

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 9415383539, 9336531183

**ESTIMATE**

Owner's Name Kumari Kusum Chauhhan  
 Address Deoria  
 Phone 7320272082

Job No. ....  
 Date 17/01/2016  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. UP52AL3662  
 Speedometer Rcdg. ....  
 Insurance No. ....  
 Model Vista V3

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	Handle Cover (L)	16	401	401	
2	f-Winker (L)	16	250	250	
3	Mirror (L)	16	250	250	
4	Liver (L)	16	150	150	
5	Upper Cover (L)	16	1150	1150	
6	Lower Cover (L)	18	1750	1750	
7	Body Cover (L)	16	3150	3150	
8	Engine Cover - with	16	240	240	
9	R.R. fender	16	254	254	
10	Mate	16	450	450	
11	Handle	16	250	250	
12	Grip	16	1200	1200	
13					
14					
15					
16	Labour			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				15897	

- 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. S. N. Gupta  
 For - Ganpati Automobiles

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

Customer's Signature.....

Authorized 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.	KUMARI KUSUM CHAUHAN ✕ 7320872082
2	Vehicle No. / वाहन संख्या	UP52CF 3662
3	Policy No. / पालिसी संख्या	252400/31/2026/12262
4	Period of Insurance / बीमा अवधि	09/05/2025 to 08/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/01/26 ✕ 03:00 PM
6	Place of Accident / दुर्घटना का स्थान	महुडापारन
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	HEMENDRA CHAUHAN ✕ BR2820250005965 - 7320872082
8	Estimated Loss / अनुमानित हानि	10845 ✕
09.	Cause of Accident / दुर्घटना का कारण :	देवत्या से शोते जाते समय रास्ते में महुडापारन पुल के समीप से मोल (साइकल) ने तक्कर मार दिया जिससे मोरी गाडी बायां साईड गिर कर डाली गइल हो गयी हो गयी 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.	Grandcity Automobiles Purana Deoria ✕ 7651989597

Date / दिनांक : 16/01/2026  
हस्ताक्षर

Kusum Chauhan.

Kusum Chauhan.  
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. 252400/31/2026/12262

Tel. No. \_\_\_\_\_

Period of Insurance 09/05/2025 to 08/05/2026

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 : KUMARI KUSUM CHOUHAN  
 (b) Address for correspondence : BABINAULT KALA  
 (c) Telephone : 7320872022

2. THE INSURED VEHICLE

Make & Year <u>Hero-2025</u>	Engine No. <u>* 04223</u> Chassis No. <u>* 03409</u>	Registration No. <u>4PS2CF3662</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  
 (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 : HEMENDRA CHAUHAN  
 (b) Age : 29/11/2003  
 (c) Address : MAHARA DWER  
 (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 : NA  
 (f) Was he under the influence of intoxication Liquor or drugs? : NA  
 (g) Driving Licence Number : BR2220250005965  
 (h) Issuing Authority :  
 (i) Date of Expiry : 20/03/2025  
 (j) Was the licence temporary/permanent : 02/11/2023  
 (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 : 12/01/2026 @ 03:00PM  
 (b) Place : HEMENDRA  
 (c) Speed of vehicle at the time of accident : 30km/H  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 दायर में ही वाहन चलाते थे मरुआयत में घटने का कारण है।  
 मरुआयत में ही वाहन चलाते थे मरुआयत में घटने का कारण है।  
 मरुआयत में ही वाहन चलाते थे मरुआयत में घटने का कारण है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
 (b) Estimated cost of repairs : 10895/-  
 (c) When and where can the damaged vehicle be inspected : Granfacti Automobiles Parvati Deodhi 7221989597

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? :

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 .. Kusum Chauhan  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

**GOVERNMENT OF UTTAR PRADESH**

**Transport Department DEORIA**

**FORM 23**

**CERTIFICATE OF REGISTRATION**

Registration No : UP52CF3662      Registration Date : 11-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 : KUMARI KUSUM CHOUHAN Son/wife/daughter of : VIKRAM CHAUHN  
 Full Address: (Permanent) : VILL- BABHNAULI KALA, PO-NONAPAR PS- BHATANI, SALEMPUR DEORIA, DEORIA, UTTAR PRADESH-274701  
 Full Address: (Temporary) : VILL- BABHNAULI KALA, PO-NONAPAR PS- BHATANI, SALEMPUR DEORIA, DEORIA- UTTAR PRADESH 274701  
 Fitness UpTo : 10-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 : AA2122688079      Rear HSRP No : AA2125625129  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 03/2025  
 No of Cylinders : 0      Chassis No : MBLCEW047S6C03409  
 Engine No : ECD001S6C04223      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  
 Sleeper Cap : 0      Unladen Wt (kgs) : 124  
 Colour : MATT ABRAX ORANGE      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 w.e.f .

Purchase dt : 09-May-2025      Sale Amt : 125000/-  
 OTT Date :      Amount/Rcpt No : /  
 Vehicle Is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : EXEMPTED  
 Date of Approval : 13-May-2025

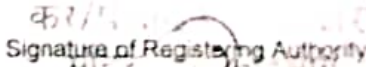
**Other State/Transfer/Conversion/Reassign Details**

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

**This certificate is valid from 11-May-2025 to 10-May-2040**

Date : 13-May-2025 13:25 16

Taxation Particulars / Advance Registration Mark Fee Details

  
 Signature of Registering Authority  
 Date 13-May-2025  
 देवरीया

Q 2687087



भारत सरकार  
Government of India



कुमारी कुसुम चौहान  
Kumari Kusum Chouhan  
जन्म तिथि/DOB: 12/01/1993  
महिला/ FEMALE

Issue Date: 29/12/2020

Download Date: 30/01/2021



8741 4312 3747

VID : 9191 6891 5893 1685

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
अधीनगी: विक्रम चौहान, बभनौली कला, नैनापार,  
देवरिया,  
उत्तर प्रदेश - 274701

Address:  
W/O: Vikram Chauhan, Babhnauti kala,  
Nonapar, Deoria,  
Uttar Pradesh - 274701



8741 4312 3747

VID : 9191 6891 5893 1685



1947



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT

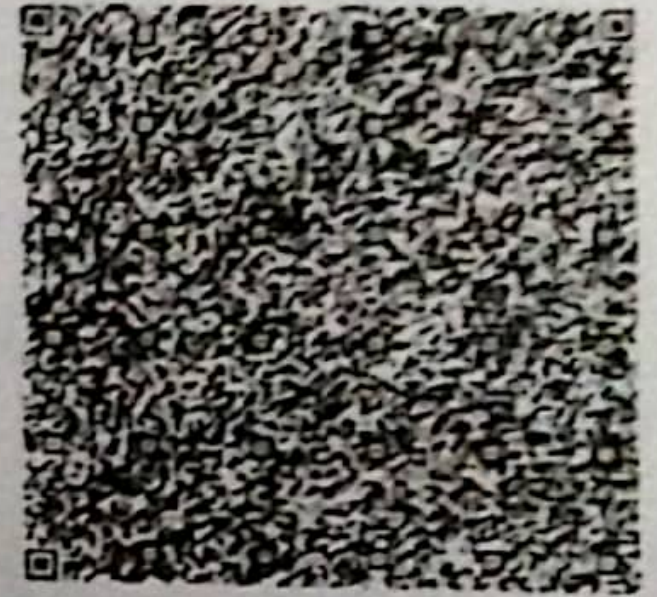


भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BLHPC8644R**



नाम / Name  
KUMARI KUSUM CHOUHAN

पिता का नाम / Father's Name  
BIRENDRA CHOUHAN

जन्म की तारीख /  
Date of Birth  
12/01/1993

*Kusum Chauhan*  
हस्ताक्षर / Signature

25032021



**Indian Union Driving Licence**  
Issued by Government of Bihar

BR28 20250005965

Issue Date    Validity (NT)    Validity (TR)  
20/03/2025    08/11/2043



*Hemendra Chauhan*

Holder's Signature  
Organ Donor : NO

Name :  
**HEMENDRA CHAUHAN**

Date Of Birth : 09/11/2003    Blood Group : A+  
Son/Daughter/Wife of : VIRENDRA CHAUHAN

Address:  
MAHRA DUFER PO-DUMAR NARENDRA  
BHOREY, GOPALGANJ, BR, 841426

BR-D2823016612

Date Of First Issue 20032025

DLNo: **BR28 20250005965**

BR-D2823016612



ADPVEH No.(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
	LMV	BR28	20/03/2025	NT			
	MC WC	BR28	20/03/2025	NT			

Emergency Contact Number  
8969472651

*Dilbeet Kumar*

Licensing Authority  
**DTO, GOPALGANJ**

Form 7 (Rev. 18/2)

