

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 7704004713

Mob. - 9415388539, 9336591183

7704800558

**ESTIMATE**

Owner's Name..... Amid Kumar .....

Address..... Deoria .....

Phone..... 6307958489 .....

Job No. ....

Date..... 04/02/26 .....

Chasis No. ....

Engine No. ....

Key No. ....

Regn. No. .... UP.SZ.AN.3562 .....

Speedmeter Redg. ....

Insurance No. ....

Model..... H.f. Deluxe .....

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	Seat Cover L/R	2PC	500	1000	
2	Canter	1PC	200	200	
3	Pamke - (L)	1PC	550	550	
4	R. Winker (L)	1PC	180	180	
5	T/L	1PC	380	380	
6	Lack Sede	1PC	1000	1000	
7					
8					
9					
10					
11					
12					
13					
14					
15	Labour			600	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			<b>TOTAL</b>	<u>3910</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.....

**Ganpati Automobiles**  
 Gorakhpur Road  
 For - Ganpati Automobiles  
 OPP. D.I.C. DEORIA  
 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.	AMIT KUMAR ♀ 6307958489
2	Vehicle No. / वाहन संख्या	UP52AN3562
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/418948
4	Period of Insurance / बीमा अवधि	21/03/2025 to 20/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/01/26 ♀ 02:30PM
6	Place of Accident / दुर्घटना का स्थान	अमोठी मंदिर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMIT KUMAR ♀ 6307958489 UPS220100003166
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : दुर्घटना मंदिर सी.सी. रोड से रातलक्ष्मी जाते समय रास्ते में अमोठी मंदिर के सामने रोड पर पिछे से ई विप्रा ने टक्कर मार दिया जिससे मेरी गाड़ी बाधे सड़क गिर कर अतिमहत् हो गई थी		
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.	Grampati Automobiles Purua Deoria ♀ 7651989597

Date / दिनांक : 23/2/26  
हस्ताक्षर

*Amrit*

*Amrit*

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/2025/7001/0/46575/418948

Tel. No. \_\_\_\_\_

Period of Insurance 21/03/21 to 20/03/2026

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 : AMIT KUMAR  
 (b) Address for correspondence : INDRA NAGAR  
 (c) Telephone : 6307958489

2. THE INSURED VEHICLE

Make & Year <u>Hero-2017</u>	Engine No. <u>* 10286</u> Chassis No. <u>* 16151</u>	Registration No. <u>UPS2AN3562</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  
 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 : Amit Kumar  
(b) Age : 26/05/1991  
(c) Address : Karkadahi  
(d) Is the Driver  
1. Owner : YES  
2. paid driver? : NA  
3. Owner's relative or friend? : Owner's  
(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 : UP2220/00003166  
(h) Issuing Authority : 01/05/2010  
(i) Date of Expiry : 30/04/2030  
(j) Was the licence temporary/permanent : permanent  
(k) Details of endorsement/suspension, if any :  
(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 : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 28/01/2026 @ 02:30 PM  
(b) Place : अमरी गेट  
(c) Speed of vehicle at the time of accident : 40 KM/H  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address : एम्प्लॉय मंडिर सी.ए. रोड H रामलाल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As far Estimated  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : Granpeshi Automobiles Purwal  
Deoria 7651989597

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 : NA  
(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? : \_\_\_\_\_ / 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? : \_\_\_\_\_
- (c) 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? : \_\_\_\_\_ NA
- (f) Has theft been reported to Police? : \_\_\_\_\_
- (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 3/2/2006

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 ..... *Zmf* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

# TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ४८)

FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत

Registration Number (पंजीकरण संख्या)	UP52AN3562	Registration Date (पंजी. तिथि)	04-Feb-2017
Owner's Name & Address (वाहन स्वामी का नाम एवं पता)	AMIT KUMAR 77 INDRA NAGAR C.C. ROAD WNO 9 GORAKHPUR TOLA DEORIA	Owner's Serial (वाहन स्वामी क्रमांक)	
Manufacturer's Name & Address (निर्माता का नाम एवं पता)	GM FRANSASH 77 INDRA NAGAR C.C. ROAD WNO 9 GORAKHPUR TOLA DEORIA	Manufacturing Year (निर्माण का वर्ष)	01/2017
Vehicle Class	MOTOR CYCLE	No. of Cylinders (सिलिंडर की संख्या)	1
Chassis Number (चैसिस नंबर)	MBLHA11AZH9A16151	Unladen Weight (खाली भार)	112 kgs
Engine Number (इंजन नंबर)	HA11EKH9A10266	Laden Weight (भरा हुआ भार)	242 kgs
Color of Body (रंग)	SOLO	Seating Capacity (सीट क्षमता)	2 (including driver)
Owner's Name (वाहन स्वामी का नाम)	HF DELUXE	Colour (रंग)	BLK
Lease Agreement with (किराया/लीज समझौता किससे)	HERO MOTO CORP LTD	Horse Power (अश्व शक्ति)	6.74 HP/57 ZCC
Registration and Size of Tyres (पंजीकरण और टायर)		Fuel Used (इंधन)	PETROL
Front Axle (फ्रंट एक्सल)		Tax paid upto (कर भुगतान)	Life Time
Rear Axle (रियर एक्सल)		Tax Rate (कर-दर)	Life Time (RT- Rs 4650/-)
Any other Axle (अन्य कोई एक्सल)		Fitness Valid upto (पंजीयन की वैधता)	03-Feb-2032
Tandem Axle (टेन्डम एक्सल)		Wheel Base (व्हील बेस)	1235
Vehicle Registered Against NEW VEHICLE Case As Condition (A.C.) Filled-No Seating Capacity - 0 Sleeper Capacity - 0 PURPOSE: CANCELLATION OF HYPOTHECATION/HIRE PURCHASE/LEASE AGREEMENT Entered By: SAJIBIN 16-Jan-2019		Registered Axle Weight (पंजीकृत एक्सल भार)	
		(a) Front Axle (फ्रंट एक्सल)	
		(b) Rear Axle (रियर एक्सल)	
		(c) Any other Axle (अन्य कोई एक्सल)	
		(d) Tandem Axle (टेन्डम एक्सल)	

No. RC.-AE 0755516

Specimen Signature of the Owner

Specimen Signature of Financier

Signature of Registration Auth



**Care Private Limited**  
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Contact at: +91 79410 50643  
 Email: info@motorsathi.com  
 For help section of www.motorsathi.com

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>	
AMIT KUMAR	1991-05-26	9956085903	OM PRAKASH	Hero Motocorp	HF DELUXE	
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>	<b>Vehicle Type</b>
SELF E20	UP52AN3562	HA11EKH9A10286	MBLHA11AZH9A16151	2017	100	TW
<b>Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>	
16000.00	NA	0.00	0.00	0.00	16000.00	
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>	
	Solo		---	2	1477.21	
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>	
77 INDRA NAGAR C.C.ROAD WNO 8 GORAKHPUR TOLA,DEORIA				274001	Uttar Pradesh	
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>	
TANUJ KUMAR	Male	26 Years	BROTHER	2025-03-21 16:59	Midnight of 2026-03-20	

A, VRC: 289.16 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 122.40 Total with GST(A) 166.76  
 B, EC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @9% + SGST @9%) (B): 137.52  
 with GST(B): 901.52  
 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  
 D, Drive Assure: 105.03 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 18.90 Total with GST(D): 123.93  
**action A+B+C+D Offered Price After Discount: 1477**

<b>Period Covered</b>	2025-03-21 To 2026-03-20	2026-03-21 To 2027-03-20	2027-03-21 To 2028-03-20	2028-03-21 To 2029-03-20	2029-03-21 To 2030-03-20
<b>Services Period Covered (NODL)</b>	1 Year	NIL	NIL	NIL	NIL

Vehicle covered in this contract have a valid TP coverage from 2025-03-21 until 2026-03-20.

**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 luggage) c) Speed Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**R:** 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 driving 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.

**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/ Note: 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 the App.

**CLAIMER:** 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, nondisclosure of material fact or non-co-operation of the coverage.

**ONEY LAUNDERING-CLAUSE:** In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

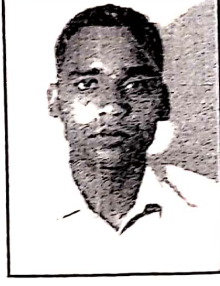
**FOR REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 Email: info@motorsathi.com

**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 Aligarh.

Received with Thanks Rs 1477.21 ON 2025-03-21 from Mr./Ms. AMIT KUMAR against the ARN No. INCP00418948  
 Acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 For more details (turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



भारत सरकार  
GOVERNMENT OF INDIA



अमित कुमार

Amit Kumar

जन्म तिथि/ DOB: 26/05/1991

पुरुष / MALE



3946 3070 9364

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O ओमप्रकाश, 8/77, इन्द्रा नगर,  
सी.सी. रोड, नज़दीक स्वम्बर वाटीका,  
देवरिया, देवरिया,  
उत्तर प्रदेश - 274001

Address

S/O Omprakash, 8/77, Indra  
Nagar, C.C Road, Near  
Swamwar Vatika, Deoria,  
Deoria,  
Uttar Pradesh - 274001



1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,  
Bengaluru-560 001



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आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

AMIT KUMAR

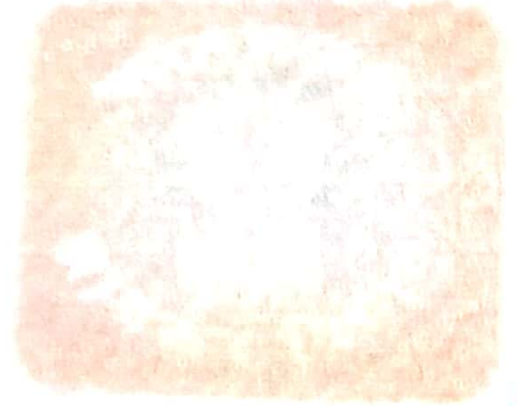
OM PRAKASH

26/05/1991

Permanent Account Number

BGDPK8445F

Signature



30082013

UNION OF INDIA Driving Licence



UP52 20100003166



जारी करने की तिथि  
Date of Issue  
01/05/2010

वैधता-व्यवधि  
Validity  
30/04/2030

जन्म तिथि  
Date of Birth  
26/05/1991

Blood Group  
Unknown



नाम / Name

**AMIT KUMAR**

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

**OM.PRAKASH**

DUPLICATE

UP52 20100003166



LMV  
01/05/2010



MCWG  
01/05/2010

UP52 20100003166



Form 7 Rule 16(2)

पता / Address  
KARKATAHI PARASIYA  
BAIKUNTHPUR, KHUKHUNDOO  
DEORIA

*[Handwritten Signature]*

Holder's Signature

*[Handwritten Signature]*

जारीकर्ता / Issuing Authority Sign  
Deoria

