

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. - 9415382520-9336521183

Owner's Name..... Arjun Yadav.....

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

Phone..... 2707422940.....

ESTIMATE

Job No.

Date..... 09/02/20.....

Chasis No.

Engine No.

Key No.

Regn. No. UP52 BL 5052.....

Speedmeter Redg.

Insurance No.

Model..... Passion Pro.....

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	Vision	15	1200	1200	
2	HIL	15	700	700	
3	Wind Screen	15	390	390	
4	F. Fender	15	1500	1500	
5	F. Indicator (R)	12	257	250	
6	Handle	15	500	500	
7	Mirror (R)	15	100	100	
8	Mirror (R)	12	250	250	
9	F. fender - L/R M			500	
10	Mittler - Immer	15	160	160	
11	Pomble (R)	12	880	880	
12					
13					
14					
15					
16					
17					
18	LABOUR			600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				7080	

- 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.

For - Ganpati Automobiles



We agree with the conditions and approve the estimate.

Customer's Signature.....

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.	ARJUN YADAV & 8707482940
2	Vehicle No. / वाहन संख्या	UP52 BC 0052
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/422913
4	Period of Insurance / बीमा अवधि	06/04/2025 to 05/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/02/2026 & 04:00 PM
6	Place of Accident / दुर्घटना का स्थान	SCHOOL
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BASUKINATH YADAV. UP5220130015098, 8707482940,
8	Estimated Loss / अनुमानित हानि	7080/-
09.	Cause of Accident / दुर्घटना का कारण :	वदगुनीया से कतई जाते समय रात में स्कूल के आगे मोड़ पर गाड़ी जा रहा टकराव वाली मेमेरी गाड़ी सामने से टकरा गयी और दाहिने भाग पर एक अतिवृत्त हो गयी है गाड़ी का मुकाम स्कूल पर 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.	Compati Automobiles Purwar Deoria & 8707482940

Date / दिनांक : 06/02/2026
हस्ताक्षर

Arjun yadav

Arjun yadav
Signature of Insured / बीमाधारक के

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name BASUKINATH VADAV
 (b) Age 15/01/1994
 (c) Address LAHARI BAZAR 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 UP5220130015098
 (h) Issuing Authority _____
 (i) Date of Expiry 07/10/2033
 (j) Was the licence temporary/permanent PERMANENT
 (k) Details of endorsement/suspension, if any NA
 (l) Has he been involved in any accidents before? NA
 (m) Has he been charged by the police? 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 09/02/2026 7:04 PM
 (b) Place DEORIA
 (c) Speed of vehicle at the time of accident _____
 (d) Give a short description of the accident बसुकिनाथ वडवे (सोनेश्याम कंपनी) बस के द्वारा गाड़ी का सामान लाहरी बजार देवोरी में एक सड़क किनारे से टकरा कर बाइक से टकरा कर बाइक पर आघात हो गया
 (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 ACGER. ESTIMATE
 (b) Estimated cost of repairs ₹1500
 (c) When and where can the damaged vehicle be inspected GANPATI AUTO MOBILES, 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 NA
 (e) Full details of property damaged _____
 (f) Has notice of any claim been given to you? _____



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/2025/7001/0/46575/422913

Tel. No. _____

Period of Insurance 01/04/2025 to 05/04/2026

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 : ARJUN YADAV
 (b) Address for correspondence : JANGAL KATTAI
 (c) Telephone : 8707482940

2. THE INSURED VEHICLE

Make & Year <u>Hero- 2019</u>	Engine No. Chassis No. <u>* 14827</u> <u>* 09357</u>	Registration No. <u>UP52 BC 0052</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 : NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



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 *Arjun Yadav*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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 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 benefit shall be forfeited.

06/2/2026
200

Signature of the insured Arjun Yadav

GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BC0052
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
 Owner's Name : ARJUN YADAV
 Full Address: (Permanent) : VILL- JANGAL KATAI, PO-INDUPUR, PS-GAURI BAZAR DEORIA, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL- JANGAL KATAI, PO-INDUPUR, PS GAURI BAZAR DEORIA, DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 13-Oct-2034
 Owner Serial No : 1
 Tax UpTo : One Time
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2004649320
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA10ACKHF14827
 Horse Power(BHP) : 8.24
 Maker's Classification : PASSION PRO 13S-SELF-DR UM-CAST
 Link Vehicle No :
 Norms : BHARAT STAGE IV
 Rear HSRP No : AA1003977120
 Month/Year of Manuf. : 06/2019
 Chassis No : MBLHAW015KHF09357
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 116
 Laden:GV Wt (kgs) : 246
 Air Filter : NO
 Vehicle Purchase As : Fully Built

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

As Regd.	Description	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 : 01-Oct-2019
 Date : 01-Oct-2019
 Tax Up To : One Time
 Tax Exempted or Not : NOT EXEMPTED
 Sale Amt : 56075/-
 Amount/Rcpt No : 5608 / UP52D19100000420
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 14-Oct-2019

Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

कर/पंक्ति अधिकारी
 ति. वि. कार्यालय
 Signature of Registering Authority
 Date 18-Oct-2019

Date 18 Oct 2019 12:40:24
 Taxation Particulars / Advance Registration Mark Fee Details

J 327222

10/18/2019, 12:40:24

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS-2025/7001/O-46575-422913

Care Private Limited

Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 at: 91 79410 50643
 info@motorsathi.com
 the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
ARJUN YADAV	1999-01-15	8707482940	PARSURAM YADAV	Hero Motors Corp	PASSION	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
Passion Pro FI DRUM STEEL CAST	UP52BC0052	HA10ACKHF14827	MBLHAWG015KHF09357	2019	113	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
27000.00	NA	0.00	0.00	0.00	27000.00	
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	1993.83	
Address			City / District	Pin Code	State	
Deoria, 274001				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MUNSI DEVI	Female	51 Years	MOTHER	2025-04-06 12:03	Midnight of 2026-04-05	

Section A: VRC: 496.99 TCR: 382.32 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) : 0.00 **Total with GST (A): 879.31**
 Section B: FC: 564.00 FC Service: 100.00 FC/PD: 0.00 **Sub Total: 764.00** TAL: 0.00 ENC: 0.00 FDL: 0.00 MCPD: 0.00 **Total (B): 764.00** GST (CGST @ 9% + SGST @ 9%) (B): 137.52
Total with GST (B): 901.52
 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: 180.51 MUDC: DOC & Additional External Tyre Cover (AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 32.49 **Total with GST (D): 213.00**
Total (Section A+B+C+D) Offered Price After Discount: 1994

Package Period Covered	2025-04-06 To 2026-04-05	2026-04-06 To 2027-04-05	2027-04-06 To 2028-04-05	2028-04-06 To 2029-04-05	2029-04-06 To 2030-04-05
ADV	27000	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 from 2025-04-06 until 2026-04-05

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) 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 1 lakh 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 1993.83 ON 2025-04-03 from Mr./Ms. ARJUN YADAV against the ARN No. INCP00422913
 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 Endorsement: IM1 - 22, 16, 18
 Customer Service Address: B Doss Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

भारत सरकार
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी खाता संख्या कार्ड
Permanent Account Number Card

AQLPY80B2K

नाम / Name

ARJUN YADAV

पिता का नाम / Father's Name

PARSHURAM YADAV

जन्म तिथि / Date of Birth

15/01/1999

Arjun Yadav

हस्ताक्षर / Signature





भारत सरकार
Government of India



Aadhaar no. issued: 08112014



अर्जुन यादव
Arjun Yadav
जन्म तिथि/DOB: 15/01/1999
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग साक्षात्करण (ऑनलाइन प्रमाणीकरण, या क्विकर 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).

6873 3035 3868

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 04/10/2024

पता:
शुभ: परशुराम यादव, 21, ग्राम-जंगल कटाई, इन्दुपुर,
इन्दुपुर, देवरिया,
उत्तर प्रदेश - 274202

Address:
C/O: Parashuram Yadav, 21, Villeg-jangal
katai, Indupur, PO: Indupur, DIST: Deoria,
Uttar Pradesh - 274202



6873 3035 3868

VID : 9113 1804 0215 7340

1947

help@uidai.gov.in

www.uidai.gov.in

UNION OF INDIA Driving Licence

UP52 20130915798



जारी करने की तिथि
Date of Issue
08/10/2013

वैधता / Validity
07/10/2033

जन्म तिथि
Date of Birth
15/01/1991

Blood Group
Unknown

नाम / Name

SHASHI KANTH YADAV

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

MR PRISHU RAM YADAV



UP00541576MT



DL 10/2013

MCWG
08/10/2013



Form 7 Rule 16(2)

नाम / Address
ZILKATI
D-N JUPUR P.S GAURI BAZAR
MADRASA

Holder's Signature

जारीकर्ता / Issuing Authority Sign

UP52 201 2015094

• Driving License Number

15-01-1994

• Date of Birth

Personal Details and Particulars of existing Licence (Learners or Permanent) of the DL Holder

Name BASUKINATH YADAV
 Father's Name MR PRISHURAM YADAV
 Date of Birth 15-01-1994
 Present Address VILL KATAI
 PO INDUPUR PS GAURI BAZAR
 DEORIA



Basukinath Yadav

DL Holder Last Endorsed Details

State: Uttar Pradesh
 RTO: ASST RTO DEORIA

Class of Vehicles :

COV Abbr	Issue Date & Issue Authority
MCWG	ASST RTO DEORIA
LMV	ASST RTO DEORIA



Validity Period

Non - Transport
 06-10-2013 to 07-10-2023



Confirmed that the above Driving Licence details are mine

Select

Category of the Driving Licence Holder

General

Vehicle class of the Driving Licence: MCWG (Motorcycle) / LMV (Light Motor Vehicle) / Transport (Bus, Truck, etc.) / Foreigners (But not Domestic) / Provisional (Learners)

