

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. - 918880009, 888881188 7704004713

**ESTIMATE**

Owner's Name..... Santosh Pal.....

Address..... Deoria.....

Phone..... 8795770745.....

Job No. ....

Date..... 19/04/25.....

Chassis No. ....

Engine No. ....

Key No. ....

Regn. No. .... UR52 CA 2026.....

Speedometer Redg. ....

Insurance No. ....

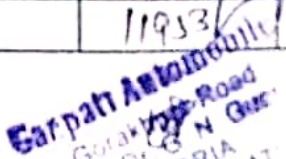
Model..... H.F. Deoria.....

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	Vision	19	1150	1150	
2	H/L	10	535	535	
3	Mittor Sate	10	1410	1410	
4	Mittor Immen	10	303	303	
5	F. Fender	10	1500	1500	
6	F. Fender - L & R	20	2500	5000	
7	Handle	11	500	5500	
8	Log guard	12	500	6000	
9	Liner (R)	10	100	1000	
10	F. Winder (R)	10	200	2000	
11					
12					
13					
14					
15					
16					
17	Washed			600	
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				11953	

- 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.

  
 For - Ganpati Automobiles  
 Deoria  
 Mob 7704004713

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.	SANTOSH PAL & 8795770745
2	Vehicle No. / वाहन संख्या	UP52CA 2062
3	Policy No. / पालिसी संख्या	MS/2025/700/0/46575/481988
4	Period of Insurance / बीमा अवधि	22/10/25 to 21/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/26 & 12:30 PM
6	Place of Accident / दुर्घटना का स्थान	पुँना चौराहे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	CHANDAN PAL & 8795770745 UP5220210018103
8	Estimated Loss / अनुमानित हानि	119530
09.	Cause of Accident / दुर्घटना का कारण : सलेमपुर से सिधुवा जा रहे थे रात में पुँना चौराहे पर हमने से दो पहिया वाहन आ रहा था जिसे मेरी गाड़ी को टक्कर मार दिया और मेरी गाड़ी दाया साइड गिरकर क्षतिग्रस्त 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.	Ganpati Automobiles Purua Deora & 8795770745

Date / दिनांक : 19/01/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के

/Santosh Pal

Santosh Pal





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/2025/7001/0/46575/481988

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

Period of Insurance 22/10/2025 to 21/10/2026  
 Claim No. \_\_\_\_\_

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

1. INSURED

(a) Name : SANTOSH PAL  
 (b) Address for correspondence : NANDPUR  
 (c) Telephone : 8795 770745

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2024</u>	Engine No. Chassis No. <u>* 01699</u> <u>* 01302</u>	Registration No. <u>UP52CA2062</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 : CHANDAN PAL  
 (b) Age : 23/07/2002  
 (c) Address : SIDHULWA  
 (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 : UPS22021001803  
 (h) Issuing Authority : 23/07/2021  
 (i) Date of Expiry : 02/07/2042  
 (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 : 15/01/2024 @ 12:30 PM  
 (b) Place : गीत नगर  
 (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 :  
 कारण : मैं गाड़ी चलाते थे रात में घुंरा रोड़ी से लू लम्हा में रोड़ी  
 भी 240 से मीटर की दूरी में गाड़ी का सामना हुआ जो रोड़ी की तरफ  
 चला गया मैंने ब्रेक लगाया लेकिन गाड़ी रुक नहीं सकी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
 (b) Estimated cost of repairs : 1753/-  
 (c) When and where can the damaged vehicle be inspected : Chankanti Automobiles Harwar  
 Deoria

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? \_\_\_\_\_
- (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 Policy 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 19/01/26 200

Signature of the insured \_\_\_\_\_

Santosh Pal

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 ..... *Santosh pal*  
Occupation .....  
Address .....  
.....  
.....

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

I hereby agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CA2062 Registration Date : 19-Apr-2024  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304  
 Owner Name : SANTOSH PAL Son/wife/daughter of : SHANKAR PAL  
 Full Address: (Permanent) : VILL-NANDPUR, POST-KUKUR GHAT, THANA-KHAMPAR, DEORIA, UTTAR PRADESH-274702  
 Full Address: (Temporary) : VILL-NANDPUR, POST-KUKUR GHAT, THANA-KHAMPAR, DEORIA-UTTAR PRADESH-274702  
 Fitness UpTo : 18-Apr-2039 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 Rear HSRP No : AA2098665397  
 Front HSRP No : AA2098369780 Month/Year of Manuf. : 04/2024  
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW14XRHD01302  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : HA11ECRHD01699 Cubic Capacity : 97.20  
 Horse Power(BHP) : 7.91 Wheel base : 1235  
 Maker's Classification : HF DELUXE (DRS) Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112  
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 242  
 Colour : BLACK GREY STRIPE AC Fitted : NO  
 Other Criteria :  
 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 : 18-Apr-2024 Sale Amt : 67383/-  
 OTT Date : 18-Apr-2024 Amount/Rcpt No : 6739 / UP52D24040002670  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 20-Jun-2024

Other State/Transfer/Conversion/Reassign Details

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

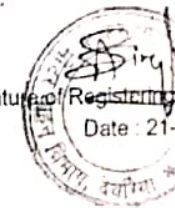
This certificate is valid from 19-Apr-2024 to 18-Apr-2039

Date 21-Jun-2024 10:32:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 21-Jun-2024



8174607

Government of Uttar Pradesh Government of Uttar Pradesh  
 21 Jun 2024 10:32:46

I agree with the conditions and approve the estimate.

Lab 711

Customer's Signature.....

Authorised Signatory

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025 7001/0/46575/481988

Motorsathi Care Private Limited  
Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
Phone: 091 79410 50643  
Email: info@motorsathi.com  
Help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANTOSH PAL	1993-05-25	7080387288	SHANKAR PAL	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP52CA2062	HA11ECRHD01699	MBLHAW14XRHD01302	2024	160	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
51500.00	NA	0.00	0.00	0.00	51500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo			2	1337.99	
Address			City / District	Pin Code	State	
VILL-NANDPUR,POST-KUKUR GHAT,THANA-KHAMPAR,274702				274702	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANSHU	Female	22 Years	WIFE	2025-10-22 12:41	Midnight of 2026-10-21	

MS (A) VRC: 723.90 TCR: 303.85 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1027.75  
 MS (B) EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00  
 MS (C) MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00  
 MS (D) Drive Assure: 262.91 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 47.33 Total with GST(D): 310.24  
**Total Section A+B+C+D Offered Price After Discount: 1338**

Package Period Covered	2025-10-22 To 2026-10-21	2026-10-22 To 2027-10-21	2027-10-22 To 2028-10-21	2028-10-22 To 2029-10-21	2029-10-22 To 2030-10-21
1) Services Period Covered	51500	NIL	NIL	NIL	NIL
2) Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-04-17 (DETAILS ARE AS FOLLOWS BY THE CUSTOMER).

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Professional work d) Race Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**DRIVER:** Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or possessing such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs 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 Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1lakh 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 MOTORSATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643  
 Email: info@motorsathi.com

**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Received with Thanks Rs 1337.99 ON 2025-10-22 from Mr./Ms. SANTOSH PAL against the ARN No. INCP00481988  
 Acknowledgement is subject to a compulsory excess of Rs 100/- & Depreciation is applicable as per terms & conditions\*  
 Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements. IMT - 22, 16, 18  
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



I agree with the conditions and approve the estimate.  
 Customer's Signature.....

Authorised Signatory

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**EGLPP5841K**

नाम / Name

**SANTOSH PAL**

पिता का नाम / Father's Name

**SHANKAR PAL**

जन्म की तारीख / Date of Birth

**25/05/1993**

*Santosh Pal*

हस्ताक्षर / Signature



11012018





भारत सरकार  
Government of India



संतोष पाल  
Santosh Pal

जन्म तिथि / DOB : 25/05/1993  
पुरुष / Male



3484 4795 0850

मेरा आधार, मेरी पहचान



भारत सरकार  
Unique Identification Authority of India

पता: आत्मज: शंकर पाल, ग्राम  
नन्दपुर, कुकुर घाटी, देवरिया, कुकुर  
घाटी, उत्तर प्रदेश, 274702

Address: S/O. Shankar Pal, Gram  
Nandpur, Kukur Ghati, Deona, Kukur  
Ghati, Uttar Pradesh, 274702

3484 4795 0850



help@uidai.gov.in



www.uidai.gov.in



