

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Pramod Singh
Address..... Deoria
Phone..... 9026450980

Job No.
Date..... 27/03/26
Chassis No.
Engine No.
Key No.
Regn. No. UP52.C.F.0151
Speedmeter Redg.
Insurance No.
Model..... Spld

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	1R	1100	1100	
2	HIL	1L	535	535	
3	F. fender	1R	1500	1500	
4	Master Sate	1S	3277	3277	
5	Master Linn	1L	303	303	
6	R. Winker (R)	1R	250	250	
7	Position light	1L	920	920	
8	Harelle	1R	500	500	
9	Linen (R)	1L	100	100	
10	Leg guard	1L	675	675	
11	fuel dents	1L	5350	5350	
12	Panbe (R)	1R	850	850	
13	front Rest (R)	1L	250	250	
14	Muffler Conn	1R	515	515	
15	R.R. fender	1L	1020	1020	
16	F. fender - L/R	2L	2500	5000	
17	No. Palet Stand	1L	150	150	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				17495	

- 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.

Ganpati Automobiles
Gorakhpur Road
Deoria, U.P.
For - Ganpati Automobiles
Mob. 7704004711

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.	PRAMOD SINGH + 9026450980
2	Vehicle No. / वाहन संख्या	UP52CF0151
3	Policy No. / पालिसी संख्या	25240043112026/4879
4	Period of Insurance / बीमा अवधि	12/04/2025 to 17/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/03/25 @ 07:30 PM
6	Place of Accident / दुर्घटना का स्थान	हनुवती राय
7	Name of the Driver, D.L. No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAM NARESH SINGH + 9026450980
8	Estimated Loss / अनुमानित हानि	18495 ✓
09. Cause of Accident / दुर्घटना का कारण : बड़ा मोटा से अलुवा वाले सामग्य राहने में हनुवती राय गाँव के पास रोड पर अज्ञानक ओवर टाक गयी जिससे मोती गयी अतिमंति से का दारिने साईड स्टाई में गिर का इतिहास ले गयी है। गौरी गणेश लानसुत कर्मचारी		
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.	Ganapati Automobiles Purun Deoria + 904800558

Date / दिनांक : 21/03/26
हस्ताक्षर

Pramod Singh

Pramod 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 7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/4879

Tel. No. _____

Period of Insurance 12/04/2025 to 17/04/25
 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 : PRAMOD SINGH
 (b) Address for correspondence : AMBEDKAR
 (c) Telephone : 9026450920

2. THE INSURED VEHICLE

Make & Year <u>Heron 2025</u>	Engine No. Chassis No. <u>* 27451</u> <u>* 19484</u>	Registration No. <u>UP2CF0151</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:

(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? NA
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAM NARESH SINGH
 (b) Age : 14/03/1992
 (c) Address : RAM GULAM TOLA
 (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 : UP52 20100008295
 (h) Issuing Authority : 21/09/2010
 (i) Date of Expiry : 21/09/2030
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : Permanent
 (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 : 19/03/26 @ 07:30 PM
 (b) Place : बनारस - राय
 (c) Speed of vehicle at the time of accident : 40 KM/H
 (d) Give a short description of the accident : वर्द्धा-चोरवा ए अचानक असे समय राले मे घातकी-रुम गाडी
 (e) If any third party was responsible for this accident give the name and address : on this case the insurance cover will not be given as the driver was not wearing seat belt and the driver was not wearing seat belt

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimated
 (b) Estimated cost of repairs : 1249/-
 (c) When and where can the damaged vehicle be inspected : Chakpati Automobiles Purnea
दोषी - 7709800558

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

Customer's Signature.....

8 INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (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? _____
- (d) If yes, to which Police Station? _____
- (e) Date and Day 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? _____
- (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 past or future accident shall be forfeited.

Date 21/03/20

Signature of the insured Pooja Singh

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Insuring
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Anaf 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
Insurance Stamp
When affixed
Discount Rs. 5000/-

Witness
Name
Signature
Address

Signature *P. Laxmi Singh*
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	: UP52CF0151	Registration Date	: 19-Apr-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ... 190-274001	Son/wife/daughter of	: MAHANT SINGH
Owner Name	: PRAMOD SINGH		
Full Address: (Permanent)	: VILL - AMBEDKAR NAGAR, BHIKHAMPUR ROAD, PO+PS- DEORIA, DEORIA, UTTAR PRADESH-274001		
Full Address: (Temporary)	: VILL - AMBEDKAR NAGAR, BHIKHAMPUR ROAD, PO+PS- DEORIA, DEORIA-UTTAR PRADESH-274001	Owner Serial No	: 1
Fitness UpTo	: 18-Apr-2040	Link Vehicle No	:
Detailed Description		Norms	: BHARAT STAGE VI
Class of Vehicle	: M-CYCLE/SCOOTER	Rear HSRP No	: AA2124882853
Ownership	: INDIVIDUAL	Month/Year of Manuf	: 03/2025
Maker's Name	: HERO MOTOCORP LTD	Chassis No	: MBLHAW2115HC19484
Front HSRP No	: AA2124455019	Fuel	: PETROL
Type of Body	: SOLO WITH PILLION	Cubic Capacity	: 97.20
No of Cylinders	: 1	Wheel base	: 1235
Engine No	: HA11E7SHC27451	Standing Cap	: 0
Horse Power(BHP)	: 7.91	Unladen Wt (kgs)	: 112
Maker's Classification	: SPLENDOR+ XTEC (DRS)	Laden/GV Wt (kgs)	: 242
Seating Cap(in all)	: 2	AC Fitted	: NO
Sleeper Cap	: 0		
Colour	: BLACK TORNADO GREY		
Other Criteria			
Vehicle Purchase As	: Fully Built		

Additional Particulars of all transport vehicles other than motor cycle (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	: 18-Apr-2025	Sale Amt	: 81601/-
OTT Date	: 18-Apr-2025	Amount/Rcpt No	: 8161 / UP52D25040003033
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 22-Apr-2025		

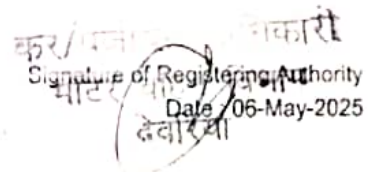
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-Apr-2025 to 18-Apr-2040

Date : 06-May-2025 16:53:05

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 06-May-2025
 देवारी

2660748

Authorised Signator

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF0151
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001
 Owner Name : PRAMOD SINGH
 Full Address: (Permanent) : VILL- AMBEDKAR NAGAR, BHIKHAMPUR ROAD, PO+PS- DEORIA, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL- AMBEDKAR NAGAR, BHIKHAMPUR ROAD, PO+PS- DEORIA, DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 18-Apr-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2124455019
 Type of Body : SOLID WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F7SHC27451
 Horse Power(SHP) : 7.91
 Maker's Classification : SPLENDOR+ XTEC (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK TORNADO GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 18-Apr-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : MAHANT SINGH
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2124882653
 Month/Year of Manuf : 03/2025
 Chassis No : MBLHAW211SHC19484
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cycle (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 : 18-Apr-2025
 OTT Date : 18-Apr-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 22-Apr-2025
 Sale Amt : 81601/-
 Amount/Rcpt No : 8161 / UP52D25040003033
 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 19-Apr-2025 to 18-Apr-2040

Date : 06-May-2025 16:53:05

Additional Particulars / Advance Registration Mark Fee Details

कर/मजदारी अधिकारी
 Signature of Registering Authority
 Date : 06-May-2025
 देवारीया

2660748

Customer's Signature.....

AUTHORISED SIGNATURE



2025-04-18

Mr./Ms. PRAMOD SINGH
VILL-AMBEDKAR NAGAR BHIKHAMPUR ROAD
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. PRAMOD 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 transcript of proposal is attached and your policy is getting issued with insurer, 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. PRAMOD 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: +91 794 1050643
Email: info@motorsathi.com
Website: www.motorsathi.org



Please scan the QR for details.

Customer's Signature.....



Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, B-Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00428362

For Assistance, Please contact us at: Toll Free Number: 79410506431 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00428362

Name of Certificate Holder: PRAMOD SINGH

Mobile: 955524700

Address: VILL-AMBEDKAR NAGAR SHIKHAMPUR ROAD, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 77520.95

Vehicle Registration Number: New

Model: SPLENDOR PLUS

Engine Number: HA11E7SHG27451

Acknowledgement No: MS/2025/E428362

Period of Coverage(MS): 2025-04-18 - 2026-04-17 MIDNIGHT
DOB: 1995-06-11

Period of Coverage(I): 2025-04-18 - 2030-04-17 MIDNIGHT
City / District: DEORIA

Pincode: 274001

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: SPL+ XTEC E20

Chassis Number: MBLHAW211SHG19484

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	
1	Relay of urgent messages	Pass on message to Riders friends, family	TW
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody, Carval	Take custody of vehicle in case of breakdown/accident	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

ADHC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs. 1000 per day

Maximum Number of days - 10

For ADHC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1654.78	166.93	166.93	-	2189

Personal Accident Cover Details

Name of Certificate Holder: PRAMOD SINGH

Nominee Name: RAM NARESH SINGH

Nominee Gender: Male

Period of Insurance: 2025-04-18 (16:19 HRS) - 2026-04-17 MIDNIGHT

Nominee Relationship: BROTHER

Nominee Age: 40 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh, 2) Age Band - 18 to 70 yrs, 3) Accidental Death (AD) - Covers Death due to Accident only, 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI, 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs, 6) Such compensation shall be payable directly to his / her legal representatives, 7) This cover is subject to - (a) The insured is the registered owner of the vehicle and has direct connection with his / her death, (b) The insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident, 7) Any form of Nuclear, Chemical and biological Terrorism is excluded, 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Customer's Signature.....



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

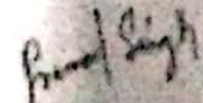
HUHPS7606J

नाम / Name

PRAMOD SINGH

पिता का नाम / Father's Name
MAHANT SINGH

जन्म की तारीख / Date of Birth
11/06/1995


हस्ताक्षर / Signature



01/04/2017

UNION OF INDIA Driving Licence (UP) (MT)

UP52 20100008295



जारी करने की तिथि
Date of Issue
22/09/2010

जन्म तिथि
Date of Birth
14/03/1977

वैधता / Validity
25/08/2020

21/09/2030

Blood Group
Unknown



नाम / Name

RAM NARESH SINGH

पिता/पति का नाम / Son/Daughter/Wife of

MAHANTH SINGH

UP52 20100008295

UP05692015MT

LMV
22/09/2010

MCWG
22/09/2010

TRANS
26/08/2014



पता / Address

RAM GULAM TOLA
KOTWALI
DEORIA

Holder's Signature

जारीकर्ता / Issuing Authority Sign
DEORIA

Form 7 Rule 16(2)