

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

## ESTIMATE

Owner's Name..... Subash Yadav.....  
Address..... Deoria.....  
Phone..... 8957412016.....

Job No. ....  
Date..... 16/03/2016.....  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. .... UPSB EX 2139.....  
Speedmeter Redg. ....  
Insurance No. ....  
Model..... X-Treme.....

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	Visor - Upper - (R)	1K	370	370	
2	H/L	16	3230	3230	
3	Mirror Cover	16	90	90	
4	F-fender	1K	970	970	
5	Handle	1K	500	500	
6	Liner (R)	1K	100	100	
7	Tank Sarcod. Lower (R)	1K	400	400	
8	Tank Sarcod Upper (R)	1K	320	320	
9	Tank Cover	1K	710	710	
10	Bracke Panel	1K	300	300	
11	Muffler Cover	1K	300	300	
12	Grinp. (R)	1K	670	670	
13	Meter	1K	4378	4378	
14	Moto Pump	1K	119	119	
15	DISC PLATE	1K	2028	2028	
16					
17					
18					
19	LABOUR			600	
20					
21					
22					
23					
24					
25					
			<b>TOTAL</b>	14415	

- 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  
Bankpost Road  
OPP. Dr. G. N. GUPTA  
DEORIA  
Mob. 7704004711

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.	SUBASH YADAV & 8957412016
2	Vehicle No. / वाहन संख्या	UP53 EX 2139
3	Policy No. / पालिसी संख्या	MS/2025/7001/O/46575/423998
4	Period of Insurance / बीमा अवधि	07/04/2025 to 06/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/3/26 ! 04:50 pm
6	Place of Accident / दुर्घटना का स्थान	मि. ओ. डे. रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SATISHKUMAR YADAV & MH2920120005580- 8957412016
8	Estimated Loss / अनुमानित हानि	19415
09.	Cause of Accident / दुर्घटना का कारण:	पश्चिम दिशा में चलते हुए वाहन के चालक ने वाहन चलाते समय सड़क किनारे से निकल करती ओर 20 मीटर दूरी पर ओर. ए. डी. रोड पर वाहन चलाते हुए दुर्घटना घटित हुई। गति नशील - पश्चिम दिशा में
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.	Ganpati Automobiles Purush Deoria & 7651989597

Date / दिनांक :  
हस्ताक्षर

Signature of Insured / बीमाधारक के

शुबाष यादव

16/3/26



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/A6575/423998  
 Tel. No. \_\_\_\_\_ Period of Insurance 07/04/2025 to 06/04/2026  
 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 : SUBHASH YADAV  
 (b) Address for correspondence : NETVAR PATTI  
 (c) Telephone : 9857

2. THE INSURED VEHICLE

Make & Year <u>Hera-2024</u>	Engine No. <u>X 02515</u> Chassis No. <u>X 01525</u>	Registration No. <u>UP53 EX 2139</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 Used  
 (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:

(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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SATISH KUMAR YADAV  
 (b) Age : 16/05/1997  
 (c) Address : NETWAR  
 (d) Is the Driver  
 1. Owner : NA  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Relative  
 (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 : MH292012000 5580  
 (h) Issuing Authority : 15/06/2023  
 (i) Date of Expiry : 23/04/2032  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (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 NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 13/03/26 @ 04:50 PM  
 (b) Place : ROAD  
 (c) Speed of vehicle at the time of accident : 40 KPH  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 वसुदेवजी से नेवार पुली कारे फिर हीरो जी कारे.  
 नेवार के बिच में सामने में बाइसाइड में सम मल  
 किमी कारे मल दारेत हिड में कारे

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
 (b) Estimated cost of repairs : 19415  
 (c) When and where can the damaged vehicle be inspected : Gampoti Automobiles Runway Dender  
 7651909597

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 : NA  
 (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? : NA  
(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? : NA  
(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? : NA  
(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 16/3/26 200

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. \_\_\_\_\_ 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 Affixed  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature गणेशचन्द्र .....  
Occupation .....  
Address .....  
.....  
.....

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

# GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP53EX2139  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . , 190-274001  
Owner Name : SUBASH YADAV  
Full Address: (Permanent) : VILL-NETVAR PATTI, PO-PATNA, PS-BARHALGANJ GOLA, GORAKHPUR, UTTAR PRADESH-273402  
Full Address: (Temporary) : VILL-NETVAR PATTI, PO-PATNA, PS-BARHALGANJ GOLA, GORAKHPUR-UTTAR PRADESH-273402  
Fitness UpTo : 13-Mar-2039

Registration Date : 14-Mar-2024  
Purpose For Printing RC : NEW  
Son/wife/daughter of : KEDAR YADAV

Detailed Description :  
Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2096543838  
Type of Body : SOLO WITH PILLION  
No of Cylinders : 1  
Engine No : JA07AVRGB02515  
Horse Power(BHP) : 11.39  
Maker's Classification : XTREME 125 R ABS  
Seating Cap(In all) : 2  
Sleepar Cap : 0  
Colour : COCKTAIL BLUE  
Other Criteria :  
Vehicle Purchase As : Fully Bullt

Owner Serial No : 1  
Link Vehicle No :  
Norms : BHARAT STAGE VI  
Rear HSRP No : AA2095489106  
Month/Year of Manuf. : 03/2024  
Chassis No : MBLJAU020RGB01525  
Fuel : PETROL  
Cubic Capacity : 124.70  
Wheel base : 1319  
Standing Cap : 0  
Unladen Wt (kgs) : 137  
Laden/GV Wt (kgs) : 267  
AC Fitted : NO

### 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 L&T FINANCE HOLDINGS LTD, . . , Deoria, Uttar Pradesh-274001 w.e.f. 11-Mar-2024.

Purchase dt : 09-Mar-2024  
OTT Date : 09-Mar-2024  
Vehicle Is Govt/ Pvt. : PRIVATE  
Date of Approval : 20-Mar-2024  
Sale Amt : 99999/-  
Amount/Rcpt No : 10000 / UP53D24030004351  
Tax Exempted or Not : NOT EXEMPTED

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 14-Mar-2024 to 13-Mar-2039

Date : 30-Mar-2024 13:27:39

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयसी अधिकारी  
Signature of Registration Authority  
मोटर वाहन विभाग  
Date: 30-Mar-2024  
गोरखपुर (उप्र)

P 7175967

Government of Uttar Pradesh Government of Uttar Pradesh  
Government of Uttar Pradesh Government of Uttar Pradesh



## Package Offer

2025-04-07

Mr./Ms. SUBASH YADAV

VILL-NETVAR PATTI, PO-PATNA, PS-BARHALGANJ GOLA, Gorakhpur, Uttar Pradesh,  
, Uttar Pradesh, 273402

Dear Mr./Ms. SUBASH YADAV,

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.

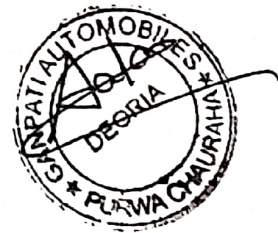
Mr./Ms. SUBASH YADAV, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

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)



Please scan the QR for details.







Indian Union Driving Licence  
Issued by Uttar Pradesh



**MH29 20120005580**



Issue Date 15-06-2023    Validity (NT) 03-04-2032    Validity (TR) \_\_\_\_\_



(04-04-2012)

Holder's Signature

Name: **SATISHKUMAR YADAV**  
 Date of Birth: **16-05-1992**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **RAMKAMAL**  
 Address:  
**VILL NETWAR PATTI PO PATNA  
 GORAKHPUR 273402**

Date of First Issue

DL No: **MH29 20120005580**

UPDL 000011120362



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
Auto	BCMPG	MPQ21	04-04-2012	NT			
Motor	LMTV	MPQ21	04-04-2012	NT			
Tractor							
MVSD							

Form 7 Rule 10(2)

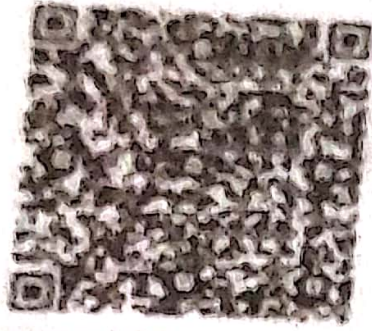
Emergency Contact Number \_\_\_\_\_

Licensing Authority  
**UPPS GORAKHPUR**

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**AWNPNY4054H**

नाम/ Name

**SUBASH YADAV**

पिता का नाम/ Father's Name

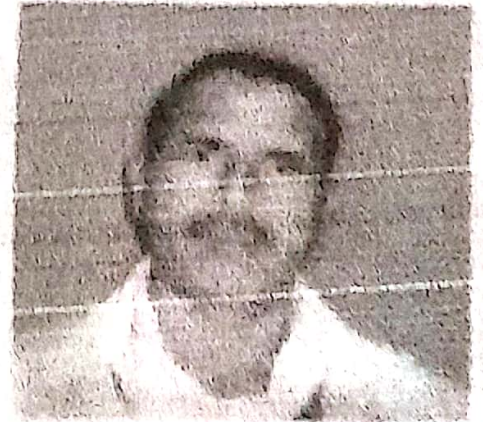
**KEDAR YADAV**

जन्म की तारीख/ Date of Birth

**01/01/1984**

शुभाष यादव

हस्ताक्षर/ Signature



24052018



भारत सरकार  
Government of India

सुबाष यादव  
Subash Yadav  
जन्म तिथि / DOB : 01/01/1984  
पुरुष / Male



9139 7704 8358



आधार - आम आदमी का अधिकार



भारतीय विश्व मूल्यांकन प्राधिकरण  
Unique Identification Authority of India

पता:  
आत्मज: केदार यादव, नेटवार पट्टी,  
चिल्लूपार, बरहालगंज, गोरखपुर,  
उत्तर प्रदेश, 273402

Address:  
S/O: Kedar Yadav, netwar patti,  
Chillupar, Barhaigani, Gorakhpur,  
Uttar Pradesh, 273402

9139 7704 8358

1947  
1800 300 1947

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