

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Job No.
 Date 06/03/2026
 Chasis No.
 Engine No.
 Key No.
 Regn. No. U.P.S.2.C.F.5.115
 Speedmeter Redg.
 Insurance No.
 Model..... Micolet V.2

Owner's Name..... RANKEE YADAV
 Address..... Deoria
 Phone..... 945299549

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	Rs.	Amount	P.
1	H/L	1K	4205		4205	
2	Upper Camer (L)	1K	850		850	
3	Lower Camer (R)	1K	1715		1715	
4	f. Winker (L)	1K	500		500	
5	Mirror (L)	1A	450		450	
6	Liner (R)	1K	100		100	
7	f. Winker - Mirror - (F)	1K	410		410	
9						
10						
11						
12						
13						
14						
15	LABOR				600	
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
TOTAL						8830/-

- 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.....

Authorised Signatory

ATYTHI AUTO MOBILES
 ATYTHI AUTO ROAD
 GORAKH N. GUPTA
 For - Ganpati Automobiles

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.	RINKOO YADAV. 9455899549
2	Vehicle No. / वाहन संख्या	UP52CE5115
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	10/03/2025-10-09/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/03/2026 11:50 AM
6	Place of Accident / दुर्घटना का स्थान	कुड़ाधार जंक्शन
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BRITESH, KYMAR, XMSOAV. 945220180002375, 945589549
8	Estimated Loss / अनुमानित हानि	8830/-
9	Cause of Accident / दुर्घटना का कारण :	जोरव फुट से ड्रोकसा का रहे-ओ शस्त्र में कुड़ाधार चौराहा पर व्यागम से को पहिया वाहन जा रहा था। तभी ड्रोकसा ब्रेक माल दिया और मोरी डाई जा कर उधम तकम रता गयी और मोरी डाई बाय साइड जीकर आरिवात हो गई। 11/5/2026
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 / फोन नं.	JANPATI AUTO. MOBILE. DEWARA

Date / दिनांक : 15/02/2026

हस्ताक्षर Rinkoo Yadav

Rinkoo 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. _____
 Tel. No. _____ Period of Insurance 10/03/2025 to 09/03/2026
 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 1. INSURED : RINKOO YADAV
 (b) Address for correspondence : SHARALI DEORIA, GYD
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>01524</u> Chassis No. <u>01520</u>	Registration No. <u>UP52CB</u> <u>5115</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 : BRITESH KUMAR YADAV
 (b) Age : 20/07/1987
 (c) Address : LOHAPAR, GORGA (U.P)
 (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? : NA

(g) Driving Licence Number : UP5220180002375
 (h) Issuing Authority : UP
 (i) Date of Expiry : 12/01/2024
 (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 : 7, NO. 5, 100 PM, 04/03/2024 @ 05:00 PM
 Place : LOHAPAR, GORGA
 Speed of vehicle at the time of accident : 100 KM/H
 Give a short description of the accident : DRIVER IN PANIC STATE COLLIDED WITH A MOTORCYCLE
 If any third party was responsible for this accident give the name and address : VIHARA CHITRAKESARI NAGAR, GORGA, GORGA, GORGA
 6. DAMAGE TO INSURED VEHICLE : AS PER ESTIMATE
 Full details of damage : 8800/-
 Estimated cost of repairs : 8800/-
 When and where can the damaged vehicle be inspected : SIYAPATI AUTOMOBILE DEP RIA (U.P)

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NA
 (b) Address : NA
 (c) Full Details of personal injury sustained : NA
 (d) Name and address of any person/hospital giving medical attention to injured person : NA
 (e) Full details of property damaged : NA
 (f) Has notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? MA
(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? 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? NA

(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 19/02/26 200

Signature of the insured Rishako Yadav

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 R. N. K. S. Yadav

Occupation

Address

Bank Account Number/

Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP5JCE5116 Registration Date : 13-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 : RINKOO YADAV Son/wife/daughter of : BRIJESH YADAV
Full Address: (Permanent) : VILL- BHARAULI LOHRAPAR, PO- LAR ROAD PS- LAR SALEMPUR, DEORIA, DEORIA, UTTAR PRADESH-274505
Full Address: (Temporary) : VILL- BHARAULI LOHRAPAR, PO- LAR ROAD PS- LAR SALEMPUR, DEORIA, DEORIA, UTTAR PRADESH-274505
Fitness Up To : 12-Mar-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : Not Available
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2122688054 Rear HSRP No : AA2125625104
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 0 Chassis No : MBLCEW04S6B01520
Engine No : ECD001S6B01524 Fuel : PURE EV
Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
Maker's Classification : VIDA V2 PLUS Wheel base : 1301
Seating Cap(In all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 124
Colour : BLACK Laden/GV Wt (kgs) : 274
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. : As Regd. Weight(In kgs) :
a) Front: Description :
b) Rear: :
c) Other: :
d) Tandem: :
The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .
Purchase dt : 10-Mar-2025 Sale Amt : 125000/-
OTT Date : Amount/Rcpt No : /
Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 18-Mar-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :



Scanned with OKEN Scanner

This certificate is valid from 13-Mar-2025 to 12-Mar-2040

Date : 22-Mar-2025 16:14:06
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 22-Mar-2025

Q 2407138



2025-03-10

Mr./Ms. RINKOO YADAV
VILL- BHARALI LOHRAPAR, PO- LAR ROAD
DEORIA, Uttar Pradesh, 274505

Dear Mr./Ms. RINKOO YADAV,

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.

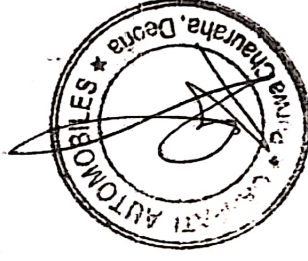
We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of 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. RINKOO YADAV, 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



मोर्सथी ऑटोमोबाइल
देवरी रोड
देवरी, देवरी





Please scan the QR for details.



UNION OF INDIA Driving Licence (UP) (NT)

UP52 20180002375

 नाम / Name	जारी करने की तिथि / Date of Issue 21/02/2018	वैधता / Validity 19/07/2037	 रक्त समूह / Blood Group Unknown
	जन्म तिथि / Date of Birth 20/07/1987		



BRJESH KUMAR YADAV

पति/पति का नाम / Son/Daughter/Wife of .

LT RAMA SHANKAR YADAV

UP08353437MT

UP52 20180002375


 LMV 21/02/2018	 MCWG 21/02/2018
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प्रस्ता / Address
LOHRAPAR
LAR ROAD, LAR
DEORIA -

जारीकर्ता / Issuing Authority Sign
DEORIA


(UP)
 Form 7 Rule 16(2)

(Signature)
 Holder's Signature


भारत सरकार
Government of India




रिंकू यादव
Rinkoo Yadav
जन्म तिथि/DOB: 07/09/1985
महिला/ FEMALE




9442 2251 1953
UID - 0151 9446 5653 1530

मेरा आधार, मेरी पहचान


आधार
भारतीय रिपब्लिक
Unique Identification Authority of India

पता:
C/O ब्रिजेश यादव, 0, -, भराउली लोहरपार, भारौली,
देवरिया,
उत्तर प्रदेश - 274505

Address:
C/O Brijesh Yadav, 0, -, bharauli
lohrapar, Bharouli, Deoria,
Uttar Pradesh - 274505



QR Code with Photograph

9442 2251 1953
UID - 0151 9446 5653 1530

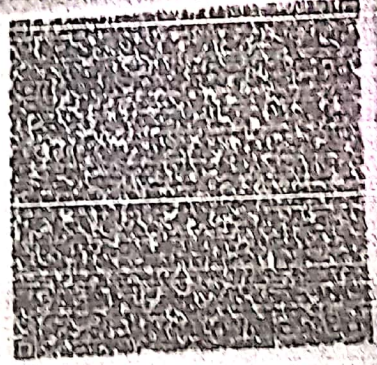
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BVFPR8239B



नाम / Name
RINKOO YADAV

पिता का नाम / Father's Name
CHANDI YADAV

जन्म की तारीख /
Date of Birth
07/09/1985

Rinkoo Yadav
हस्ताक्षर / Signature

25102019