

# GANPATI AUTOMOBILES

Parwa Chauraha, Deoria 774800558

Mob. - 9411000000

**ESTIMATE**

Owner's Name PRATI BHA

Address DEORIA

Phone 7081903750

Job No. ....

Date 02/02/2026

Chasis No. ....

Engine No. ....

Key No. UPS2AL5144

Regn. No. ....

Speedmeter Redg. ....

Insurance No. ....

Model DUETVX

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	Upper. Cover	1pc	2180	2180	
2	Body. Cover - R	1pc	3600	3600	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	Labour			600	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				<u>6380</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.

We agree with the conditions and approve the estimate.

Customer's Signature.....

Ganpati Automobiles  
 For - Ganpati Road  
 OPP. Dr. G. Automobiles  
 DEORIA  
 Mob. 7748004798

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.	PRATI BHA. 7081903750
2	Vehicle No. / वाहन संख्या	UP52AL5144
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/408780
4	Period of Insurance / बीमा अवधि	21/02/2025-26-20/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/02/2026 - Time - 1:25 pm.
6	Place of Accident / दुर्घटना का स्थान	महिला डिग्री कालेज
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRATI BHA. MISHRA UP5220240024952, 7081903750
8	Estimated Loss / अनुमानित हानि	6380/-
09.	Cause of Accident / दुर्घटना का कारण :	स्त्री. सी. रोज डमा नगर जा रही थी। रास्ते में महिला डिग्री कालेज के पास सड़क पर अचानक सामने वर्चा डमरु जाया जिसको बचाने के चक्कर में मेरी गाड़ी अचानक हॉकर टारें सड़क छोड़ कर क्षतिग्रस्त हो गयी।
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 AUTO. MOBILE. REPAIR

Date / दिनांक : 12/02/2026  
हस्ताक्षर

PRATI BHA MISHRA

Signature of Insured / बीमाधारक के

PRATI BHA MISHRA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : PRATIBHA MISHRA  
 (b) Age : 09/07/1981  
 (c) Address : MARKARA, DEORIA (U.P.)  
 (d) Is the Driver  
 1. Owner : YES  
 2. paid driver?  
 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 : UP5220240024952  
 (h) Issuing Authority :  
 (i) Date of Expiry : 12/12/2034  
 (j) Was the licence temporary/permanent : PRAMANANT  
 (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 : 5/02/2026 1:25 PM  
 (b) Place : गौरी सिटी कॉलेज  
 (c) Speed of vehicle at the time of accident : 30-40 kmph  
 (d) Give a short description of the accident : गाड़ी का ब्रेक फेल हो गया और वह फिसल गया  
 (e) If any third party was responsible for this accident give the name and address : गाड़ी का ड्राइवर जिम्मेदार है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE  
 (b) Estimated cost of repairs : 6320/-  
 (c) When and where can the damaged vehicle be inspected : GANPATI ACP, ANOBLA, DEORIA

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? :  
 (Note: This section is crossed out with a large diagonal line and contains the handwritten text 'NA') :



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/2025/7001/6146575/448780

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

Period of Insurance 21/02/2025 To 20/02/2026

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 : PRATI BHA  
 (b) Address for correspondence : BATWALIYA ROAD, DEORIA  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2016</u>	Engine No. <u>14509</u> Chassis No. <u>10232</u>	Registration No. <u>4PS2AL</u> <u>5144</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 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 : \_\_\_\_\_ NA  
 (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 : \_\_\_\_\_



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 PRATIBHA MISHRA  
Occupation .....  
Address .....  
.....  
.....

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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N/A
- (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? : N/A
- (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? : N/A
- (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 12/2/2026 200

Signature of the insured PRATIBHA MISHRA







## Package Offer

2025-02-21

Mr./Ms. PRATIBHA

637 BHATWALIYA WARD NO 4, PO&PS DEORIA, DEORIA, , Uttar Pradesh,  
, Uttar Pradesh, 274001

Dear Mr./Ms. PRATIBHA,

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 offer details of the program are attached, 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](mailto:info@motorsathi.com) or visit our website at [www.motorsathi.org](http://www.motorsathi.org) or download Motorsathi app from play store for guidance from Motorsathi.

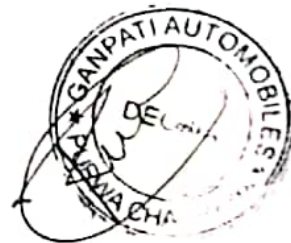
Mr./Ms. PRATIBHA, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643

Email: [info@motorsathi.com](mailto:info@motorsathi.com)

Website: [www.motorsathi.org](http://www.motorsathi.org)



Please scan the QR for details.



# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/408780

**Motorsathi 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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
PRATIBHA	1981-07-09	7081903750	DAYA NAND	Hero Motocorp	DUET	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DUET VX	UP52ALS144	JF33AAGGG14504	MBLJF16ESGGG10232	2016	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
21000.00	NA	0.00	0.00	0.00	21000.00	
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	1588.14	
Address			City / District	Pin Code	State	
637 BHATWALIYA WARD NO 4, PO&PS DEORIA, DEORIA, Uttar Pradesh,				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
DAYANAND MISHRA	Male	46 Years	HUSBAND	2025-02-21 12:33	Midnight of 2026-02-20	

Section A, VRC: 393.58 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 160.64 Total with GST(A): 232.94  
 Section 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 Total with GST(B): 901.52  
 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: 142.95 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 25.73 Total with GST(D): 168.68  
**Total(Section A+B+C+D) Offered Price After Discount: 1588**

Package Period Covered	2025-02-21 To 2026-02-20	2026-02-21 To 2027-02-20	2027-02-21 To 2028-02-20	2028-02-21 To 2029-02-20	2029-02-21 To 2030-02-20
ADV	21000	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 2025-02-21 until 2026-02-20.

**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 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. 1,00,000/- 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](http://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 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](http://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 1588.13 ON 2025-02-21 from Mr./Ms. PRATIBHA against the ARN No. INCP00408780

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

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

DSIPM8796L



नाम/ Name  
PRATIBHA MISHRA

पिता का नाम/ Father's Name  
KARAM CHANDRA PANDEY

जन्म की तारीख/ Date of Birth  
09/07/1981

प्रतिभा मिश्रा  
हस्ताक्षर/ Signature



20052017



भारत सरकार

GOVERNMENT OF INDIA



प्रतिभा मिश्रा

Pratibha Mishra

जन्म तिथि/ DOB: 09/07/1981

महिला / FEMALE



7231 8374 0625

मेरा आधार, मेरी पहचान



आधार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address

पता:  
श्रीमती: दयानन्द मिश्रा, मरकड़ा,  
देवरिया,  
उत्तर प्रदेश - 274601

W/O: Dayanand  
Mishra, Markara,  
Deoria,  
Uttar Pradesh - 274601



1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

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





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



**UP52 20240024952**

Issue Date 13-12-2024    Validity (NT) 12-12-2034    Validity (TR)\*



Holder's Signature

Date of First Issue 13-12-2024

Name: **PRATIBHA MISHRA**  
 Date of Birth: **09-07-1981**    Blood Group:  
 Son/Daughter/Wife of: **DAYANAND MISHRA**  
 Address:  
**MARKARA DEORIA UTTAR PRADESH  
 274601**

Organ Donor: **N**

**DL No: UP52 20240024952**

UPDL000014810262



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	13-12-2024	NT			
	LMV	UP52	13-12-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
**UP52 DEORIA**

Form 7 Rule 16(2)