

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. 9415303539 9330501488 7704004713 **ESTIMATE**

Owner's Name: Shankar Prasad

Address: Deoria

Phone: 9642251569

Job No. ....  
 Date: 29/10/2026  
 Chassis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. UP52 BY 5925  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model: Passion

Dear Sir,

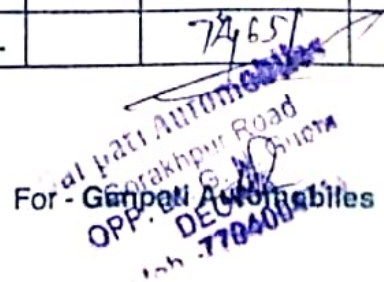
Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount Rs.	P.
1	Visor	15	1200	1200	
2	HIL	15	700	700	
3	Wind Screen	1K	390	390	
4	f. Winker (L)	1K	250	250	
5	f. Fender	1K	1344	1344	
6	Handle	1K	450	450	
7	Liner (L)	1K	100	100	
8	Mirror (L)	1K	250	250	
9	Leg guard	1K	483	483	
10	Carip.	1K	1198	1198	
11	f. Fork L/R			500	
12					
13					
14					
15					
16					
17	GASOLIN			600	
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				<b>74651</b>	

- 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 .....

  
 Ganpat Automobils  
 For - Ganpat Automobils  
 OPP. 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.	SHALLES PRASAD + 9648251569
2	Vehicle No. / वाहन संख्या	MS/2025/7001/0/46575/40
3	Policy No. / पालिसी संख्या	UPS2 BY 5925
4	Period of Insurance / बीमा अवधि	14/02/2025 to 13/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/02/2026 @ 09:35 AM
6	Place of Accident / दुर्घटना का स्थान	लाला तेली
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHALLES PRASAD + UPS220250006327 - 9648251569
8	Estimated Loss / अनुमानित हानि	₹ 46575/-
09. Cause of Accident / दुर्घटना का कारण : बढ़ता बुरुफ़ से सड़क सजा चौड़ा जाते समय रास्ते में लाला तेली के सामने मोड़ पर अचानक रुकता आ गया जिससे मेरी गाड़ी अचानक बाएँ साईड गिरकर जाहिरात 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

Shalles Prasad

Date / दिनांक : 9/2/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के

Shalles Prasad





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/2025/7001/0/46575/406083

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

Period of Insurance 14/02/2025 to  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

(a) Name : 1. INSURED  
 (b) Address for correspondence : SHATLESH PRASAD  
 (c) Telephone : BADHAYA BUZURG  
9642251569

2. THE INSURED VEHICLE

Make & Year <u>Hero- 2023</u>	Engine No. Chassis No. <u>X 69771</u> <u>X 19040</u>	Registration No. <u>UP52 BY 5925</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  
 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 : SHAILESH PRASAD  
 (b) Age : 10/06/1994  
 (c) Address : BADIAYA BUZURG  
 (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 : UPS220250006327  
 (h) Issuing Authority :  
 (i) Date of Expiry : 02/04/2025  
 (j) Was the licence temporary/permanent : 07/04/2025  
 (k) Details of endorsement/suspension, if any : Permanent  
 (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 : 05/02/2026 @ 09:35 AM  
 (b) Place : काशी रोड  
 (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 :  
 वरुण गुप्ता से राग टोका ठाढ़े समय राह में चलते वरुण के गाड़ी में से टक्कर मारने से घटना घटी।  
 वरुण का पता : 7651929597

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
 (b) Estimated cost of repairs : 7485/-  
 (c) When and where can the damaged vehicle be inspected : Campdi Automobiles Purwa Deoria  
 7651929597

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? \_\_\_\_\_
- (b) If yes, give full details \_\_\_\_\_ NA

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? \_\_\_\_\_ NA
- (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 9/9/26 200

Signature of the insured Sukesh Prasad

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 Assured  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature *Shailesh Prasad*  
Occupation .....  
Address .....

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

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BY5925      Registration Date : 06-Dec-2023  
 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 : SHAILESH PRASAD      Son/wife/daughter of : INDRAJEET  
 Full Address: (Permanent) : VILL+PO- BADHAYA BUZURG, PS- SURAULI DEORIA, , DEORIA, UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL+PO- BADHAYA BUZURG, PS- SURAULI DEORIA, , DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 05-Dec-2038      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 : AA2086714003      Rear HSRP No : AA2088290760  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 11/2023  
 No of Cylinders : 1      Chassis No : MBLHAW265PHL19040  
 Engine No : HA11E1PHL69771      Fuel : PETROL  
 Horse Power(BHP) : 7.91      Cubic Capacity : 97.20  
 Maker's Classification : PASSION+ 13S (DRS)      Wheel base : 1235  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 115  
 Colour : Black Heavy Grey      Laden/GV Wt (kgs) : 245  
 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 : 01-Dec-2023      Sale Amt : 77891/-  
 OTT Date : 01-Dec-2023      Amount/Rcpt No : 7790 / UP52D23120001432  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 21-Dec-2023

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Dec-2023 to 05-Dec-2038

Date : 02-Jan-2024 12:19:39

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 02-Jan-2024



5752875

# Program Proposal Two-Wheeler Package Contract - Bundled

Indemnified

Contract No.: MS/2025/7001/O/46575/406083

Motorsathi Care Private Limited  
Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at  
Phone: 091 79410 50643  
Email: info@motorsathi.com  
or the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
SHAILESH PRASAD	1994-06-10	9648251569	INDRAJEET	Hero MotoCorp	Passion Plus
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity   Vehicle Tyre
PASSION PLUS GS SELF	UP52BY5925	HA11P1PH169771	MH1HAW265PH119040	2023	141   130
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
56500.00	NA	0.00	0.00	0.00	56500.00
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	1632.00
Address			City / District	Pin Code	State
VILL-PO- BADHAYA BUZURG, PS- SURAULI DEORIA, , Deoria, Uttar Pradesh, 274001				274001	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
INDRAJEET	Male	68 Years	FATHER	2025-02-14 14:10	Midnight of 2026-02-14

Section A, VRC: 759.36 TCR: 266.68 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1023.04  
 Section B, FC: 0.00 FC 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%): 0.00 Total with GST(B): 0.00  
 Section 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  
 Section D, Drive Assure: 274.70 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.45 Total with GST(D): 324.15  
**Total(Section A+B+C+D) Offered Price After Discount: 1632**

Package Period Covered	2025-02-14 To 2026-02-13	2026-02-14 To 2027-02-13	2027-02-14 To 2028-02-13	2028-02-14 To 2029-02-13	2029-02-14 To 2030-02-13
ADV	56500	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 2028-11-30 (DETAILS ARE 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 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 Central Motor Vehicle Rules, 1989

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event. Up to Rs - 1000000 INR. 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 its 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 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. 79410500  
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 payments made by 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 1632.2 ON 2025-02-14 from Mr./Ms. SHAILESH PRASAD against the ARN No. INCP00406083  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please run 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), IN

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SHAILESH PRASAD

INDRAJEET PRASAD

10/06/1994

Permanent Account Number

CPMPP3110H

Shailesh Prasad

Signature



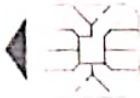
01072014



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



**UP52 20250006327**



Issue Date: **08-04-2025**    Validity (NT): **07-04-2035**    Validity (TR):



Holder's Signature

Date of First Issue: 08-04-2025

Name: **SHAJLESH PRASAD**

Date of Birth: **10-06-1994**    Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **INDRAJEET**

Address:  
**BADHAYA BUZURG BADHAYA BUZURG BARHAYA**  
**BUZURG RUDRAPUR DEORIA UTTAR PRADESH**  
**274001**

DL No: **UP52 20250006327**

UPDL521000011037



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	UP52	08-04-2025	NT			
LMV	UP52	UP52	08-04-2025	NT			
Other							
MVED							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP52 DEORIA**





भारत सरकार  
Government of India



शैलेश प्रसाद  
Shallesh Prasad  
जन्म तिथि/DOB: 10/06/1994  
पुरुष/ MALE



9588 1281 1475

VID: 9184 2541 0901 7802

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
आत्मज: इन्द्रजीत, बढया बुजुर्ग, बरहाया बुजुर्ग, देवरिया,  
उत्तर प्रदेश - 274001

**Address:**  
S/O: Indrajeet, badhaya buzurg, Barhaya  
Buzurg, Deoria,  
Uttar Pradesh - 274001



9588 1281 1475

VID: 9184 2541 0901 7802

