

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name Sumant Rajbhar
 Address Deoria
 Phone 6307699924

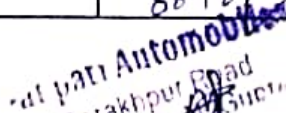
Job No.
 Date 11/01/26
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP54BM2177
 Speedmeter Redg.
 Insurance No.
 Model Pulsar Pro

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 - (R)	1P	350	350	
2	Visor - Inner	1P	450	450	
3	Wind Screen	1B	320	320	
4	Cream	1R	200	200	
5	HIL	1B	650	650	
6	Mittor Inner	1C	300	300	
7	f. Winker (R)	1P	250	250	
8	Handle	1R	500	500	
9	f. Fender	1L	1500	1500	
10	Muffler Cover	1P	675	675	
11	R.R. Winker (R)	1R	250	250	
12	Liver - (R)	1C	100	100	
13	Mirror (R)	1C	150	150	
14	R. Fork - LFR	1C	1000	2000	
15	Tank Sarnel (R)	1B	603	603	
16					
17					
18					
19	CASARA			600	
20					
21					
22					
23					
24					
25					
TOTAL				8898/-	

- 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.


 Ganpat Automobils
 Gorakhpur Road
 Deoria
 Mob. - 770-000-0000

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.	SUMANATH RAJBHAR. 6307699794
2	Vehicle No. / वाहन संख्या	UP52BM2177
3	Policy No. / पालिसी संख्या	ms/2025/700/0/46575/472124
4	Period of Insurance / बीमा अवधि	07/1
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/01/2026 Time - 6:50pm
6	Place of Accident / दुर्घटना का स्थान	शेरकोना चौराहा (दिलोत्पा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUMANATH RAJBHAR & UP5220170004258 - 6307699794
8	Estimated Loss / अनुमानित हानि	8898/-
09.	Cause of Accident / दुर्घटना का कारण: मुहवाडीह से ओरा चोरी घर जा रहे थे। रास्ते में शेरकोना चौराहा पर सामने से चार पहिया वाहन आ रहा था जिसमें मेरी गाड़ी टक्कर खा रही थी और दायां साइड में घिसा हुआ आतिशान्त हो गया 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.	SHANPATI AUTO. MOBILE REPAIR. 7651989597

Date / दिनांक :
हस्ताक्षर

16/01/26




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. MS/2025/7001/0/46575/472124

Tel No _____

Period of Insurance 07/10/2025 to 06/10/2026
 Claim No _____

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

I. INSURED
 (a) Name : SUMANT RAJBHAR
 (b) Address for correspondence : AWRA CHAURI
 (c) Telephone : 6307699794

2. THE INSURED VEHICLE

Make & Year <u>Hero 2021</u>	Engine No Chassis No <u>* 09426</u> <u>* 07378</u>	Registration No. <u>UP52 BM 2177</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 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 NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____



3 DRIVER AT THE TIME OF ACCIDENT

(a) Name : SUMANATH RAJBHAR
 (b) Age : 10/02/1987
 (c) Address : AURA CHOURI
 (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 : UP5220170004258
 (h) Issuing Authority : 02/05/2017
 (i) Date of Expiry : 01/05/2037
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (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 : 09/01/2026 at 06:50 PM
 (b) Place : Haryana
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 मसुदाई से जोरा चोरी कर जा रहे थे मे लोना
 चोरी के लिए मे चले पुलिसवाले आया था जिसे मेरी मादी
 रोका था मैं और दो हिंस गैर एक आदिशत से अभी है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 88514
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Purum
 Dehra - 7651920097

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 : NA
 (f) Has notice of any claim been given to you? :

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 11/01/26 200

Signature of the insured _____

Paul

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 : UP52BM2177
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
 Owner Name : SUMANT RAJBHAR
 Full Address: (Permanent) : VILL-AWRA CHAURI, PO-31 ESTATE, DEORIA, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL-AWRA CHAURI, PO-31 ESTATE, DEORIA, DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 15-Aug-2036
 Owner Serial No :
 Registration Date : 16-Aug-2021
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SOMNATH RAJBHAR
 Tax UpTo : One Time

Detailed Description
 Class of Vehicle : M-CYCLE SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2040697078
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA06EWMHC09426
 Horse Power(BHP) : 9.02
 Maker's Classification : PASSION PRO (DRUM-SE-CAST)
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2039715975
 Month/Year of Manuf. : 03/2021
 Chassis No : MBLJAW148MHC07378
 Fuel : PETROL
 Cubic Capacity : 113.20
 Wheel base : 1270
 Standing Cap : 0
 Unladen Wt (kgs) : 117
 Laden/GV Wt (kgs) : 247
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cycle (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 : 09-Aug-2021
 Sale Amt : 69485/-
 OTT Date : 09-Aug-2021
 Amount/Rcpt No : 6949 / UP52D21080001043
 TaxUpTo : One Time
 vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 16-Aug-2021

Other State/Transfer/Conversion Details
 Previous Owner :
 Previous RegNo :
 Old State :
 Entry Date :
 Transfer Date :
 Conversion Date :

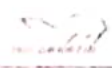
This certificate is valid from 16-Aug-2021 to 15-Aug-2036

Date : 13-Sep-2021 12:20:08
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 13-Sep-2021

M 3713744

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No: MS 2025 7001 046575 472124

MotorSathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh (250004), India
 Contact us on:
 Phone: +91 7941050643
 Email: info@motorsathi.com
 Visit the help section of our website: motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No	Father/Husband Name	Make	Model		
SUMANT RAJBHAR	1987-08-10	6307698979	SOMNATH RAJBHAR	Hero MotoCorp	PASSAGE		
Sub Model	Vehicle Regn. No	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type	
Passion Pro F1 DRUM SLIT V AsT	UP52BM2177	JM06WMI C09426	MUJLJAW148MHC07378	2021	113	1W	
Asset Declared Value (ADV)	Side Car ADV	Non Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV		
35520.00	NA	0.00	0.00	0.00	35520.00		
Place of Regn.	Body Type	HP/Leave Hire-Purchase Agreement	Branch Office of HP/Leave Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)		
	Scorpio			2	1,29,000		
Address			City - District	Pin Code	State		
VILL-AWRA CHAUR, PO-C-1, STATE DISTRICT-274001				274001	Uttar Pradesh		
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date		
ANIL DEVI	Female	32 Years	WIFE	2025-03-07	2028-03-06		
Section A: VRL: 605.95 TCR: 460.79 Low Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 0.00						6.7	
Section B: FC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 NC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST: 4.9% + SGST: 4.9%)						0.00	
Section C: MS Services(D): 0.00 MS Service(E): 0.00 MS Services(P): 0.00 GST (CGST: 4.9% + SGST: 4.9%): 0.00 Total MS Services with GST(C): 0.00						0.00	
Section D: Drive Assure: 220.07 AHDC, DOC & Additional Yearly Tyre Cover(AI TC) - Other: 0.00 Discount: 0.00 GST (CGST: 4.9% + SGST: 4.9%): 0.00						220.07	
Total Section A+B+C+D Offered Price After Discount: 326.76						9.7 Total with GST(D): 259.68	
Package Period Covered	075-1067 To 2026-10-06 To 2027-10-07 To 2027-10-07 To 2028-10-07 To 2028-10-07 To 2029-10-07 To 2030-10-06						
ADV	35520.00 NIL NIL NIL NIL NIL NIL						
MS Services Period Covered (NODL)	1 Year NIL NIL NIL NIL NIL NIL						

*THE VEHICLE COVERED IN THIS CONTRACT HAS A VALID TPV COVERAGE TAKEN FROM AN INSURANCE COMPANY VALUED AT 2000000000.00. THE TERMS ARE AS PROVIDED BY THE CUSTOMER.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than an Hire or Reward by Carriage of goods, (including samples or personal baggage) or Organized Racing or Pace Making or Speed Testing or Recreational Trials of Any purpose in connection with Motor Trade.

DRIVER: Any person including covered in any dual provided that a person driving holds an effective driving license of the state of the vehicle and that such a person is obtaining such a license. Provided also that the person holding an effective learners license may also drive the vehicle and that such a person is the requirements of Rule 1 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limited to the amount of the property's insurability in respect of any one insured in series of requests arising out of the event. Up to Rs. 100000. Some of the amount recovered is estimated to be Actual Cash and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Force Majeure. The contents may be altered by sending 7 days notice in case of fraud, misrepresentation, nondisclosure of material fact, or non-disclosure of the contract.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under this package exceeding Rs. 1 lakh or a request for refund of payment exceeding Rs. 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care: Toll Free Phone No. 7941050643

Received with Thanks Rs 1426.4 ON 2025-10-07 from Mr. MS SUMANT RAJBHAR against the ARN No. INC10472124. The acknowledgement is subject to compliance of section 144 of Income Tax Act. Depreciation is applicable as per terms & conditions. (Please refer to the terms & conditions of the contract for details.) (MS) 2025-10-08. Customer Service Center: D-27, Shastri Nagar, Meerut, Uttar Pradesh (250004), India



Customer's Signature.....

Authorised Signatory

भारत सरकार
Government of India

सुमंत राजभर
Sumant Rajbhar

जन्म तारीख / DOB : 10/08/1987

पुरुष / Male

आधार हा ओळखीचा पुरावा आहे. नागरिकत्व किंवा जन्मतारखेचा नाही.
हे फक्त पडताळणीसाठी वापरले जाते (ऑनलाइन प्रमाणीकरण किंवा QR कोडचे
स्वैनिंग/ ऑफलाइन XML)

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).

5876 5182 3581

मेरा आधार, मेरी पहचान

Aadhaar No. Issued: 16/01/2014



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: मुक्काम- आवरा चौरी, पोस्ट- देवरिया,
जिल्हा- देवरिया, देवरिया, देवरिया, उत्तर
प्रदेश, 274001
Address: At- Awra Chouri, Post- Deoria, Dist-
Deoria, Deoria, PO:Deoria, DIST:Deoria,
Uttar Pradesh, 274001

Details as on 05/12/2025

5876 5182 3581

1947 help@uidai.gov.in www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT

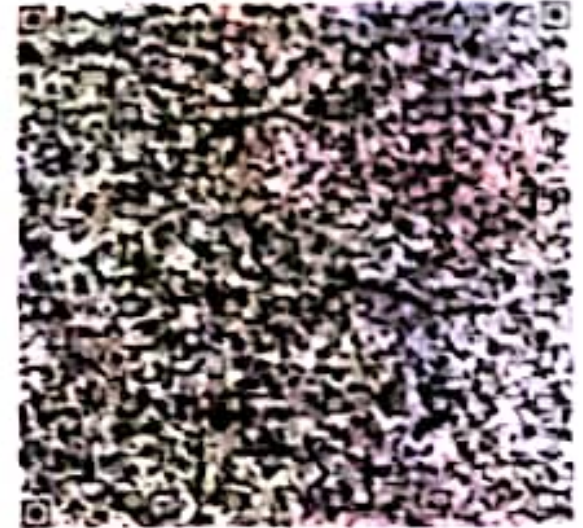


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BEFPR2307B



नाम / Name
SUMANT RAJBHAR

पिता का नाम / Father's Name
SOMNATH RAJBHAR

जन्म की तारीख /
Date of Birth
10/08/1987

हस्ताक्षर / Signature

19072025