

CUSTOMER

GANPATI AUTOMOBILES

Deoria Chauraha, Deoria
 Mob - 7704004711, 7704800558

ESTIMATE

Owner's Name: PEEPAR KUMAR MISHRA
 Address: DEORIA
 Phone: 8318526190

Job No.
 Date:
 Chasis No. 12163125
 Engine No.
 Key No. MH1AKR6862
 Regn. No.
 Speedmeter Redg.
 Insurance No.
 Model: SPLat

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	HIL	16	560	560	
2	Seat Cover L&R	21	550	1150	
3	Consteel -	15	250	250	
4	HIL	16	525	525	
5	Vig steel -	15	1100	1100	
6	F. Llimitor - R	15	250	250	
7	R.R. Llimitor R	15	250	250	
8					
9					
10					
11					
12					
13					
14	Labour			600	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				46357	

- 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
 Opp. Dr. C.T. Guler
 For - **GANPATI AUTOMOBILES**
 Mob. 7794111

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.	DEEPAK. KUMAR. MISHRA 8318526140,
2	Vehicle No. / वाहन संख्या	MH14KR6862
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/47777
4	Period of Insurance / बीमा अवधि	17/03/2025 - 16/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/3/26 07:30 PM
6	Place of Accident / दुर्घटना का स्थान	महशानी (देवरिया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DEEPAK. KUMAR. MISHRA - 4P5220130010849, 8318526140,
8	Estimated Loss / अनुमानित हानि	4635-
09.	Cause of Accident / दुर्घटना का कारण :	वेड/पाकड से महशानी जोर समय पिके से डी. लि. (1) वाला रकबु मयु डिप्ट उर्जा गतिन मुड्डे (1) मयु
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.	GAHARATI ACTS. MOBILE. DEEPAK.

Date / दिनांक :

हस्ताक्षर

Deepak.

12/3/26

Signature of Insured / बीमाधारक के

Deepak.

12/3/26



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name DEEPAK. KUMAR. MISHRA
 (b) Age 01/01/1993
 (c) Address BHALGANI DEORIA N.P.
 (d) Is the Driver
 1. Owner YES
 2. paid driver?
 3. Owner's relative or friend? OWNER
 (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 UPS2201360/0849
 (h) Issuing Authority
 (i) Date of Expiry 24/7/2033
 (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

40km Time - 7:30pm.
 (a) Date and Time 9/03/25
 (b) Place मडगाँव देवोरा
 (c) Speed of vehicle at the time of accident 40km
 (d) Give a short description of the accident देवापूर के मडगाँव के पास देवोरा में 40km की गति से चलते हुए गाड़ी को एक ट्रक से टक्कर मारने से हुए।
 (e) If any third party was responsible for this accident give the name and address देवोरा में स्थित एक व्यक्ति का पता है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE
 (b) Estimated cost of repairs 15257
 (c) When and where can the damaged vehicle be inspected GANPATI AUTO-MOBILE, 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 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/2025/7001/0/16575/9777/1

Tel. No. _____

Period of Insurance 17/03/25 To 18/3/28
 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 SHREEPAR. KUMAR. MISHRA
 (b) Address for correspondence BHEHAPAR. SHRIK (C.P.)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. * <u>66286</u> Chassis No. * <u>59454</u>	Registration No. <u>MH14KR</u> <u>6862</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. NA
 (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 _____



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 .. *Dapk*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

4. INQUIRY TO COMPANY PARTICIPANT

H/A

- (a) Was a fire alarm received?
- (b) If not, give full details

5. WITNESSES

- (a) Give names and addresses of persons who saw or heard the fire, 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 time

H/A

6. THEFT

- (a) Date and Time
- (b) Place
- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) By whom discovered and reported?
- (f) Was theft loss reported to Police?
- (g) Where?
- (h) Which Police Station?
- (i) C. R. Date Number

H/A

I, the above named insured, do hereby, to the best of my own knowledge and belief, warrant the truth of the foregoing statements, cover reports and I do hereby undertake to do any further declarations 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 recover thereunder in respect of past or future accident shall be forfeited.

Date 12/13/2016

Signature of the insured *[Signature]*

Regn. No. MH14KR6862

MH25233804

Regd Owner DEEPAK KUMAR MISHRA
S/DW of SHRINIVAS MISHRA
Purpose NEW / HPA
Regn Date 18/03/2023
Colour BLACK AND ACCENT
Fuel PETROL
Vehicle Class M-Cycle/Scooter - NT
Body Type SOLO WITH PILLION
Manufacturer HERO MOTOCORP LTD
Chassis No MBLHAW227P5B59454
Engine No HA11E7P5B06286
Model No SPLENDOR+ BLK STRIPE ISS DRS
Hypothecated To BANDHAN BANK LTD
Manufacturing Dt 02/2023
Seat Capacity 002
Stand Capacity 00
Tax Paid Up To LTT
Regd Validity 17/03/2038
Address GAT NO 18/23 GOKUL DHAM NIVAS NEAR NO 04
SCHOOL ALANDI DEVACHI Pune MH412105



Unladen Wt 000111
Cubic Capacit 000097
Wheel Base 001236
R L W 000241

DY.RTO PIMPRI CHINCH
Issuing Authority

Galley
Signature Of Issuing Authority



Package Offer

2025-03-17

Mr. Ms. DEEPAK KUMAR MISHRA

ADD- GAT NO 18/23 GOKUL DHAM NIVAS, NEAR NO 04 SCHOOL ALANDI DEVACHI, ,
Pune, Maharashtra, 412105

, MAHARASHTRA, 412105

Dear Mr./Ms. DEEPAK KUMAR MISHRA,

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. DEEPAK KUMAR MISHRA, 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



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled

23

No. MS/2025/7001/046575/417171

Care Private Limited
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Phone: 79410 50643
 Email: info@motorsathi.com
 Help section of www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
K. KUMAR MISHRA	1993-01-01	8318526140	S. O. SHRINIVAS MISHRA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ALL BLACK L20	MH14KR002	HA11E7P5B06286	MBLHAW227P5B59454	2023-03-18	100	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
50500.00	NA	0.00	0.00	0.00	50500.00	
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	1415.15	
Address			City - District	Pin Code	State	
GATE NO. 22, DAV PUBLIC SCHOOL, NEAR NETAJI SUBODH MANSION, TILAK NAGAR, Pune, Maharashtra, 412105					MAHARASHTRA	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
THEE MISHRA	Female	27 Years	WIFE	2025-03-17 14:58	Midnight of 2026-03-16	
ARN: 709.24 (CR: 357.54 Less Handicapped Discount: 0.00) For Arms-Ther. Discount: 0.00 PA BONUS (25%): 741.44 Total with GST (A): 875.94						
LC: 0.00 LC Service: 0.00 LCPD: 0.00 Sub Total: 0.00 FAC: 0.00 ENC: 0.00 EDX: 0.00 MCPD: 0.00 Total (B): 0.00 GST (CGST @ 9% + SGST @ 9%): (B): 0.00 Total with GST (C): 0.00						
MS Services (O): 241.53 MS Services (D): 0.00 MS Services (P): 0.00 GST (CGST @ 9% + SGST @ 9%): 41.47 Total MS Services with GST (C): 285.00						
Drive Assist: 257.81 AHDC, DOC & Additional External Tyre, Cover (A/T/C) Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 46.11 Total with GST (D): 104.22						
Total Offered Price After Discount: 1415						
Period Covered	2025-03-17 To 2026-03-16	2026-03-17 To 2027-03-16	2027-03-17 To 2028-03-16	2028-03-17 To 2029-03-16	2029-03-17 To 2030-03-16	
	50500	NIL	NIL	NIL	NIL	
Ins Period Covered (NODI)	1 Year	NIL	NIL	NIL	NIL	

ALL PERIODS COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-03-16 (DETAILS ARE AS PER THE CUSTOMER)

USAGES 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) Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade

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 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 Motor Vehicle Rules, 1989.

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 App.

CLAIM: The package shall be cancelled in case of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misstatement, nondisclosure of material fact or non-co-operation of the coverage.

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 accountability will be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

FOR MORE INFORMATION PLEASE CONTACT: For more information please connect with MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care: Toll Free Phone No. 7941050643 or 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.

with Thanks Rs 1415.16 ON 2025-03-17 from Mr./Ms. DEEPAK KUMAR MISHRA against the ARN No. INCP00417171
 Deduction is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions.
 (overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Service Address: B DASS Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



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



UP52 20130010849

Issue Date: 21-02-2022 Validity (NT): 24-07-2033 Validity (TR): 20-02-2027



(25-07-2013)

Holder's Signature

Date of First Issue

Organ Donor: N

Name: **DEEPAK KUMAR MISHRA**
 Date of Birth: 01-01-1993 Blood Group:
 Son/Daughter/Wife of: **SHRINIWAS MISHRA**
 Address:
**VILL. BHEDA PAKAR KALA PO-YADDU PARSIYA
 PS-BHALUANI Deoria, UP 274001**



DL No: UP52 20130010849

UPDL 000007824538



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	25-07-2013	NT			
	LMV	UP52	25-07-2013	NT			
	TRANS	UP52	21-02-2022	TR			
	MVSD						

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)



Aadhaar no. issued: 23/09/2014



भारत सरकार
Government of India



दीपक कुमार मिश्रा
Deepak Kumar Mishra
जन्म तिथि/DOB: 01/01/1993
पुरुष/ MALE

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

8859 2125 8550

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 07/05/2025

पता:
S/O: श्रीनिवास मिश्रा, भेरा पाकर कला, पर्सिया जादु, देवरिया,
उत्तर प्रदेश - 274001
Address:
S/O: Shrinivas Mishra, Bhera Pakar Kala, PO: Parsia
Jaddu, DIST: Deoria,
Uttar Pradesh - 274001



8859 2125 8550
VID : 9184 2758 7571 0076

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

DEEPAK KUMAR MISHRA

SHRINIWAS MISHRA

01/01/1993

Permanent Account Number

BVCPM0706M

Deepak

Signature



06122013