

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name Shivendra Pratap Singh

Address Deoria

Phone 6322206746

Job No. ....  
 Date..... 24/03/26  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. ... UP52.C.H.O.427  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model..... X-Trans

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 - (R) Upper	1K	370	370	
2	H/I	1K	3230	3230	
3	F. Fender	1K	1500	1500	
4	Tank Sarnud - R - Campalit	2K	400	400	
5	Tank Sarnud - Inner (R)	1K	370	370	
6	f. Fork - L/R	—	500	500	
7	Muffler Cover A/B	2K	615	1030	
8	Tank Sarnud Upper - (R)	1K	810	810	
9	Handle	1K	510	510	
10	Liner - (R)	1K	100	100	
11	Miner - (R)	1K	150	150	
12	f. Winker - (R)	1K	250	250	
13					
14					
15					
16					
17	U.A.S. (U.A.S.)			600	
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				<b>9750</b>	

- 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.

**Ganpati Automobiles**  
 Gorakhpur Road  
 Opp. Dr. ... Guest  
 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.	SHIVENDRA PRATAP SINGH 6388206746
2	Vehicle No. / वाहन संख्या	UP52CH0427
3	Policy No. / पालिसी संख्या	252400/31/2026/23721
4	Period of Insurance / बीमा अवधि	19/06/2025 To - 18/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/03/2026 - Times - 9:00 AM
6	Place of Accident / दुर्घटना का स्थान	चीकरा-चन्द्र थाना
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIVENDRA PRATAP SINGH UP522025002195, 6388206746
8	Estimated Loss / अनुमानित हानि	9700/-
09.	Cause of Accident / दुर्घटना का कारण :	सोदा से देकरा जाते समय कारने में चीकरा-चन्द्र थाना रोड पे हागने हाईट साइड में गाड़ी घाते में टक्कर मार पीछा पीछे में गाड़ी दाहिने साई गीट कर आतिशत हो गयी है
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NH
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NH
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	(बामनागा) अफ़्ठ-मोब्ले-रिफ़रि/त 9704800558

Date / दिनांक : 23/03/26  
हस्ताक्षर

*Singh*

Signature of Insured / बीमाधारक के

*Singh*



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHIVENDRA PRATAP SINGH  
 (b) Age : 20/04/2004  
 (c) Address : MUNDERA  
 (d) Is the Driver  
 1. Owner : YES  
 2. paid driver? : NA  
 3. Owner's relative or friend? : OWNER IS  
 (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 : UPS220250021195  
 (h) Issuing Authority : 15/01/2025  
 (i) Date of Expiry : 19/04/2044  
 (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 : 18/03/2025 @ 09:00 AM  
 (b) Place :  
 (c) Speed of vehicle at the time of accident : 100 KM/H  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 एकेटा से देविया जाते समय रात में पहिया च-समर रोड में  
 मने बायें हिस्से का टूटने का कारण था

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
 (b) Estimated cost of repairs : 9760/-  
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Farway Dary  
 7651989597

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 : NA  
 (f) Has notice of any claim been given to you? :

Customer's Signature.....

8. INJURY TO DRIVER/OCCUPANT

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

NA

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. \_\_\_\_\_

NA

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 Policy Station? \_\_\_\_\_
- (i) C.R. diary Number \_\_\_\_\_

NA

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 23/03/26 200

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 Amount  
Exceeds Rs. 5000/-

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

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

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

Customer's Signature.....

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH0427  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . , 190-274001  
Owner Name : SHIVENDRA PRATAP SINGH Son/wife/daughter of : JAGMOHAN SINGH  
Full Address: (Permanent) : VILL- MUNDERA BUZURG, PO- SONUGHAT PS- DEORIA, , DEORIA, UTTAR PRADESH- 274001  
Full Address: (Temporary) : VILL- MUNDERA BUZURG, PO- SONUGHAT PS- DEORIA, , DEORIA-UTTAR PRADESH- 274001  
Fitness UpTo : 22-Jun-2040  
Owner Serial No : 1  
Detailed Description :  
Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA1043239265  
Type of Body : SOLO WITH PILLION  
No of Cylinders : 1  
Engine No : JA07A0SGD07742  
Horse Power(BHP) : 11.39  
Maker's Classification : XTREME 125 R ABS SINGLE SEAT  
Seating Cap(in all) : 2  
Standing Cap : 0  
Sleepar Cap : 0  
Colour : BLACK  
Other Criteria :  
Vehicle Purchase As : Fully Built  
Link Vehicle No :  
Norms : BHARAT STAGE VI  
Rear HSRP No : AA1043057394  
Month/Year of Manuf. : 04/2025  
Chassis No : MBLJAU056SGD07044  
Fuel : PETROL  
Cubic Capacity : 124.70  
Wheel base : 1319  
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 SHRIRAM FINANCE LTD, DEORIA , Deoria, Uttar Pradesh-274001 w.e.f. 21-Jun-2025.

Purchase dt : 19-Jun-2025  
Sale Amt : 103439/-  
OTT Date : 19-Jun-2025  
Amount/Rcpt No : 10344 / UP52D25060002953  
Vehicle is Govt./ Pvt. : PRIVATE  
Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 26-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 23-Jun-2025 to 22-Jun-2040

Date : 08-Jul-2025 15:02:07

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 08-Jul-2025

Customer's Signature.....





The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGIR0014

Page No: 1

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

**DIVISIONAL OFFICE, 306 KHAR NAGAR, OPP. FULMISTAN CINEMA MEERUT, PIN-0114063570, (GSTIN: 09AACT0627R4Z1)**

**DIVIDED POLICY (MOTORISED TWO WHEELERS 45 Years)**

Policy Type	25240031202623721	Policy Issued On	19-JUN-25
Agent/Broker Code	18A000155144	Proposal No. & Date	R 25240031202616457 & 19-JUN-2025
Agent/Broker Name	SHRINAV BHATI	Policy Period (OWN DAMAGE)	FROM 15:31 ON 19/06/2025 TO MIDNIGHT OF 18/06/2026
Insured Name	SHIVENDRA PRATAP SINGH (GSTIN: )	Policy Period (LIABILITY)	FROM 15:31 ON 19/06/2025 TO MIDNIGHT OF 18/06/2026
Insured Address	C/O JAGMOHAN SINGH VILL MUNDERA BUZURG, POST SONUGHAT, PS DEORIA, VILL MUNDERA BUZURG, POST SONUGHAT, PS DEORIA DEORIA, NA	Lead/Breakin No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOR CO. PVT. LTD.	Vehicle	98267
Model & Variant	XTRIME 125R ABS	Electrical Accessories	0
Registration No.	NM	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	98267
Engine - Chassis No.	JA07A0SGD07742 - MBLJAU06NGD07044	TME CONTRACT NO	
Cubic Capacity	124.7	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	OTHERS	Type Of Fuel	PETROL
HTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1646.96	Basic Third Party Liability	3651
Elec Accessories	0	Compulsary PA Cover Premium	0
Non Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-14)	0
Basic Premium	1548.96	Legal Liability (WC) (to driver) (IMT-28)	0
Geographical Area Extra (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading (On TP Premium (60%))	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GH36B3	0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	3651
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4326
AAA Membership (IMT-8)	0	GST	764
No Fault Insurance	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SWP Discount	1400	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	1400	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	5010
NH Depreciation	246		
Return to Insurer	0		
Key Replacement	0		
Contaminants	0		
Sub-Total Add-on Coverages	246		
Net own Damage Premium (A)	395		

Note:  
1. Policy Issuance is the subject of the realisation of cheque  
2. Consolidated Stamp Duty paid via Challan No  
3. The Policy is subject to a compulsory Deductible of Rs (0) (IMT-22)  
4. Voluntary excess Rs (0)  
5. Subject to Endorsements IMT-7, 10, 28.

Summary Details	Insured Name	Age	Relation
Payment Details	Payment Method	Cheque No./Transaction No	Bank Name
Amount			5010
Financer Type	Financer Name	SHRIBAM FINANCE LIMITED	Financer Branch
PIN Name	SA	POS ID	NA
		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The Insured under the policy is subject to conditions of cover, warranties, exclusions, IMT's and OH Endorsements mentioned herein above which are available on company's website.

Insured's consent is required on demand from the policy issuing office.

In the event of a claim of a claimant of premium (cheque) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claims to be admissible, if driving license is found valid or is not valid whether or not in the knowledge of the insured.

We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

We witness whereof the undersigned being authorised by and on behalf of the company has hereunto set his hand at 252400 on 19 JUN 25.

**IMPORTANT NOTICE**

This insurance is not intended to be used in any manner other than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MVA, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Exclusions as to use of the vehicle for social, domestic 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 samples or personal luggage) (3) Dependent liability (4) Pallet Macking (5) Speed testing (6) Liability by trails.

6) Key Replacement with motor used.

**Insured's Consent:** Any person including the insured. From that 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 driver's license that also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limit of Liability Clause:** In the event of a claim for death or bodily injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section 11-1 (a) of the policy. Damage to third party property is Rs.7.5 lakhs. P.A. Cover under section 11 (a) is Insured Driver is Rs.

**No Fault Insurance:** The insured is entitled to a No Fault Bonus (NFB) from the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the 1st preceding year/2nd preceding year/3rd preceding year/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% NCB on OD premium No Claim Bonus only be allowed provided the policy is renewed within 90 days of 31st previous year.

1. We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

2. This insurance excludes all pre-existing damages.

Approved By: 639255MMD

Approved On: 19 JUN 25

Place: MBT

Printed On: 07.04.25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature



आयकर विभाग  
INCOME TAX DEPARTMENT

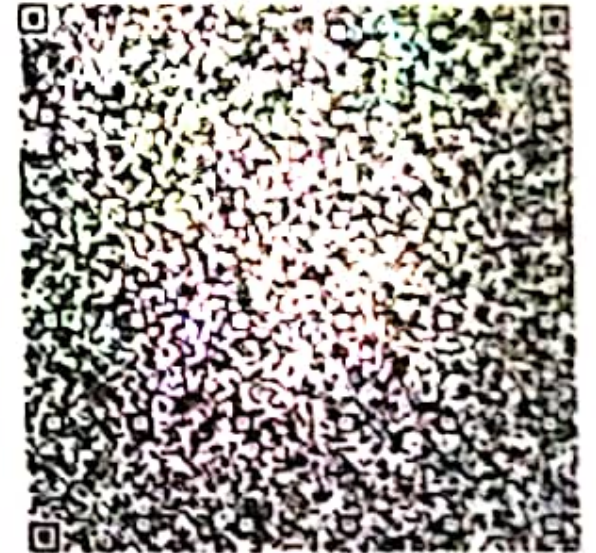


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**SMKPS0122M**



नाम / Name

**SHIVENDRA PRATAP SINGH**

पिता का नाम / Father's Name

**JAGMOHAN SINGH**

जन्म की तारीख / Date of Birth

**20/04/2004**

*Singh*

हस्ताक्षर / Signature

14849





भारत सरकार  
Government of India



शिवेन्द्र प्रताप सिंह  
Shivendra Pratap Singh  
जन्म तिथि/DOB: 20/04/2004  
पुस्व/ MALE



3909 7383 1749

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

**Address:**

S/O: Jagmohan Singh, Mundera  
bujurg, Deoria, Mundera Buzurg,  
Deoria,  
Uttar Pradesh - 274001

**पता:-**

आत्मज: जगमोहन सिंह, मुंडेरा बुजुर्ग,  
देवरिया, मुंडेरा बुजुर्ग, देवरिया,  
उत्तर प्रदेश - 274001

3909 7383 1749



1047



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

**UP52 20250021195**

Issue Date: 15-11-2025    Validity (NT): 19-04-2044    Validity (TR):



Holder's Signature

Name: SHIVENDRA PRATAP SINGH

Date of Birth: 20-04-2004    Blood Group:

Son/Daughter/Wife of: JAGMOHAN SINGH

Organ Donor: N

Address:

MUNDERA BUJURG DEORIA SONUGHAT MUNDERA  
 BUZURG BHATPAR RAMI DEORIA UTTAR PRADESH  
 274001

Date of First Issue: 15-11-2025

DL No: UP52 20250021195

UPDL521000038262



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*
LMV	MOWG	UP52	15-11-2025	NT			
MVSO		UP52	15-11-2025	NT			

Emergency Contact Number

*[Signature]*  
 UP52 DEORIA

