

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name SHEELA DEVI  
Address DEORIA  
Phone 915828441

Job No. ....  
Date 31/03/2026  
Chasis No. ....  
Engine No. ....  
Key No. UP52EE8894  
Regn. No. ....  
Speedmeter Redg. ....  
Insurance No. ....  
Model 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	harross. laline. (एररररररर)	1	3100	3100	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	<u>LAB</u>			300	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			<b>TOTAL</b>	3400	

- 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 Automobiles  
Gorakhpur Road  
Deoria  
For - G. N. Gupta  
Ganpati Automobiles  
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.	SHEELA: DEVI 9158284041,
2	Vehicle No. / वाहन संख्या	4P52CE 8894
3	Policy No. / पालिसी संख्या	252400/31/2025/2762
4	Period of Insurance / बीमा अवधि	11/04/2025 - To - 10/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/03/2026 Time - 10:00 AM.
6	Place of Accident / दुर्घटना का स्थान	सिरजम (दे लीपा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VISHNU. JONH. 4P5320190005458, 9158284041,
8	Estimated Loss / अनुमानित हानि	3400 ✓
9	Cause of Accident / दुर्घटना का कारण : सिरजम घर के अन्दर गाड़ी रक्ड़ी थी। 30 मार्च को सुबह में गाड़ी स्टार्ट की तो मेरी गाड़ी का बैक लइट नहीं जूल रहा था। तो मैं अपनी गाड़ी जाबपति बने शाव पर लाया और चेक कराया तो मैकेनिक ने बताया की गाड़ी का वायर चुदा काट दिया है। 31/03/2026	
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.	JANPATI AUTO. MOBILE DEORIA 9704555878

Date / दिनांक : 31/03/26  
हस्ताक्षर शीला देवी

शीला देवी  
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. 25100/31/2026/2762

Tel. No. \_\_\_\_\_

Period of Insurance 11/04/2025 - 10/09/2026  
 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 : SHEELA DEVI  
 (b) Address for correspondence : SIRIAM, DEORIA (C.P)  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>30547</u> Chassis No. <u>08212</u>	Registration No. <u>UP52CE</u> <u>8894</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 : NA  
 (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 : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : VISHNU GONED  
 (b) Age : 13/01/1995  
 (c) Address : CHAURI CHAURA, TOR KHAPUR  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 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 : UP5320190005458  
 (h) Issuing Authority :  
 (i) Date of Expiry : 12/03/2039  
 (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 - 10:00 AM

(a) Date and Time : 30/08/2026  
 (b) Place : सिरजम  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : सिरजम घाट के अक्ट गाड़ी रुकी थी इन्साइड का ग्लास में ग्लास टूटने के कारण गाड़ी का ब्रेक न बनें गाड़ी गलत दिशा में चलने लगी और गाड़ी का बायक उधर कार्ट किया है  
 (e) If any third party was responsible for this accident give the name and address :  
 (f) If any third party was responsible for this accident give the name and address :  
 (g) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE  
 (b) Estimated cost of repairs : 34000  
 (c) When and where can the damaged vehicle be inspected : GANPATI AGENC. MORI (B. DEOR) A

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? : 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? : \_\_\_\_\_  
(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 31/03/26 200

Signature of the insured शीला देवी

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 ..... श्रीला देवी  
Occupation .....  
Address .....  
.....  
.....

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

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE8894 Registration Date : 15-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
Owner Name : SHEELA DEVI Son/wife/daughter of : RAMASHRYA
Full Address: (Permanent) : VILL+PO-SIRJAM KHAS, PS-GAURI BAZAR, , DEORIA, UTTAR PRADESH-274202
Full Address: (Temporary) : VILL+PO-SIRJAM KHAS, PS-GAURI BAZAR, DEORIA-UTTAR PRADESH-274202
Fitness UpTo : 14-Apr-2040 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 MOTOCORP LTD
Front HSRP No : AA1039727576 Rear HSRP No : AA2121564860
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
No of Cylinders : 1 Chassis No : MBLHAW220SHC08212
Engine No : HA11E7SHC30947 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : COLENDOR: 138 (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : MATT GREY Laden/GV Wt (kgs) : 241
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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 : 11-Apr-2025 Sale Amt : 79866/-
OTT Date : 11-Apr-2025 Amount/Rcpt No : 7987 / UP52D25040001780
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 19-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 15-Apr-2025 to 14-Apr-2040

Date: 22-Apr-2025 12:00:59

Location Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी

Signature of Registration Authority

Date : 22-Apr-2025

Q 2663997



2025-04-11

Mr./Ms. SHEELA DEVI  
VILL+PO- SIRJAM KHAS  
DEORIA, Uttar Pradesh, 274202

Dear Mr./Ms. SHEELA DEVI,

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.

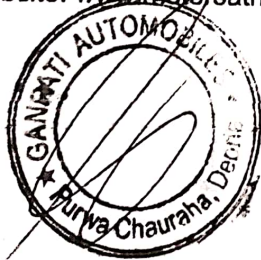
We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of 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](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. SHEELA DEVI, thank you for again for choosing to do business with us. We are grateful for the oppurtunity 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)



यह बीमा पालिसी गाड़ी का कुल बीमा  
(OD) एक साल का तथा सर्व पार्टी बीमा  
गैव साल के लिए है मन्ज है।



Please scan the QR for details.

Customer's Signature.....

Authorised Signatory



Scanned with OKEN Scanner



### 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, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00425762

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

Tax Invoice cum Certificate Number: INCP00425762

Period of Coverage(MS): 2025-04-11 - 2026-04-10 MIDNIGHT

Name of Certificate Holder: SHEELA DEVI

DOB: 1980-01-01

Mobile.: 9158284041

Period of Coverage(I): 2025-04-11 - 2030-04-10 MIDNIGHT

Address: VILL+PO- SIRJAM KHAS, DEORIA, DEORIA

City / District: DEORIA

State: Uttar Pradesh

Pincode: 274202

IDV: 75872.7

Manufacturing Year: 2025

Vehicle Registration Number: New

Vehicle Manufacturer: HERO MOTOCORP

Model: SPLENDOR PLUS

Variant: SPORTS 01

Engine Number: HA11E7SHC30947

Chassis Number: MBLHAW220SHC08212

Acknowledgement No: MS/2025/E425762

Personal Accident Insurance Amount: 15,00,000

#### Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
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 Services	Take custody of vehicle in case Rider cannot attend the vehicle	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 AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

#### Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1794.67	161.52	161.52	-	2118

#### Personal Accident Cover Details

Name of Certificate Holder: SHEELA DEVI

Period of Insurance: 2025-04-11 (17:35 HRS) - 2026-04-10 MIDNIGHT

Nominee Name: ANUP KUMAR GOND

Nominee Relationship: SON

Nominee Gender: Male

Nominee Age: 32 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. 6) 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.





### 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: INCP00425762

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Name of Certificate Holder: SHEELA DEVI

Period of Insurance: 2025-04-11 (17:35 HRS) - 2026-04-10 MIDNIGHT

Nominee Name: ANUP KUMAR GOND

Nominee Relationship: SON

Nominee Gender: Male


Nominee Age: 32 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. 6) 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.




  
 Government of India
   
 Unique Identification Authority of India
   
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