

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 770480558

Mob. - 9415002539, 9226521183

7704004713

ESTIMATE

Owner's Name..... Srinjay Mishra.....

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

Phone..... 9120619731.....

Job No.

Date..... 09/04/26.....

Chasis No.

Engine No.

Key No.

Regn. No. UPS2CJ3186.....

Speedmeter Redg.

Insurance No.

Model..... Swift.....

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	15	1100	1100	
2	Hil	15	3225	3225	
3	f. Window (R)	15	250	250	
4	f. fender	15	1500	1500	
5	f. fank - 4R Campbell	2K	2500	5000	
6	f. Alloy wheel	15	4995	4995	
7	Handle	15	500	500	
8	Licen. (R)	1K	100	100	
9	Leg guard	1K	675	675	
10	Brack fommel	1R	900	900	
11	f. Rest (R)	1K	235	235	
12	Muffler Camm	15	515	515	
13	Handle - T	1K	870	870	
14					
15					
16					
17					
18					
19	LABOR			600	
20					
21					
22					
23					
24					
25					
TOTAL				17715	

- 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
 Dr. G. N.
 For Ganpati Automobiles
 770480558

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.	SANJAY NISHAD & 9120619731
2	Vehicle No. / वाहन संख्या	UP52CJ3186
3	Policy No. / पालिसी संख्या	252400/31/2026/44597
4	Period of Insurance / बीमा अवधि	16/10/25 to 15/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/04/26 & 08:00AM
6	Place of Accident / दुर्घटना का स्थान	वजरापुर चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAMESH NISHAD & UP5720250001658 - 9120619731
8	Estimated Loss / अनुमानित हानि	17715/-
09.	Cause of Accident / दुर्घटना का कारण :	महुझवा वजरापुर से चौराहा वजरापुर जाते समय रास्ते में वजरापुर चौराहे के सामने रोड पर सामने से वाहन वाला हलचल मात्र दिमा जिससे मेरी गाड़ी बायींने साईड गिर गई अतिशय हो समीप गरी र मज्ज निशान चला देने निकलने थे
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 Automobiles Purum & 7651989597

Date / दिनांक : 06/04/26
हस्ताक्षर

SANJAY

Signature of Insured / बीमाधारक के

SANJAY



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. 252400/31/2026/44597

Tel. No. _____

Period of Insurance 16/10/25 to 15/10/26
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 : SANJAY NISHAD
(b) Address for correspondence : MAHUAWAN
(c) Telephone : 9120619731

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. <u>* 03600</u> Chassis No. <u>* 035110</u>	Registration No. <u>UP52CJ3186</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 : NA
(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 : RAMESH NESHAD
 (b) Age : 13/10/1992
 (c) Address : DUMMAR
 (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 : UP5720250001658
 (h) Issuing Authority :
 (i) Date of Expiry : 22/01/2025
 (j) Was the licence temporary/permanent : 21/01/2025
 (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 : 05/04/2026 @ 08:00 AM
 (b) Place : गुरुकुल
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address : मंडला अजय से चक्र अजय को मध्य राते में गुरुकुल चौराहे पर सामने से चला आया और टक्कर मारी।
 मियाल अजय से चक्र अजय को मध्य राते में गुरुकुल चौराहे पर सामने से चला आया और टक्कर मारी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 17215/-
 (c) When and where can the damaged vehicle be inspected : Gorpali Automobiles Purwa, 7651989091

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 : _____

NA

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 Policy 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 06/04/2006

Signature of the insured SANJAY

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 ... SANJAY

Occupation

Address

Bank Account Number

Name of the Bank



< Vehicle search

Vehicle Number UP52CJ3186
Owner Name S****Y N****D
Registering Authority DEORIA Uttar Pradesh
Vehicle Class M-Cycle/Scooter(2WN)
Fuel Type PETROL
Emission Norm BHARAT STAGE VI
Vehicle Age 0 Years & 5 months
Hypothecated No
Vehicle Status ACTIVE

Tap to Check the impound/seizure document status

Registration Date 20-Oct-2025
Fitness Valid UpTo 19-Oct-2040
Tax Valid UpTo LTT
Insurance Valid UpTo 15-Oct-2030
PUC Valid UpTo 19-Oct-2026

Create Virtual RC

View Chailan



REVENUE DEPARTMENT

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REVENUE DEPARTMENT

GOVT. OF INDIA



REVENUE DEPARTMENT
GOVT. OF INDIA

REVENUE DEPARTMENT

REVENUE DEPARTMENT

REVENUE DEPARTMENT

REVENUE DEPARTMENT





Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20250001658

Issue Date 22-01-2025 Validity (NT) 21-01-2035 Validity (TR)*



Date of First Issue 22-01-2025

Holder's Signature

Name: RAMESH NISHAD
Date of Birth: 13-10-1992 Blood Group: Organ Donor: N

Son/Daughter/Wife of: ADITYA NARAYAN NISHAD

Address:
GRAM- KARAHYA HAJARI PATTI POST- DUMMAR
BHAR, NATWA PADRAUNA PADRAUNA
KUSHINAGAR UTTAR PRADESH 274304

DL No: UP57 20250001658 UPDL571000001581




Invalid Carriage (Regn Numbers)*
Hazardous Validity* Hill Validity*


Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP57	22-01-2025	NT			
	LMV	UP57	22-01-2025	NT			
	MVSD						


Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

 **भारत सरकार**
GOVERNMENT OF INDIA




संजय निषाद
Sanjay Nishad
जन्म तिथि / DOB: 20/01/1983
पुरुष / MALE



8611 8276 5273


मेरा आधार, मेरी पहचान


 **भारतीय विशिष्ट पहचान प्राधिकरण**
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: फेकू निषाद, महुअवा
बजरतार, देवरिया,
उत्तर प्रदेश - 274408

Address:
S/O: Pheku Nishad,
Mahuav, Jn Bajaratar, Deoria,
Uttar Pradesh - 274408

1800 300 1947
1947
help@uidai.gov.in
www.uidai.gov.in

 8611 8276 5273

 P.O. Box No. 1947,
Bangalore-560 001

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CJ3186 Registration Date : 20-Oct-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : DUP
Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,
: 189-274403
Owner Name : SANJAY NISHAD Son/wife/daughter of : S/O- PHEKU NISHAD
Full Address: (Permanent) : VILL- MAHAUWAN BAJARTAR, PO- MAHAUWAN BAJARTAR, PS- TARKULWA, DEORIA,
UTTAR PRADESH-274408
Full Address: (Temporary) : VILL- MAHAUWAN BAJARTAR, PO- MAHAUWAN BAJARTAR, PS- TARKULWA, DEORIA-
UTTAR PRADESH-274408

Fitness Up To : 19-Oct-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI
Ownership : INDIVIDUAL Norms :
Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2138238864
Front HSRP No : AA2136847036 Month/Year of Manuf. : 08/2025
Type of Body : SOLO WITH PILLION Chassis No : MBLHAW33XSHH03511
No of Cylinders : 1 Fuel : PETROL
Engine No : HA11FBSHH03600 Cubic Capacity : 97.20
Horse Power(BHP) : 8.17 Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base S)
Seating Cap(In all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
Other Criteria : Fully Built AC Fitted : NO
Vehicle Purchase As : Fully Built

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

By Manuf. : 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 : 16-Oct-2025 Sale Amt : 80517/-
OTT Date : 16-Oct-2025 Amount/Rcpt No : 8052 / UP52D25100004614
Vehicle Is Govt/ Pvt : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 19-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 20-Oct-2025 to 19-Oct-2040

Date : 13-Apr-2026 16:30:01

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 13-Apr-2026

Q8766233

