

GANPATI AUTOMOBILES

urwa Chauraha, Deoria - 770400/713
 Mob. - 9415000503, 9990501183
 4800558,

ESTIMATE

Owner's Name..... Rambha. QBM
 Address..... Deoria
 Phone..... 9025897454

Job No.
 Date..... 17/02/2026
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52BF4227
 Speedmeter Redg.
 Insurance No.
 Model..... SPLT

Dear Sir,

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

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Nigali-	1K	1100	1100	
2	HIL	1B	535	535	
3	F- Lelinkorog - L	1B	250	250	
4	Handle,	1B	500	500	
5	Livory 2	1K	100	100	
6	F- Fanday -	1K	1500	1500	
7	Seat. Coverly (L)	1K	550	550	
8	Condor	1K	250	250	
9	purtrae Seat.	1K	1575	1575	
10	mittor. Imy.	1K	303	303	
11	F- Chechiseh (21111) <i>for</i>	—	—	1250	
12					
13					
14					
15					
16					
17	<i>Labour</i>			600	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				8513	

- 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 agree with the conditions and approve the estimate.

Customer's Signature.....

Ganpati Automobiles
 Gorakhpur Road
 For - Ganpati Automobiles
 DEORIA
 Mob. 7704004713

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	RAMBHA DEVI 9026897454
2	Vehicle No. / वाहन संख्या	UP52BF4227
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/4494-88
4	Period of Insurance / बीमा अवधि	16/06/2025 - To - 15/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/02/2026 Time:- 1:45 pm
6	Place of Accident / दुर्घटना का स्थान	तेकुआ चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SIYA RAM CHAHPAN UP5220160009414. 9026897454,
8	Estimated Loss / अनुमानित हानि	8513 ✓
9.	Cause of Accident / दुर्घटना का कारण :	पड़री से तेकुआ चौराहा जाते समय रासते में तेकुआ चौराहा के सामने रोड पर सामने से बड्डिक वक्ता ने तककर मार दिया जिससे मेरे गाड़ी बायें साइड गिर कर अतिशय हो गयी 11/02/2026
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.	CHAHPAN AUTO-MOBILE DEORAI

Date / दिनांक :
हस्ताक्षर

14/02/26
रामभा देवी

रामभा देवी
Signature of Insured / बीमाधारक के



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/2025/704/0/46575/449488

Tel. No. _____

Period of Insurance 16/06/2025 to 15/06/2026
 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 : RAMBHA DEVI
 (b) Address for correspondence : PADARI CHIKATRAPATI DEORI, A.C. D
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No. * <u>02632</u> Chassis No. * <u>02781</u>	Registration No. <u>4P52BF</u> <u>4227</u>
-------------------------------------------	---------------------------------------------------------	--------------------------------------------------

- (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 : _____
 (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: SIYA RAM CHAUHAN
 (b) Age: 10/06/1977
 (c) Address: PADARI CHHAIKI DEORIA (C.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: UP5220160009414
 (h) Issuing Authority: 09/06/2027
 (i) Date of Expiry: PERMANENT
 (j) Was the licence temporary/permanent: NA
 (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

Time: 1:45 pm
 a) Date and Time: 09/02/2026
 b) Place: तेकड़ा चौक
 c) Speed of vehicle at the time of accident: तेकड़ा चौक के सामने रोड पर सामने से
 d) Give a short description of the accident: वाहन गलत सेतुअप आर गिरा जिससे साइड गार्ड पर टकरावत हो गया।
 e) If any third party was responsible for this accident give the name and address: NA

6. DAMAGE TO INSURED VEHICLE

i) Full details of damage: AS PER ESTIMATE
 ii) Estimated cost of repairs: 8112
 iii) When and where can the damaged vehicle be inspected: COMPARTI AUTO MOBILS DEORIA (C.P.)

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name: /
 Address: /
 Full Details of personal injury sustained: /
 Name and address of any person/hospital giving medical attention to injured person: /
 Full details of property damaged: /
 Has notice of any claim been given to you?: /

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 N/A
(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. _____

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 14/02/26 _____ 200

Signature of the insured रश्मा देवी

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 रमेश देवी
Occupation
Address
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department Deoria
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	UP52BF4227	Registration Date	16-Jun-2020
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	DUP
Dealer's Name & Address	GANPATI AUTOMOBILES (D)	PURWA CHAURAMA G.P. ROAD, DEORIA	
Owner Name	RAMBHA DEVI	Son/wife/daughter of	SIYARAM CHAUHAN
Full Address (Permanent)	VILL-PADARI CHHTRAPATI, PO-LANGRA BAZAR, PS-BHALUANI, DEORIA, UTTAR PRADESH-274182		
Full Address (Temporary)	VILL-PADARI CHHTRAPATI, PO-LANGRA BAZAR, PS-BHALUANI, DEORIA, UTTAR PRADESH-274182		
Fitness Up To	15-Jun-2035	Tax Up To	One Time
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	Rear HSRP No	AA2013997867
Front HSRP No	AA2011179419	Month/Year of Manuf	05-2020
Type of Body	SOLO WITH PILLION	Chassis No	MELHAW128LHE02781
No of Cylinders	1	Fuel	PETROL
Engine No	HA11EYLHE02632	Cubic Capacity	97.20
Horse Power(BHP)	7.91	Wheel base	1236
Maker's Classification	SPLENDOR - (13S-SELF-DR		
Seating Cap(In all)	UM-CAST)	Standing Cap	0
Sleeper Cap	2	Unladen Wt (kgs)	112
Colour	0	Laden/GV Wt (kgs)	242
Other Criteria	BLACK-SILVER STR	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 we f

Purchase dt	11-Jun-2020	Sale Amt	63700/-
OTT Date	11-Jun-2020	Amount/Rcpt No	6370 / UP52D20060000947
Tax Up To	One Time	Vehicle is Govt./ Pvt	PRIVATE
Tax Exempted or Not	NOT EXEMPTED	Date of Approval	16-Jun-2020
Other State/Transfer/Conversion Details			
Previous Owner		Previous RegNo	
Old State		Entry Date	
Transfer Date		Conversion Date	

This certificate is valid from 16-Jun-2020 to 15-Jun-2035

Date 13-Aug-2020 16:24:02
 Taxation Particulars / Advance Registration Mark Fee Details

सय/संजीवन अधिकारी
 Signature of Registering Authority
 Date 13-Aug-2020

2924905



Package Offer

2023-06-16

Mr. Mr. RAMBHA DEVI

VILL-PALDARI CHITRAPATI, PO-LANGRA BAZAR, PS-BHALUANGI, District-

Uttar Pradesh, 224102

To: Mr. Mr. RAMBHA DEVI

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 will 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: sales@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr. Mr. RAMBHA DEVI, 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: sales@motorsathi.com

Website: www.motorsathi.org

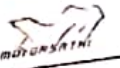
GSTIN: 09AACP05677M1ZD



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O 46575 449488

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
RAMBHA DEVI	1980-02-10	9026897454	SIYARAM CHAUHAN	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No	Engine No.	Chassis No	Year of Mfg	Cubic Capacity Vehicle Type
DRUM SELF E20	UP52BF4227	HAIJLYLHE02632	MBLHAW128LHE02781	2020-06-16	100 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	1651.24
Address			City - District	Pin Code	State
VILL-PADARI CHHTRAPATI, PO-LANGRA BAZAR, PS-BHALUANI, Deoria-				274182	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
ADITYA CHAUHAN	Male	19 Years	SON	2025-06-16 13:02	Midnight of 2026-06-15
Section A: VRC: 469.88 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 206.54 Total with GST(A): 263.34					
Section B: EC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 FDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @9% + SGST @9%): 137.52					
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: 170.66 AHDC, DOC & Additional External Tyre Cover(AETC), Other Discount: 0.00 GST (CGST @9% + SGST @9%): 30.72 Total with GST(D): 201.38					
Total(Section A+B+C+D) Offered Price After Discount: 1651					
Package Period Covered	2025-06-16 To 2026-06-15	2026-06-16 To 2027-06-15	2027-06-16 To 2028-06-15	2028-06-16 To 2029-06-15	2029-06-16 To 2030-06-15
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 2025-06-16 until 2026-06-15

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 - 100000/- 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 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.: 794105 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 to 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 1651.24 ON 2025-06-16 from Mr./Ms. RAMBHA DEVI against the ARN No. INCP00449488
 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),



भारत सरकार
Government of India



रमेश देवी
Ramesh Devi
जन्म तिथि / DOB : 15/02/1980
लिंग / Gender : महिला / Female



6490 0266 5239

आधार - आम आदमी का अधिकार

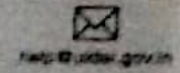
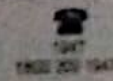


विकास विरहित महयान प्राधिकरण
Unique Identification Authority of India

पता:
W/O: सियाराम चौहान, पडरी
क्षत्रपति, पडरी छत्रपति, देवरिया,
संगडा बाजार, उत्तर प्रदेश, 274182

Address:
W/O: Siyaram Chauhan, padari
kshtrapati, Padri Chhatrapati,
Deoria, Langra Bazar, Uttar
Pradesh, 274182

6490 0266 5239



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DLPPD7324R

RAMBHA DEVI

पिता का नाम / Father's Name
NAND LAL CHAUHAN

जन्म की तिथि / Date of Birth
10/02/1980

रम्भा देवी
Signature



15072017

UNION OF INDIA Driving Licence



UP52 20160009414

UP52 20160009414



जारी करने की तिथि
Date of Issue
02/06/2016

वैधता / Validity
09/06/2027

जन्म तिथि
Date of Birth
10/06/1977

Blood Group
Unknown




MCWG
02/06/2016

नाम / Name

SIYA RAM CHAUHAN

पिता/पति का नाम / Son/Daughter/Wife c

HEERA LAL CHAUHAN

पता / Address

PADARI CHHATRA PATI
TEKUA LANGRA BAZAR, BHALUANI
DEORIA -

Holder's Signature

DEORIA

