

GANPATI AUTOMOBILES

Barwa Chauraha, Deoria
Mob - 7704004711, 7704800558

ESTIMATE

Owner's Name SANJIV K. VIISHWAN KARMA

Address DEORIA

Phone 7028612490

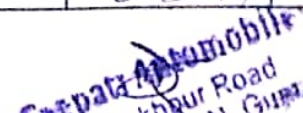
Job No.
Date 9/03/26
Chasis No.
Engine No.
Key No. 4P52BR9934
Regn. No.
Speedmeter Redg.
Insurance No.
Model 1.1. DELUXE

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	Wiper	1K	1100	1100	
2	HIL	1B	525	525	
3	Mittace - Inoue	1K	303	303	
4	Mittace Seat	1K	1375	1375	
5	HIL Stand	1K	303	303	
6	F-Friday	1K	1200	1200	
7	F-klimkaoy - R	1K	250	250	
8	Handle	1K	500	500	
9	Seat - Coccy, L8.R	2K	500	1000	
10	Seat	1K	150	150	
11	F-fork. L8.R	1K	500	500	
12	TIL	1K	500	500	
13	Livacy - R	1K	100	100	
14					
15					
16					
17					
18					
19	Labour			800	
20					
21					
22					
23					
24					
25					
TOTAL				8500	

- 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.


 For - Ganpati Automobiles
 Opp. Laxmi N. Gupta
 DEORIA
 Mob - 7704004711

I/We agree with the conditions and approve the estimate.

Customer's 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.	SAGAR.VISHWAKARMA- 7028612440
2	Vehicle No. / वाहन संख्या	UP52BR4494
3	Policy No. / पालिसी संख्या	MS/2025/2001/0146575/96607
4	Period of Insurance / बीमा अवधि	5/09/2025 To - 8/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/03/2026 Time: - 1:20 AM.
6	Place of Accident / दुर्घटना का स्थान	पचरदेवा गोड़
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SAGAR.VISHWAKARMA- UP5220220019700, 7028612440,
8	Estimated Loss / अनुमानित हानि	855/-
9	Cause of Accident / दुर्घटना का कारण :	पचरदेवा से कुशली जा रहे थे रास्ते में पचरदेवा गोड़ के पास सामने से ताली हैक्टर जा रहा था तभी अचानक ब्रेक मार दिया और मेरी गाड़ी ताली में जाकर तककर स्वा जापी / और दाया सड़ि जीर कर और ग्रेक 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.	GAHAPATI M.P.B. MOBILE. 02001A

Date / दिनांक : 03/03/2026
हस्ताक्षर

सागर विश्वकर्मा

Signature of Insured / बीमाधारक के

सागर विश्वकर्मा



3 DRIVER AT THE TIME OF ACCIDENT

(a) Name SAGIAR. VISHUNKARMA
 (b) Age 08/04/1996
 (c) Address RAMKARICANNA DEORIA
 (d) Is the Driver
 1 Owner YES.
 2 paid driver?
 3 Owner's relative or friend? OTHER.
 (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 UP5220220019700
 (h) Issuing Authority
 (i) Date of Expiry 07/04/2036
 (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

(a) Date and Time 03/03/2026 Time - 11:20 Am
 (b) Place पचरदवा गाँव
 (c) Speed of vehicle at the time of accident
 (d) Give a short description of the accident
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS. PER. ESTIMATE
 (b) Estimated cost of repairs 8000
 (c) When and where can the damaged vehicle be inspected GANPAJI AUTO MOBILR. DEORIA

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?



The Central Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Central House, P.O. No. 3027, A-2/21, Conch Ash Road, New Delhi 110 002

MINOR CLAIM FORM

To: In Office Address _____

Certificate/Policy No. PT5/2025/700/10/46575/466077

To: No. _____

Period of Insurance 21/03/2025 To 31/03/2026
 Claim No. _____

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

1. INSURED
 (a) Name M. K. VIJAYAKRISHNA
 (b) Address for correspondence RAMPHI, V. V. ROAD, BORA
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>Hyundai 2022</u>	Engine No. <u>07511</u> Chassis No. <u>05738</u>	Registration No. <u>4P52BR</u> <u>4434</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) Was a driver's licence holder?
 1. Was a valid licence attached? NA
 2. Was a valid licence carried? NA

3. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to answered in commercial vehicles only

- (a) Registered laden weight
 (b) Unladen weight
 (c) Weight of goods carried/Load Chassis No.
 (d) Nature of goods
 (e) Nature of goods carried
 (f) Was the vehicle fitted for hire
 (g) If a tow-trail/trailer was trailer attached?
 (h) Number of passengers carried
 (i) Number of passengers permitted
- NA



8 INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? Y/N
- (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 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 03/15/2026

Signature of the insured सुधा विश्वकर्मा

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 श्याम विश्वकर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	UP5202RA494	Registration Date	25-Jul-2022
Description of Vehicle	M-CYCLE/SCOOTER	Purpose for Printing RC	NEW
Manufacturer's Name & Address	GANPATI AUTOMOBILES (DI)		
Owner Name	SAGAR VIDYANARAYANA	Beneficial/daughter of	SHRADDHULIN VISHWAKARMA
Full Address (Permanent)	VILLAGE KUSHANWAR, PS RAMPUR KARKHANA, DEORIA, UTTAR PRADESH-274001		
Full Address (Temporary)	VILLAGE KUSHANWAR, PS RAMPUR KARKHANA, DEORIA-UTTAR PRADESH-274001		
Issue Date	24-Jul-2022	Owner Serial No	1
Vehicle Classification			
Class of Vehicle	M-CYCLE/SCOOTER	Link Vehicle No	
Ownership	INDIVIDUAL	Norms	BHARAT STAGE VI
Manufacturer's Name	HERO MOTORCORP LTD		
Manufacturer No	AJ2056306225	Rear HSRP No	AA2056306225
Type of Body	BOLD WITH PELLION	Month/Year of Manuf.	11/2021
No. of Cylinders	1	Chassis No	MHLHAW138MGL03738
Engine No	NAT100M0L07511	Fuel	PETROL
Motor Power(BHP)	1.1	Cubic Capacity	97.20
Vehicle Classification	MF (DELTA) 6LN (SELF-DR	Wheel base	1236
	UMA-CAST)		
Seating Cap(In all)	2	Standing Cap	0
Steering Cap	0	Unladen Wt (kgs)	112
Colour	BLACK	Laden/GV Wt (kgs)	242
Other Colour		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 HERO FINCORP LTD.
Deoria, Uttar Pradesh-274001 w.e.f. 23-Jul-2022.

Purchase of	26-Feb-2022	Sale Amt	64930/-
DTI Date	26-Feb-2022	Amount/Rept No	6493 / UP52022070002626
Vehicle is Govt./ Pvt	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	25-Jul-2022		

Other State/Transfer/Conversion Details

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

This certificate is valid from 25-Jul-2022 to 24-Jul-2037

Date: 03-Aug-2022 16:55:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 03-Aug-2022

N 4164757



Package Offer

2025-09-09

Mr./Ms. SAGAR VISHWAKARMA

VILL&PO KUSHAHARI,PS RAMPUR KARKHANA,,274001

, Uttar Pradesh, 274001

Dear Mr./Ms. SAGAR VISHWAKARMA,

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. SAGAR VISHWAKARMA, 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



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS2825/7991/046575/466017

Motorsathi Care Private Limited
 -27, Shastrī Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SAGAR VISHWAKARMA	1996-04-08	7028612440	SHRIKISHUN VISHWAKARMA	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF END	UP52BR4494	HA111EWMGL07511	MBLHAW139MGL03738	2022-07-25	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
35500.00	NA	0.00	0.00	0.00	35500.00	
Place of Regn.	Body Type *	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo	DFL SAMASTA FINANCE LTD.	—	2	1149.82	
Address			City / District	Pin Code	State	
VILL&PO KUSHAHARI,PS RAMPUR KARKHANA,274001				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHRIKISHUN VISHWAKARMA	Male	52 Years	FATHER	2025-09-09 10:42	Midnight of 2026-09-08	

Section A, VFC: 570.29 TCR: 335.12 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 905.41

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 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: 287.13 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 37.28 Total with GST(D): 244.41

Total(Section A+B+C+D) Offered Price After Discount: 1150

Package Period Covered	2025-09-09 To 2026-09-08	2026-09-09 To 2027-09-08	2027-09-09 To 2028-09-08	2028-09-09 To 2029-09-08	2029-09-09 To 2030-09-08
ADV	35500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-02-27 (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) 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 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. Actual 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 Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, 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 1lakh 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 MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id: 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 Meerut.

Received with Thanks Rs 1149.82 ON 2025-09-09 from Mr./Ms. SAGAR VISHWAKARMA against the ARN No. INCP00466017
 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: D-27, Shastrī Nagar, Meerut, Uttar Pradesh, (250004), India



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

UP52 20220019700

Issue Date: 17-12-2022
Validity (NT): 07-04-2036
Validity (TR):



Holder's Signature

Date of First Issue (17-12-2022)

Name: **SAGAR VISHWAKARMA**
Date of Birth: **08-04-1996** Blood Group:
Son/Daughter/Wife of: **SHRIKISHAN VISHWAKARMA** Organ Donor: **N**
Address:
gram - kushahari post - kushahari thana -
rampur karichana Kushari Deoria Uttar
Pradesh 274001

DL No: **UP52 20220019700**

UPDL000009912863



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	17-12-2022	NT			
	LMV	UP52	17-12-2022	NT			

Emergency Contact Number

Authority
UP52 DEORIA

Form 7 Rule 16(2)





भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

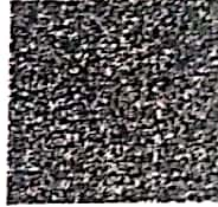
नामांकन क्रमांक/ Enrollment No.: 0871/16171/30179

To
सागर विश्वकर्मा
Sagar Vishwakarma
S/O Shrikishun Vishwakarma,
gram- kushahari,
post- kushahari,
thana- rampur karkhana,
VTC: Kushari, PO: Kushahari,
Sub District: Bhatpar Rani, District: Deoria,
State: Uttar Pradesh,
PIN Code: 274001,
Mobile: 7028612440

55146974



KD551469746FL



आपका आधार क्रमांक / Your Aadhaar No. :

7519 2407 3968

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar No. Issued: 28/02/2015



सागर विश्वकर्मा
Sagar Vishwakarma
जन्म तिथि / DOB: 08/04/1996
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सरवायन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or data of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

7519 2407 3968

मेरा आधार, मेरी पहचान



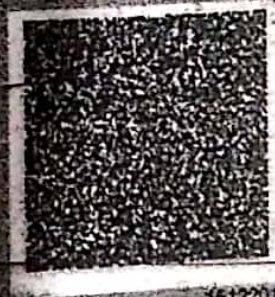
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



भारत सरकार द्वारा जारी
व्यक्तिगत आयकर विभागीय कार्ड

EPVPV8254A



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