

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

## ESTIMATE

Owner's Name Anil Yadav  
Address Deoria  
Phone 8705278752

Job No. ....  
Date 25/03/2026  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. UP32-BE-2638  
Speedmeter Redg. ....  
Insurance No. ....  
Model Spld

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	1K	1100	1100	
2	M/L	1P	525	525	
3	R. fender	1S	1500	1500	
4	Matter Seder	1S	1375	1375	
5	Fuel tank	1S	5900	5900	
6	R.R. Winker (L)	1K	250	250	
7	Panel (L)	1B	850	850	
8	Handle	1K	500	500	
9	Mirror (L)	1K	150	150	
10					
11					
12					
13					
14	1 ARNA			12500	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				12500	

- 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  
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.	ANIL YADAV 8795278752
2	Vehicle No. / वाहन संख्या	UP52BE8638
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575141
4	Period of Insurance / बीमा अवधि	31/03/2025 - To - 20/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/03/2026 Time:- 6:00pm.
6	Place of Accident / दुर्घटना का स्थान	सलेमपुर-चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANIL - YADAV UP5220120016487, 8795278752
8	Estimated Loss / अनुमानित हानि	12750 ✓
09.	Cause of Accident / दुर्घटना का कारण:	सलेमपुर से सिंदपुर जा रहे थे रास्ते में सलेमपुर-चौराहा पे खामने से अचानक दो पहिया वाहन मोड़ दिया जिसको चयाने के चक्कर में मेरी गाड़ी अनियंत्रित होकर बायें साइड गिर कर 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.	GANPATI AUTO MOBILE DEORIA

Date / दिनांक : 5/03/2026  
हस्ताक्षर Anil Yadav

Anil Yadav  
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/e/46575/418971  
 Tel. No. \_\_\_\_\_ Period of Insurance 21/03/2025 to 20/03/2026  
 Claim No. \_\_\_\_\_

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

1. INSURED  
 (a) Name : ANIL YADAV  
 (b) Address for correspondence : SINGHPUR  
 (c) Telephone : 8795278752

2. THE INSURED VEHICLE

Make & Year <u>Hero-2020</u>	Engine No. <u>10456</u> Chassis No. <u>66237</u>	Registration No. <u>UP2BE 8638</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 : \_\_\_\_\_ NA  
 (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 : \_\_\_\_\_





8. INJURY TO DRIVER OR 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? \_\_\_\_\_
  - (c) Was accident reported to Police? If not, Why? NA
  - (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? NA
- (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 05/03/2026  
200

Signature of the insured April Kaulo

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 ..... *Anil Yadav* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

## GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP52BE8638 Registration Date : 23-Apr-2020  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D) PURWA CHAURAHA GKP ROAD, DEORIA, ...  
 Owner Name : ANIL YADAV Son/wife/daughter of : NAVANATH YADAV  
 Full Address: (Permanent) : VILL-SINGHPUR, PO+PS-BHALUANI, BARHAJ, DEORIA, UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL-SINGHPUR, PO+PS-BHALUANI, BARHAJ, DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 22-Apr-2035 Tax UpTo : One Time  
 Owner Serial No : 1

## Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE IV  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2011182020 Rear HSRP No : AA2013193619  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2019  
 No of Cylinders : 1 Chassis No : MBLHAW08XKHL66237  
 Engine No : HA10AGKHL10456 Fuel : PETROL  
 Horse Power(BHP) : 8.24 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (13S-SELF-DR. Wheel base : 1230  
 UM-CAST)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Grey Black Laden/GV Wt (kgs) : 242  
 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 w.e.f. .

Purchase dt : 23-Mar-2020 Sale Amt : 56300/-  
 OTT Date : 23-Mar-2020 Amount/Rcpt No : 5630 / UP52D20030008280  
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 23-Apr-2020

## Other State/Transfer/Conversion Details

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

This certificate is valid from 23-Apr-2020 to 22-Apr-2035

Date : 03-Jun-2020 10:43:21

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 03-Jun-2020

1973033





भारत सरकार  
Government of India



अनिल  
Anil  
जन्म तिथि / DOB : 15/07/2003  
पुरुष / Male



2976 2266 9760

आधार - आम आदमी का अधिकार



भारतीय प्रत्येक व्यक्ति का पहचान  
Unique Identification Authority of India

पता  
भात्मज नवनाथ सिंहपुर,  
देवरिया भलुआरी कला प्रदेस,  
274182

Address  
S/O Navanath Singhpur,  
Deona Bhaluani, Uttar Pradesh,  
274182

2976 2266 9760





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

UP

**UP52 20120016487**



Issue Date: **01-10-2019**    Validity (NT): **06-11-2032**    Validity (TR)\*: **30-09-2024**



Holder's Signature

Date of First Issue (07-11-2012)

Name: **ANIL YADAV**  
 Date of Birth: **15-07-1994**    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **NAV NATH YADAV**

Organ Donor: **N**

Address:  
**SINGHPUR BHALUANI DEORIA**  
**274182**

DL No: **UP52 20120016487**

UPDL000001301413



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	MCWG	UP52	07-11-2012	NT			
LMV	LMV	UP52	07-11-2012	NT			
MVTD	TRANS	UP52	08-09-2016	TR			

Form 7 Rule 16(2)

Emergency Contact Number

*C. J. Singh*  
 Licensing Authority  
 UP - DEORIA

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ANIL YADAV

NAVNATH YADAV

15/07/1994

Permanent Account Number

AGOPY5598H

*Anil Yadav*  
Signature



04/12/2018



# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No : MS/2025/001/O 46575 418941

**MotorSathi Care Private Limited**

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

Contact us at

Phone : (+91) 79411 51641

Email : [info@motorsathi.com](mailto:info@motorsathi.com)

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
ANIL YADAV	1991-07-15	8705278752	NAVANATH YADAV	Hero Monocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
DRUM SELF L20	UP52BE8638	HA10AGKHL16456	MBLHAW08XKHL66237	2020-04-23	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG LPG/Bi-Fuel ADV	Total ADV
22000 INR	NA	0.00	0.00	0.00	22000.00
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	1976.97
Address			City / District	Pin Code	State
VILL - SINGHPUR, PO- BHAI LANSI DEORIA UTTAR PRADESH 21				224001	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
INDU DEVI	Female	54 Years	MOTHER	2025-03-21 16:45	Midnight of 2026-03-20

Section A: VRC 353.42 TCR 285.56 Less Handicapped Discount 0.00 For Anti-Theft Discount 0.00 PA BONUS (0%) 0.00 Total with GST(A) 638.98

Section B: E.I. 994.00 E.C. Service 100.00 E.P. 0.00 Sub Total: 764.00 T.A.C. 0.00 T.N.C. 0.00 E.M.C. 0.00 M.C.P.D. 0.00 Total(B): 764.00 GST (CGST @ 9% + SGST @ 9%) (B): Total With GST(B): 901.52

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 128.57 A.H.D.C. 100% & Additional External Tyre Covers (M.T.C.) 0.00 Insurance 0.00 GST (CGST @ 9% + SGST @ 9%) 25.00 Total with GST(D): 153.57  
Total(Section A+B+C+D) Offered Price After Discount: 1977

Package Period Covered	2025-03-21 To 2026-03-20	2026-03-21 To 2027-03-20	2027-03-21 To 2028-03-20	2028-03-21 To 2029-03-20	2029-03-21 To 2030-03-20
ADV	22000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\* The vehicle covered in this contract have a valid IP coverage from 2025-03-21 until 2026-03-20.

**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 effects) 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 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 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. 100 Lakhs. 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](http://www.motorsathi.com) 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 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 account holder must 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 MOTORSAATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care: Toll Free Phone No.: 79411 51641 | Email id: [info@motorsathi.com](mailto: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 courts at Aligarh.

Received with Thanks Rs 1976.96 ON 2025-03-21 from Mr./Ms. ANIL YADAV against the ARN No. INCP00418941

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)



