

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 770400558

Mob. - 9455999999, 9999999999

7704005713

ESTIMATE

Job No.
 Date..... 03.10.12
 Chassis No.
 Engine No.
 Key No.
 Regn. No. WB.38.AS.61.03
 Speedmeter Rtdg.
 Insurance No.
 Model..... Spl. st.

Owner's Name..... A. Chy. al. yadav

Address..... Deoria

Phone..... 8670243951

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	1K	1100	1100	
2	H/L	1K	535	535	
3	f. bench	1K	1500	1500	
4	f. window (R)	1K	250	250	
5	Handle	1K	500	500	
6	Linen (R)	1K	100	100	
7	R.R. Window (L)	1K	280	280	
8	Fuel tank	1K	5876	5876	
9	Pandle (R)	1K	850	850	
10	Seat Cover - 4K	2K	550	1100	
11	Coaster	1K	250	250	
12					
13					
14					
15					
16					
17					
18	W.R.O			600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				12911	

- 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.....

Authorised Signatory

GANPATI AUTOMOBILES
 Gorakhpur Road
 G. N. G. I. P. S.
 For - GANPATI AUTOMOBILES
 DEORIA 77940057



To/सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	ACHHYALAL YADAV & C. 8670843951
2	Vehicle No. / वाहन संख्या	WB38 AS6103
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/450073
4	Period of Insurance / बीमा अवधि	18/06/2025 to 17/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/04/26 @ 03:00PM
6	Place of Accident / दुर्घटना का स्थान	मुम्बई वाण
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PAWAN KUMAR YADAV & MH0520150072127 - 8670843951
8	Estimated Loss / अनुमानित हानि	12911/-
09.	Cause of Accident / दुर्घटना का कारण:	विधुगुल से मुम्बई वाण जाते समय रात में मुम्बई के हिमने रिसु अचानक गलत बाईल जिन्हें प्रेरी मस्त रोक गिरी और पीछे साई और one क्षतिग्रस्त हो गयी और पगम-चकरी
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.	Granfatti Automobiles Pune Deeray @ 7651989597

8/4/26

हस्ताक्षर Achhyalal Yadav

Achhyalal Yadav

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/2025/100/0/146575/450073
 Tel. No. _____ Period of Insurance 18/06/2025 to 17/06/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

(a) Name 1. INSURED : ACHHYALAL YADAB
 (b) Address for correspondence : JAMBHATA
 (c) Telephone : 8670843951

2. THE INSURED VEHICLE

Make & Year	Engine No. Chassis No.	Registration No.
<u>Maruti 2019</u>	<u>* 01A25</u> <u>* 10143</u>	<u>WB30AS1103</u>

(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 PAWAN KUMAR YADAV
 (b) Age 04/05/1996
 (c) Address VILVATPURA

(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 MH0520150072127
 (h) Issuing Authority 31/10/2015
 (i) Date of Expiry 30/02/2025
 (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 05/04/26 @ 03:00PM
 (b) Place BHEL, TOKMHA
 (c) Speed of vehicle at the time of accident 100 km/h
 (d) Give a short description of the accident DRIVER A BHEL WORKER WHO WAS
 (e) If any third party was responsible for this accident give the name and address DRIVER HUNG TRUCKS STATIONER HUNG TRUCKS

6. DAMAGE TO INSURED VEHICLE DRIVER CONSIDERED TO BE IN THE AREA OF THE VEHICLE

(a) Full details of damage As per Estimated
 (b) Estimated cost of repairs 19,911/-
 (c) When and where can the damaged vehicle be inspected Crampout Automobiles Purnea, Bhojpur 768198, 768197

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? NA

(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? NA

(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? NA

(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 8/4/20 200

Signature of the insured Abhyaya Kalyan

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 *A. Chugh*

Occupation

Address

Bank Account Number

Name of the Bank





Package Offer

2025-06-18

Mr./Ms. Achhyalal Yadab

A+C.P.O. Kenda, P.S. Jamuria, Paschim Burdwan, West Bengal, 713342

West Bengal, 713342

Dear Mr./Ms. Achhyalal Yadab,

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. Achhyalal Yadab, 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

GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/450073

Motorsathi Care Private Limited
 B-Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) 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
Achhyalal Yadab	1968-02-22	8670843951	LATE- RAMVRISKSHA YADAV	Hero MotoCorp	SPLENDOR PLUS
Sibh Model	Vehicle Regtn. No.	Engine No.	Chassis No.	Year of Mfg	Vehicle Type
DRUM SELF E20	WB38AS6103	HA10AHK4F01425	MBLHA W087K4F10143	2019-09-12	TV
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
22000.00	NA	0.00	0.00	0.00	22000.00
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	1765.03
Address					
A/P.O. Kendra, P.S. Jamuria, Jamuria, Paschim Bardwan, West Bengal, 713342					
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
VIRAJ YADAV	Male	27 Years	SON	2025-06-18 11:03	Midnight of 2026-06-17
Section A, YRC: 404.96 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 404.96					
Section B, EC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @9% + SGST @9%) (B): 137.52					
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: 147.08 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 26.47 Total with GST(D): 173.55					
Total (Section A+B+C+D) Offered Price After Discount: 1765					
Package Period Covered	2025-06-18 To 2026-06-17				
ADV	22000				
MS Services Period Covered (NODL)	1 Year				
		NIL		NIL	
		NIL		NIL	

*The vehicle covered in this contract have a valid TP coverage from 2025-06-18 until 2026-06-17.

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.

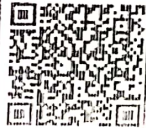
PRAYER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding a license, such a license. Provided also that the person holding an effective Learners License may also drive the vehicle 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/ Not exceeding such a license. 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

DEF-CLAIMER: 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 final misrepresentation, nondisclosure 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 1 lakh 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
 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 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 1765.03 ON 2025-06-18 from Mr. Ms. Achhyalal Yadab against the ARN No. INCP00450073
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn over leaf 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, Uttar Pradesh, (202001), India



Vehicle Class
M-CYCLE/SCOOTER

Maker's Name
HERO MOTOCORP LTD

Model Name
SPLENDOR+ (3S-SELF-DRUM-CAST)

Month & Yr of Mfg
06/2018

Colour
GOLD BLACK

Body Type
SOLO WITH PILLION

Seating (in all) Capacity
2

WHEELBASE
113

Wheel Base (mm)
1230

Cubic Capacity
97.20

No of Cylinders
2

Financier Name
HERO FINCORP LTD

Registering Authority
Paschim Burdwan RTO



Government of West Bengal (WB) (NT)
Certificate of Registration (Form 23)

Regn. No. WB38AS6103 Date of Regn 12-Sep-2019 Regn. Validity 11-Sep-2034

Chassis No MBLHAW087K4F10143

Engine No HA10AHK4F01425

Owner Name ACHHYALAL YADAB

Son/Daughter/Wife of LT. R.P. YADAB

Address

AT+PO KENDA, P.S. JAMURIA, JAMURIA, PASCHIM BURDWAN-WEST BENGAL-713342

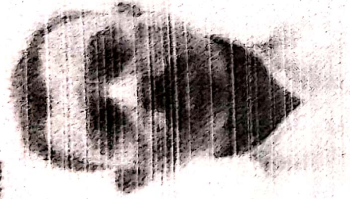
Owner Sr.No 1

NEW



ভারত সরকার

Government of India



আব্দহাল্লাহ যাদব

Achhallal Yadav

জন্মতারিখ / DOB : 22/02/1968

পুলক / Male

Aadhaar no: Kenda: 21/68/2014

আমার পরিচয়ের প্রমাণ, শারিরিক বা জন্মতারিখের নয়। এটি শুধুমাত্র যাচাইকরণের (অনলাইন প্রমাণীকরণ বা কিউআর কোড/অফলাইন এক্সএমএল স্ক্যানিং) সঙ্গে ব্যবহার করা উচিত।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

8134 6815 5274

আমার আধার, আমার পরিচয়



ভারতীয় বিশিষ্ট পরিচয় প্রমাণ

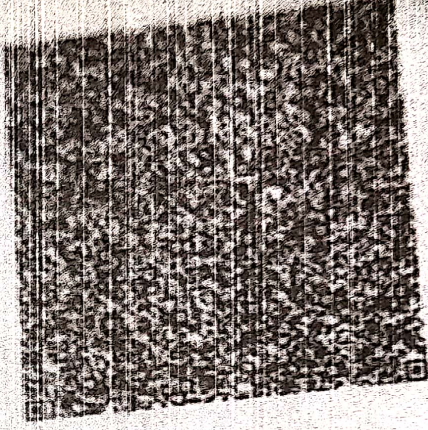
Unique Identification Authority of India



ঠিকানা: কেন্দা, কেন্দা (সিটি), বর্ধমান,

পশ্চিমবঙ্গ, 713342

Address: KENDA, Kenda, PO:Kenda,
DIST:Bardhaman, West Bengal, 713342



Date of issue: 21/02/2014



1947

help@uidai.gov.in



www.uidai.gov.in

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सूचना विभाग

हिंदी श्रेणी

INCOME TAX DEPARTMENT

GOVT. OF INDIA

पत्रांक नम्बर

Permanent Account Number Card

ABHPY6156D

AMUNYALAL YADAV

Father's Name

RAMPRICH YADAV

पत्रांक नम्बर

210211



INDIAN UNION DRIVING LICENCE

ISSUED BY GOVERNMENT OF BIHAR



MH05 20150072127

Issue Date	Validity (NT)	Validity (TR)
31-12-2015	30-12-2035	12-01-2029



Pawan Kumar Yadav

Holder's Signature

Name : **PAWAN KUMAR YADAV**
 Date Of Birth : **04-05-1996** Blood Group: **O+** Organ Donor:
 Son/Daughter/Wife of : **DEVENDRA PRASAD YADAV**
 Address : **AT MISHRA BANDHAURA PO PS VIJAIPUR BIJAIPUR, GOPALGANJ 841508**

Date of First Issue 31-12-2015

DL No: MH05 20150072127



ADPVEH No.(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	MH05	31-12-2015	NT			
	MCWG	MH05	31-12-2015	NT			
	TRANS	MH05	17-05-2017	TR			

Form 7, Size 14 1/2"

Mobile Number:

Licensing Authority
DTO, MADHEPURA

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