

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. - 9115223539, 9005501193 770980558 **ESTIMATE**

Owner's Name: ADITYA SHUKLA

Address: DEORIA

Phone: 7905533069

Job No.

Date: 21/01/2026

Chasis No.

Engine No.

Key No.

Regn. No. UP52B23608

Speedmeter Redg.

Insurance No.

Model: S.P.L.

Dear Sir,

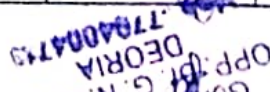
Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Vigee-	15	1000	11000	
2	H/L	12	535	535	
3	F-Fender-	15	1500	1500	
4	F-Fender. L&R	75	2500	5000	
5	Handle.	10	500	500	
6	F-blinker-L	15	250	250	
7	putter-Imme-	10	303	303	
8					
9					
10					
11					
12					
13	Labour			600	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL					9588

- 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.....


 Opp. Bt. G. N. Gaur
 Gorhapur Hand
 For - Ganpati Automobiles

Authorised Signatory



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/2025/7001/0/46575/402759

Tel. No. _____

Period of Insurance 02/02/25 to 07/02/2026

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 : ADITYA SHUKLA
 (b) Address for correspondence : C.C. ROAD
 (c) Telephone : 7905533069

2. THE INSURED VEHICLE

Make & Year <u>Hero 2024</u>	Engine No. Chassis No. <u>* 07748</u> <u>* 03100</u>	Registration No. <u>UP52B23608</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
 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



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHIVAM KUMAR GOND
 (b) Age : 26/03/2004
 (c) Address : Guler Bhatwani
 (d) Is the Driver
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : friend
 (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 : UPS220220012620
 (h) Issuing Authority : 10/09/2022
 (i) Date of Expiry : 25/03/2044
 (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 : 16/01/2026 @ 01:00PM
 (b) Place : C.C. Road
 (c) Speed of vehicle at the time of accident : 45 km/h
 (d) Give a short description of the accident : पुराना चौक से बस का गिरने के कारण जा रहे थे रास्ते में
 (e) If any third party was responsible for this accident give the name and address : CC रोड पर समीप से पहिया बाल झा खाया जिससे गती
 गती बनकर खा गये और गरी गाड़ी काया सहित गिर कर
 क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 36586
 (c) When and where can the damaged vehicle be inspected : LAHPATI APTIS MOBILE (E. P. AREA) (L.P.)

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? : NA

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? _____
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? _____
(e) Date and Diary No. _____

N/A

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 _____

N/A

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 20/01/2026 200

Signature of the insured Abijya Suleja

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 *Aditya Ghoshla*
Occupation
Address
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BZ3608
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA QUARTER, A GKP ROAD, DEORIA, . . 190-274001
 Owner Name : ADITYA SHUKLA
 Full Address: (Permanent) : VILL-C C ROAD PANTI TANKI DEORIA, DISTRICT DEORIA, . DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL-C C ROAD PANTI TANKI DEORIA, DISTRICT DEORIA, . DEORIA, UTTAR PRADESH-274001
 Fitness UpTo : 11-Feb-2039

Registration Date : 12 Feb-2024
 Purpose For Printing RC : NEW
 Son/wife/daughter of : ATUL KUMAR SHUKLA

Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2090252020
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E7RHA07748
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ I3S (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : MATT GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built

Owner Serial No. : 1
 Link Vehicle No. :
 Norms : BIHARAT STAGE VI
 Rear HSRP No : AA2093953439
 Monthly/yearly Maint. : 01/2024
 Chassis No : MHLHAW222RHA03100
 Fuel : PETROL
 Cubic Capacity : 97.10
 Wheel Size : 12.50
 Standing : 0
 Unladen Weight : 111
 Laden GVW (kgs) : 241
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cycles (Gross Vehicle Weight)

By Manuf.	Description	As Registered	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. .

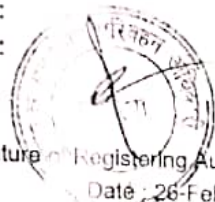
Purchase dt : 08-Feb-2024
 Sale Amt : 77996/-
 OTT Date : 08-Feb-2024
 Amount/Rept. No : 7799 / UP52D24020001447
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Feb-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Feb-2024 to 11-Feb-2039

Date : 26-Feb-2024 13:21:48
 Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 26-Feb-2024

509778



Package Offer

2025-02-05

Mr./Ms. ADITYA SHUKLA

VILL-C.C ROAD PANTI TANKI DEORIA,PO+PS-DEORIA,,274001
, Uttar Pradesh, 274001

Dear Mr./Ms. ADITYA SHUKLA,

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 offer details of the program are attached, 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. ADITYA SHUKLA, 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

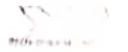


Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract Bundled

Contract No.: MS 2025/7001/C-46575/402789



MOTORSAATHI CARE PVT. LTD.
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Noida, Uttar Pradesh, (201014), India
 Tel: 91 794110 50643
 Email: info@motorsathi.com
 at the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Model	Model
ADITYA SHUKLA	2009-04-14	9555943863		Hero Splendour 110	SPLENDOR 110
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year	Cubic Capacity Vehicle Type
DRUM SLIP L20	UP52BZ3608	HAIH7RHA07748	MH01AV0701450000	20	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Other ADV	Total ADV
55500.00	NA	0.00	0.00	0.00	55500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Registration	Seating Capacity	Offered Payment (incl. GST)
	Solo		Uttar Pradesh		1521.44
Address			State	Package Start Date	Package End Date
VILL-C C ROAD PANTI TANKI DEORIA, PO-PS-DEORIA, 274001			Uttar Pradesh	2029-02-07	Midnight of 2026-02-07
Nominee Name	Nominee Gender	Nominee Age	Number of Years	Package	Package End Date
MALA SHUKLA	Female	46 Years	0	1W	Midnight of 2026-02-07

Section A: VRC: 312.83 ICR: 261.98 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00
 Section B: FC: 0.00 EC: 0.00 EPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 IDC: 0.00
GST(B): 0.00

Section C: MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9%): 21.74
 Section D: Device Assure: 617.52 AHDC, DOC & Additional External Tyre Cover(AETC) Other
Total Section A+B+C+D Offered Price After Discount: 1521

Package Period Covered	2025-02-08 To 2026-02-07	2026-02-08 To 2027-02-07	2027-02-08 To 2028-02-07	2028-02-08 To 2029-02-07	2029-02-08 To 2030-02-07
ADV	55500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

* THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN BY THE CUSTOMER PROVIDED BY THE CUSTOMER.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than Organized Racing (d) Pace Making (e) Speed Testing (f) Reliability Trials (g) Any purpose in connection with other than samples or personal toys.

DRIVER: Any person including covered individual. Provided that a person driving holds an existing valid license. Provided also that the person holding an effective 4 corners license must comply with the requirements of Indian Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of the amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored, misrepresentation, non-disclosure 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 1 lakh, the account holder must comply with the provisions of AMI package of the company. The AMI package is available in MotorSathi App.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD. Email: info@motorsathi.com, Call / Toll Free Phone No. 79411050643

IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is damaged or destroyed by reason of wider terms appearing in the Certificate. All disputes shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1521.44 ON 2025-02-05 from Mr./Ms. ADITYA SHUKLA (Please see overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 19
Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Noida, Uttar Pradesh, (201014), India



Indian Union Driving Licence
Issued in Uttar Pradesh

0220012620



Date: 10-08-2022 Validity (NT) 25-03-2044 Validity (TR)* _____



Holder's Signature

Name: **SHIVAM KUMAR GOND**

Date of Birth: 26-03-2004 Blood Group: _____

Organ Donor:

Son/Daughter/Wife of: **HARIYANSH GOND**

Address:
GADER BHALUANI DEORIA, UP
274001

Date of First Issue (10-08-2022)

Date of First Issue

DL No: UP52 20220012620

UPDL000009002094



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Issued Date*	Badge Issued By*
	MCWG	UP52	10-08-2022	NT		
	LMV	UP52	10-08-2022	NT		
	MVSD					

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
 Licensing Authority
 UP52 DEORIA

भारत सरकार
Government of India



आदित्य शुक्ला
Aditya Shukla
जन्म तिथि/DOB: 14/04/2009
पुरुष/ MALE

Issue Date: 05/10/2021

Valid Date: 07/10/2021

3872 4980 7035

VID : 9116 3476 6580 8798

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: अतुल कुमार शुक्ला, सी.सी रोड, पानी टंकी,
परशुराम चौकी, देवरिया खास, देवरिया,
उत्तर प्रदेश - 274001

Address:
C/O: Atul Kumar Shukla, C.C Road, Pani
Tanki, Prashuram Chauk, Deoria Khas,
Deoria,
Uttar Pradesh - 274001



3872 4980 7035

VID : 9116 3476 6580 8798



1947



help@uidai.gov.in



www.uidai.gov.in

