

GANPATI AUTOMOBILES

Purva Chauraha, Deoria
 Mob - 9415383539, 9336531183

ESTIMATE

Owner's Name..... Sonu Yadav.....
 Address..... Deoria.....
 Phone..... 9792541395.....

Job No.
 Date..... 26/01/26.....
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP 52 CA 7493.....
 Speedmeter Redg.
 Insurance No.
 Model..... Prestini.....

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 Conn-	1pc	1000	1000	
2	H/L	1pc	650	650	
3	F-Fender	1pc	1550	1550	
4	Upper Connr	1pc	1420	1420	
5	Lower Connr	1pc	1350	1350	
6	Floor (L)	1pc	900	900	
7	T/L	1pc	1150	1150	
8	Wind Screen	1pc	550	550	
9	Mirror (L)	1pc	280	280	
10	Livein (L)	1pc	100	100	
11					
12					
13					
14					
15					
16					
17	Labour -			600	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				9550/-	

- 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.....

For Ganpati Automobiles
 Gopal Chandra Road
 OPP Dr. G. N. Chandra
 DEORIA
 PIN - 2700004718
 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.	SONU YADAV & 9792541795
2	Vehicle No. / वाहन संख्या	UP52 CA 7493
3	Policy No. / पालिसी संख्या	MS/2025/7001/C/4575/447203
4	Period of Insurance / बीमा अवधि	07/06/2025 to 06/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/01/2026 & 07:45 PM
6	Place of Accident / दुर्घटना का स्थान	गुडरी गोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BABLU VISHWAKARMA & UP5220170004395 - 9792541795
8	Estimated Loss / अनुमानित हानि	9550/-
09.	Cause of Accident / दुर्घटना का कारण :	वेतलपूर डिपो में मिलान जाते समय रात में गुडरी गोड के पास बिदे से कोई वाहन ने टक्कर मार दिया जिससे तेली गाड़ी चारों साई जीर को दबी ग्राह हो गई
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 / फोन नं.	Ganpati Automobiles Purum Deoria & 7651989597

Date / दिनांक : 23/01/26
हस्ताक्षर सोनू यादव

शेखर यादव
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/#7203
 Tel. No. _____ Period of Insurance 07/06/2025 to 06/06/2026
 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 : SONU YADAV
 (b) Address for correspondence : GUDARI
 (c) Telephone : 9792541795

2. THE INSURED VEHICLE

Make & Year <u>Hero-2024</u>	Engine No. Chassis No. <u>* 03928</u> <u>* 03771</u>	Registration No. <u>UP52CA7493</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. : _____
 (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 : _____



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
(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? : NA
(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? : NA
(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 23/01/26 200

Signature of the insured [Signature]

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
Electronic Stamp
When Attached
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/in/report

Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52CA7493 Registration Date : 22-May-2024
 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 : SONU YADAV Son/wife/daughter of : RAMJAS YADAV
 Full Address: (Permanent) : VILL- GUDARI PO- BAITALPUR, PS- GAURI BAZAR DEORIA, , DEORIA, UTTAR PRADESH 274201
 Full Address: (Temporary) : VILL- GUDARI PO- BAITALPUR, PS- GAURI BAZAR DEORIA, , DEORIA-UTTAR PRADESH 274201
 Fitness UpTo : 21-May-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
 Front HSRP No : AA2102534066 Rear HSRP No : AA2103370738
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2024
 No of Cylinders : 1 Chassis No : MBLJF N356RGE03771
 Engine No : JF17ERRGE03928 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 115
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245
 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 SHRIRAM FINANCE LTD DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 22-May-2024

Purchase dt : 20-May-2024 Sale Amt : 74555/-
 OII Date : 20-May-2024 Amount/Rcpt No : 7456 / UP52D24050003100
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 12-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 22-May-2024 to 21-May-2039

Date: 12-Jun-2024 15:00:57

Location Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 12-Jun-2024

1153771



Handwritten signature

Contract No.: MS/2025/7001/O/46575/447203

Motorsathi Private Limited
 Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 For the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SONU YADAV	1989-04-01	9792541795		Hero	DE-STENT	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
BS DRUM SELF		JF17FRRGF01928	MBLJFN356RGE03771	2024		TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
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	1449.15	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
POONAM DEVI	Female	35 Years	WIFE	2025-06-07 00:00	Midnight of 2026-06-06	
n A. VRC: 431.54 TCR: 261.96 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default): Total with GST(A): 845.73 n 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 B): 0.00 n C. MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00 n D. Drive Assure: 269.85 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.57 Total with GST(D): 318.42 [Section A+B+C+D) Offered Price After Discount: 1449						
Service Period Covered	2025-06-07 To 2026-06-06	2026-06-07 To 2027-06-06	2027-06-07 To 2028-06-06	2028-06-07 To 2029-06-06	2029-06-07 To 2030-06-06	
	0.95	NIL	NIL	NIL	NIL	
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

RESTRICTIONS 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 baggage) c) Road Racing d) Pace 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 using 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. Non-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 Sathi App.

VOIDANCE: 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, non-disclosure of material fact or non-co-operation of the coverage.

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

REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care: Toll Free Phone No: 7941050643 & 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 1449.15 ON 2025-06-07 from Mr./Ms. SONU YADAV
 acknowledgement is subject to a compulsory excess of Rs. 100 - & Depreciation is applicable as per terms & conditions*
 (see 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



Indian Union Driving Licence
Issued by Uttar Pradesh



UPS2 20170004395



Issue Date: 27-07-2024
Validity (NT): 02-05-2017
Validity (TR)*: 17-11-2026



Holder's Signature

Date of First Issue: 03-05-2017

Name: BABALU VISHWAKARMA
Date of Birth: 04-11-1988
Blood Group:
Son/Daughter/Wife of: DINESH VISHWAKARMA

Organ Donor: N

Address: GUDARI BAITALPUR DEORIA UP
274201

DL No: UPS2 20170004395

UPDL 000012306431



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

17-11-2026

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
Motor	MCWG	UPS2	03-05-2017	NT			
Motor	MY	UPS2	03-05-2017	NT			
Motor	JRANS	UPS2	28-09-2018	TR			

Form 7 Rule 16(2)

Emergency Contact Number
9005009144

Licensing Authority
UPS2 DEORIA



Download Date: 21/11/2019

भारत सरकार
Government of India



सोनू यादव
Sonu Yadav
जन्म तिथि/DOB: 01/04/1985
पुरुष/ MALE

Issue Date: 25/09/2017

9838 1112 8517
VID : 9192 2414 1010 3821
मेरा , मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आमज: रामजस यादव, ग्राम-गुडरी, नैतालपुर, देवरिया,
उत्तर प्रदेश - 274201

Address:
S/O Ramjas Yadav, Gram-Gudari,
Batalpur, Deoria,
Uttar Pradesh - 274201



9838 1112 8517
VID : 9192 2414 1010 3821

1047 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

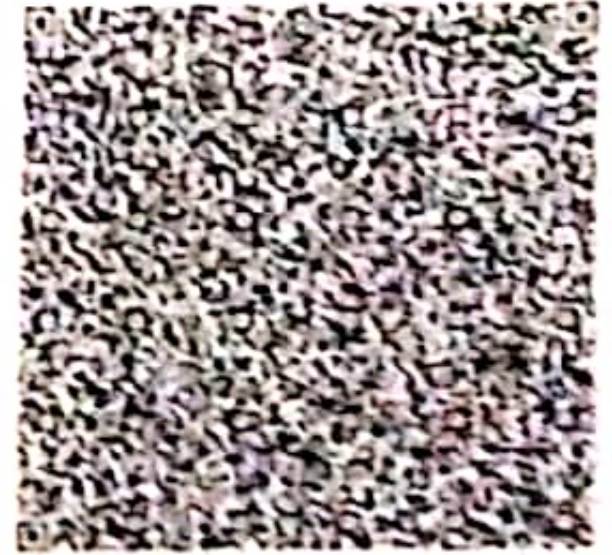


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BAGPY1707F



नाम / Name
SONU YADAV

पिता का नाम / Father's Name
RAMJAS YADAV

जन्म की तारीख
Date of Birth
01/04/1985

Sonu Yadav

हस्ताक्षर / Signature

09042019

