

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name Asama Khatoon
 Address Deoria
 Phone 9044705568

Job No.
 Date 05/03/20
 Chasis No.
 Engine No.
 Key No.
 Regn No. UP52 BX 2788
 Speedmeter Redg.
 Insurance No.
 Model Super Safal

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	H/L	1	2510	2510	
3	Wind Screen	1	390	390	
4	Screen	1	200	200	
5	F. Fender	1	1500	1500	
6	Handle	1	550	550	
7	Mirror (R)	1	150	150	
8	F. Fork - L/R	-	-	550	
9	Liner (R)	1	100	100	
10	R.R. Brack Panel	-	850	850	
11	Front Rod (R)	1	235	235	
12	Muffler Conv. A/B	3	1150	1150	
13	Panel (R)	1	850	850	
14	Seat Cover (R)	1	700	700	
15	F. Window (R)	1	200	200	
16	Kink Liner	1	300	300	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL					12857

- 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
 For - Ganpati Automobiles
 OPP. OF ...
 DEORIA
 Mob 7704004711

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.	ASAMA KHATOON 9044705568
2	Vehicle No. / वाहन संख्या	UP52BX2708
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/463218
4	Period of Insurance / बीमा अवधि	26/08/2025 - To - 25/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/03/2026 Time:- 9:35 Am,
6	Place of Accident / दुर्घटना का स्थान	शिवगपुर रोड (देवता)
7	Name of the Driver, DL No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	AFARUJ ANSARI UP5220250014292, 9044705568,
8	Estimated Loss / अनुमानित हानि	12285/-
09	Cause of Accident / दुर्घटना का कारण:	बगहा महिला से देवारिया जा रहे थे। रास्ते में शिवगपुर रोड में सामने से दो पहिया वाहन आ रहा था। जिससे मेरी गाड़ी को सामने से टक्कर मार दिया और मेरी गाड़ी दाहिने सड़क से गिर कर क्षतिग्रस्त हो गयी। गिरने के कारण चालक का घायल होना।
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.	JANPATI APTD. MOBILE. 980012

Date / दिनांक : 02/03/2026
हस्ताक्षर

आसामा

Signature of Insured / बीमाधारक के

आसामा





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/2025/7001/0/46575/4321

Tel. No. _____

Period of Insurance 26/08/2025-26-25/08/2026

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
 (b) Address for correspondence
 (c) Telephone

1 INSURED
ASHIMA KHATOON

BALMATHA - MISHINA SEORA (U.P)

2 THE INSURED VEHICLE

Make & Year <u>HERO</u>	Engine No. <u>X E06151</u> Chassis No. <u>X E04323</u>	Registration No. <u>UP52BX</u> <u>2708</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

NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name ALARU ANSARI
 (b) Age 28/06/2004
 (c) Address 497011 - BA G/111A
 (d) Is the Driver
 1. Owner NA
 2. paid driver? NA
 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 UP5220250014292
 (h) Issuing Authority 01/02/2025
 (i) Date of Expiry 07/06/2029
 (j) Was the licence temporary/permanent Permanent
 (k) Details of endorsement/suspension, if any
 (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 02/03/2026 at 09:35
 (b) Place nearby
 (c) Speed of vehicle at the time of accident 40 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
वर्षा में घटित होने के कारण एम 28 को सड़क में खिसकाया गया जिससे एम 28 के डायरेक्टर का ब्रेक फेल हो गया और एम 28 के डायरेक्टर ने एम 28 को टक्कर मारी जिससे एम 28 के डायरेक्टर का ब्रेक फेल हो गया और एम 28 के डायरेक्टर ने एम 28 को टक्कर मारी जिससे एम 28 के डायरेक्टर का ब्रेक फेल हो गया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage As per Estimation
 (b) Estimated cost of repairs ₹ 2500
 (c) When and where can the damaged vehicle be inspected Comptrol Automobiles Purani Dewari 7651922699

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 _____

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 _____

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 _____

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 02/03/26 200

Signature of the insured BIRJIT

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 ... 31/1/21
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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 ... 37K124T
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No. : UP52BX2708 Registration Date : 05-Sep-2023
 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 : ASAMA KHATOON Son/wife/daughter of : ISARAFIL ANSARI
 Full Address: (Permanent) : VILL-BAGAHA MATHIYA, PO-DEORIA, PS-BARIYARPUR, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL-BAGAHA MATHIYA, PO-DEORIA, PS-BARIYARPUR, DEORIA-UTTAR PRADESH-274001

Fitness UpTo : 04-Sep-2038 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 : AA2080738442
 Front HSRP No : AA2080256116 Month/Year of Manuf. : 05/2023
 Type of Body : SOLO WITH PILLION Chassis No : MBLJAW400PGE04323
 No of Cylinders : 1 Fuel : PETROL
 Engine No : JA07AMPGE06158 Cubic Capacity : 124.70
 Horse Power(BHP) : 10.72 Wheel base : 1267
 Maker's Classification : SUPER SPLENDOR XTEC D

Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 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 TATA CAPITAL FINANCIAL SERVICES LTD, ... Deoria, Uttar Pradesh-274001 w.e.f. 05-Sep-2023.

Purchase dt : 05-Sep-2023 Sale Amt : 83828/-
 OTT Date : 05-Sep-2023 Amount/Rcpt No : 8383 / UP52D23090000408
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Sep-2023

Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 05-Sep-2023 to 04-Sep-2038

A.R.T.O. (X)
 DEORIA
 Signature of Registering Authority
 Date: 12-Sep-2023

Date : 12-Sep-2023 10:33:24
 Taxation Particulars / Advance Registration Mark Fee Details

3793100



Package Offer

2025-08-21

Mr./Ms. ASAMA KHATOON

VILL-BAGAIHA MATHIYA, PO-DEORIA, PS-BARIYARPUR, Deoria,
, Uttar Pradesh, 274001

Dear Mr./Ms. ASAMA KHATOON,

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 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. ASAMA KHATOON, 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



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No: MS-2025-7001-0-46575-463218

Motorsathi Care Private Limited

B-13, B-13 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh (202001) India

Contact Us at:

Phone No: 7941050623

Email: info@motorsathi.com

Website: www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
ASAMA KHATOON	1977-10-08	7498790151	ISRAHIL ANSARI	Hero MotoCorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUMS 110cc	UP52BX2708	IA07AMPGL06158	MBLJAW400PGL04323	2023	100	TW
Cover Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
50500.00	NA	0.00	0.00	0.00	50500.00	
Place of Regn	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Scorpio			1	1362.14	
Address			City / District	Pin Code	State	
VILL-BAGHA MATHIYA, PO-DLORIA, PS-BARI ARPUR, Deoria				221001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MUSSEER ANSARI	Male	22 Years	SON	2025-08-26 15:47	Midnight of 2028-08-25	

Section A: VBI - 780.55, H.R. - 417.13 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%) - 241.44 Total with GST(A): 936.24

Section B: E.I. - 0.00 E.L. Service - 0.00 E.C.P.D. - 0.00 Sub Total: 0.00 TAC - 0.00 ENC - 0.00 ETR - 0.00 M.P.D. - 0.00 Total(B) = 0.00 GST (CGST @ 9% + SGST @ 9%) (B): 0.00 Total with GST(B): 0.00

Section C: 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

Section D: Drive Assure - 276.23 AHDC, DOC & Additional Internal Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%) - 49.72 Total with GST(D): 325.95

Total Section A+B+C+D Offered Price After Discount: 1262

Package Period Covered	2025-08-26 To 2026-08-25	2026-08-26 To 2027-08-25	2027-08-26 To 2028-08-25	2028-08-26 To 2029-08-25	2029-08-26 To 2030-08-25
ADV	50500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODI)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UP TO 2028-08-25 (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 luggage) (c) Commercial Raising (d) Plying (e) Speed Testing (f) Reliability Trials (g) Any purpose in connection with Motor Cycle.

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. Note: The amount mentioned is estimated breakup. Annual 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 Dishonour. 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 MOTOR SATHI CARE PVT LTD AT: Website - www.motorsathi.com Customer Care - Toll Free Phone No. 7941050623 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 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 court at Aligarh.

Received with Thanks Rs 1262 INR ON 2025-08-21 from Mr./Ms. ASAMA KHATOON against the ARN No. INCP00463218

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

*Please turn over leaf for details of consolidated Stamp Duty Paid Endorsements (MT - 22, 16, 18)

Customer Service Address: B-13 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





भारत सरकार

Government of India

आम आदमी

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9238 0838 5534

आधार - आम आदमी का अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA



स्थायी लेखा नम्बर कार्ड
Permanent Account Number Card

FBOPK8004A

नाम Name
ASAMA KHATOON

पिता का नाम Father's Name
ABDUL AZIZ

जन्म की तारीख Date of Birth
08/10/1972

हस्ताक्षर Signature



DL No: UP52 20250014292

UPDL5210000225296

Invald Carriage (Regn Numbers)
 Hazardous Validity¹ Hill Validity²

Emergency Contact Number

Issuing Authority
 UP-52 DEORIA

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MVSD							
LMV	UP52		01-08-2025	MT			
MCGV	UP52		01-08-2025	MT			

Form 7 Rule 16(2)

Indian Union Driving Licence
 Issued by Uttar Pradesh

UP52 20250014292

Issue Date Validity (NT) Validity (TR)
 01-06-2025 07-06-2044

Holder's Signature

Name: AFARUJ ANSARI

Date of Birth: 08-06-2004 Blood Group: ISRAFIL ANSARI

Son/Daughter/Wife of

Address:
 GRAM-BAGAH MATHIYA POST-DEORIA DEORIA
 DEORIA BHATPAR RANI DEORIA UTTAR PRADESH
 274001

Organ Donor: N

Date of First Issue 01.06.2025



Unique Identification Authority of India

पता:

W/O इशराफ़ि अंसारी, ग्राम-बग़ाना
मठीया, पोस्ट-देवरिया, देवरिया
देवरिया, भाटपार रानी, उत्तर प्रदेश,
274001

Address

W/O Isarafi Ansari, gram-bagana
mathiya, post-deoria, Deoria
Deoria, Bhatpar Rani, Uttar
Pradesh, 274001

9238 0838 5534



1800 101 417



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