

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 7709800558

Mob. - 9415005500, 9336534483

7709004713

Owner's Name..... Aman Ali

Address..... Deoria

Phone..... 9305709928

ESTIMATE

Job No.

Date..... 24.10.2026

Chasis No.

Engine No.

Key No.

Regn. No. ... U.P.52.BP.55.95

Speedmeter Redg.

Insurance No.

Model..... Spl.9

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	Vizer	1PC	1000	1000	
2	H/L	1PC	560	560	
3	F. Winker (R)	1PC	220	220	
4	F. Fender	1PC	1500	1500	
5	Leg guard	1PC	650	650	
6	Mirror (R)	1PC	150	150	
7	Hornelle	1PC	550	550	
8	Liuur (R)	1PC	100	100	
9	Seat Cover (R)	1PC	450	450	
10	Center	1PC	250	250	
11					
12					
13					
14					
15	Labour			600	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				6030	

- 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 Road
 GORAKHPUR
 OPP. Dr. G. N. GILL
 DEORIA
 22100473

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.	AMAN ALI & 9305709928
2	Vehicle No. / वाहन संख्या	UP52 BP 5595
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/413563
4	Period of Insurance / बीमा अवधि	05/03/2025 to 04/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/01/2026 & 01:30 PM
6	Place of Accident / दुर्घटना का स्थान	लगई चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMAN ALI & 9305709928 UP5220220018529
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : दुर्घटना से गोरी बाजार जाते समय रास्ते में सीलेंस पेट्रोल पम्प के पास लैंग्वी चौराहा पर बाईं साईड से वाइक वाले ने ठक्कर मार दिया जिससे मेरी गाड़ी दाहिने साईड गिर कर अतीव्रान्त हो गयी है		
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.	Ganpati Automobiles Purwa Deoria & 7651989597

Date / दिनांक : 03/02/26
हस्ताक्षर

Amn Ali

Amn Ali
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/2025/1001/0/46575/4/3563
 Tel. No. _____ Period of Insurance 05/03/2025 to 04/03/2026
 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 : AMAN ALI
 (b) Address for correspondence : ALI NAGAR
 (c) Telephone : 9305709928

2. THE INSURED VEHICLE

Make & Year <u>Hero - 22</u>	Engine No. <u>* 74332</u> Chassis No. <u>* 04382</u>	Registration No. <u>UPS 2BP 5595</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 Used
 (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 : AMAN ALI
 (b) Age : 18/06/2003
 (c) Address : Ali Nagar
 (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 : UP5220220018529
 (h) Issuing Authority : 24/11/2022
 (i) Date of Expiry : 17/06/2023
 (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 : 28/01/26 @ 01:30 PM
 (b) Place : Jhansi Road
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident : हादसे में गाड़ी वाहन चालते समय सड़क में रीलेस पे टूटकर पार्क
 (e) If any third party was responsible for this accident give the name and address : एक पाल लोडिंग चोराने का कारण से हादसा हुआ है जिसका कारण है दोषपूर्ण
 गाड़ी का ब्रैक सिस्टम है जिससे हादसा हुआ है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Purnea Danda
 7651989097

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? : _____
- (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 03/02/26 200

Signature of the insured Arum Ali

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 ... Aman Ali
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BP5595 Registration Date : 28-Feb-2022
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : CANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
 Owner Name : AMAN ALI Son/wife/daughter of : BADRE ALAM
 Full Address: (Permanent) : VILL WARD NO 7 ALI NAGAR, KARBALA KABRISHAN, PO&PS DEORIA, DEORIA, UTTAR
 PRADESH-274001
 Full Address: (Temporary) : VILL WARD NO 7 ALI NAGAR, KARBALA KABRISHAN, PO&PS DEORIA, DEORIA-UTTAR
 PRADESH-274001
 Fitness UpTo : 27-Feb-2037 Tax UpTo : One Time
 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 : AA2050917009 Rear HSRP No : AA2050578562
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2022
 No of Cylinders : 1 Chassis No : MBLHAW125NHA04382
 Engine No : HA11EDMHM74332 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLACK AND AC Wheel base : 1236
 CENTSS
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK AND ACCENT 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 HERO FINCORP LTD, ... Deoria, Uttar Pradesh-274001 w.e.f. 27-Feb-2022.

Purchase dt : 24-Feb-2022 Sale Amt : 69600/-
 OTT Date : 24-Feb-2022 Amount/Rcpt No : 6960 / UP52D22020003709
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 04-Mar-2022
Other State/Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-Feb-2022 to 27-Feb-2037

Date : 30-Mar-2022 16:41:13

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 30-Mar-2022

N 2541275

Program Proposal Two-Wheeler Package Contract - Bundled



No.: MS/2025/7001/O/46575/413563

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
AMAN ALI	2003-06-18	9305709928	BADRE ALAM	Hero Motocorp	SPLENDOR ELUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BP5595	HA11EDMHM74332	MBLHAW125NHA04382	2022	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
42000.00	NA	0.00	0.00	0.00	42000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		--	2	1230.46	
Address			City / District	Pin Code	State	
VILL WARD NO 7 ALI NAGAR, KARBALA KABRISHAN, PO&PS DEORIA, Deoria, Uttar Pradesh, 274001				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
BADRE ALAM	Male	45 Years	FATHER	2025-03-05 17:40	Midnight of 2026-03-04	

Section A, VRC: 618.48 TCR: 346.92 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 965.40

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 224.63 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 40.43 Total with GST(D): 265.06

Total(Section A+B+C+D) Offered Price After Discount: 1230

Package Period Covered	2025-03-05 To 2026-03-04	2026-03-05 To 2027-03-04	2027-03-05 To 2028-03-04	2028-03-05 To 2029-03-04	2029-03-05 To 2030-03-04
ADV	42000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-02-23 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

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

DRIVER: 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 obtaining 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 Central Motor Vehicle Rules, 1989.

LIMIT 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: The 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 Motorsathi App.

DISCLAIMER: 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.

ANTI MONEY 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 comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643
 Email id: 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 1230.46 ON 2025-03-05 from Mr./Ms. AMAN ALI against the ARN No. INCP00413563

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions* (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer 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



आधार

Aadhaar No. Issued: 18/11/2018



अमन अली
Aman All
जन्म तिथि / DOB : 18/06/2003
पुरुष / Male



8799 7458 9877

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of Identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

8799 7458 9877

मेरा आधार, मेरी पहचान



आधार विशिष्ट पहचान प्राधिकरण

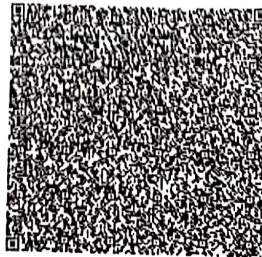
Unique Identification Authority of India



AADHAAR

पता: आलम, बद्रो आलम, वॉर्ड नं.7, अली नगर,
कबला कब्रिस्तान के पास, देवरिया, देवरिया, उत्तर
प्रदेश, 274001
Address: S/O: Badro Alam, Ward No.7,
All Nagar, Near Karbala Kabrishan,
Deoria, PO:Deoria, DIST:Deoria, Uttar
Pradesh, 274001

Details as of 09/05/2018



8799 7458 9877

1847

help@uidai.gov.in

www.uidai.gov.in



Scanned with OKEN Scanner



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

UP

UP52 20220018529



Issue Date: 24-11-2022 Validity (NT): 17-06-2043 Validity (TR): _____



Holder's Signature

Date of First Issue: 24-11-2022

Name: **AMAN ALI**
 Date of Birth: **18-06-2003** Blood Group: _____
 Son/Daughter/Wife of: **BADRE ALAM**
 Address:
**Ward No.7 Ali Nagar Near Karbala
 Kabrishan Deoria Deoria Uttar Pradesh
 274001**

Organ Donor: **Y**

DL No: UP52 20220018529

UPDL000009883466



Invalid Carriage (Regn Numbers)* _____

Hazardous Validity* _____ HIII Validity* _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
<i>code</i>	MCYG	UP52	24-11-2022	NT			
<i>category</i>	LMV	UP52	24-11-2022	NT			
<i>vehicle</i>							
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number _____

Licensed Authority
UP52 DEORIA



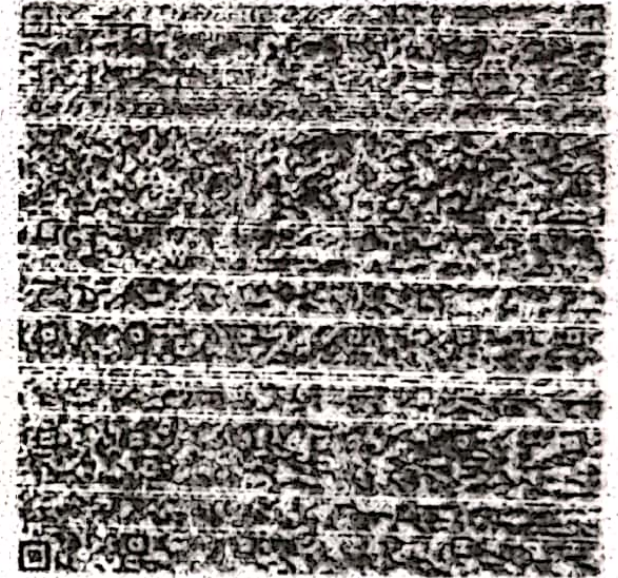
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



निम्नलिखित जानकारी पर आधारित
Permanent Account Number Card

EMSPA9941J



नाम (Name)
AMAN ALI

पिता का नाम (Father's Name)
BADRE ALAM

जन्म का तिथि (Date of Birth)
18/06/2003

हस्ताक्षर (Signature)
Aman Ali

20022022