

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... **AVINASH**.....
Address..... **DEORIA**.....
Phone..... **9140800060**.....

Job No.
Date..... **7/31/2026**.....
Chassis No.
Engine No.
Key No. **UP52BK3421**.....
Regn. No.
Speedometer Readg.
Insurance No.
Model..... **SUPER.SR**.....

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	Vibrey-	11	1300		1300	
2	HIL	11	615		615	
3	Winds. Sensor,	15	390		390	
4	Crossmfl.	15	250		250	
5	F- Fender	15	1300		1300	
6	Hamdl.	15	515		515	
7	Livney-(R)	15	100		100	
8	Mixer-(R)	11	150		150	
9	F- Belimkaal-(R)	11	250		250	
10	F- Fork. L.S.R.				500	
11						
12						
13						
14						
15						
16						
17	WATER				600	
18						
19						
20						
21						
22						
23						
24						
25						
		TOTAL			5900	

- 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.....

For - Ganpati Automobiles

(Signature)

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.	AVINASH. 9140800060,
2	Vehicle No. / वाहन संख्या	UP52 BK3421
3	Policy No. / पालिसी संख्या	MS/2025/7001/0146575/416117
4	Period of Insurance / बीमा अवधि	13/03/2025 To - 12/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/03/2026 - Time - 11:30 AM.
6	Place of Accident / दुर्घटना का स्थान	मुह्तापातन पुल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AVINASH KUMAR PANDEY. UP5220140005166-9140800060
8	Estimated Loss / अनुमानित हानि	5970
9	Cause of Accident / दुर्घटना का कारण : मुह्तापातन पुल से गिरती जाते समय रास्ते में मुह्तापातन पुल के सामने रोड पर बाइक वाले ने अचानक मोड़ दिया जिससे मेरी गाड़ी रुककर गई और दाहिने सहिज गिर कर प्रतिग्रस्त हो गई।	
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.	GAAMPATI AUTO. MOBILE. REPAIR, A

Date / दिनांक : 06/03/26
हस्ताक्षर

अविनाश पाण्डेय

अविनाश पाण्डेय
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/2025/700110

Tel. No. _____

Period of Insurance 13/03/2025-30-12/03/2026
 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 _____
 (b) Address for correspondence _____
 (c) Telephone BAAT JAMUAWA. DBORIA. C.D

2. THE INSURED VEHICLE

Make & Year <u>HBRO</u> <u>2021</u>	Engine No. * <u>26739</u> Chassis No. * <u>13386</u>	Registration No. <u>4PS2BK</u> <u>3921</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 _____ NA
 (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 _____



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? _____
(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 06/03/26 200

Signature of the insured [Signature]

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. _____ I/We give
the said company and accident which occurred on or about _____ of
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 सुरेश कुमार
Occupation
Address

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BK3421 : Registration Date : 04-Mar-2021
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 : AVINASH : Son/wife/daughter of : CHANDRADEV PANDEY
Full Address: (Permanent) : VILL-BHATJAMUAWA, PO-PAIKAULI MAHARAJ, PS-BHALUWANI, DEORIA, UTTAR PRADESH-274001
Full Address: (Temporary) : VILL-BHATJAMUAWA, PO-PAIKAULI MAHARAJ, PS-BHALUWANI, DEORIA-UTTAR PRADESH-274001
Fitness UpTo : 03-Mar-2036 : Tax UpTo : One Time
Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER : Link Vehicle No : BHARAT STAGE VI
Ownership : INDIVIDUAL
Maker's Name : HERO MOTORP LTD : Rear HSRP No : AA1012508169
Front HSRP No : AA2030255322 : Month/Year of Manuf. : 11/2020
Type of Body : SOLO WITH PILLION : Chassis No : MBLJAW17XL9L13380
No of Cylinders : 1 : Fuel : PETROL
Engine No : JA07ABL9L26739 : Cubic Capacity : 124.70
Horse Power(BHP) : 10.72 : SUPER SPLENDOR-DRUM- Wheel base : 1273
Maker's Classification : SELF-CAST
Seating Cap(in all) : 2 : Standing Cap : 0
Sleepar Cap : 0 : Unladen Wt (kgs) : 122
Colour : METALLIC NEXUS BLUE : Laden/GV Wt (kgs) : 252
Other Criteria : : AC Fitted : NO
Vehicle Purchase As : Fully Builit

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 : 24-Feb-2021 : Sale Amt : 70150/-
OTT Date : 24-Feb-2021 : Amount/Rcpt No : 7015 / UP52D21030000001/?
TaxUpTo : One Time : Vehicle Is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED : Date of Approval : 04-Mar-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 04-Mar-2021 to 03-Mar-2036

Date : 15-Mar-2021 11:56:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 15-Mar-2021

2107961





भारत सरकार

Government of India



अविनाश

Avinash

जन्म तिथि / DOB : 01/01/1977

पुरुष / Male



6435 8078 4391

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O: चंद्रदेव पाण्डेय, भट जमुआवा,
देवरिया, पैकौली महाराज, उत्तर
प्रदेश, 274001

Address:

S/O: Chandradev Pandey, Bhat
Jamuawa, Deoria, Paikauli
Maharaj, Uttar Pradesh, 274001

6435 8078 4391



1947
1800 300 1947



help@uidai.gov.in


www

www.uidai.gov.in



UNION OF INDIA Driving Licence (UP) (NT)

UP52 20140005166



जारी करने की तिथि / Date of Issue: 10/04/2014


वैधता / Validity: 07/01/2030

जन्म तिथि / Date of Birth: 08/01/1980

Blood Group: Unknown



नाम / Name: **AVINASH KUMAR PANDEY**

पिता/पति का नाम / Son/Daughter/Wife of: **CHANDRADEV PANDEY**




UP52 20140005166

UP01101584MT

LMV 10/04/2014 MCWG 10/04/2014

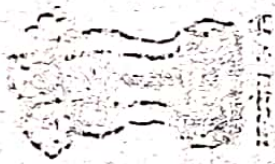
पता / Address: VILL BHATJAMUW
PO-PAIKAULI MAHARAJ PS-BHALUANI
DEORIA

जारीकर्ता / Issuing Authority Sign: 
DEORIA

Holder's Signature

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT

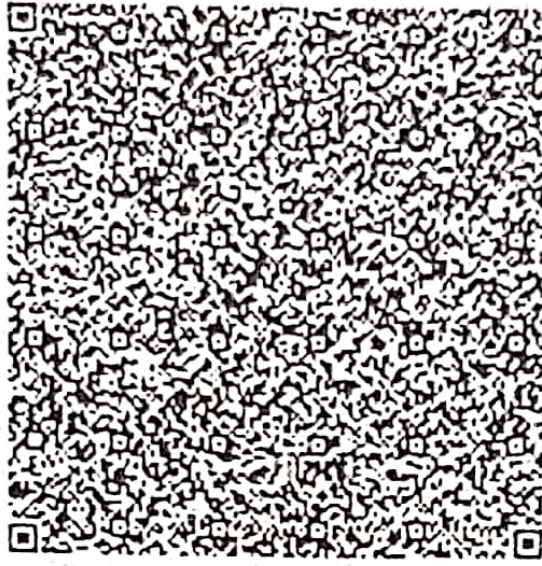


भारत सरकार
GOVT. OF INDIA



नाम / Name
AVINASH

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DCEPA7094D



पिता का नाम / Father's Name
CHANDRADEV PANDEY

जन्म की तारीख /
Date of Birth
01/01/1977

अभिनेश पाण्डेय
हस्ताक्षर / Signature

31122018