

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 770 1802558

Mob. - 9415988538, 9988581183

ESTIMATE

770 450 4713

Owner's Name..... Suhel Ali.....

Address..... Deoria.....

Phone..... 7007 229 651.....

Job No.

Date..... 04/04/26.....

Chasis No.

Engine No.

Key No.

Regn. No. UP.22.BE.3842.....

Speedmeter Redg.

Insurance No.

Model..... Supra 8.1.....

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	T/L	15	560	560	
2	Sart Count (2)	10	800	800	
3	R. Winker (2)	10	250	250	
4	Vigera	10	1000	1000	
5	H/L	10	615	615	
6	Wind Screen	10	390	390	
7	Fr Fender	10	1400	1400	
8	R. Fender	10	880	880	
9	Horn	10	500	500	
10	Fr Winker (2)	10	200	200	
11	Fr Fank - 1/1 R	—	—	550	
12					
13					
14					
15					
16					
17				600	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				77851	

- 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
 For - Ganpati Automobiles
 OFF. DEORIA
 DEORIA
 Mob. 7704004700

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.	SUHEL ALI & 7007829651
2	Vehicle No. / वाहन संख्या	UPS2 BE 3842
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/44/19/2
4	Period of Insurance / बीमा अवधि	22/05/2025 to 21/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/04/2026 & 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	भलुआनी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DILSHER ALAM & UPS220070040370-7007829651
8	Estimated Loss / अनुमानित हानि	7785
9	Cause of Accident / दुर्घटना का कारण : भलुआनी से देवपिपुल जा रहे थे रात में भलुआनी चौक पर एक सड़क किनारे से एक कार ने बाईपेस से वाइपिंग करते करते कार में देवपिपुल किनारे से भी एक कार का टक्कर मार डाला जिससे कार में ड्राइवर सहित दो मृत 11/04/2026 सुहेल अली	
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.	Compati Automobile Punjab. Dehra 7704800558

Date / दिनांक : 04/04/26
हस्ताक्षर suhed Ali

Suهد Ali
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. MS/2025/7001/0/46575/441912

Tel. No. _____

Period of Insurance 22/5/2025 to 21/05/2026
 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 : SUHEL ALI
 (b) Address for correspondence : BARDIHA
 (c) Telephone : 7007829651

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2020</u>	Engine No. <u>* 23761</u> Chassis No. <u>* 0994A</u>	Registration No. <u>UPS2BE3842</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 - Used
 (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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : DILSHER ALAM
 (b) Age : 21/02/1987
 (c) Address : ABOOBHAR
 (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 : UPS120070040370
 (h) Issuing Authority : 16/03/2007
 (i) Date of Expiry : 15/03/2027
 (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 : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 02/04/2020 @ 07:00 PM
 (b) Place : Highway
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident : Driver was driving on a highway and a car was overtaking from the left side and hit the car from the rear side.
 (e) If any third party was responsible for this accident give the name and address : Driver was driving on a highway and a car was overtaking from the left side and hit the car from the rear side.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 77857
 (c) When and where can the damaged vehicle be inspected : Gurgaon Automobiles 7651929597

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? : _____
- (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. : _____

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 : _____

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 04/04/20₂₀₀

Signature of the insured Suhed Ali

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 *Suhel Ali*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

FORM 23
GOVERNMENT OF UTTAR PRADESH
CERTIFICATE OF REGISTRATION



Transport Department Deoria

Registration No : UP52BE3842
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : LAXMI MOTORS, OPPOSITE SAVITRI NARSING HOME, SALEMPUR DEORIA, , , -
 Owner Name : SUHEL ALI
 Full Address: (Permanent) : 0, BARADIHA NATHAMAL PO TEKUA, BHALUANI BARHAJ, DEORIA, UTTAR PRADESH-274182
 Full Address: (Temporary) : 0, BARADIHA NATHAMAL PO TEKUA, BHALUANI BARHAJ, DEORIA-UTTAR PRADESH-274182
 Fitness UpTo : 14-Mar-2035
 Owner Serial No : 1
 Registration Date : 15-Mar-2020
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAJUL MUHAMMAD
 Tax UpTo : One Time

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1008937725
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA05EGL9A23761
 Horse Power(BHP) : 9.00
 Maker's Classification : SUPER SPLENDOR(DRUM Wheel base -SELF-CAST)
 Link Vehicle No :
 Norms : BHARAT STAGE IV
 Rear HSRP No : AA2010565825
 Month/Year of Manuf. : 01/2020
 Chassis No : MBLJAW093L9A09944
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1265
 Seating Cap(in all) : 2
 Standing Cap : 0
 Sleeper Cap : 0
 Unladen Wt (kgs) : 121
 Colour : EBONY GREY
 Laden/GV Wt (kgs) : 251
 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 w.e.f. .

Purchase dt : 06-Mar-2020
 OTT Date : 06-Mar-2020
 TaxUpTo : 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 / UP52D20030002471
 Vehicle is Govt/ Pvt : PRIVATE
 Date of Approval : 15-Mar-2020
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 15-Mar-2020 to 14-Mar-2035

Date : 16-May-2020 11:11:43
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 16-May-2020

1974906

Package Offer

2025-05-22

Mr./Ms. SUHEL ALI

ADD- BARDIHA NATHMAL, Deoria,
, Uttar Pradesh, 274182

Dear Mr./Ms. SUHEL ALI,

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 offer details of the program are attached, 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. SUHEL ALI, 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 7941050643

Email: info@motorsathi.com

Website: www.motorsathi.org



Please scan the QR for details.

Program Proposal Two-Wheeler Package Contract - Bundled

3/2025/7001/0/46575/441912



Private Limited

Address: DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

0643

www.motorsathi.com

Website: www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SUHEL ALI	2000-06-14	7007829651	RAJUL MUHAMMAD	Hiro Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
MS SELF CAST BLA	UPS2BE3842	JA05EGL9A23761	MBLJA W093L9A09944	2020-03-15	125	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
23500.00	NA	0.00	0.00	0.00	23500.00	
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	2075.79	
Address			City / District	Pin Code	State	
ADD- BARDIHA NATHMAL, Deoria,				274182	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MOHAMMAD RAJUL ALI	Male	50 Years	FATHER	2025-05-22 15:57	Midnight of 2026-05-21	

Section A, VRC: 408.97 TCR: 305.03 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 714.00

Section B, EC: 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: 148.53 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 26.74 Total with GST(D): 175.27

Total(Section A+B+C+D) Offered Price After Discount: 2076

Package Period Covered	2025-05-22 To 2026-05-21	2026-05-22 To 2027-05-21	2027-05-22 To 2028-05-21	2028-05-22 To 2029-05-21	2029-05-22 To 2030-05-21
ADV	23500	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 2025-05-22 until 2026-05-21.

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) 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 1lakh 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.

TO 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 2075.79 ON 2025-05-22 from Mr./Ms. SUHEL ALI against the ARN No. INCP00441912

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





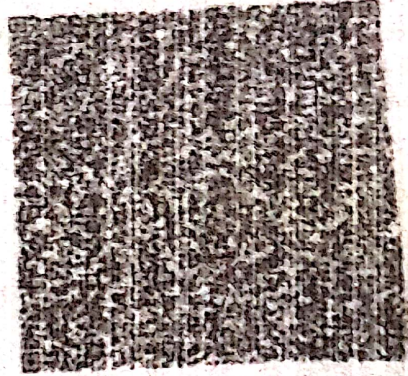
भारतीय पहचान प्रमाणिका प्राधिकरण
Unique Identification Authority of India



Download Date: 11/08/2014

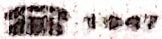
पता
शुभल सुहेल राजुल अली, बरडीहा नथमल, देवरिया,
उत्तर प्रदेश - 274182

Address:
C/O: Muhammad Rajul Ali, Bardha Nathmal,
Deoria,
Uttar Pradesh - 274182



4360 4724 9769

VID : 9193 7917 5768 4020



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



Download Date: 05/08/2014



सुहेल अली
Suhel Ali
जन्म तिथि/DOB: 14/06/2000
पुरुष/ MALE

4360 4724 9769

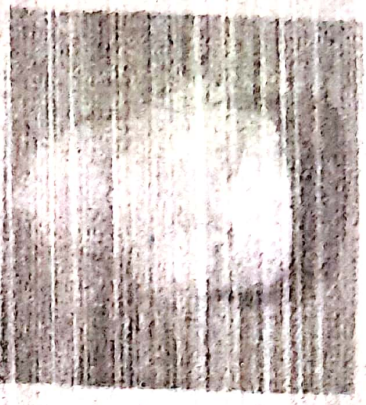
VID : 9193 7917 5768 4020

मेरा आधार, मेरी पहचान



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA



नाम / Name
SUHEL ALI

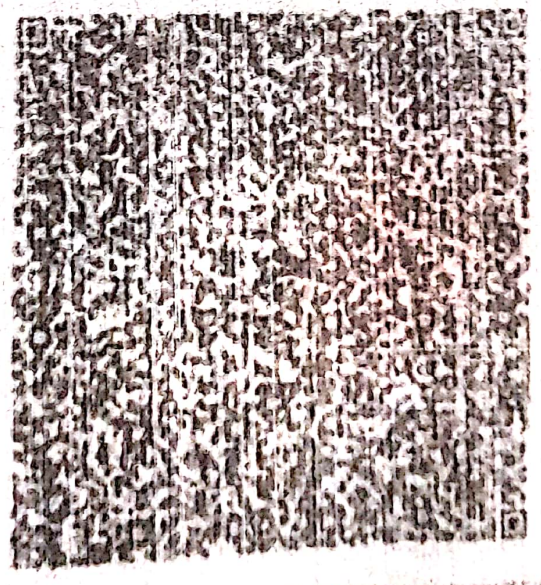
पिता का नाम / Father's Name
MOHAMMAD RAJUL ALI

जन्म तिथि / Date of Birth
14/06/2000

वर्षाद आयकर प्रमाण पत्र
PERSONAL ACCOUNT INFORMATION STATEMENT

DEBRA4156E

SUHEL ALI



PAN Application Refused 2024-25
Valid until 31/03/2025



UNION OF INDIA Driving Licence

UP NT

UP52 20070040370



जारी करने की तिथि
Date of issue
15/03/2007
जन्म तिथि
Date of Birth
01/02/1987

दस्तावेज की वैधता
Document validity
15/03/2027

Blood Group
Unknown



नाम / Name

DILSHER ALAM

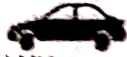
पिता/पति का नाम / Son/Daughter/Wife of

SHAMSHER ALAM

DUPLICATE

UP52 20070040370

UP05522402MT



LMV
16/03/2007



MCWG
16/03/2007



UP

Form / Rule 16(2)

पता / Address
ABOONKAR NAGAR
DEORIA

Holder's Signature

जारी करने वाली प्राधिकारिता का हस्ताक्षर / Issuing Authority Sign
DEORIA

