

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. - 9415005583, 8870501403

77480558, 970109713

ESTIMATE

Owner's Name: SHARMBHAR KUMAR MISHRA

Address: DEORIA

Phone: 8738863845

Job No.
 Date: 27.11.2025
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52CE6096
 Speedmeter Redg.
 Insurance No.
 Model: F.S.T.N.

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	1	1382	1382	
2	Lower- Cover	1	1290	1290	
3	F- Fender	1	1521	1521	
4	Handle- Cover	1	912	912	
5	Mirror- L&R.	2	250	500	
6	Moat	1/4	350	350	
7	Front. Imm.	1	499	499	
8	Floor- L&R.	2	800	1600	
9	Body. R.	1	1982	1982	
10	Muffler- Cover	1	201	201	
11	Liver- R.	1	100	100	
12	HIL	1	595	595	
13					
14					
15					
16					
17					
18					
19					
20					
21	<i>Amor</i>			600	
22					
23					
24					
25					
TOTAL				11800	

- 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 Automobile
 Gorakhpur Road
 For - Ganpati Automobiles
 DEORIA
 Mob 7704004703

Authorised Signatory

Customer's Signature.....

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. - 9415005588 8090501189

7748005588 774004713

Owner's Name

SHARMBHAR KUMAR MISHRA

Address

DEORIA

Phone

8738863845

ESTIMATE

Job No.

Date **27.11.2026**

Chasis No.

Engine No.

Key No.

Regn. No. **LIPS2CE 6096**

Speedmeter Redg.

Insurance No.

Model **DEORIA**

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	1c	1382	1382	
2	Lower - Cover -	1c	1290	1290	
3	F - Fender -	1c	1524	1524	
4	Handl - Cover -	1c	912	912	
5	Mirror - L&R.	2c	250	500	
6	Mot.	1c	350	350	
7	Front. Inme.	1c	498	498	
8	Floor - L&R.	9c	200	1800	
9	Body. R.	1c	1982	1982	
10	Muffler - Cover -	1c	291	291	
11	Liver - R.	1c	100	100	
12	HIL	1c	595	595	
13					
14					
15					
16					
17					
18					
19					
20					
21				600	
22					
23					
24					
25					
			TOTAL	11800	

- 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 Automobile
 For - Gorakhpur Road
 Opp. G.N. Gilda
 DEORIA
 Mob 7704004713

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.	DHARMENDRA KUMAR. मोशिरा. 8738863845
2	Vehicle No. / वाहन संख्या	UP52CE 6096
3	Policy No. / पालिसी संख्या	252400/31/2025/76003.
4	Period of Insurance / बीमा अवधि	19/03/2025-To-18/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/01/2026 Time:- 12:30 pm.
6	Place of Accident / दुर्घटना का स्थान	बैकुंठपुर-चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJNEESH. KUMAR. मोशिरा. UP5220170012636, 8738863845
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैं पुराना ट्रैक्टर से परिसरा उल्टि जा रहा था रास्ते में बैकुंठपुर चौराहा पर सामने से टा पहिया वाहन आ रहा था। जिसने सामने से तुरंत तुरफ से तकर मार दिया और मेरी जाड़ी उभिसनीत हो कर दाया तरफ गिरकर झुतिशस्त 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.	(JANPATI) APTA. MOBILE DEPT. A.

Date / दिनांक : 27/01/2026
हस्ताक्षर

धर्मेंद्र कुमार मोशिरा

Signature of Insured / बीमाधारक के

धर्मेंद्र कुमार मोशिरा



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. 252900/2/2025/36003
 Tel. No. _____ Period of Insurance 10/03/2025-12/03/2026
 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 SHARADENDAR
 (b) Address for correspondence PURVA CHHAPAR, DEORIA (U.P.)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>06693</u> Chassis No. <u>06692</u>	Registration No. <u>UP52CE</u> <u>6096</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
- NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAJNEESH.KUMAR.MISHRA
(b) Age : 10/07/1998
(c) Address : PURNA CHHAPAR DEORIA (U.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 : UP5220170012636
(h) Issuing Authority :
(i) Date of Expiry : 22/10/2037
(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

Date and Time : 26/01/2026
Place : देहरादून / चौराहा
Speed of vehicle at the time of accident :
Give a short description of the accident : देहरादून में चौराहा पर एक गाड़ी को टक्कर मारने के कारण हादसा हुआ।
If any third party was responsible for this accident give the name and address : देहरादून में चौराहा पर एक गाड़ी को टक्कर मारने के कारण हादसा हुआ।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS. PER. ESTIMATE
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : JIANKATI AUTO. MOBILE. DEORIA (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? : NA

Customer's Signature..... GOVERNMENT OF UTTAR PRADESH

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? NA
- (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 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 27/01/2026 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
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature के.ए. कुमारी
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE6096
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 22-Mar-2025
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ... 190-274001
Purpose For Printing RC : NEW
Owner Name : DHARMENDRA KUMAR
Son/wife/daughter of : PRADUMAN MISHRA

Full Address: (Permanent) : VILL- PURANA CHHAPAR, PO+PS- BHATNI SALEMPUR DEORIA, , DEORIA, UTTAR PRADESH-274701

Full Address: (Temporary) : VILL- PURANA CHHAPAR, PO+PS- BHATNI SALEMPUR DEORIA, , DEORIA-UTTAR PRADESH-274701

Fitness Up To : 21-Mar-2040

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Link Vehicle No :
Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Rear HSRP No : AA2120687498
Front HSRP No : AA1039709311
Month/Year of Manuf. : 02/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLJFN357SGB06692
No of Cylinders : 1
Fuel : PETROL
Engine No : JF17ERSGB06143
Cubic Capacity : 124.60
Horse Power(BHP) : 8.98
Wheel base : 1245
Maker's Classification : DESTINI PRIME
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Colour : METALLIC NEXUS BLUE
Unladen Wt (kgs) : 115
Other Criteria : Fully Built
Laden/GV Wt (kgs) : 245
AC Fitted : NO

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

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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. 21-Mar-2025.

Purchase dt : 19-Mar-2025
Sale Amt : 75855/-
OTT Date : 19-Mar-2025
Amount/Rcpt No : 7586 / UP52D25030002760
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 26-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 22-Mar-2025 to 21-Mar-2040

Date : 01-Apr-2025 13:41:31

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 01-Apr-2025

Q 2406808

Government of Uttar Pradesh Government of Uttar Pradesh Government of Uttar Pradesh

Customer's Signature

Authorised Signatory



2025-03-19

Mr./Ms. DHARMENDRA KUMAR MISHRA
VILL-PURANA CHHAPAR
DEORIA, Uttar Pradesh, 274701

Dear Mr./Ms. DHARMENDRA KUMAR MISHRA,

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.

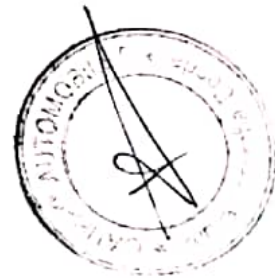
We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of 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. DHARMENDRA KUMAR MISHRA, 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



कार्यालय, नितोमजन
पता: नितोमजन, देवरी, उत्तर प्रदेश
मोबा. नं. 7941050643



Please scan the QR for details.

Customer's Signature.....





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, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00418252

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

Tax Invoice cum Certificate Number: INCP00418252
Name of Certificate Holder: DHARMENDRA KUMAR MISHRA
Mobile : 9761838994
Address: VILL-PURANA CHHAPAR, DEORIA, DEORIA
State: Uttar Pradesh
IDV: 72062 25
Vehicle Registration Number: New
Model: DESTINI
Engine Number: JF17ERSGB06143
Acknowledgement No. MS/2025/E418252

Period of Coverage(MS): 2025-03-19 - 2026-03-18 MIDNIGHT
DOB: 1976-07-01
Period of Coverage(I): 2025-03-19 - 2030-03-18 MIDNIGHT
City / District: DEORIA
Pincode: 274701
Manufacturing Year: 2025
Vehicle Manufacturer: HERO MOTOCORP
Variant: PRIME
Chassis Number: MBLJFN357SGB06692
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 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 minimum 24 hours hospitalisation is mandatory
Coverage Amount - Rs.1000 per day
Maximum Number of days - 10

For 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	651.27	58.62	58.62	-	769

Personal Accident Cover Details

Name of Certificate Holder: DHARMENDRA KUMAR MISHRA
Nominee Name: SEEMA MISHRA
Nominee Gender: Female
Period of Insurance: 2025-03-19 (18.09 HRS) - 2026-03-18 MIDNIGHT
Nominee Relationship: WIFE
Nominee Age: 47 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. 6) 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. 7) 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.



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

DHARMENDRA KUMAR MISHRA

PARDUMAN MISHRA

01/07/1976

Permanent Account Number

E KLPM6235P

(Handwritten signature)



In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खाने/पाने पर कृपया सूचित करें/लौटाएं :

आयकर पैन सेवा यूनिट, UTITSL
प्लॉट नं. 3, सेक्टर 11, सी.बी.डी. बेलपुर,
नवी मुंबई-400 614.





भारत सरकार
Government of India



धर्मन्द्र कुमार मिश्रा

Dharmendra Kumar Mishra

जन्म तिथि / DOB : 01/07/1976

पुरुष / Male

6394 1211 0888



मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज पदुमान मिश्रा,
उत्ताखपर, पूर्णक उपर, देवरिया,
भारत, उत्तर प्रदेश, 274701

Address: S/O. Paduman Mishra,
Purnachhapur, Purnac Chhapar, Deoria,
Bhaini, Uttar Pradesh, 274701

6394 1211 0888



1947

help@uidai.gov.in

www.uidai.gov.in



UNION OF INDIA **Driving Licence** (UP) (NT)

UP52 20170012636



जारी करने की तिथि
Date of Issue
23/10/2017

वैधता / Validity
22/10/2037

जन्म तिथि
Date of Birth
10/07/1998

Blood Group
Unknown



नाम / Name

RAJNEESH KUMAR MISHRA

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

DHARMENDRA MISHRA

UP52 20170012636

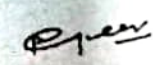

LMV
23/10/2017


MCWG
23/10/2017

पता / Address

**PURNA CHHAPAR
BHATNI
DEORIA -**

Rajneesh Kumar Mishra
Holder's Signature


जारीकर्ता / Issuing Authority Sign
DEORIA

(UP)

Form 7 (Rule 16(2))

