

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name: JUBAIDA KHANAM
Address: Deoria
Phone: 7643889792

Job No.
Date: 05/03/2026
Chasis No.
Engine No.
Key No.
Regn. No. UP52CH0522
Speedmeter Redg.
Insurance No.
Model: NIDA X2

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	Handle -	1#	850	850	
2	Livour - R	1#	150	150	
3	F-linkage - Inner - R	1#	401	401	
4	Mirror (R)	1#	450	450	
5	Upper - Control - (R)	1#	1150	1150	
6	Lower - Control - (R)	1#	1750	1750	
7	Body - Control - (R)	1#	3152	3152	
8	Muffler - Control -	1#	-	-	
9	Coupler - (R)	1#	1509	1509	
10	TIL	1#	1595	1595	
11	Livour - Control -	1#	580	580	
12	Handle - Control - (R)	1#	599	599	
13	F-linkage - Floor - Inner - (R)	1#	600	600	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				128847	

- 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.

We agree with the conditions and approve the estimate.

Customer's Signature.....

For - Ganpati Automobiles
Gorakhpur Road
Deoria
U.P. - 224001

Authorised Signature

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.	JUBAIDA KHANUN 7643889792
2	Vehicle No. / वाहन संख्या	4P52CH0522
3	Policy No. / पालिसी संख्या	252400/31/2026/29415
4	Period of Insurance / बीमा अवधि	23/06/2025 To - 27/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/03/2026 Time 4:30 pm.
6	Place of Accident / दुर्घटना का स्थान	जाम्ही चौर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMARESH KUMAR SINGH. 4P5220030000006. 7843889792
8	Estimated Loss / अनुमानित हानि	12884/-
09	Cause of Accident / दुर्घटना का कारण :	भिवानी घाट से हुसैपुर जाते समय रास्ते में जाम्ही चौर के सामने रोड पर पीछे से वाइक काले ने तक्कर मार दिया जिससे मेरी गाड़ी दाया साइड गिर कर क्षतिग्रस्त हो गयी है। 21/03/2026
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 / फ़ोन नं.	LAMPATI AUTO. MOBILE. REPAIR

Date / दिनांक : 05/03/26
हस्ताक्षर जूबैदा खानुन

जूबैदा खानुन
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: ANANDSU KUMAR SINHA
 (b) Age: 27/10/83
 (c) Address: WATERBURY GEORGIA (U.S)
 (d) Is the driver:
 1. Driver: NO
 2. Paid driver: NO
 3. Driver's relative or friend: FRIEND
 (e) If paid driver, how long has he been in your employ?
NA
 (f) What was the nature of transportation?
NA
 (g) Driving License Number: UP5220030000006
 (h) Issuing Authority: 1410572033
 (i) Date of Issue: EXPIRATION
 (j) Was the license suspended/terminated?
NA
 (k) Details of suspension/termination, if any:
NA
 (l) Has he been involved in any accident before?
NA
 (m) Has he been charged by the police?
NA

4. OTHER INSURANCE

Details of other insurance policies (indemnity) by you in respect of this accident

1. DETAILS OF ACCIDENT

(a) Date and Time: 05/03/2024 Time - 4:30pm
 (b) Place: Waterbury, Georgia
 (c) Speed of vehicle at the time of accident: 200 kmph
 (d) Give a short description of the accident: Driver was driving at high speed and lost control of the vehicle, hitting a tree.
 (e) If any third party was responsible for the accident give the name and address: None

2. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
 (b) Estimated cost of repairs: 12884
 (c) When and where can the damaged vehicle be repaired: WATERBURY GEORGIA

3. 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 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 252400/31/2026/24415

Tel. No. _____

Period of Insurance 23/06/2025-To-22/06/26
 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 JUBAIDA KHATOON
 (b) Address for correspondence MISRABATRAHAN, GOPALGANJ, (BIHAR)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No <u>* 03428</u> Chassis No <u>* 00680</u>	Registration No. <u>4P52 CH</u> <u>0522</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 _____
- NA

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Anaf 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 or 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 सुनील चौधरी
Occupation
Address

Bank Account Number
Name of the Bank

R INJURY TO DRIVER/OCCUPANT

Discharge

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

N/A

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.

N/A

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

N/A

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 07/03/26 200

Signature of the insured [Signature]



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH0522 Registration Date : 24-Jun-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 : JUBAIDA KHATUN Son/wife/daughter of : MAJNUDDIN MIYAN
 Full Address: (Permanent) : VILL-MISRABATRAHAN BANRAHAN, PO-KOILA DEWA, PS-MIRGANJ HATHUA, GOPALGANJ, BIHAR-841438
 Full Address: (Temporary) : PURWA CHAURAHA, DEORIA, , DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 23-Jun-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 : AA2122688094 Rear HSRP No : AA2125625144
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cy:inders : 0 Chassis No : MBLCEW059S6B00680
 Engine No : ECD001S6B03428 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 LITE Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 114
 Colour : MATT ABRAX ORANGE Laden/GV Wt (kgs) : 264
 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-Jun-2025 Sale Amt : 105000/-
 OTT Date : Amount/Rcpt No :
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : EXEMPTED
 Date of Approval : 27-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Jun-2025 to 23-Jun-2040

Date : 30-Jun-2025 13:45:04

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 30-Jun-2025

Q 4113034



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	BUNDLED POLICY (MOTORIZED TWO WHEELERS-4 Years)	Policy Issued On	23-JUN-25
Policy No	21249531-2025(2441)	Proposal No & Date	P/21249531-2025(1214791) R 21-JUN-2025
Agent/Broker Code	BAG99015144	Policy Period (WITH BARGAIN)	FROM 2025-06-23 TO 2029-06-23
Agent/Broker Name	ASHINAVI BISATI	Policy Period (LIABILITY)	FROM 2025-06-23 TO 2029-06-23
Insured Name	FILADIA KRATON (GSTIN: 09AACT8428424)	Lead Vehicle No	801419
Insured Address	C/O - MANJIBHAI MIYAN, RD YELL-MISRA BATHALIAN BANGRAJIAN, PO KOKLA DUNWAPS, MORGANJIHAR, N.A.S	Insured State	GUJARAT

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (DUV) (IN Rs.)	
Make	HERO	Vehicle	91200
Model & Variant	VDA V2 LITE	Electrical Accessories	0
Registration No	NTB	Non Electrical Accessories	0
Year of Manufacture	2025	Total DVV	91200
Engine-Charter No	EC1001501242 - MILEAGE:0/0/0/0/0	TMT CONTRACT NO	
Cable Capacity	6	Policy Type	Zone B - Rest of India
Smoking Capacity	1 + 1	Geographical Area	
Type of Body	SOLO		
Type of Fuel	BATTERY POWERED - ELECTRIC AL		
RTO Location			

Schedule Of Premiums (Amount in Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1534.5	Basic Third Party Liability	1275
Elect Accessories	0	Compulsory PA Cover Premium	0
Non-Elect Accessories	0	PA Cover for 4 Person Of Rs (2) each (MT-14)	0
Basic Premium	1534.5	Legal Liability (W/C in driver (MT-22)	0
Geographical Area Rate (MT-12)	0	Legal Liability to Employees (MT-29)	0
Driving Traction Landing On OD Premium (40%)	0	Legal Liability to Passenger (MT-40)	NA
Sub-Total Additions	0	Driving Traction Landing On TP Premium (40%)	NA
Discounts		PA Paid Driver, Conductor, Cleaner-GREAR)	0
Voluntary Deductibles (MT-22A)	0	Net Liability Premium (B)	1275
Anti-Theft Device (MT-18)	0	Total Premium (A+B)	1609
AAI Membership (MT-4)	0	GST	65
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SAP Discount	0	Swachh Bharat Cover(0.5%)	0
Sub-Total Deductions	0	Kirishi Karyak Cover(0.5%)	0
Add-On Coverages		Grand Premium Paid	1674
KH. Depreciation	274		
Return to Insurer	0		
Ker Replacement	0		
Consumables	0		
Sub-Total Add-on Coverage	274		
Net area Premium (A)	166		

- Note:
1. Policy Insurer is the subject to the condition of change
 2. Compulsory Stamp Duty paid via (Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 1000 (MT-22)
 4. Voluntary excess Rs 0
 5. Subject to Insurances (MT-1, 10, 25)

Name Details:		Age		Relation	
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	
Financier Type	Financier Name	Cash	Financier Branch	4794	
POS Name	POS ID	NA	POS PAN NO/Andhar No	NA	

In the event of a claim under the policy extending to a limit or a claim for return of premium exceeding Rs 1000 the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our websites. Office as well as company's website.

The insurance under the policy is subject to conditions, exclusions, limitations, MT-1 and OI-1 underwritten mentioned herein above which are available on company's website: www.orientalinsurance.org.in or as stated from the policy among others.

Whereas this is a case of discharge of premium (cheque) the Company shall not be liable under the policy and the policy shall be void ab initio (from acceptance). Claims are not admissible if driving License is found fake as it is not valid whether or not in the knowledge of the insured.

We hereby certify that the policy to which the certificate relates is well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988. It is issued in accordance with the undersigned being authorized by and on behalf of the company to issue herein to all best best basis at 21-JUN-25.

IMPORTANT NOTICE
The insured is not indemnified if the vehicle is used to drive other than that in accordance with the conditions. Any payment made by the company by reason of such cover appearing in the conditions is made in compliance with the MV Act, 1988 & recoverable from the motor for the claim based "AVOIDANCE OF CERTAIN AND RIGHTS OF REGISTRATION".

1. Limitations as to services only for accept services and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than accepted in personal baggage) (3) Organized racing (4) Pace Making (5) Street racing (6) Jockey riding (7) Day Premium in connection with motor race.

Driver's Claims: Any person involving the insured provides that a person driving shall be 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 license may also drive vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability (Claimant's limit under section 11.1) of the policy: Death of or limb injury: Such amount is necessary to meet their requirement of the motor vehicle act 1988 under section 11.1 (2)(b) of the policy. Damage to third party property is Rs. 7.5 lakhs. P & Cover under section 10 for owner-driver is Rs 0.

No Claims Bonus: The insured is entitled for a No Claim Bonus (NCB) on the above coverages within the policy if no claim is made or pending during the preceding year. The NCB is provided for 25% for the first year, 35% for the second year, 45% for the third year, 55% for the fourth year, 65% for the fifth year, 75% for the sixth year, 85% for the seventh year, 95% for the eighth year, 100% for the ninth year and 100% for the tenth year. The insured is entitled for a No Claim Bonus (NCB) on the above coverages within the policy if no claim is made or pending during the preceding year. The NCB is provided for 25% for the first year, 35% for the second year, 45% for the third year, 55% for the fourth year, 65% for the fifth year, 75% for the sixth year, 85% for the seventh year, 95% for the eighth year, 100% for the ninth year and 100% for the tenth year.

We hereby certify that the policy to which the certificate relates as well as the certificate of insurance are issued in accordance with the provisions of the Motor Vehicle Act, 1988 & recoverable from the motor for the claim based "AVOIDANCE OF CERTAIN AND RIGHTS OF REGISTRATION".

* This insurance extends to all existing coverages.

Approved By: (Signature)
Approved On: 23-JUN-25
Place: 1-MBT
Printed On: 23-JUN-25

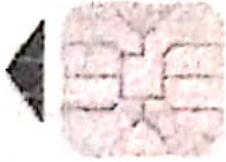




Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20030000006



Issue Date: 07-08-2025 Validity (NT): 14-05-2033 Validity (TR)*: 06-08-2030



Holder's Signature

Name: **AMAKESH KUMAR SINGH**
 Date of Birth: 01-01-1983 Blood Group: A+ VE Organ Donor: H
 Son/Daughter/Wife of: **RAM BIHARI SINGH**
 Address:
SIRASIYA PAWAR BHAWANI CHAPAR BHATPAR
RAMDEORIA 274703

Date of First Issue: 01-01-2003

DL No: UP52 20030000006

UPDL521000027460



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	01-01-2003	NT			
	LRY	UP52	01-01-2003	NT			
	TRANS	UP52	24-07-2000	TR			

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)



भारत सरकार
INDIAN TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

आवक शीट नं. 1
PAYEE'S ACCOUNT NUMBER CARD

EXIPK6483A

श्री. राजा किरतुन

श्री. राजा किरतुन
RAJADAR KIRTA

02/05/1987

आवक शीट नं. 1
PAYEE'S SIGNATURE

MotionShow

[The content of this block is extremely blurry and illegible. It appears to be a list of items or a menu, possibly including prices and descriptions, but the text cannot be transcribed.]