

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name SHRISH VISHWAKARMA
Address Deoria
Phone 9832990300

Job No.
Date 14/02/26
Chasis No.
Engine No.
Key No.
Regn. No. UP52-BN-3523
Speedmeter Redg.
Insurance No.
Model H.F. Deluxe

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	1	1100	1100	
2	HIL	15	525	525	
3	F-fender	10	1300	1300	
4	Panels (L)	1R	550	550	
5	Seat Cover - L/R	2R	550	1100	
6	Center.	1	150	150	
7	TIL	15	540	540	
8	Handle	1R	500	500	
9	Liner (L)	1	150	150	
10	Mirror (L)	1	150	150	
11	F. Winker (L)	1	250	250	
12	Log guard	1	675	675	
13					
14					
15					
16					
17					
18					
19	WASOLA			600	
20					
21					
22					
23					
24					
25					
TOTAL				7390	

- 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
Gorakhpur Road
For - Ganpati Automobiles
DEORIA
Mob 7794008749

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.	SHRISH VISHWAKARMA ☎ 9838990300
2	Vehicle No. / वाहन संख्या	UPS2BN3583
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/466555
4	Period of Insurance / बीमा अवधि	15/09/2025 to 14/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/02/2026 ☎ 12:30 PM
6	Place of Accident / दुर्घटना का स्थान	Purwa Charaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHRISH VISHWAKARMA ☎ UPS220030005696- 9838990300
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : देवस्थि स्वाम से पुवा चौराहा ठाणे समथ रास्ते में पुवा-चौराहा मोड पट पीदे से शक्ति ने तलकल मार दिया जीलसे मेली गाडी बाधा साईड गीलकल अतिग्रहण हो गया		
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 : 14/02/26
हस्ताक्षर

श्रीश. विश्वकर्मा

Signature of Insured / बीमाधारक के

श्रीश. विश्वकर्मा



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/2025/7001/0/4575/46555

Tel. No. _____

Period of Insurance 15/09/2025 to 14/09/2026

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 SHRISHI VISHWAKARMA
 (b) Address for correspondence DEORJA KHAS
 (c) Telephone 9833990300

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2021</u>	Engine No Chassis No. <u>* 12117</u> <u>* 12080</u>	Registration No. <u>UP52BN3583</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
 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? NA
 (h) Number of passengers carried
 (i) Number of Passenger permitted

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHRISH VISHWAKARMA
 (b) Age : 23/10/1922
 (c) Address : _____
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : YES
 3. Owner's relative or friend? : NA
Owner is
 (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 : UPS220030005696
 (h) Issuing Authority : _____
 (i) Date of Expiry : 14/09/2023
 (j) Was the licence temporary/permanent : 13/09/2023
 (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 : 10/02/2026 4 12:30
 (b) Place : Purua
 (c) Speed of vehicle at the time of accident : 10 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 : दरवाजा खुलने से चलने वाले कारने हमारे कार को धक्का मारा जिससे कार में क्षति हुई जिससे हमें अचानक रुकना पड़ा जिससे हमें भी क्षति हुई जिससे हमें अचानक रुकना पड़ा जिससे हमें भी क्षति हुई

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 : Garfact Automobiles Purua
Dec 19 7651989597

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? : _____
NA

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? _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No _____

NA

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 _____

NA

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 14/02/26
200

Signature of the insured [Signature]

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BN3583 Registration Date : 03-Dec-2021
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC :HPT/TO
Dealer's Name & Address : LAXMI MOTORS, OPPOSITE SAVITRI NARSING HOME, SALEMPUR DEORIA, ...
190-274001

Owner Name : SHRISH VISHWAKARMA Son/wife/daughter of : UDYAN BHAN VISHWAKARMA

Full Address: (Permanent) : DEORIA KHAS, WARD NO 6, KOTWALI, DEORIA, UTTAR PRADESH-274001

Full Address: (Temporary) : DEORIA KHAS, WARD NO 6, KOTWALI, DEORIA-UTTAR PRADESH-274001

Fitness UpTo : 02-Dec-2036 Owner Serial No : 2

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 : AA2046975376 Rear HSRP No : AA2047269378
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2021
No of Cylinders : 1 Chassis No : MBLHAW144M9J12080
Engine No : HA11ESM9J12117 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (SELF-DRUM-C Wheel base : 1235
AST)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK NEXUS BLUE 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)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of w.e.f.

Purchase dt : 01-Nov-2021 Sale Amt : 61910/-
OTT Date : 01-Nov-2021 Amount/Rcpt No : 6191 / UP52D21110000435
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 16-Feb-2024

Other State/Transfer/Conversion/Reassign Details

Previous Owner : CHHOTELAL Previous RegNo :
VISHWAKARMA

Old State : Entry Date :
Transfer Date : 16-Feb-2024 Conversion Date :

This certificate is valid from 03-Dec-2021 to 02-Dec-2036

Date : 19-Feb-2024 15:45:53

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 19-Feb-2024

P 6595900

Government of Uttar Pradesh Government of Uttar Pradesh
Government of Uttar Pradesh Government of Uttar Pradesh

Program Proposal Two-Wheeler Package Contract - Bundled

No.: MS/2025/001/O/46575/466555



are Private Limited

Nagar, Meerut, Uttar Pradesh, (250004) India

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
SHRISH VISHWAKARMA	1982-07-03	9838990300	UDYAN BHAN VISHWAKARMA	Hero MotoCorp	SP 125CC
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cable Capacity
SELF E20	UP52BN3593	HA11ESM9112117	MHELJA W 40M9112580	2023-12-03	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bio-Fuel ADV	Total ADV
35500.00	NA	0.00	0.00	0.00	35500.00
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	191140
Address			City / District	Pin Code	State
DEORIA KHAS, WARD NO 6, KOTWALL, 274001				274001	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
INDU DEVI	Female	33 Years	WIFE	2025-09-15 11:17	Minimum of 2025-09-14
Section A, VRC: 605.93 TCR: 460.79 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST (A): 1066.72					
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%): 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: 220.07 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 39.61 Total with GST(D): 259.68					
Total(Section A+B+C+D) Offered Price After Discount: 1611					
Package Period Covered	2025-09-15 To 2026-09-14	2026-09-15 To 2027-09-14	2027-09-15 To 2028-09-14	2028-09-15 To 2029-09-14	2029-09-15 To 2030-09-14
ADV	35500	NTL	NTL	NTL	NTL
MS Services Period Covered (NODL)	1 Year	NTL	NTL	NTL	NTL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UP TO 2026-10-31 (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 baggage) 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/Year. 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 Choze Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, non-disclosure 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 as 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 Meerut.

Received with Thanks Rs 1611/- ON 2025-09-15 from Mr./Ms. SHRISH VISHWAKARMA against the ARN No. INCP00466555
 The acknowledgment 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



भारत सरकार
Government of India



श्रीश विश्वकर्मा
Shrish Vishwakarma
जन्म तिथि/DOB: 03/07/1982
पुरुष/ MALE



4599 7574 9477

मेरा आधार. मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O उद्य भान विश्वकर्मा, वृह देवरीया खस वार्ड न 06,
पोस्ट देवरीया, देवरीया ताल, देवरीया,
उत्तर प्रदेश - 274001

Address:
S/O Uday Bhan Vishwakarma, ... Village Deoria
khas Ward no 06, Post Deoria, Deoria Khas,
Deoria,
Uttar Pradesh - 274001



4599 7574 9477



आयकर विभाग
INCOME TAX DEPARTMENT

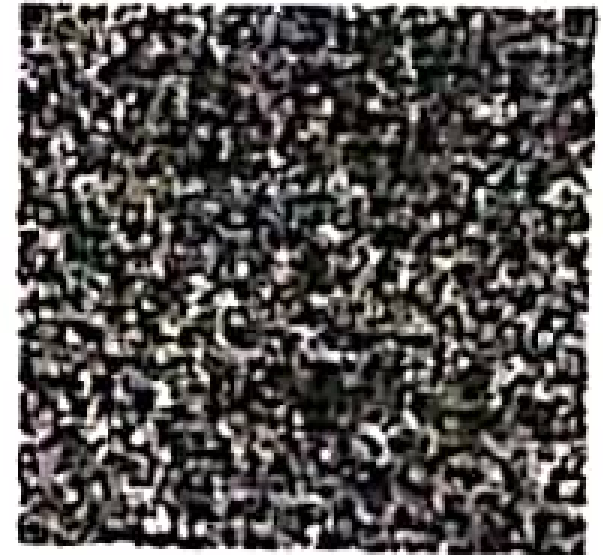


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BZYPV3009E



नाम / Name
SHRISH VISHWAKARMA

पिता का नाम / Father's Name
UDAY BHAN VISHWAKARMA

जन्म की तारीख /
Date of Birth
03/07/1982

श्रीश विश्वकर्मा
हस्ताक्षर / Signature

28102020





Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP52 20030005696



Issue Date 14-09-2023 Validity (NT) 13-09-2033 Validity(TR)*

(06-09-2003)

Holder's Signature

Name: SHRISH VISHWAKARMA
Date of Birth: 05-10-1982 Blood Group:
Son/Daughter/Wife of: UDAIBHAN VISHWAKARMA
Address: DEORIA IGIAS DEORIA DEORIA 274001

Organ Donor: N

Date of First Issue

DL No: UP52 20030005696

UPDL000011760898



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*
enb	BCWPG	UP52	04-09-2003	NT			
enb	LMV	UP52	04-09-2003	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA