

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name: KANCHAN
 Address: DEORIA
 Phone: 7875694526

Job No. _____
 Date: 07/03/2026
 Chassis No. _____
 Engine No. _____
 Key No. _____
 Regn No: UP57 RV 2198
 Speedometer Rtdg. _____
 Insurance No. _____
 Model: PLEASURE

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	Handl. Coverd	1	300	300	
2	HIL Chrome:	1	302	302	
3	HIL	1	566	566	
4	UPPER - Coverd	1	1657	1657	
5	Lower - Coverd -	1	1160	1160	
6	F-Linkd - R.	1	200	200	
7	Floord - R	1	290	290	
8	Muffler - Coverd -	1	600	600	
9	Body - Coverd - R	1	1100	1100	
10	Livng - (2)	1	100	100	
11	F-Fendbr	1	221	221	
12	Chrome:	1	210	210	
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL					8731

- 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
 GANPATI ROAD
 DEORIA
 U.P.

Authorized 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.	KANCHAN ♀ 7875694526
2	Vehicle No. / वाहन संख्या	UPS2BV2748
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/413328
4	Period of Insurance / बीमा अवधि	05/03/2025 to 04/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/02/26 ♀ 06:00PM
6	Place of Accident / दुर्घटना का स्थान	BHALUAN!
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAVI SHANKAR PATHAK ♀ UPS220230011492 - 7875694526
8	Estimated Loss / अनुमानित हानि	89257
09.	Cause of Accident / दुर्घटना का कारण :	वेलियम से वरदान वाले समय रास्ते में भलुआनी के सामने मोड़ पर अनियंत्रित होकर दाहिने हाई वेड में गिर कर एक इतिहास हो गया 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 Purana Deoria ♀ 751989597

Date / दिनांक :
हस्ताक्षर

27/2/26
कंचन

कंचन
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/2025/7001/0/46575/4/35
 Tel. No. _____ Period of Insurance 05/03/2025 to 04/03/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name : KANCHAN
 (b) Address for correspondence : BARRAGACHAN
 (c) Telephone : 7875 694526

2. THE INSURED VEHICLE

Make & Year <u>Heroic - 2023</u>	Engine No. <u>* 00405</u> Chassis No. <u>* 01445</u>	Registration No. <u>UP52 BV2748</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 Used
 (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: RAVISHANK PATHAK.
 (b) Age: 09/02/1982
 (c) Address: BARAKA
 (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?: NO.
 (g) Driving Licence Number: UP5220230011992
 (h) Issuing Authority: _____
 (i) Date of Expiry: 19/07/2033
 (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

27/02/26
 5. DETAILS OF ACCIDENT Time: 6:00 PM.
 (a) Date and Time: 6:00 PM
 (b) Place: बलभनी
 (c) Speed of vehicle at the time of accident: देवी यात्री बस के लादे लगभग 20 किलोमीटर प्रति घण्टा के सामने मोड़ के वहाँ घड़ी घड़ियाँ चलाते थे
 (d) Give a short description of the accident: घोसल के दाहिने साइड चले थे सीट पर घटिये गले हो गये
 (e) If any third party was responsible for this accident give the name and address: _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
 (b) Estimated cost of repairs: ₹ 55000
 (c) When and where can the damaged vehicle be inspected: GAHPATI 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?: NA

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? _____
- (f) Has theft been reported to Police? N/A
- (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 28/02/200

Signature of the insured en 21 n

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-22/27, Anand Ah 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 _____ 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 _____

The Cash
Lecturer Shree
Work account
Account No. 1000

Witness
Name _____
Signature _____
Address _____

Signature 20/2/18
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____

Transport Department
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP52BV2748
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA.
 Owner Name : KANCHAN
 Full Address: (Permanent) : VILL BARKAGAON, PO BARKAGAON, BARHAJ, DEORIA UTTAR PRADESH 274601
 Full Address: (Temporary) : VILL BARKAGAON, PO BARKAGAON, BARHAJ, DEORIA-UTTAR PRADESH 274601
 Fitness Up To : 27-Mar-2038
 Registration Date : 28-Mar-2023
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAVI SHANKAR PATHAK
 Owner Serial No : 1

Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2071791759
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JF16EJNGK00405
 Horse Power(BHP) : 8.04
 Maker's Classification : PLEASURE + (LX)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : PEARL SILVER WHITE
 Other Criteria : Fully Built
 Vehicle Purchase As : Fully Built

Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2072384221
 Month/Year of Manuf. : 10/2022
 Chassis No : MBLJFN067NGK01445
 Fuel : PETROL
 Cubic Capacity : 110.90
 Wheel base : 1238
 Standing Cap : 0
 Unladen Wt (kgs) : 104
 Laden/GV Wt (kgs) : 234
 AC Fitted : NO

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

By Manuf. : 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 w.e.f.

Purchase dt : 17-Mar-2023
 OTI Date : 17-Mar-2023
 Vehicle Is Govt/ Pvt. : PRIVATE
 Date of Approval : 29-Mar-2023
 Other State/Transfer/Conversion Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :
 Sale Amt : 69868/-
 Amount/Rcpt No : 6987 / UP52D2303000J292
 Tax Exempted or Not : NOT EXEMPTED

This certificate is valid from 28-Mar-2023 to 27-Mar-2038

Signature of Registering Authority
 Date: 11-Apr-2023

Taxation Particulars / Advance Registration Mark Fee Details

P 2045367

Program Proposal Two-Wheeler Package Contract - Bundled

Contract No.: MS/2025/7001/0/46575/413328

Motorsathi Care Private Limited

Plot 1 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

20250304

Age: 15 79410 50641

Website: www.motorsathi.com

WhatsApp account: www.motorsathi.com

Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
KANCHAN	1968-02-05	7232942574	RAVI SHANKAR PATHAK	Hero Motocorp	PLEASURE
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
PLS VX	UP52BV2748	JF16EJNGK00405	MBLJFN067NGK01445	2022	110
Insured Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
1385.18	NA	0.00	0.00	0.00	1385.18
Place of Regn	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment Incl.
	Solo			2	1385.18
Address			City / District	Pin Code	State
BARKAGAON, PO BARKAGAON, BARKAJ, Deoria, Uttar Pradesh, 274601				274601	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
KANCHAN PATHAK	Female	15 Years	DAUGHTER	2025-03-05 13:37	Midnight of 2026-03-

PA BONUS (0%) 0.00 Total with GST(A) 1077.95

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%) (B) 0.00 Total (B) 0.00

MS Services(O) 0.00 MS Services(D) 0.00 MS Services(P) 0.00 GST (CGST @9% + SGST @9%) 0.00 Total MS Services with GST(C) 0.00

Other Disc: 260.36 AHTC, DOC & Additional External Tyre Cover(AITC); Other Discount: 0.00 GST (CGST @9% + SGST @9%): 46.87 Total with GST(D): 207.23

Offered Price After Discount: 1385

Period Covered	2025-03-05 To 2026-03-04	2026-03-05 To 2027-03-04	2027-03-05 To 2028-03-04	2028-03-05 To 2029-03-04	2029-03-05 To 2030-03-04
Sum Insured	51000	NIL	NIL	NIL	NIL
Service Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-03-16 (DETAILS AS FOLLOWS BY THE CUSTOMER)

USE: This package covers use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples) c) personal use d) racing e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade

PERSON: 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 a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirements of Road Transport Vehicle Rules, 1989

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. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com

CANCELLATION: The package stands cancelled or void in the event of Cheque Dishonoured. The company may cancel the package by sending 7 days' notice in case of any fraud, non-disclosure of material fact or non-co-operation of the coverage.

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 account holder shall 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.

REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 79410 50641

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 1385.18 ON 2025-03-05 from Mr./Ms. KANCHAN against the ARN No. INCP00413328

This acknowledgment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*

*Please refer website for details Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B Doss Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001),

DL No: **UP52 20230011492**

UPDL000011008824



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	15-07-2023	NT			
	LMV	UP52	15-07-2023	NT			

Emergency Contact Number

UP52 DEORIA



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

UP52 20230011492



Issue Date: 15-07-2023 Validity (NT): 14-07-2033 Validity (TR)*: -----



Holder's Signature

Name:

RAVI SHANKAR PATHAK

Date of Birth: **09-02-1982**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **PARMANAND PATHAK**

Address:

Baraka Gaon Deoria Uttar Pradesh 274601



भारत सरकार
GOVERNMENT OF INDIA




पेशवा
KARCHAN
जन्म तिथि / DOB : 08/02/1988
महिला / Female



4045 6583 3470

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
- , बरकगाँव, अमौन, बरकगाँव,
देवरिया, उत्तर प्रदेश, 274601

Address
- , BARKAGAON, Amoun,
Barakagaon, Deoria, Uttar
Pradesh, 274601

4045 6583 3470

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name KANCHAN
Address DEORIA
Phone 7895694526

Job No.
Date 02/02/2026
Chasis No.
Engine No.
Key No.
Regn. No. UP52 RV 2798
Speedmeter Redg.
Insurance No.
Model PLEASURE

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6	F-Winker-R	15	200	200	
7	Floor-R	15	390	390	
8	Muffler-Cover	15	600	600	
9	Body-Cover-R	15	1100	1100	
10	Liner-②	15	100	150	
11	F-Fender	15	991	991	
12	Chrome	15	350	350	
13					
14					
15					
16					
17	LABOR			600	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				8971	

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Ganpati Automobiles
Gorakhpur Road
Opp. N. Gupta
DEORIA
Mob. 7704004711

Authorised Signatory