

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name Prem Kumar Yadav
Address Deoria
Phone 9648924797

Job No.
Date 12/02/26
Chassis No.
Engine No.
Key No.
Regn. No. UP52 BY 8088
Speedometer Redg.
Insurance No.
Model Destini

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 Conn	1pc	2554	2554	
2	f. fender	1pc	1200	1200	
3	Handle Conn	1pc	1080	1080	
4	1pc	1pc	5600	5600	
5	Wind Screen	1pc	250	250	
6	Filter - (R)	1pc	880	880	
7	Mirror - (R)	1pc	450	450	
8	Light (R)	1pc	300	300	
9	Body Conn (R)	1pc	2360	2360	
10	Muffler Conn	1pc	420	420	
11	Grip.	1pc	750	750	
12					
13					
14					
15					
16					
17					
18	Labour -	-	-	600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				16444	

- 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. D.P. Automobiles
DEORIA
Mob. 7794004793

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.	PREM KUMAR YADAV & 9648924797
2	Vehicle No. / वाहन संख्या	UP57 BY 8088
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	21/07/2025 to 20/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/02/26 & 09:15 AM
6	Place of Accident / दुर्घटना का स्थान	पुनीवर्सल स्कूल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PREM KUMAR YADAV & UP5220250018760 - 9648924797
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	गोगनाथ मंदिर से पुनीवर्सल पावलीक स्कूल जाते समय रास्ते में पुनीवर्सल स्कूल के सामने रोड पर सामने से बार्क वाले ने टक्कर मार दिया जिससे मोरी गाड़ी दाहिने साईड गीट कर डाले गए 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 Purua Deoria & 7651989597

Date / दिनांक :
हस्ताक्षर

prem kumar yadav

Signature of Insured / बीमाधारक के

prem kumar yadav



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. _____

Tel. No. _____

Period of Insurance 21/07/2025 - 26/07/2026

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 : INSURED PREM. KUMAR. YADAV.
 (b) Address for correspondence : SARWAR. PTEL NAGAR. KUSHINAGAR
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>00383</u> Chassis No. <u>00362</u>	Registration No. <u>UP52BY 8088</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 : NA
 (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 : _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: PREM. KUMAR, YADAV.
 (b) Age: 12/09/1995
 (c) Address: PRA SHAKHANA, 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: 4P5220250018760
 (h) Issuing Authority:
 (i) Date of Expiry: 8/10/2035
 (j) Was the licence temporary/permanent: PERMANENT
 (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: 05/02/26 Time: 9:15 AM
 (b) Place: यूपीकेट स्कूल
 (c) Speed of vehicle at the time of accident: गाड़ी तेज चल रही थी
 (d) Give a short description of the accident: गाड़ी तेज चल रही थी तब एक कार ने गाड़ी का टक्कर मारा जिससे गाड़ी घुसकर बाईपास के पास जाकर रुकी और कार के ड्राइवर को घायल कर दिया।
 (e) If any third party was responsible for this accident give the name and address: ए. गमा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
 (b) Estimated cost of repairs:
 (c) When and where can the damaged vehicle be inspected: GANPATI AUTO MOBILE, 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?: /

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? Y/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? Y/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? _____
- (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 11/02/2016 200

Signature of the insured Prem Kojadar

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Anaf 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 or future arising directly/indirectly in respect of the said accident

Rs. _____

One Rupee
Lakshmi Shree
W/O. Anant
Economic No. 7070

Witness
Name _____
Signature _____
Address _____

Signature *from the accident*
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY8088 Registration Date : 23-Jul-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, 189-274304
 Owner Name : PREM KUMAR YADAV Son/wife/daughter of : SHRIRAM YADAV
 Full Address: (Permanent) : VILL-PARSHAKHAD, POST -TARKULWA, THANA -TARKULWA, DEORIA, UTTAR
 PRADESH-274408
 Full Address: (Temporary) : SARDAR PATEL NAGAR, KASERA TOLI ROAD, PADRAUNA, KUSHINAGAR-UTTAR
 PRADESH-274304
 Fitness UpTo : 22-Jul-2040 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 : AA2132848465 Rear HSRP No : AA1043833433
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLJFW725SGG00362
 Engine No : JF17EUSGG00383 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI 125 ZX+ Wheel base : 1302
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 115
 Colour : PEARL FADELESS WHITE 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 IDFC FIRST BANK LTD,

GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 21-Jul-2025

Purchase dt	21-Jul-2025	Sale Amt	93085/-
OTT Date	21-Jul-2025	Amount/Rcpt No	9309 / UP57D25070002400
Vehicle is Govt./ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	28-Jul-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner		Previous RegNo	
Old State		Entry Date	
Transfer Date		Conversion Date	

This certificate is valid from 23-Jul-2025 to 22-Jul-2040

Date: 25-Aug-2025 12:21:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 25-Aug-2025

Q 5142138

Government of Uttar Pradesh, Government of Uttar Pradesh
 Transport Department, Government of Uttar Pradesh, Government of Uttar Pradesh





2025-07-21

Mr./Ms. PREM KUMAR YADAV
VILL-PARSHAKHAD POST -TARKULWA THANA - TARKULWA DEORIA, A/P SARDAR PATEL
NAGAR KASERA TOLI ROAD PADRAUNA KUSHINAGAR, KUSHINAGAR,
PADRAUNA (KUSHINAGAR), Uttar Pradesh, 274304

Dear Mr./Ms. PREM KUMAR YADAV,

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 transcript of proposal is attached and your policy is getting issued with insurer, 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 or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. PREM KUMAR YADAV, 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
Website: www.motorsathi.org
GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.





Certificate of Services

Certificate Issued & Servicing Office Motor Sathi Care Private Limited, B.Dass Compound Jyoti DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00457133

Tax Invoice cum Certificate Number: INCP00457133

Name of Certificate Holder: PREM KUMAR YADAV

Mobile: 9648224787

Address: VILL-PARSHAKHAD POST -TARKULWA THANA - TARKULWA DEORIA, A/P SARDAR PATEL NAGAR KASERA TOLI ROAD PADRAUNA KUSHINAGAR, KUSHINAGAR, PADHAUNA (KUSHINAGAR), PADRAUNA (KUSHINAGAR)

State: Uttar Pradesh

IDV: 8843075

Vehicle Registration Number: New

Model: DESTINI

Engine Number: JF17EUSGG00383

Acknowledgement No: MS2025/E457133

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com

Period of Coverage(MS): 2025-07-21 - 2026-07-20 MIDNIGHT

DOB: 1995-07-12

Period of Coverage(I): 2025-07-21 - 2030-07-20 MIDNIGHT

City / District: PADRAUNA (KUSHINAGAR)

Pincode: 274304

Manufacturing Year: 2025

Vehicle Manufacturer:

Variant: 125 ZX+ DISK

Chassis Number: MBLJFW725GG00362

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of Urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired. Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

AHDC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail 'Accidental Hospital Daily Cash' benefit minimum 24 hours hospitalisation is mandatory.

Coverage Amount - Rs 1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited. Website: www.motorsathi.com. Email: care@motorsathi.com. Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp 'EXPERIENCE DOC' @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Aided Services	2207.36	198.67	198.67	-	2605

Personal Accident Cover Details

Name of Certificate Holder: PREM KUMAR YADAV

Period of Insurance: 2025-07-21 (16:50 HRS) - 2026-07-20 MIDNIGHT

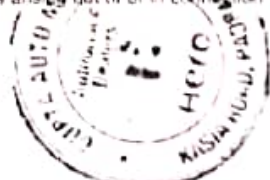
Nominee Name: RITA YADAV

Nominee Relationship: WIFE

Nominee Gender: Female

Nominee Age: 32 Years

Special Conditions: 1) Per individual SI is fixed Rs 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause, shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 7) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 8) Any form of Nuclear, Chemical and biological Terrorism is excluded. 9) Scope of Cover - 24 Hrs. Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.





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



UP52 20250018760



Issue Date Validity (NT) Validity (TR)*
09-10-2025 08-10-2035



Holder's Signature

Name: **PREM KUMAR YADAV**
Date of Birth: 12-07-1995 Blood Group:
Son/Daughter/Wife of: **SHYRAM YADAV**

Organ Donor: **N**

Address:
PRASHAKHAD TARKULWA TARKULWA BHATPAR
RANI DEORIA UTTAR PRADESH 274408

Date of First Issue: 08.10.2025

DL No: **UP52 20250018760**

UPDL521000034209



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	09-10-2025	MT			
	LMV	UP52	09-10-2025	MT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Issuing Authority
UP52 DEORIA



भारत सरकार
Government of India



प्रेम कुमार यादव
Prem Kumar Yadav
जन्म तिथि/DOB: 12/07/1995
पुरुष/ MALE

Issue Date: 31/03/2021

2795 5989 2509

VID : 9181 8435 4472 1414

मेरा आधार, मेरी पहचान

Download Date: 08/04/2021



राष्ट्रीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: श्रीराम यादव, परासखड, तरकुलवा, देवरिया,
उत्तर प्रदेश - 274408
Address:
C/O: Shriram Yadav, prashakhad, Tarkulwa,
Deoria,
Uttar Pradesh - 274408



2795 5989 2509

VID : 9181 8435 4472 1414

1947 | help@uidai.gov.in | www.uidai.gov.in

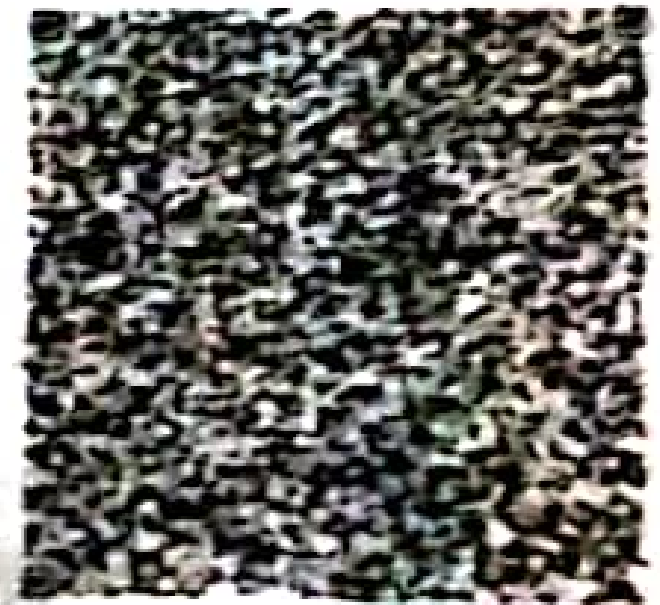
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा मंख्या कार्ड
Permanent Account Number Card
AXPPY9966K



नाम / Name

PREM KUMAR YADAV

पिता का नाम / Father's Name

SHRIRAM YADAV

जन्म तिथि / Date of Birth

12/07/1995

हस्ताक्षर / Signature