

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob - 9415383539, 9336531183

ESTIMATE

Owner's Name..... Ravi Kumar Gupta
 Address..... Deoria
 Phone..... 9869167906

Job No.
 Date..... 26/11/26
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP57 EK 6599
 Speedometer Redg.
 Insurance No.
 Model..... 7-TRAX

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 | <u>f-funder</u> | <u>1pc</u> | <u>1000</u> | <u>1000</u> | |
| 2 | <u>Handle</u> | <u>1pc</u> | <u>450</u> | <u>450</u> | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | <u>Labour</u> | | | <u>400</u> | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| TOTAL | | | | <u>1850</u> | |

- 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
 Deoria
 Gorakhpur Road
 N. Gupta
 Ganpati Automobiles
 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. | RAVI KUMAR. GUPTA - 9169167906 |
| 2 | Vehicle No. / वाहन संख्या | UP53FK6599 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/31062 |
| 4 | Period of Insurance / बीमा अवधि | 04/08/2025 To 03/08/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 17/01/2026 Time: 1:00 pm. |
| 6 | Place of Accident / दुर्घटना का स्थान | रुद्रपुर चौराहा |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | RAVI KUMAR. GUPTA - UP5320160028049, 9169167906 |
| 8 | Estimated Loss / अनुमानित हानि | 1850/- |
| 9 | Cause of Accident / दुर्घटना का कारण: दुर्घटना से ठीका बगार जाते समय रस्ते में रुद्रपुर चौराहा के सामने आगे डा रही बाइक में मेरी गाड़ी सागरे से तककर गार दी जिससे मेरी गाड़ी काये शक्ति खीर कर क्षतिग्रस्त 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 / फ़ोन नं. | GANAPATI AUTO-MOBILE REPAIR. |

Date / दिनांक : 23/01/26
हस्ताक्षर

Ravikumar Gupta

Ravikumar Gupta
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 252400/31/2026/31062
 Tel No. _____ Period of Insurance 21/08/2025 - To - 03/08/2026
 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 RANI KUMAR. GUPTA-
 (b) Address for correspondence BELAR. PARTIK. GORAKHPUR. (C.P.)
 (c) Telephone _____

2 THE INSURED VEHICLE

| | | |
|---|---|---|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No * <u>10901</u> Chassis No * <u>16488</u> | Registration No <u>UP53FK</u> <u>6599</u> |
|---|---|---|

- (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
- NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: RANI KUMAR. GUPTA.
 (b) Age: 20/08/1996
 (c) Address: CHOLA BAZAR. BOPORAKHIPUR. (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: UP5320160028049
 (h) Issuing Authority:
 (i) Date of Expiry: 22/11/2036
 (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

(a) Date and Time: 17/10/2026 30km Time: 1:00 PM
 (b) Place: लुधियाना रोड
 (c) Speed of vehicle at the time of accident: 30km
 (d) Give a short description of the accident: देवरिया से गौला बाजार जाते समय रास्ते में लुधियाना रोड के सामने धारा छोड़ी वाइक में गिरा जाया व वाइक में तकरा मार दी जिससे मोरी गाड़ी कापियास गिर कर क्षतिग्रस्त हो गई।
 (e) If any third party was responsible for this accident give the name and address:

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: No. Part ESTIMATE
 (b) Estimated cost of repairs: 1850/-
 (c) When and where can the damaged vehicle be inspected: GANAPATI AUTO. MOBIL (F. & EOR) (U.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?
 N/A

(a) at year, to which Police Station?
(c) 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) Where?
- (h) Which Police 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 23/1/26 200

Signature of the insured Ravi Kumar Gupta

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 or 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 Pav Kumar Gupta
Occupation
Address
.....

Bank Account Number
Name of the Bank

CERTIFICATE OF REGISTRATION

Registration No : UP53FK6509 Registration Date : 10-Aug-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , , 188-273010
 Owner Name : RAVI KUMAR GUPTA Son/wife/daughter of : GYAN PRAKASH GUPTA
 Full Address: (Permanent) : BELPAR PATHK, , , GORAKHPUR, UTTAR PRADESH-273409
 Full Address: (Temporary) : BELPAR PATHK, , , GORAKHPUR-UTTAR PRADESH-273409
 Fitness UpTo : 09-Aug-2040 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 : AA2133080453 Rear HSRP No : AA2131519842
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLJAU052SGF16488
 Engine No : JA07A0SGF10901 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS SINGLE SEAT Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

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 HERO FINCORP LTD, GORAKHPUR, , , New Delhi, Delhi-110001 w.e.f. 07-Aug-2025.

Purchase dt : 07-Aug-2025 Sale Amt : 103439/-
 OTT Date : 07-Aug-2025 Amount/Rcpt No : 10344 / UP53D25080002240
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 10-Aug-2025 to 09-Aug-2040

Date : 30-Aug-2025 14:23:24

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीन अधिकारी
 Signature of Registering Authority
 मोटर वाहन विभाग
 Date 30-Aug-2025
 गोरखपुर (उप्र),

5297382

UNION OF INDIA **Driving Licence**



UP53 20160028049



जारी करने की तिथि
Date of Issue

23/11/2016

वैधता / Validity

22/11/2036

जन्म तिथि
Date of Birth

20/08/1996

Blood Group

Unknown



नाम / Name

RAVI KUMAR GUPTA

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

GYAN PRAKASH GUPTA

UP53 20160028049

UP04872724M



L.VV
23/11/2016



MCWG
23/11/2016



Form / Rule 16(2)

नाम / Name

**VILL BEHARI PATHAK PO UNCHA GOWN PS GOLA BAZAR
GORAKHPUR GORAKHPUR - 273409**

Holder's Signature

जारीकर्ता / Issuing Authority Sign
GORAKHPUR



आयकर विभाग
INCOME TAX DEPARTMENT

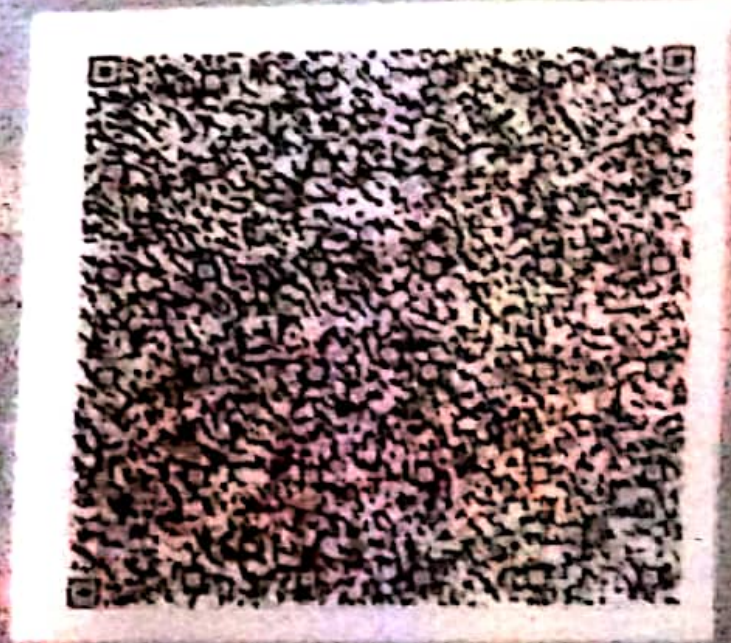


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DNLPG0714E



नाम / Name
RAVI KUMAR GUPTA

पिता का नाम / Father's Name
GYAN PRAKASH GUPTA

जन्म की तारीख /
Date of Birth
20/08/1996

Digitally Signed

20072023

File Application Digitally Signed, Card not
Valid unless Physically Signed



भारत सरकार
Government of India



रवि कुमार गुप्ता
Ravi Kumar Gupta
जन्म तिथि/DOB: 20/08/1996
पुरुष/ MALE



2810 0337 5242

VID: 9192 7896 3644 1207

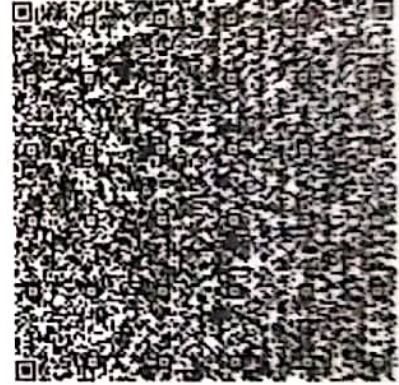
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: ज्ञान प्रकाश गुप्ता, बेलपार पाथक, गोरखपुर,
उत्तर प्रदेश - 273409

Address:
S/O: Gyan Prakash Gupta, Belpar pathk,
Gorakhpur,
Uttar Pradesh - 273409



QR Code with Photograph

2810 0337 5242

VID: 9192 7896 3644 1207

