

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. ~~975363500~~ 9336531183 770920058

ESTIMATE

Owner's Name: DASHRATH YADAV

Address: DEORIA

Phone: 9005108

Job No.

Date: 31/01/2026

Chasis No.

Engine No.

Key No.

Regn. No. UP52CF1066

Speedmeter Redg.

Insurance No.

Model: SPLT

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	Vizor-	1K	1000	1000	
2	HIL	1K	3000	3000	
3	Hamell-	1K	500	500	
4	LINAE-(R)	1K	100	100	
5	F-Fondae-	1K	1500	1500	
6	Fork L&R.	—	—	350	
7	F-klindae-R	1K	200	200	
8	Fied. Tands	1K	4700	4700	
9					
10					
11					
12					
13					
14					
15					
16	LARNA			500	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				12200	

98

- 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
 For: Ganpati Automobiles
 OPP. U.G. GRI
 DEORIA
 Mob - 770400

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.	DASHRATH YADAV 9005108098
2	Vehicle No. / वाहन संख्या	UP52CF 1066
3	Policy No. / पालिसी संख्या	252400/31/2026/6455
4	Period of Insurance / बीमा अवधि	23/09/2025 - To - 22/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/01/26 07:30 PM
6	Place of Accident / दुर्घटना का स्थान	उत्तर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DASHRATH YADAV UP520240009/7, 9005108098
8	Estimated Loss / अनुमानित हानि	
9	Case of Accident / दुर्घटना का कारण : मिफालिया से उत्तरा जाते समय उत्तरा में सामने से अज्ञान से एक ई रिक्सा वाला टक्कर मार दिया और गाड़ी दाहिने साइड गिर गई और ड्राइवर को गिर	
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.	JANPATA APTI. MOBILE. DEORIA.

Date / दिनांक : 31/1/2026
हस्ताक्षर

दशरथ यादव

31/01/26

Signature of Insured / बीमाधारक के

दशरथ यादव



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. 252400/31/2026/6455
 Tel No. _____ Period of Insurance 23/09/2025 to 22/09/2026
 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 DASHRATH VADAV
 (b) Address for correspondence MISHRULIA
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>50</u> Chassis No. <u>30349</u>	Registration No. <u>UP52CF</u> <u>1066</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 N/A
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

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 N/A
 (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 DASHRATH. VADAV
 (b) Age 23/05/2002
 (c) Address Bhatpor. RANI GEORJA. (U.P.)
 (d) Is the Driver
 1. Owner YES
 2. paid driver? NO
 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 UP5220240009171
 (h) Issuing Authority _____
 (i) Date of Expiry _____
 (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 27/01/26 Time 7:30PM
 (b) Place उत्तर
 (c) Speed of vehicle at the time of accident दिशारीली वर उसाय वाटे लागव वातुमी उरतानु
 (d) Give a short description of the accident मिनी वर उसाय वाटे लागव वातुमी उरतानु
 (e) If any third party was responsible for this accident give the name and address गार वरुमि उसाय वाटे लागव वातुमी उरतानु

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage A.S. PER. ESTI AMAS
 (b) Estimated cost of repairs _____
 (c) When and where can the damaged vehicle be inspected (SIAMPAJI AUTO. MOBIL. GEORJA)

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

NA

9. WITNESS

- (a) Give names and addresses of passengers/other witnesses, 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.

NA

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

NA

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 31/01 2026

Signature of the insured

491204 2149

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 42149 2149
Occupation
Address
.....

Bank Account Number
Name of the Bank

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF1066 Registration Date : 28-Apr-2025
 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 : DASHRATH YADAV Son/wife/daughter of : BANDHU YADAV
 Full Address: (Permanent) : VILL- MISHRULIA PO- BATULAH, PS- RUDRAPUR DEORIA, , DEORIA, UTTAR PRADESH-274201
 Full Address: (Temporary) : VILL- MISHRULIA PO- BATULAH, PS- RUDRAPUR DEORIA, , DEORIA-UTTAR PRADESH-274201
 Fitness UpTo : 27-Apr-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 : AA2124455768 Rear HSRP No : AA2124883402
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW400SHC30349
 Engine No : HA11F1SHC30260 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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 w.e.f. .

Purchase dt : 23-Apr-2025 Sale Amt : 84351/-
 OTT Date : 23-Apr-2025 Amount/Rcpt No : 8436 / UP52D25040004078
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 28-Apr-2025 to 27-Apr-2040

Date : 13-May-2025 15:17:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 13-May-2025

Q 2661802



2025-04-23

Mr./Ms. DASHRATH YADAV
VILL-MISHRRULIA, PO-BATULAH
DEORIA, Uttar Pradesh, 274201

Dear Mr./Ms. DASHRATH YADAV,

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. DASHRATH YADAV, 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.

Customer's Signature.....

Authorised Signatory





Certificate of Services

Motor Sathi Issuer & Servicing Office: Motor Sathi Care Private Limited, B.Dass Compound
Site, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh,
Uttar Pradesh, (202001) Certificate Number: INCP00430164

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

Max Invoice cum Certificate Number: INCP00430164

Name of Certificate Holder: DASHRATH YADAV

Mobile: 9005108098

Address: VILL-MISHRRULIA, PO-BATULAH, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 80133.45

Vehicle Registration Number: New

Model: SPLENDOR PLUS

Engine Number: HA11F1SHC30260

Acknowledgement No: MS/2025/E430164

Period of Coverage(MS): 2025-04-23 - 2026-04-22 MIDNIGHT

DOB: 2002-05-27

Period of Coverage(I): 2025-04-23 - 2030-04-22 MIDNIGHT

City / District: DEORIA

Pincode: 274201

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: XTEC 2.0

Chassis Number: MBLHAW400SHC30349

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	1879.92	169.19	169.19	-	2218

Personal Accident Cover Details

Name of Certificate Holder: DASHRATH YADAV

Period of Insurance: 2025-04-23 (19:03 HRS) - 2026-04-22 MIDNIGHT

Nominee Name: RAMITA YADAV

Nominee Relationship: WIFE

Nominee Gender: Female

Nominee Age: 22 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. 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. 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.



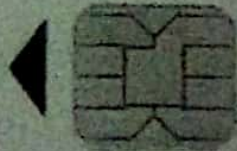


Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20240009171

UPDL 0500 1305 1779



Issue Date 06-05-2024 Validity (NT) 26-05-2042 Validity (TR)



(06-05-2024)

Holder's Signature

Name: DASHRATH YADAV
Date of Birth: 27-05-2002 Blood Group: Organ Donor:
Son/Daughter/Wife of: BANDHU YADAV

Address:
Mishraulia - Batulahi Batulahi Bhatpar
Rani Deoria Uttar Pradesh 274201

Date of First Issue

DL No: UP52 20240009171



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 By*
MCWG	UP52	06-05-2024	NT				
LRV	UP52	06-05-2024	NT				
MVSD							


Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA

भारत सरकार
Government of India

आधार



दशरथ यादव
Dashrath Yadav
जन्म तिथि/DOB: 27/05/2002
पुरुष/ MALE
Mobile No: 9919226189
4017 4066 6443
VID : 9170 4257 3682 7201

माझे आधार, माझी ओळख

भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India

पता:
S/O बन्धु यादव, मिश्रातिया, , बटुलाही, देरिया,
उत्तर प्रदेश - 274201

Address:
S/O Bandhu Yadav, Mishraulia, ., Batulahi,
Deoria,
Uttar Pradesh - 274201



4017 4066 6443
VID : 9170 4257 3682 7201

1947 | 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

BHQPY6170B



नाम / Name

DASHRATH YADAV

पिता का नाम / Father's Name

BANDHU YADAV

जन्म तिथि / Date of Birth

27/05/2002

ड. व. सादव

हस्ताक्षर / Signature