

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 770400 9713

Mob. - 945000519 8335504483

7704800558

Owner's Name..... **KIRAN. RAO**

Address..... **DEORIA**

Phone..... **7054594588**

ESTIMATE

Job No.....

Date..... **23.11.2026**

Chasis No.....

Engine No.....

Key No.....

Regn. No..... **UP52CE1736**

Speedmeter Redg.....

Insurance No.....

Model..... **S.P.6+**

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	Viper	1pc	1000	1000	
2	HIL	1pc	620	620	
3	F- Limkoe - (L)	1pc	250	250	
4	Fuel Tank	1pc	5520	5520	
5	Mame. Stand.	1pc	530	530	
6	Sadi Coverd.	1pc	350	350	
7	Hamdl.	1pc	550	550	
8	Livoe - (L)	1pc	100	100	
9	F- Feendae -	1pc	1500	1500	
10	R.R. Fork. (L)	1pc	1050	1050	
11	Sawney. Amme. (Gzt)	1pc	1000	1000	
12	चि तक	2pc	200	400	
13					
14					
15					
16					
17					
18					
19	Labour			600	
20					
21					
22					
23					
24					
25					
TOTAL				13470	

- 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.....

GANPATI Automobiles
 Gopalpur Road
 OPP. Dr. G. N. Pathy
 DEORIA
 PIN- 770400471
 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.	KIRAN RAO. 7054594588.
2	Vehicle No. / वाहन संख्या	UP52CE1736.
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	03/02/2025 - 02/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/01/2026 - Time - 9:00 AM
6	Place of Accident / दुर्घटना का स्थान	शमीहावा, पुरवा (देवीएन)
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	ABHISHEK. RAO UP5220240012886, 7054594588.
8	Estimated Loss / अनुमानित हानि	13470/-
09.	Cause of Accident / दुर्घटना का कारण: पुरवा चौराहा से शमी हावा जाते समय शमी हावा के सामने गड्ढे पर मुड़ते समय बायें से आ रही बड़क ने मेरी गाडी मे बायें साइड से तक्कर मार दिया जिससे मेरी गाडी बायें साइड ही गिर कर क्षतिग्रस्त हो गयी।	
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.	JANPAT. AUTO. MOBILE REPAIR.

Date / दिनांक : 22/01/2026.
हस्ताक्षर

Kiran Rao

Kiran Rao
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. _____

Tel No. _____

Period of Insurance 08/02/2025 To - 02/02/2026

Claim No. _____

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

1. THE INSURED
 (a) Name KIRAN RAO
 (b) Address for correspondence SINDHI MALL, DEORIA (U.P)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>80166</u> Chassis No. <u>76707</u>	Registration No. <u>UP52CE</u> <u>1736</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 to 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 NA
 (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 : ABHISHEK. RAO.
 (b) Age : 01/02/2001
 (c) Address : MEHRI KHASRA, KARBORIYA (C.P.)
 (d) Is the Driver
 1. Owner : NO.
 2. paid driver? : NO.
 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 : UP5220240012886.
 (h) Issuing Authority :
 (i) Date of Expiry : 31/01/2024
 (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 : 22/01/2026, 9:00 AM
 (b) Place : शमी दावा देवी (C.P.)
 (c) Speed of vehicle at the time of accident : 30 km
 (d) Give a short description of the accident : पुरवाँ यौराहा से शमी दावा जाने समय शमी दावा के सामने रोड पर मुड़ते समय वायु रॉड से आ रही तड़िक ने मोरी वाइक से कापे खास से तकर गाल दिया जिससे मेरी खासियाय खास और कटती जाति शुरू हो।
 (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 : AS PAR ESTIMATE.
 (b) Estimated cost of repairs : 13470/-
 (c) When and where can the damaged vehicle be inspected : JANPATI AUR MOBILE, KARBORIYA (C.P.)

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :
 (b) Address :
 (c) Full Details of personal injury sustained : NA
 (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? : _____ N/A
(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? : _____ 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? : _____ X/A
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police 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 22/01/2026
200

Signature of the insured Kiran Rao

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 Kirah Rao
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52CE1736	Registration Date	: 15-Feb-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	GANPATI AUTOMOBILES PVT. LTD. PURWA CHAURAHA GKP ROAD, DEORIA - 274601		
Owner Name	: KIRAN RAO	Son/wife/daughter of	: DHARMENDRA RAO
Full Address: (Permanent)	VILL: SINDHI MILL COLONY WARD NO 9, PO+PS- DEORIA, DEORIA, UTTAR PRADESH-274001		
Full Address: (Temporary)	VILL: SINDHI MILL COLONY WARD NO 9, PO+PS- DEORIA, DEORIA-UTTAR PRADESH-274001		
Fitness Up To	: 14 Feb-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	: AA2120215306	Rear HSRP No	: AA2118217698
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 01/2025
No of Cylinders	: 1	Chassis No	: MBLHAW221SHA76707
Engine No	: HA11E7SHA80168	Fuel	: PETROL
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ BLK STRIPE S (DRS)	Wheel base	: 1236
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 111
Colour	: BLACK AND ACCENT	Laden/GV Wt (kgs)	: 241
Other Criteria		AC Fitted	: No

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	: 05 Feb-2025	Sale Amt	: 78366 -
OTT Date	: 05 Feb-2025	Amount/Rcpt No	: 7837 / UP52D25020001666
Vehicle is Govt / Pvt	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 17-Feb-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Feb-2025 to 14-Feb-2040

E-fee: 14-Mar-2025 11:24:00

Location Particulars: Amount of Registration Mark Fee Details

Signature of Registering Authority

Date: 04-Mar-2025

01734001

Uttar Pradesh Government





2025-02-03

Mr./Ms. KIRAN RAO
VILL- SINDHI MILL COLONY WARD NO 9 DEORIA PO- DEORIA
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. KIRAN RAO,

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. KIRAN RAO, 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



यह बीमा पालिमी गाड़ी का कुल बीमा
(OD) एक साल का तथा यह पार्टी बीमा
पाँच साल के लिए है मान्य है।



Please scan the QR for details.



Certificate of Services

Certificate Issuer & Servicing Office Motor Sathi Care Private Limited, B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00402175

For Assistance, Please contact us at: Toll Free Number: 79410506431 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00402175

Period of Coverage(MS): 2025-02-03 - 2026-02-02 MIDNIGHT

Name of Certificate Holder: KIRAN RAO

DOB: 1991-09-10

Mobile: 9838220186

Period of Coverage(I): 2025-02-03 - 2030-02-02 MIDNIGHT

Address: VILL- SINDHI MILL COLONY WARD NO 9 DEORIA PO- DEORIA, DEORIA, DEORIA

City / District: DEORIA

State: Uttar Pradesh

Pincode: 274001

IDV: 74447.7

Manufacturing Year: 2025

Vehicle Registration Number: New

Vehicle Manufacturer: HERO MOTOCORP

Model: SPLENDOR PLUS

Variant: I3S ALL BLACK E20

Engine Number: HA11E7SHA80166

Chassis Number: MBLHAW221SHA76707

Acknowledgement No: MS2025E402175

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay 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 spare stepney 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

Special 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

ADHC Benefit: 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. All 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 minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For ADHC 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
M3 Services	450	40.5	40.5	-	531
Allied Services	1782.59	160.44	160.44	-	2103

Personal Accident Cover Details

Name of Certificate Holder: KIRAN RAO

Period of Insurance: 2025-02-03 (17:40 HRS) - 2026-02-02 MIDNIGHT

Nominee Name: DHARMENDRA RAO

Nominee Relationship: HUSBAND

Nominee Gender: Male

Nominee Age: 45 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. (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. (c) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) 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.



भारत सरकार
विभाग

INCOME TAX DEPARTMENT



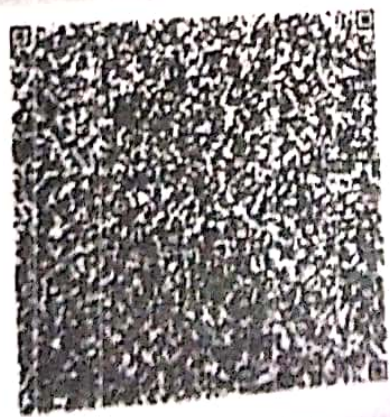
भारत सरकार
GOVT. OF INDIA



नाम
KISHAN RAO

स्थायी निरुद्धा संख्या कार्ड
Permanent Account Number Card

BAKPR2122P



पिता का नाम / Father's Name
DEVENDRA SINGH

जन्म तिथि / Date of Birth
10/09/1991

Handwritten signature

PAN Registration Enquiry for PAN Card
Valid unless Otherwise Stated

29072023



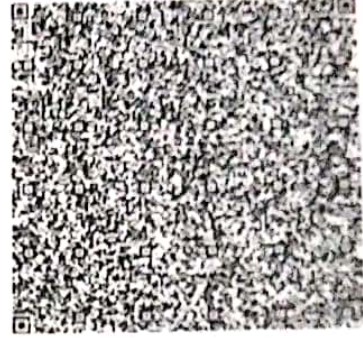
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 07/11/2022

पता: W/O: धर्मेन्द्र राव, 440, सिन्धि मिल
कलोनी, वॉर्ड न 9, देवरिया, देवरिया, उत्तर प्रदेश,
274001

Address: W/O: Dharmendra Rao, 440, sindhi
Mill colony, ward no 9, Deoria, Deoria, Uttar
Pradesh, 274001



5208 6268 9067



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



Issue Date: 05/11/2013



किरन राव
Kiran Rao
जन्म तिथि / DOB : 10/09/1991
महिला / Female



5208 6268 9067



5208 6268 9067

मेरा आधार, मेरी पहचान



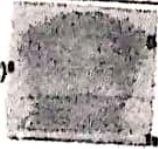
**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20240012886

Issue Date: 03-07-2024
Validity (NT): 31-01-2041

Validity (TR):



Holder's Signature

Date of First Issue: 03-07-2024

Name: **ABHISHEK RAO**
Date of Birth: **01-02-2001** Blood Group:
Son/Daughter/Wife of: **HEMANT RAO**

Organ Donor: **Y**

Address:
**GRAM AHENDA GLESTATE AHENDRA BHATPAR
RAM DEORIA UTTAR PRADESH 274001**

DL No: UP52 20240012886

VF01809137



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued
MCWG	UP52	03-07-2024	NT				
LMV	UP52	03-07-2024	NT				
MV30							

Emergency Contact Number

Licensing AUTH
UP52 DEORIA