

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Kavita
 Address..... Deoria
 Phone..... 770400 4711

Job No.
 Date..... 26/03/26
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52-BX 5454
 Speedmeter Redg.
 Insurance No.
 Model..... H.F. Deoria

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	Vign	1K	1100	1100	
2	H/L	10	535	535	
3	f. fender	1e	1500	1500	
4	f. wheel (R)	1d	250	250	
5	log guard	1R	625	625	
6	Handle	1R	500	500	
7	Pamber (R)	1R	600	600	
8					
9					
10					
11					
12					
13					
14					
15	Car 420			6000	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			TOTAL	5750	

- 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.....

Ganpati Automobile
 Gorakhpur Road
 For - Ganpati Automobiles
 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.	KAVITA KEDIA 7704004313
2	Vehicle No. / वाहन संख्या	4P52BX5454
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/464048
4	Period of Insurance / बीमा अवधि	11/09/2025-10/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/3/25 Jo 07:30 Pm
6	Place of Accident / दुर्घटना का स्थान	राजपुर नगर
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VISHAL KUMAR. 4P5220210010965, 7704004313
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	बू + त्रिभुज से राजपुर नगर जहाँ लम्बे रास्ता नगर में सामने जाते वहाँ वाहन रुकने में दिक्कत आए जाते वहाँ वाहन अचानक रुकने के कारण दुर्घटना हुई
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 AUTO-MOBILE DEORIA. P.R. 7704004313

Date / दिनांक :
हस्ताक्षर

22/3/25
Kavita

Signature of Insured / बीमाधारक के

Kavita



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : VISHAL KUMAR.
(b) Age : 14/11/1998
(c) Address : BELWA DEORIA (U.P)
(d) Is the Driver
1. Owner : NO.
2. paid driver? : NO.
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 : UP5220210010965
(h) Issuing Authority :
(i) Date of Expiry : 13/11/2038
(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

(a) Date and Time : 22/3/21, 00:10 PM 23°C
(b) Place : Laxi dila
(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 :
Amit Kumar Singh, Belwa Deoria, U.P.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : SHAMPAJI 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? :
N/A



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 _____
 Tel. No. _____

Certificate/Policy No. MS/2025/4001/0/46575/464
 Period of Insurance 11/09/2025-To-19/09/2026
 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 KAVITA KEDIA
 (b) Address for correspondence MALVIYA ROAD DEORIA
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>00006</u> Chassis No. <u>00080</u>	Registration No. <u>4P52BX</u> <u>5454</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

III. 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. 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 _____



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 *Kavita*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



8. INJURY TO DRIVER/OCCUPANT

NIA

- (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 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 Police 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 25/3/21 200

Signature of the insured Kavda

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BX5454 Registration Date : 11-Sep-2023
 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
 Owner Name : KAVITA KEDIA Son/wife/daughter of : SUBRAT KEDIA
 Full Address (Permanent) : C/O ANUNAY TELECOM 1ST FLOOR ABOVE PRATAP FURNISHING MALVIYA ROAD, POST AND POLICE STATION DEORIA, DEORIA, UTTAR PRADESH 274001
 Full Address (Temporary) : C/O ANUNAY TELECOM 1ST FLOOR ABOVE PRATAP FURNISHING MALVIYA ROAD, POST AND POLICE STATION DEORIA, DEORIA, UTTAR PRADESH 274001
 Fitness Up To : 10-Sep-2028 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOR CORP LTD
 Front HSRP No : AA007170054 Rear HSRP No : AA200230121
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2023
 No of Cylinders : 1 Chassis No : MBLHAW132PH400080
 Engine No : HAT1E1PH400006 Fuel : PETROL
 Horse Power (BHP) : 7.21 Cubic Capacity : 97.20
 Make's Classification : HF DELUXE CANVAS Wheel base : 1235
 Seating Capacity : 2 Standing Cap : 0
 Steerer Cap : 0 Unladen Wt (kgs) : 112
 Other Details : BLACK AND ACCENT Laden/GV Wt (kgs) : 242
 Vehicle Purchase As : Fully Built AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By	Description	As Regd.	Weight (in kgs)
a) Front			
b) Rear			
c) Other			
d) Total			

The motor vehicle above described is subject to Hypothecation in favour of we f

Purchase Date : 11-Sep-2023 Sale Amt : 58000/-
 Vehicle is (Govt./ Pvt) : PRIVATE Amount Rcpt No : 6870 / UP52D23090000697
 Date of Agreement : 13-Sep-2023 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion Details
 Previous Reg No :
 Entry Date :
 Conversion Date :
 This certificate is valid from 11-Sep-2023 to 10-Sep-2028

1858296
 Department of Uttar Pradesh Government of Uttar Pradesh
 Department of Uttar Pradesh Government of Uttar Pradesh

Signature of Registering Authority
 Date: 11-Sep-2023

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52HX6454 Registration Date : 11-Sep-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHALIRAHIA GKP ROAD, DEORIA, 160-274001
 Owner Name : KAVITA KEDIA Son/wife/daughter of : SUBRAT KEDIA
 Full Address: (Permanent) : C/O ANUNAY TELECOM 1ST FLOOR ABOVE PRATAP FURNISHING MALVIYA ROAD,
 POST AND POLICE STATION DEORIA, DEORIA, UTTAR PRADESH 274001
 Full Address: (Temporary) : C/O ANUNAY TELECOM 1ST FLOOR ABOVE PRATAP FURNISHING MALVIYA ROAD,
 POST AND POLICE STATION DEORIA, DEORIA, UTTAR PRADESH 274001
 Fitness Up To : 10-Sep-2038 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTORCORP LTD
 Front HSRP No : AA201170054 Rear HSRP No : AA200036121
 Type of Body : SOX 0 WITH PILLION Month/Year of Manuf : 0/2023
 No of Cylinders : 1 Chassis No : 10511A0132P4-00080
 Engine No : RAYE1PHH00005 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.25
 Maker's Classification : HF DELUXE CANVAS Wheel base : 1230
 Seating Capn(alt) : 2 Standing Cap : 0
 Steepr Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

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 we f

Purchase dt : 11-Sep-2023 Sale Amt : 58050/-
 O/T Date : 11-Sep-2023 Amount/Rcpt No : 667010467023090000007
 Vehicle is Govt./Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED

Date of Approval : 13-Sep-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 11-Sep-2023 to 10-Sep-2038

Date : 27-Sep-2023 12:04:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 27-Sep-2023

4858296

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

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/D/46575/464048

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
KAVITA KEDIA	1996-01-01	9918019000		Hero	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
PASSION PLUS (AS SFLF)		HA11E1PHH00006	MBLHAW132PHH00080	2023		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
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	1124.72	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SUBRAT KEDIA	Male	36 Years	HUSBAND	2025-09-11 00:00	Midnight of 2026-09-10	

Section A. VRC: 312.40 TCR: 371.70 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A): 834.27
 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%) (B): 0.00 Total with GST(B): 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
 Section D. Drive Assure: 246.14 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 44.31 Total with GST(D): 290.45
Total(Section A+B+C+D) Offered Price After Discount: 1125

Package Period Covered	2025-09-11 To 2026-09-10	2026-09-11 To 2027-09-10	2027-09-11 To 2028-09-10	2028-09-11 To 2029-09-10	2029-09-11 To 2030-09-10
ADV	0.95	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 TAKEN FROM AN INSURANCE COMPANY.

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) 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 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 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/- No. 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 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 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.: 7941050 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 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 Meerut.

Received with Thanks Rs 1124.72 ON 2025-08-26 from Mr./Ms. KAVITA KEDIA
 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: LMT - 22, 16, 18
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

DL No: UP52 20210010965

UPDL 000006884739



Invalid Carriage (Regn Numbers)*

Hazardous Validity*

Hill Validity*

Form 7 Rule 16(D)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP52	15-07-2021	NT			
	LMV	UP52	15-07-2021	NT			

Emergency Contact Number
9120067160

Licensing Authority
UP52 DEORIA



Indian Union Driving Licence Issued by Uttar Pradesh



UP52 20210010965

Issue Date: 15-07-2021
Validity (NT): 13-11-2038
Validity (TR): -----



(15-07-2021)

Holder's Signature

Name: **VISHAL KUMAR**
Date of Birth: **14-11-1998** Blood Group: **AB+ V** Organ Donor: **Y**
Son/Daughter/Wife of: **CHHATHTHU PRASAD**
Address:
**78 Belwa Deoria, UP
274001**

Date of First Issue



भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
BIOMETRIC IDENTIFICATION AUTHORITY OF INDIA



कविता केडिया
Kavita Kedia
जन्म तिथि/ DOB:
01/01/1990
महिला / FEMALE



पता:
W/O सुब्रत केडिया, 4/34,
न्यू कालोनी देवरिया,
देवरिया, देवरिया,
उत्तर प्रदेश - 274001

Address:

W/O Subrat Kedia, 4/34, New
Colony Deoria, Deoria, Deoria,
Uttar Pradesh - 274001

9707 3358 3505

मेरा आधार, मेरी पहचान

9707 3358 3505

MERA AADHAAR, MERI PEHACHAN

भारत सरकार



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

KAVITA SUREKA

ASHOK SUREKA

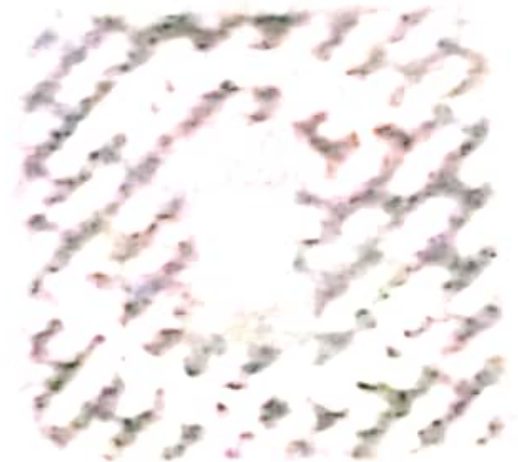
01/01/1990

Permanent Account Number

FWQPS1910C

Kavita
Sureka

Signature



30/12/2014