

# GANPATI AUTOMOBILES

Purva Chauraha, Deoria  
Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name... AMARJIT SINGH

Job No. ....  
Date... 16/03/2026  
Chasis No. ....  
Engine No. ....  
Key No. .... 4P52024011  
Regn. No. ....  
Speedmeter Redg. ....  
Insurance No. ....  
Model... X7BMB

Address... PERIN  
Phone... 9819570450

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.

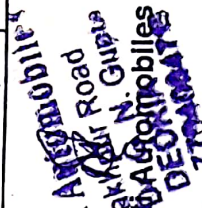
S. No.	Details of Job	Qty.	Rate	Rs.	Amount	P.
1	Tomak Samuode . R	1K	1751	1751		
2	Muffler - Camel -	1K	295	295		
3	Grup R	1K	500	500		
4	Brak. Paideel .	1K	200	200		
5	F- Cheshish.	1K	7955	7955		
6	C'vvel - R	1K	100	100		
7	F- Feandey - A + B	2K	764	764		
8	Hamdl -	1K	500	500		
9	Engjine . Coverey	1K	460	460		
10						
11						
12						
13						
14	1 ARSOL				600	
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
<b>TOTAL</b>					<b>13128</b>	<input checked="" type="checkbox"/>

- 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.....

Authorised Signatory

  
 Ganpati Automobiles  
 At: Patli Agra Road  
 N. Gupta  
 For - Ganpati Automobiles  
 DEORIA  
 16/3/2026

सवा 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.	AMARJIT SINGH. 9919570450,
2	Vehicle No. / वाहन संख्या	4R52BZ4011
3	Policy No. / पालिसी संख्या	MS/2025/70010/46575/473920
4	Period of Insurance / बीमा अवधि	28/05/2025 - 26-27/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/03/2026 Time - 12:30 PM.
6	Place of Accident / दुर्घटना का स्थान	दुखवा
7	Name of the Driver, D L.No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	WIKASH VISHWAKARMA. 4P5220240022436, 9919570450,
8	Estimated Loss / अनुमानित हानि	13125 ✓
09.	Cause of Accident / दुर्घटना का कारण : मुजहदा लाला से दुखवा जाते समय रास्ते में दुखवा के सामने रोड पर सामने से बाईक वाले ने तकरार मार दिया जिससे मेरी गाड़ी दाहिने साइड गिर कर क्लिप्टरल हो गयी	21/03/2026 गिरा - पलकें टूट गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A.
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	LAHAPPA AUTO. MOBSI (E. C. BARKHA

Date / दिनांक : 16/03/26  
हस्ताक्षर : HARJIT SINGH

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 7017, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address \_\_\_\_\_

Certificate/Policy No. MS/2025/7001/0/46575/193920

Tel. No. \_\_\_\_\_

Period of Insurance 28/05/2025 To 27/05/2026  
 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 \_\_\_\_\_  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone \_\_\_\_\_

INSURED  
AMARJIT SINGH  
M. JAHAN. LALA. D. BORIA (C.I.P)

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>00841</u> Chassis No. <u>00095</u>	Registration No. <u>YP52B2</u> <u>4011</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  
 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:

- (e) Registered laden weight \_\_\_\_\_  
 (f) Unladen Weight \_\_\_\_\_  
 (g) 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 \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name VIKASH, VISHWAKARMA,  
 (b) Age 01/02/2004  
 (c) Address RAMPUR AWASTHI BORO, A. (U. P.)  
 (d) Is the Driver  
 1. Owner \_\_\_\_\_  
 2. paid driver? \_\_\_\_\_  
 3. Owner's relative or friend? FRIEND,  
 (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 UP5220240022436,  
 (h) Issuing Authority 3112/2043,  
 (i) Date of Expiry PERMANENT  
 (j) Was the licence temporary/permanent NA.  
 (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 11/03/2026, Time - 12:30 PM.  
 (b) Place राजधानी बजार के पास का सड़क पर  
 (c) Speed of vehicle at the time of accident जो सड़क पर चल रहा था  
 (d) Give a short description of the accident दो गाड़ियाँ एक-दूसरे से टकराईं  
 (e) If any third party was responsible for this accident give the name and address दोनों गाड़ियों के ड्राइवर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER BSOJ MAT  
 (b) Estimated cost of repairs 12000/-  
 (c) When and where can the damaged vehicle be inspected GANPATI AUTO. MOBILE. REPAIR,

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name \_\_\_\_\_  
 (b) Address \_\_\_\_\_  
 (c) Full Details of personal injury sustained N/A  
 (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? \_\_\_\_\_

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? RCB  
(d) Estimated cost of replacement? \_\_\_\_\_  
(e) By whom discovered and reported? \_\_\_\_\_  
(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 16/03/2020

Signature of the insured SUNGA RJE

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 ... *SHIKHAR K...*  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52BZ4011  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . . 15-Feb-2024  
Owner Name : AMARJIT SINGH  
Full Address: (Permanent) : VILL- MUJHAHN LALA PO- RAMPUR, AWASTHI PS- TARKULWA DEORIA, . . . 190-274001  
Full Address: (Temporary) : VILL- MUJHAHN LALA PO- RAMPUR, AWASTHI PS- TARKULWA DEORIA, . . . 190-274001  
Fitness Up To : UTTAR PRADESH-274001  
Detailed Description : UTTAR PRADESH-274001  
Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2090252274  
Type of Body : SOLO WITH PILLION  
No of Cylinders : 1  
Engine No : KC01AEPHK00871  
Horse Power(BHP) : 16.62  
Maker's Classification : XTREME-160R 4V  
Seating Cap(in all) : 2  
Sleepar Cap : 0  
Colour : MATT SLATE BLACK  
Other Criteria : Fully Built  
Vehicle Purchase As : Fully Built

Owner Serial No : 1  
Link Vehicle No :  
Norms : BHARAT STAGE VI  
Rear HSRP No : AA2093953692  
Month/Year of Manuf. : 10/2023  
Chassis No : MBLKCU114PHK00096  
Fuel : PETROL  
Cubic Capacity : 163.24  
Wheel base : 1333  
Standing Cap : 0  
Unladen Wt (kgs) : 144  
Laden/GV Wt (kgs) : 274  
AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)  
By Manuf. As Regd. Weight(in kgs)

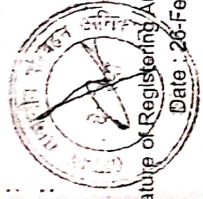
Description	Weight(in kgs)
a) Front:	
b) Rear:	
c) Other:	
d) Tandem:	

The motor vehicle above described is subject to Hypothecation in favour of HDB FINANCIAL SERVICES LTD, DEORIA, . . . Deoria, Uttar Pradesh-274001 w.e.f. 15-Feb-2024.

Purchase dt : 12-Feb-2024  
OTT Date : 12-Feb-2024  
Vehicle is Govt./ Pvt. : PRIVATE  
Date of Approval : 17-Feb-2024  
Other State/Transfer/Conversion/Reassign Details  
Previous Owner :  
Old State :  
Transfer Date :  
Sale Amt : 128800/-  
Amount/Rcpt No : 12880 / UP52D24020001885  
Tax Exempted or Not : NOT EXEMPTED

This certificate is valid from 15-Feb-2024 to 14-Feb-2039  
Previous RegNo :  
Entry Date :  
Conversion Date :

Date : 26-Feb-2024 13:18:48  
Signature of Registering Authority :  
Date : 26-Feb-2024



5738078



### Package Offer

2025-05-28

Mr./Ms. AMARJIT SINGH

VILL- MUJHAHN LALA PO- RAMPUR, AWASTHI PS- TARKULWA DEORIA, , Deoria-274001  
, Uttar Pradesh, 274001

Dear Mr./Ms. AMARJIT SINGH,

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](mailto:info@motorsathi.com) or visit our website at [www.motorsathi.org](http://www.motorsathi.org) or download Motorsathi app from play store for guidance from Motorsathi.**

Mr./Ms. AMARJIT SINGH, 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](mailto:info@motorsathi.com)

Website: [www.motorsathi.org](http://www.motorsathi.org)



# Program Proposal Two-Wheeler Package Contract - Bundled



MS/2025/7001/0/46575/443920

Private Limited

Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) India

010 50643

motorsathi.com

Up section of www.motorsathi.com

Holder of Certificate		Date of Birth		Mobile No.		Father/Husband Name		Make		Model	
AMARJIT SINGH		1994-01-01		9919570450		KESHVAR		Hero Motocorp		XTREME 160R	
Sub Model		Vehicle Regn. No.		Engine No.		Chassis No.		Year of Mfg		Cubic Capacity	
DD Disk-NEW		UP32B/24011		KC01/ABPHK00871		MBLKCU114PHK00096		2024		163	
Asset Declared Value (ADV)		Side Car ADV		Non-Electrical Accessories ADV		Electrical Accessories ADV		CNG/LPG/Bi-Fuel ADV		Vehicle Type	
85500.00		NA								TW	
Place of Regn.		Body Type		HP/Lease/Hire-Purchase Agreement		Branch Office of HP/Lease/Hire-Purchase		Seating Capacity		Offered Payment (incl. GST)	
		Solo						0.00		85500.00	
VILL- MUJHAHN LALA PO- RAMPUR, AWASTHI PS- TARKULWA DBORLA,,		Address		City / District		Pin Code		State		163513	
Deoria-274001		Nominee Name		Nominee Gender		Nominee Age		Nominee Relation		274001	
PANMATTI DEVI		Female		25 Years		WIFE		Package Start Date		2025-05-28 11:58	
Section A, VRC: 1144.59 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1144.59		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%): 0.00 Total with GST(C): 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		Total(Section A+B+C+D) Offered Price After Discount: 1635		Package End Date		Midnight of 2026-05-27	
GST (B): 0.00		Section D, Drive Assize: 415.71 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 74.83 Total with GST(D): 490.54		Package Period Covered		2025-05-28 To 2026-05-27		2026-05-28 To 2027-05-27		2027-05-28 To 2028-05-27	
2025-05-28 To 2026-05-27		2026-05-28 To 2027-05-27		2027-05-28 To 2028-05-27		2028-05-28 To 2029-05-27		2029-05-28 To 2030-05-27			
85500		NIL		NIL		NIL		NIL		NIL	
1 Year		NIL		NIL		NIL		NIL		NIL	

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-02-11 (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, non-disclosure 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 Aligarh.

Received with Thanks Rs 1635.13 ON 2025-05-28 from Mr./Ms. AMARJIT SINGH against the ARN No. INCP00443920  
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 Endorsement: IMT - 22, 16, 18  
Customer Service Address: B.Drags Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001), India



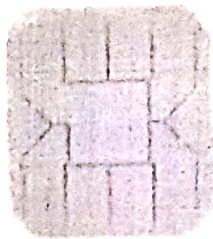
**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**

UP

**UP52 20240022436**



Issue Date 12-11-2024 Validity (NT) 31-12-2043  
 Validity (TR)\*



Holder's Signature

Name: **VIKASH VISHWAKARMA**  
 Date of Birth: **01-01-2004** Blood Group: **N** Organ Donor: **N**

Son/Daughter/Wife of: **RAM NAKSHTRA VISHWAKARMA**

Address:  
**BHOJAULI POST RAMPUR AWASTHI DEORIA**  
**DEORIA UTTAR PRADESH 274001**

**DL No: UP52 20240022436**

UPDL000014552015



Invalid Carriage (Regn Numbers)\*  
 Hazardous Validity\* Hill Validity\*

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP52	12-11-2024	NT				
LMV	UP52	12-11-2024	NT				
MVSD							

Emergency Contact Number

Licensing Authority  
**UP52 DEORIA**



45501837



RECEIVED  
MAY 10 1968

LIBRARY  
UNIVERSITY OF  
TORONTO  
130 St. George Street  
Toronto, Ontario  
M5S 1A5  
CANADA