) : VILL- PADOULI PO GHANTI, PS- BHATNI BHATPAR RANI DEORIA, . DEORIA, UTTAR
PRADESH-274705
Full Address: (Temporary) : VILL- PADOULI PO GHANTI, PS- BHATNI BHATPAR RANI DEORIA, . DEORIA-UTTAR
PRADESH-274705
Fitness UpTo : 20-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 : AA2118649932 Rear HSRP No : AA2118323417
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
No of Cylinders : 1 Chassis No : MBLHAW407RHM16557
Engine No : HA11F1RHM17516 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
Sleepar 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 SHRIRAM FINANCE LTD, DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 20-Jan-2025.

Purchase dt : 17-Jan-2025 Sale Amt : 84351/-
OTT Date : 17-Jan-2025 Amount/Rcpt No : 8436 / UP52D25010002149
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 25-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 21-Jan-2025 to 20-Jan-2040

Date : 07-Feb-2025 15:47:16

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 07-Feb-2025

2107105





2025-01-17

Mr./Ms. RAVINDRA KUMAR VISHWAKARMA
VILL- PADOULI , PO- GHANTI
DEORIA, Uttar Pradesh, 274705

Dear Mr./Ms. RAVINDRA KUMAR VISHWAKARMA,

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. RAVINDRA KUMAR VISHWAKARMA, 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



मो. सीमा सुविधा के तहत - 91 7941050643
ईमेल: info@motorsathi.com
वेबसाइट: www.motorsathi.org



Please scan the QR for details.





Certificate of Services

Certificate Issuer & Servicing Office Motor Sathi Care Private Limited, B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh. (202001) Certificate Number: INCP00397175

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

Tax Invoice cum Certificate Number: INCP00397175
Name of Certificate Holder: RAJINDRA KUMAR VISHWAKARMA
Mobile: 9235167816
Address: VILL- PADOULI PO- GHANTI, DEORIA, DEORIA
State: Uttar Pradesh
IDV: 80133.45
Vehicle Registration Number: New
Model: SPLENDOR PLUS
Engine Number: HA11F1RHM17516
Acknowledgement No: MS/2025/E397175

Period of Coverage(MS): 2025-01-17 - 2026-01-16 MIDNIGHT
DOB: 1999-07-08
Period of Coverage(I): 2025-01-17 - 2030-01-16 MIDNIGHT
City / District: DEORIA
Pincode: 274705
Manufacturing Year: 2024
Vehicle Manufacturer: HERO MOTOCORP
Variant: XTEC 2.0
Chassis Number: MBLHAW407RHM16557
Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders 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 Insured.	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Riders' driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Riders' 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 Service	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 minimum 24 hours hospitalisation is mandatory.

Coverage Amount - Rs. 1000 per day

Maximum Number of days - 10

For ADHC 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 (16%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1831.84	164.87	164.87	-	2162

Personal Accident Cover Details

Name of Certificate Holder: RAVINDRA KUMAR VISHWAKARMA
Nominee Name: ANITA VISHWAKARMA
Nominee Gender: Female

Period of Insurance: 2025-01-17 (17.49 HRS) - 2026-01-16 MIDNIGHT
Nominee Relationship: SISITER
Nominee Age: 26 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. 6) 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. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) 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.





भारत सरकार
Government of India



रविन्द्र कुमार विश्वकर्मा
Ravindra Kumar Vishwakarma
जन्म तिथि / DOB : 08/07/1999
पुरुष / Male



9264 4724 8296

मेरा आधार, मेरी पहचान



भारतीय पहचान पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: रामध्यान विश्वकर्मा,
पडौली, घंटी, देवरिया, भाटपार रानी,
उत्तर प्रदेश, 274705

Address: S/O: Ramdhyan Vishwakarma
Padouli, Ghanti, Deoria, Bhatpar Rani,
Uttar Pradesh, 274705

9264 4724 8296



1947



help@uidai.gov.in

www

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT

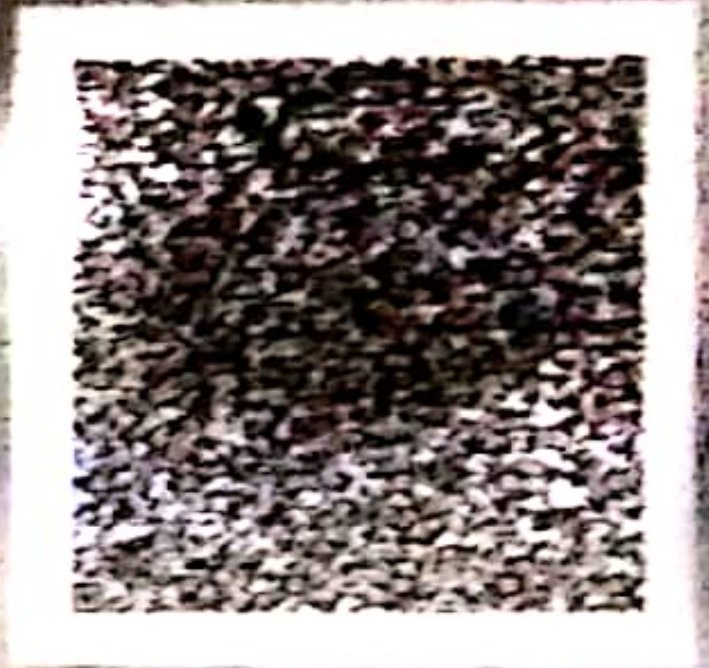


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CFTPV9343D



नाम / Name

RAVINDRA KUMAR VISHWAKARMA

पिता का नाम / Father's Name

RAMDHYAN VISHWAKARMA

कार्ड की तारीख / Date of Card

08/07/1988

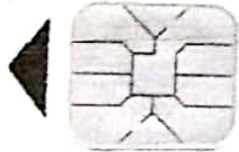
हस्ताक्षर / Signature

11673



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

UP52 20250008319



Issue Date Validity (NT) Validity (TR)*
08-05-2025 07-07-2039



Holder's Signature

Date of First Issue 08-05-2025

Name: **RAVINDRA KUMAR VISHWAKARMA**
 Date of Birth: **08-07-1999** Blood Group **B+ VE** Organ Donor: **N**
 Son/Daughter/Wife of: **RAMDHYAN VISHWAKARMA**
 Address:
GHANTI PADOULI BHATPAR RANI DEORIA
Uttar Pradesh 274705

DL No: UP52 20250008319

UPDL121000014004



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	08-05-2025	NT			
	LMV	UP52	08-05-2025	NT			
	MVSD						

Emergency Contact Number

[Signature]
 Licensing Authority
UP52 DEORIA

Form 7 (Rule 16(2))

