

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 7704004713

Mob. - 9415863539, 9336394483

ESTIMATE

Owner's Name: PILAKAR KUMAR Pandey.

Address: DEORIA

Phone: 9931982259

Job No.
 Date.. 18/02/2025
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52CE7225
 Speedmeter Redg.
 Insurance No.
 Model.. X.TREME

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	Vigra - R	1pc	368	368	
2	F-Femdale -	1pc	967	967	
3	Hamdl -	1pc	368	368	
4	Livac - R.	1pc	115	115	
5	Tank. Strawood. (R) AB	2pc	400	800	
6	F-Fork. L&R. - Repair -		550	550	
7	R.R. Barck. Paidd.	1pc	250	250	
8	Muffler. Coval -	1pc	350	350	
9	Crup R.	1pc	750	750	
10	F- Ulimkari - R.	1pc	400	400	
11	Mittor - Sict.	1pc	5000	5000	
12	F-				
13					
14					
15					
16					
17	Labour			600	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				10518	

- 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 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.	DIWAKAR. KUMAR. PANDEY 9931982259
2	Vehicle No. / वाहन संख्या	UP52CE7225
3	Policy No. / पालिसी संख्या	252400/31/2025/97813
4	Period of Insurance / बीमा अवधि	26/03/2025-26-25/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/02/2026. Time - 4:30 pm.
6	Place of Accident / दुर्घटना का स्थान	गोरी बाजार (देवोया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DIWAKAR. KUMAR. PANDEY. UP5220200014100, 9931982259.
8	Estimated Loss / अनुमानित हानि	10518/-
09.	Cause of Accident / दुर्घटना का कारण:	देखा है जोरवधुट जा रहे थे रास्ते में गोरी बाजार के बागें लागे थे दो पहिया वाला कारखाना जिसने गोरी बाड़ी को बकल गाट दिया और गोरी बाड़ी दाहिने साइड गिरकर 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.	LAMPAGI AUTO MOBILE REPAIRA.

Date / दिनांक :
हस्ताक्षर

11/02/2026
Diwakar KP

Diwakar KP /
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. 252400/31/2025/97813

Tel. No. _____

Period of Insurance 26/03/2025 - To 25/03/2026
 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
DILAKAR KUMAR PANDAY
 (b) Address for correspondence
JIGAMA PANDIT, DEORIA (U.P)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>*04618</u> Chassis No. <u>*08827</u>	Registration No. <u>4PS2CE</u> <u>7225</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 _____
 (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 : DIWAKAR, KUMAR, PANDEY .
 (b) Age : 01/05/1985
 (c) Address : KATWALI 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 : UP5220200014100
 (h) Issuing Authority : _____
 (i) Date of Expiry : 16/11/2030
 (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 : 11/02/2026 Time - 4:30 PM
 (b) Place : गाँव का नाम देना है
 (c) Speed of vehicle at the time of accident : गाँव का नाम देना है
 (d) Give a short description of the accident : गाँव का नाम देना है
 (e) If any third party was responsible for this accident give the name and address : गाँव का नाम देना है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 10518 +
 (c) When and where can the damaged vehicle be inspected : GANPATI AUTO MOBILE DEORIA (U.P)

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. INQUIRY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NA
- (b) If yes, give full details _____

9. WITNESS

- (a) Give names and addresses of passengers/other witnesses, if any _____
- (b) Did a Police Constable take particulars of the accident? NA
- (c) Was accident reported to Police? If not, Why? _____
- (d) If yes, to which Police Station? _____
- (e) Date and Day? No _____

10. THEFT

- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? NA
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Was theft being 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: 17/02/2020

[Signature]
Signature of the insured

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 Dinesh Kumar
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Subject to Deoria Jurisdiction only.

I/We agree with the conditions and approve the estimate.

Customer's Signature.....

For - Ganpati Automobiles
OPP. Dr. G. S. Gupta
DEORIA
- Mob 7704004798

Authorised Signatory

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE7225 Registration Date : 31-Mar-2025
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 : DIWAKAR KUMAR PANDEY Son/wife/daughter of : GORAKHNATH PANDEY
Full Address: (Permanent) : VILL- JIGNA PANDIT, PO- DUBHEY JIGNA PS- BHORE, HATHUA GOPALGANJ, GOPALGANJ, BIHAR-841426
Full Address: (Temporary) : VILL- PURWA CHAURAHA, DEORIA, , DEORIA-UTTAR PRADESH-274001
Fitness UpTo : 30-Mar-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 : AA1039727007 Rear HSRP No : AA2121564292
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLJAU02XSGB08827
Engine No : JA07AVSGB04618 Fuel : PETROL
Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
Maker's Classification : XTREME 125 R ABS Wheel base : 1319
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 137
Colour : BLACK Laden/GV Wt (kgs) : 267
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manur.	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 HERO FINCORP LTD, DEORIA, , , Deoria Uttar Pradesh-274001 w.e.f. 28-Mar-2025.

Purchase dt : 26-Mar-2025 Sale Amt : 101439/-
OTT Date : 26-Mar-2025 Amount/Rcpt No : 10144 / UP52D25030004082
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 25-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-Mar-2025 to 30-Mar-2040

Date : 25-Apr-2025 13:47:05

Taxation Particulars Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 25-Apr-2025

Diwakar K. V. Pandey

0058791



Certificate of Services

Motor Sathi Issuer & Servicing Office Motor Sathi Care Private Limited, B Dasa Compound
 DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh,
 Uttar Pradesh, (202001) Certificate Number: INCP00420511

For Assistance, Please contact us at Toll Free Number
 7941050543 | Email ID: info@motorsathi.com

Invoice cum Certificate Number: INCP00420511
 Name of Certificate Holder: DIWAKAR KUMAR PANDEY
 Mobile: 8431986287

Period of Coverage(MS): 2025-03-28 - 2025-03-25 MIDNIGHT
 DOB: 1985-05-01

Address: VILL-JIGNA PANDIT, PO-DUBEY JIGNA PS-BHORE, BIHAR, BIHAR
 State: Bihar
 IDV: 96367.05

Period of Coverage(I): 2025-03-26 - 2025-03-26 MIDNIGHT
 City / District: BIHAR
 Pincode: 841426

Vehicle Registration Number: New
 Model: XTREME 125

Manufacturing Year: 2025
 Vehicle Manufacturer: HERO MOTOCORP

Engine Number: JA07AVSGB04618

Variant: XTREME 125R ABS

Acknowledgement No: MS/2025/E420511

Chassis Number: MBLJAU02X5GB08827

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S No	Featured Benefits	Description	T/W
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

ADHC 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 ADHC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number +91 7941050543

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	-	-	81	531
Allied Services	1973.85	-	-	355.29	2329

Personal Accident Cover Details

Name of Certificate Holder: DIWAKAR KUMAR PANDEY
 Nominee Name: SAURABH PANDEY
 Nominee Gender: Male

Period of Insurance: 2025-03-26 (18:51 HRS) - 2026-03-25 MIDNIGHT
 Nominee Relationship: SON
 Nominee Age: 20 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.

Diwakar K. Pandey





भारत सरकार
Government of India



दिवाकर कुमार पांडेय
Diwakar Kumar Pandey
जन्म तिथि/DOB: 01/05/1985
पुरुष/ MALE



3578 1810 7061

VID : 9126 0941 6989 2370

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: गोरखनाथ पांडेय, िगना पंडितद, दुबे जिगना,
भौरे, जिगना पंडित, गोपालगंज,
बिहार - 841426

Address:
S/O: Gorakhnath Pandey, JIGNA PANDIT,
DUBE JIGNA, BHAURE, Jigna Pandit,
Gopalganj,
Bihar - 841426



3578 1810 7061

VID : 9126 0941 6989 2370



DL No: UP52 20200014100

UP52 20200014100



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*
	MCVG	UP52	17-11-2020	NT			
	LMV	UP52	17-11-2020	NT			

Emergency Contact Number

Deoria
licensing authority
UP52 DEORIA

Form 7 Rule 16(2)



Indian Union Driving Licence Issued by Uttar Pradesh



UP52 20200014100

Issue Date: 17-11-2020
Validity (NT): 16-11-2030

Validity (TR)*



(17-11-2020)

Deoria

Name:

DIWAKAR KUMAR PANDEY

Date of Birth:

01-05-1985

Blood Group:

Organ Donor:

N

Son/Daughter/Wife of:

GORAKHNATH PANDEY

Address:

RAGHAW NAGAR DEORIA KOTWALI
Deoria, UP 274001

Date of First Issue



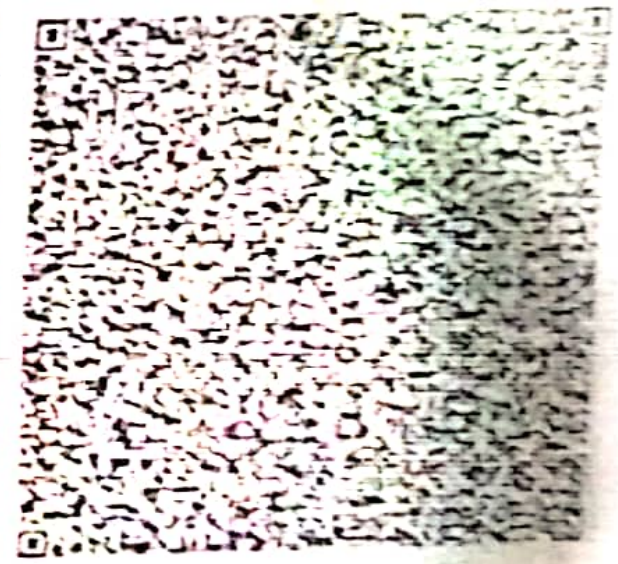
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FODPP8754L



नाम / Name
DIWAKAR KUMAR PANDEY

पिता का नाम / Father's Name
GORAKHNATH PANDEY

जन्म की तारीख
Date of Birth

Diwakar
हस्ताक्षर / Signature

16T22019