

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name SANJAY PATEL
Address DEORIA
Phone 9807587081

Job No.
Date 20/03/2026
Chasis No.
Engine No.
Key No. 11756132478
Regn. No.
Speedmeter Redg.
Insurance No.
Model SUPER SPL

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-	1K	1100	1100	
2	HIC	1B	615	615	
3	Leimd. Screene	1K	390	390	
4	F- Leimball- (L)	1D	250	250	
5	F- Fomdae-	1A	1300	1300	
6	LIVACY- (L)	1K	100	100	
7	Hamdl-	1K	500	500	
8	F- Fork. L&R. <i>nyr</i>	-	-	550	
9	Parrmle. (L)	1K	1600	1600	
10	Foot. Rest. (L)	1n	200	200	
11					
12					
13					
14					
15					
16	<i>L&R</i>			<i>600</i>	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				7250	

- 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.

ny
For - Ganpati Automobiles

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.	SANJAY. PATEL. 9807587081
2	Vehicle No. / वाहन संख्या	UP56AJ2478
3	Policy No. / पालिसी संख्या	MSI2025/7001/0146575/446892
4	Period of Insurance / बीमा अवधि	6/06/2025 - 05/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/03/2026 Time - 1:00 PM
6	Place of Accident / दुर्घटना का स्थान	कर्महा (देविया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SANJAY. PATEL. UP5220210011588
8	Estimated Loss / अनुमानित हानि	7255/-
09.	Cause of Accident / दुर्घटना का कारण:	कर्महा से देविया जा रहे थे रास्ते में कर्महा में सामने से अचानक सड़क पे भेरी गाड़ी के सामने निलगाय जा गयी। निहाम भेरी गाड़ी जा कर तकर शना कर बाया साइड गोर कर छति प्रह हो गयी।
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 / फोन नं.	JANPATI APT. MOBI (E. DEVIYA)

Date / दिनांक : 19/03/2026
हस्ताक्षर

Sanjay Patel

Signature of Insured / बीमाधारक के

Sanjay Patel



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name SANJAY PATEL
 (b) Age 04/06/1993
 (c) Address RAMPUR, KARKHANA, DEORIA (U.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 UP522021001588
 (h) Issuing Authority
 (i) Date of Expiry 03/06/2033
 (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

Time: - 1:00 pm.
 (a) Date and Time 17/08/2026
 (b) Place कमेटा (देवरिया)
 (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

कमेटा से देवरिया जा रहे थे रास्ते में कमेटा में सामान से संयमक फाटने से गरी गाड़ी के सामने मिलना हुआ जिससे गरी गाड़ी के फ्रंट बम्पर में फट चला और ड्राइवर भी घायल हुए

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE
 (b) Estimated cost of repairs 7250
 (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?

NA



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/2025/7001/0146575/44872

Tel. No. _____

Period of Insurance 6/6/2025-J0-05/06/2026
 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 : SANJAY. PATEL.
 (b) Address for correspondence : NILDER. MAHARASHTRA. (C.P.)
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No. * <u>H01345</u> Chassis No. * <u>A47605</u>	Registration No. <u>UP56AJ</u> <u>2478</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/Jeeep/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. _____

Use Stamp
Revenue Stamp
When Applicable
Exceeds Rs. 5000/-

[Handwritten Signature]

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

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? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____ N/A
- (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 19/03/2026
200

Signature of the insured [Signature]

GOVERNMENT OF UTTAR PRADESH

Transport Department Maharajganj

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP56AJ2478
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : SHUBHAM AUTO MOBILES, GAUNARIYA BABU, MAHARAJGANJ, ...
 Owner Name : SANJAY PATEL
 Full Address: (Permanent) : WARD NO. 02 BARAGADAWA NAGAR, PANCHAYAT NICHLAUL, MAHRAJGANJ, UTTAR PRADESH-273303
 Full Address: (Temporary) : WARD NO. 02 BARAGADAWA NAGAR, PANCHAYAT NICHLAUL, MAHRAJGANJ-UTTAR PRADESH-273303
 Fitness UpTo : 13-Mar-2035
 Owner Serial No : 1
 Tax UpTo : One Time

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA100B93045E
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA05EGL9A01345
 Horse Power(BHP) : 9.00
 Maker's Classification : SUPER SPLENDOR(DRUM-S Wheel base)
 Seating Cap(in all) : 2
 Sleeping Cap : n
 Colour : Red Black
 Other Criteria : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE IV
 Rear HSRP No : AA2011257527
 Month/Year of Manuf. : 01/2020
 Chassis No : MBLJAW096L9A47605
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1265
 Standing Cap : 0
 Unladen Wt (kgs) : 121
 Laden/CV Wt (kgs) : 201
 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 w.e.f. .

Purchase dt : 27-Feb-2020
 QTT Date : 27-Feb-2020
 Tax UpTo : One Time
 Tax Exempted or Not : NOT EXEMPTED
 Other State/Transfer/Conversion Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Sale Amt : 59650/-
 Amount/Rcpt No : 5965 / UP56D20030000070
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 14-Mar-2020
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 14-Mar-2020 to 13-Mar-2035

Date : 02-Jun-2020 10:56:59
 Taxation Particulars / Advance Registration Mark Fee Details



1151477

Program Proposal Two-Wheeler Package Contract - Bundled



Co.: MS/2025/70010/46575/446892

Motorsathi Private Limited

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

+ 79410 50643

info@motorsathi.com

for help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANJAY PATEL	1993-06-04	8318614729	VIDYASAGAR PATEL	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST BLA	UP56AJ2478	JA05EGL9A01345	MBLJAW096L9A47605	2020-03-14	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
26000.00	NA	0.00	0.00	0.00	26000.00	
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	2170.40	
Address			City / District	Pin Code	State	
WARD NO. 02 BARAGADAWA NAGAR, PANCHAYAT NICHLAUL, Mahrajganj, Uttar Pradesh.				273303	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHILPA DEVI	Female	29 Years	WIFE	2025-06-06 13:24	Midnight of 2026-06-05	

Section A, VRC: 452.48 TCR: 337.48 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) : 0.00 Total with GST(A): 789.96

Section B, FC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @9% + SGST @9%) (B): 137.52 Total with GST(B): 901.52

Section C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00

Section D, Drive Assure: 164.34 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 29.58 Total with GST(D): 193.92

Total(Section A+B+C+D) Offered Price After Discount: 2170

Package Period Covered	2025-06-06 To 2026-06-05	2026-06-06 To 2027-06-05	2027-06-06 To 2028-06-05	2028-06-06 To 2029-06-05	2029-06-06 To 2030-06-05
ADV	26000	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 from 2025-06-06 until 2026-06-05.

RESTRICTIONS 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 1 lakh 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.

FOR REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 7941050643 Mail 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 2170.4 ON 2025-06-06 from Mr./Ms. SANJAY PATEL against the ARN No. INCP00446892

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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



भारत सरकार

Government of India



संजय पटेल

Sanjay Patel

जन्म तिथि / DOB : 04/06/1993

पुरुष / Male



4878 4790 6283

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
S/O: विद्यासागर पटेल, वॉर्ड न02,
बरगदवा, नगर/पंचायत/निचलौल,
निचलौल, निचलौल, महाराजगंज,
उत्तर प्रदेश, 273304

Address:
S/O: Vidyasagar Patel, ward no. 2,
baragadawa,
nagar/panchayat/nichloul...
Nichloui, Nichloul, Maharajganj,
Uttar Pradesh, 273304

4878 4790 6283

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in





Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP52 20210011588



Issue Date 27-07-2021
Validity (NT) 03-06-2033

Validity (TR)*



Holder's Signature

(27-07-2021)

Date of First Issue

Name: SANJAY PATEL
Date of Birth: 04-06-1993 Blood Group:
Son/Daughter/Wife of: VIDYA SAGAR PATEL
Address:
POLICE STATION RAMPUR KARKHANA
DEORIA, UP 274405

Organ Donor: N

DL No: UP52 20210011588

UPDL 000005088360



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	27-07-2021	NT			
LMV		UP52	27-07-2021	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Authority
UP52 DEORIA

