

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. - 9115888833, 9085501188 7704004713

Owner's Name: AMIRAL NISHAD

Address: DEORIA

Phone: 7518114792

ESTIMATE

Job No.

Date: 21/01/2025

Chasis No.

Engine No.

Key No. UPS2CF7275

Regn. No.

Speedmeter Redg.

Insurance No.

Model: VIDA V2 PLUS

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	UPPER COVER-R.	16	850	850	
2	LOWER COVER-R.	18	1750	1750	
3	FLOOR-R.	16	600	600	
4	BODY COVER-R.	16	2350	2350	
5	LIVOR-R.	16	150	150	
6					
7					
8					
9					
10					
11					
12					
13	LABOUR			600	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			TOTAL	6500	

- 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
 G. A. G. G. G. G.
 For - Ganpati Automobiles

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.	AMIBAL NISHAD. 7518114792
2	Vehicle No. / वाहन संख्या	UP 52 CF 7275
3	Policy No. / पालिसी संख्या	252400/31/2026/19294
4	Period of Insurance / बीमा अवधि	30/05/2025 - To - 29/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/2026 - Time - 12:30 Pm.
6	Place of Accident / दुर्घटना का स्थान	चन-चौराहा (देवीया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMIBAL NISHAD. UP5220130003127, 7518114792
8	Estimated Loss / अनुमानित हानि	6500/-
09.	Cause of Accident / दुर्घटना का कारण:	शिवपुर पडरही से राग लक्षण जा रहे थे। रास्ते में चन-चौराहा से एक ट्रक के पास गेरी जाड़ी रनगी थी तथा अनजाने एक बाइक वाले ने मेरी जाड़ी को तक्कर मार दिया और मेरी जाड़ी दाया बाइक की रनगी जाड़ी की
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.	LAANDATA SIVAR. MOBILE (E. ORIENTAL)

Date / दिनांक : 20/1/2026
हस्ताक्षर

Amibal Nishad

Signature of Insured / बीमाधारक के

Amibal Nishad



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. 252400/31/2026/19294

Tel. No. _____

Period of Insurance 30/05/2025 TO - 29/05/2026

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 AMIBAL NISHAD
 (b) Address for correspondence _____
 (c) Telephone PARHI BORIA (41P)

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>*03201</u> Chassis No. <u>*02046</u>	Registration No <u>UP52CF</u> <u>7275</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 NA
 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. NA
 (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 _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: AMIBAL NISHAD.
 (b) Age: 07/10/1989
 (c) Address: LAXMIPUR, DEORIA (U.P.)
 (d) Is the Driver
 1. Owner: YES.
 2. paid driver?
 3. Owner's relative or friend? OWNER.
 (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: UP5220130003127.
 (h) Issuing Authority:
 (i) Date of Expiry: 10/03/2033
 (j) Was the licence temporary/permanent: PERMANENT.
 (k) Details of endorsement/suspension, if any: NA.
 (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

5. DETAILS OF ACCIDENT

Time - 12:30 pm.
 (a) Date and Time: 15/01/2026
 (b) Place: चनचौराहा
 (c) Speed of vehicle at the time of accident: बिक्रम पट्टी से समतल सड़क पर जाते वक्त
 (d) Give a short description of the accident: सड़क में चनचौराहा पर एक ही कान के साहस से दो गाड़ी भी तेजी से जा रहे थे एक बॉक्स वाहन ने मोड़ते वक्त बाईलेफ्ट में जाकर मोड़ने के कारण दूसरी गाड़ी को टक्कर मार दी जिससे दोनों गाड़ी टकरा कर आगे बढ़ने लगी।
 (e) If any third party was responsible for this accident give the name and address: चापा साहू

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
 (b) Estimated cost of repairs: 6500/-
 (c) When and where can the damaged vehicle be inspected: BHANPATI ALLO MOBI (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: /
 (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 _____ N/A

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any _____
- (b) Did a Police Constable take particulars of The accident? _____ N/A
- (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 20/1/2026

Signature of the insured Amibal Nished

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 *Amibal Nishad*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF7275 Registration Date : 30-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 : AMIBAL NISHAD Son/wife/daughter of : NANDLAL NISHAD
 Full Address: (Permanent) : VILL- PADARAHU SHEOPUR, PO- LAXMIPUR PS- RUDRAPUR, DEORIA, DEORIA, UTTAR
 PRADESH-274204
 Full Address: (Temporary) : VILL- PADARAHU SHEOPUR, PO- LAXMIPUR PS- RUDRAPUR, DEORIA, DEORIA-UTTAR
 PRADESH-274204
 Fitness UpTo : 29-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 : AA2122688086 Rear HSRP No : AA2125625136
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 0 Chassis No : MBLCEW047S6B02046
 Engine No : ECD001S6B03201 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 : BLACK 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 IDFC FIRST BANK LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 30-May-2025.

Purchase dt : 30-May-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : EXEMPTED
 Date of Approval : 03-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 30-May-2025 to 29-May-2040

Date : 03-Jun-2025 16:25:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 03-Jun-2025

3620657



2025-05-20

Mrs. AMBAL NISHAD
C-1, PADARANI Street OPUR PO- LAXMIPUR
MORGA, Uttar Pradesh 274204

Dear Mr/Ms. AMBAL NISHAD,

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. AMBAL NISHAD, 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



Please scan the QR for details.



Certificate of Services

Policy Issuer & Servicing Office: Motor Sathi Care Private Limited, B-Dass Compound
 24x7 Public Service, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh,
 Uttar Pradesh, (202001) Certificate Number: INOP0444992
 Policy cum Certificate Number: INOP0444992
 Name of Certificate Holder: AMBAL NISHAD
 Mobile: 7379119180
 Address: VILL - PADARAH SHEOPUR PO-LAXMIPUR, DEORIA, DEORIA
 State: Uttar Pradesh
 Pin: 208250
 Vehicle Registration Number/NEW
 Model: VDA
 Engine Number: ECD001S8B03201
 Acknowledgement No: MS2025E444992

For Assistance, Please contact us at: Toll Free Number
 7941050643 Email ID: info@motorsathi.com
 Period of Coverage(MS): 2025-05-30 - 2026-05-29 MIDNIGHT
 DOB: 1989-10-07
 Period of Coverage(I): 2025-05-30 - 2030-05-29 MIDNIGHT
 City / District: DEORIA
 Pincode: 274204
 Manufacturing Year: 2025
 Vehicle Manufacturer:
 Variant: V2 PLUS
 Chassis Number: MBLCEW047S6B02046
 Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relief 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 square stepony 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 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 Service	4

General 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

AHDC 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

To: 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	3025.55	272.3	272.3	-	3570

Personal Accident Cover Details

Name of Certificate Holder: AMBAL NISHAD
 Nominee Name: BANDANA DEVI
 Nominee Gender: Male
 Period of Insurance: 2025-05-30 (19:30 HRS) - 2026-05-29 MIDNIGHT
 Nominee Relationship: WIFE
 Nominee Age: 32 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.



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



14052013

AMIBAL NISHAD

NANDLAL NISHAD

07/10/1989

Permanent Account Number

ATIPN5628C

Amibal Nishad

Signature



www

4901 8754 2758

Address:
S/O: Nandlal Nishad, pdsrah,
Sheopur, Deoria, Laxmipour, Uttar
Pradesh, 274204

पति
आमल नन्दलाल निषाद, पदरही,
निषाद, देवरिया, लखीपुर, उत्तर
प्रदेश, 274204

Unique Identification Authority of India



भारत सरकार - भारत

4901 8754 2758



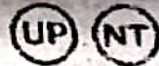
अमील निषाद
Ambal Nishad
लिंग / DOB : 07/10/1989
पुरुष / Male



Government of India

भारत सरकार

UNION OF INDIA Driving Licence



UP52 20130003127



जारी करने की तिथि
Date of Issue
11/03/2013

वैधता / Validity
10/03/2033

जन्म तिथि
Date of Birth
07/10/1989

Blood Group
Unknown



नाम / Name

AMIBAL NISHAD

पिता/पति/पत्नी का नाम / Son/Daughter/Wife of

NAND LAL NISHAD



पता / Address
VILL SHIVPUR PATAHARI PO LAKHIMPUR
DS BUDHAPUR
NEORIA

Holder's Signature