

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Faiyaz Ansari.....
 Address..... Deoria.....
 Phone..... 8840712352.....

Job No.
 Date..... 05/03/2016.....
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52 CF 1346
 Speedmeter Redg.
 Insurance No.
 Model..... Spl.....

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	Fuel Tank	1R	5550	5550	
2	Visor	1R	1100	1100	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	Wheels			600	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				7250	

- Notes: 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. 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.	FAYYAZ ANSARI & 8840718352
2	Vehicle No. / वाहन संख्या	UP52CF1346
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	26/09/2025 to 25/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/02/2026 & 02:40 PM
6	Place of Accident / दुर्घटना का स्थान	BHALUANI
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ASHIQ MOHAMMAD & UP5220230006226 - 884071835
8	Estimated Loss / अनुमानित हानि	7550
09.	Cause of Accident / दुर्घटना का कारण :	भलुआनी एर के सामने गरी एसी थी वही दूर पर काम हो रहा था तभी अचानक दूर से इले का डेल मोरी गाड़ी के टंकी में कई धार पर गीर गया और ड्रेगल 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 Purana Deoria 7651982597

Date / दिनांक : 02/03/26
हस्ताक्षर फैयाज अंसारी

फैयाज अंसारी
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. _____

Tel. No. _____

Period of Insurance 26/04/2025 to 25/04/2026
 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 : FAYAZ ANSARI
 (b) Address for correspondence : BHALUANI
 (c) Telephone : 8840718352

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. Chassis No. <u>* 63182</u> <u>* 59093</u>	Registration No. <u>UP52CF1346</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
 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 : ASHIQ MOHAMMAD
 (b) Age : 16/12/1997
 (c) Address : Bhaluani
 (d) Is the Driver
 1. Owner :
 2. paid driver? : NA
 3. Owner's relative or friend? : NA
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 : UP5220230006226
 (h) Issuing Authority :
 (i) Date of Expiry : 12/04/2023
 (j) Was the licence temporary/permanent : 09/12/2037
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 : 25/02/20 & 02:40 PM
 (b) Place : Bhaluani
 (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 :
मकसुडी गल के सामने गाड़ी खड़ी थी तो इस गाड़ी का ड्राइवर ने इस गाड़ी को टक्कर मारी जिससे इस गाड़ी में क्षति हुई।
वास्तव में गाड़ी का ड्राइवर ही इस दुर्घटना का कारण था।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AB FOR - Estimated
 (b) Estimated cost of repairs : 7250/-
 (c) When and where can the damaged vehicle be inspected : Goyalpatti Automobiles Purma Dehra
7651989596

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 : NA
 (f) Has notice of any claim been given to you? :

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 Witnesses, 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 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 02/03/26 200

Signature of the insured के.याज्ञ. अंसारी

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 के.याज संसारी
Occupation
Address
.....

Bank Account Number
Name of the Bank

Customer's Signature

Authorised Signatory

GOVERNMENT OF UTTAR PRADESH

**Transport Department DEORIA
FORM 23**

CERTIFICATE OF REGISTRATION

Registration No : UP52CF1346 Registration Date : 29-Apr-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 : FAIYAZ ANSARI Son/wife/daughter of : SADIK ANSARI
 Full Address: (Permanent) : VILL+PO+PS- BHALUANI, BARHAJ DEORIA, ., DEORIA, UTTAR PRADESH-274182
 Full Address: (Temporary) : VILL+PO+PS- BHALUANI, BARHAJ DEORIA, ., DEORIA-UTTAR PRADESH-274182
 Fitness UpTo : 28-Apr-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 : AA2124556435 Rear HSRP No : AA2124114720
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW226RHL59093
 Engine No : HA11E7RHL63182 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236

Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 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)
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- 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. 29-Apr-2025.

Purchase dt : 26-Apr-2025 Sale Amt : 78366/-
 OTT Date : 26-Apr-2025 Amount/Rcpt No : 7837 / UP52D25040004353
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 03-May-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 29-Apr-2025 to 28-Apr-2040

Signature of Registering Authority
 Date : 19-May-2025

Date : 19-May-2025 12:19:57
 Taxation Particulars / Advance Registration Mark Fee Details

Government of Uttar Pradesh
 Government of Uttar Pradesh
 5/19/2025, 12:20 PM

Owner's Signature.....

Authorised Signatory



2025-04-26

Mr./Ms. FAIYAZ ANSARI
VILL+PO+PS-BHALUANI
DEORIA, Uttar Pradesh, 274182

Dear Mr./Ms. FAIYAZ ANSARI,

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 transcript of proposal is attached and your policy is getting issued with insurer, 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. FAIYAZ ANSARI, 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



Please scan the QR for details.



Certificate of Services

State Issuer & Servicing Office Motor Sathi Care Private Limited, B Dasa Compound
 Site DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh,
 Uttar Pradesh - 202001 Certificate Number: INCP00431266

For Assistance, Please contact us at Toll Free Number
 79410506431 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00431266

Name of Certificate Holder: FAIYAZ ANSARI

Mobile: 7704027909

Address: VILL+PO+PS-BHALJANI, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 744477

Vehicle Registration Number: New

Model: SPLENDOR PLUS

Engine Number: HA11E7RHL631R2

Acknowledgement No: MS/2025/E431266

Period of Coverage(MS): 2025-04-26 - 2026-04-25 MIDNIGHT

DOB: 2002-03-07

Period of Coverage(F): 2025-04-26 - 2026-04-25 MIDNIGHT

City: District: DEORIA

Pincode: 274182

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: 135 OB

Chassis Number: MBLHAW226RHL59093

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
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

AHDC 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 AHDC Support, Please reach out Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number +91 7941050643

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	40.5	40.5	-	531
Allied Services	1827.25	164.46	164.46	-	2156

Personal Accident Cover Details

Name of Certificate Holder: FAIYAZ ANSARI

Period of Insurance: 2025-04-26 (18:04 HRS) - 2026-04-25 MIDNIGHT

Nominee Name: MUBARAK ANSARI

Nominee Relationship: BROTHER

Nominee Gender: Male

Nominee Age: 35 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. 6) 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. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) 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.



Indian Union Driving Licence Issued by Uttar Pradesh

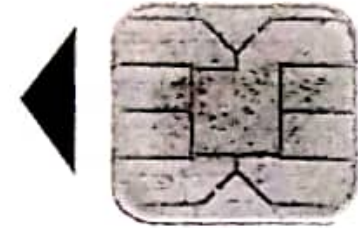
UP

UP52 20230006226



Issue Date: 19-04-2023 Validity (NT): 09-12-2037 Validity (TR)*: _____

Date of First Issue (19-04-2023)



Holder's Signature

Name: **ASHIQ MOHAMMAD**
Date of Birth: **10-12-1997** Blood Group: _____ Organ Donor: **N**
Son/Daughter/Wife of: **BHARDOOLY**
Address:
**Bhaluani Deoria Uttar Pradesh
274182**

Date of First Issue

DL No: UP52 20230006226

UPDL000010247286



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	19-04-2023	NT				
LMV	UP52	19-04-2023	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA



भारत सरकार
Government of India



Download Date: 21/10/2021



फैयाज़ अंसारी
Faiyaz Ansari
जन्म तिथि/DOB: 07/03/2002
पुरुष/ MALE

Issue Date: 11/01/2020

2484 8446 9139

VID : 9176 3883 0259 2213

मेरा आधार, मेरी पहचान

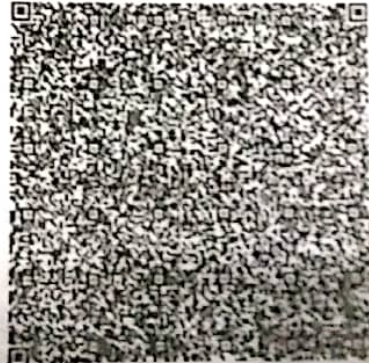


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



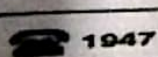
पता:
S/O मो० सदिक अंसारी, -, -, भलुानी, देवरिया,
उत्तर प्रदेश - 274182

Address:
S/O Moh Sadik Ansari, -, -, Bhaluani, Deoria,
Uttar Pradesh - 274182



2484 8446 9139

VID : 9176 3883 0259 2213



1947



help@uidai.gov.in



www.uidai.gov.in

Signature.....

Authorized Signatory



Scanned with OKEN Scanner

आयकर विभाग
INCOME TAX DEPARTMENT

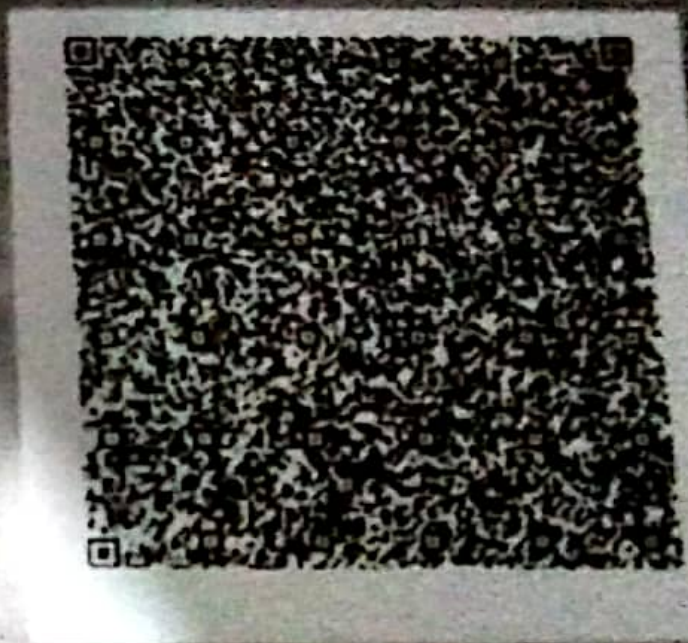


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DWKPA0965D



नाम / Name

FAIYAZ ANSARI

पिता का नाम / Father's Name

MOH SADIK ANSARI

जन्म की तारीख / Date of Birth

07/03/2002

फैयाज अंसारी
हस्ताक्षर / Signature

