

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 7404800558

Mob. - 9415009599, 9306001490

7704009713

Owner's Name... Dharmendra Kumar.....

Address... Deoria.....

Phono... 9565471630.....

ESTIMATE

Job No.
 Date... 14/4/26.....
 Chasis No.
 Engine No.
 Key No.
 Regn. No. ... U.P. 52.S.B. 0903.....
 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	Visor	1PC	1100	1100	
2	HPL	1PC	580	580	
3	F. Fender	1PC	1500	1500	
4	F. Winker L.	1PC	280	280	
5	Leguard	1PC	675	675	
6	Gear Changer	1PC	150	150	
7	Magnet Cover L.	1PC	1000	1000	
8	Side Stand	1PC	150	150	
9	Panel L.	1PC	852	852	
10	Fuel tank	1PC	5325	5325	
11	Handle	1PC	560	560	
12	Lever L.	1PC	1000	1000	
13	Fr. Fork 1/2	1PC	550	550	
14	Foot Rest L.	1PC	235	235	
15	Chain Cover	2PC	300	600	
16					
17					
18					
19	Oil			600	
20					
21					
22					
23					
24					
25					
TOTAL				13280	

- 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
 For - Ganpati Automobiles
 Deoria

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस 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.	DHARMVEER KUMAR ♀ 9565471630
2	Vehicle No. / वाहन संख्या	UP52CB0903
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/480165
4	Period of Insurance / बीमा अवधि	2025-6-18 to 2026-6-17
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11-4-2026 Time → 7:20 AM
6	Place of Accident / दुर्घटना का स्थान	पुरवां चौराहा के सामने मोड. पुल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DHARMVEER KUMAR ♀ UP52 20110004038 9565471630
8	Estimated Loss / अनुमानित हानि	13290
09.	Cause of Accident / दुर्घटना का कारण :	अज्ञान नग्न से एवमिच चेकर मिल जाते समय रास्ते में खरब चौराहा के सामने मोड. पुल मोड़ते समय वाहन लाईट से बहने वाले नै अचानक पुल पार किया गये। मोड. पुल से गये।
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.	Grampati Automobiles Purua Deoria ♀ 7651989597

Date / दिनांक : 11/4/26

हस्ताक्षर

धर्मवीर कुमार

धर्मवीर कुमार

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

(n) Name : DHARMVEER KUMAR
 (b) Age : 05/03/1988
 (c) Address : BHATPAR RANJ
 (d) Is the Driver
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : OWNER
 (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 : UP5220110004038
 (h) Issuing Authority : 12/1/95
 (i) Date of Expiry : 17/01/26
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (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 : 11/04/2026 @ 07.20A.M.
 (b) Place : Purwa Charucha.
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident : साइड कार्ड से देवीया पेपर मिल जाते शक्य करते में प्रश्नो
 (e) If any third party was responsible for this accident give the name and address : बाइदा के सामने मोड पर मोडने शक्य वरुण साइड से बाइदा
 ललिते बाइड मार दिया जिससे मरी मोड वरुण साइड मिलकु
 क्षीतमस्त एमडी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As of Estimated
 (b) Estimated cost of repairs : 13297/-
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobile Purwa Charucha.
 7651989597

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? _____ NA
- (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 11/4/26 200

Signature of the insured समीर कुमार

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 *राजदीप कुमार*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52CB0903 Registration Date : 23-Jun-2024
 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 : DHARMVEER KUMAR Son/wife/daughter of : SHIVLAL PRASAD
 Full Address: (Permanent) : VILL- BUKWA PO- BAHİYARI BAGHEL, PS- BHATPAR RANI DEORIA, . DEORIA, UTTAR PRADESH-274702
 Full Address: (Temporary) : VILL- BUKWA PO- BAHİYARI BAGHEL, PS- BHATPAR RANI DEORIA, . DEORIA-UTTAR PRADESH-274702
 Fitness UpTo : 22-Jun-2039 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 : AA2103614131 Rear HSRP No : AA2103372354
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2024
 No of Cylinders : 1 Chassis No : MBLHAW239RHF6641
 Engine No : HA11E8RHF59033 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

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 L&T FINANCE LTD, DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 20-Jun-2024.

Purchase dt : 18-Jun-2024 Sale Amt : 75291/-
 TT Date : 18-Jun-2024 Amount/Rcpt No : 7530 / UP52D24060002507
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Jul-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 23-Jun-2024 to 22-Jun-2039

08-Aug-2024 17:25:48

ion Particulars / Advance Registration Mark Fee Details



Signature of Registering Authority
 Date : 08-Aug-2024

9282420

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/450105

Motorsathi Care Private Limited
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Allgarh, Uttar Pradesh, (202001) India
 Contact Us at:
 +91 79410 50643
 info@motorsathi.com
 or help section of www.motorsathi.com

Name of Certificate Holder		Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
HARMVEER KUMAR		1988-03-05	9365471630	S/O BHIVLAL PRASAD	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type	
DRUM SELF E20	UP52CB0903	HA11EBRHF59033	MBLHAW239RHFB6641	2024	100	TW	
Declared Value (ADV)		Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
58000.00		NA	0.00	0.00	0.00	58000.00	
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	1501.58		
Address				City / District	Pin Code	State	
VILL-SUKWA, PO-BAHYARI BAGHEL PS-BHATPAR RANI					274702	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date		
MBERA DEVI	Female	27 Years	MOTHER	2025-06-18 12:01	Midnight of 2026-06-17		

n A, VRC: 776.44 TCR: 273.76 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (15%): 166.38 Total with GST(A) 883.82
 n 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 B): 0.00
 n 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
 n D, Drive Assure: 282.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.76 Total with GST(D): 332.76
Section A+B+C+D) Offered Price After Discounts: 1502

Package Period Covered	2025-06-18 To 2026-06-17	2026-06-18 To 2027-06-17	2027-06-18 To 2028-06-17	2028-06-18 To 2029-06-17	2029-06-18 To 2030-06-17
Services Period Covered (NODL)	58000	NIL	NIL	NIL	NIL
	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-06-17 (DETAILS ARE AS IDED BY THE CUSTOMER).

CONDITIONS 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) Speed Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

ER: 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 ng 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 Motor Vehicle Rules, 1989.

OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: 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.

AIMER: 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, nondisclosure of material fact or non-co-operation of the coverage.

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 be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

FOR REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 or 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 1501.58 ON 2025-06-18 from Mr./Ms. Mr DHARMVEER KUMAR against the ARN No. INCP00450105
 acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 For more information (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, Allgarh, Allgarh, Uttar Pradesh, (202001), India



भारत सरकार
Government of India



Aadhaar no. Issued: 17/01/2017



धर्मवीर कुमार
Dhanuveer Kumar
जन्म तिथि/DOB: 05/03/1988
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
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).

5275 3922 9703

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: शिवलाल प्रसाद, सुक्वा, पोस्ट-बाहियारी बागेल, सुक्वा,
बाहियारी बागेल, देवरिया,
उत्तर प्रदेश - 274702

Details as on: 20/02/2025

Address:
S/O: Shivalal Prasad, sukwa, Post-bahiyari baghel,
Sukwa, PO: Bahiyari Baghel, DIST: Deoria,
Uttar Pradesh - 274702



5275 3922 9703

VID : 9127 2234 0456 2966



1947



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग

INCOME TAX DEPARTMENT

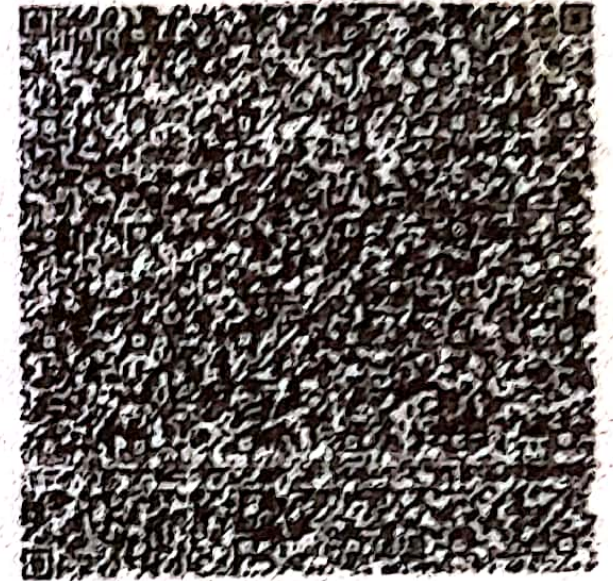
भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MRGPK2146C



नाम / Name

DHARMVEER KUMAR

पिता का नाम / Father's Name

SHIVLAL PRASAD

जन्म की तारीख /

Date of Birth

05/03/1988

हस्ताक्षर / Signature

05112022



UNION OF INDIA Driving Licence (UP) (NT)
 UP52 20110004038

जारी करने की तिथि / Date of Issue: 20/04/2011
 वैधता / Validity: 19/04/2031
 जन्म तिथि / Date of Birth: 05/03/1988
 Blood Group: Unknown

नाम / Name: **DHARMVEER KUMAR**
 पिता/पति का नाम / Son/Daughter/Wife of: **SHIV LAL PRASAD**



UP52 20110004038

LMV 20/04/2011
 MCWG 20/04/2011

पता / Address: **SUKAWA BAHYARI BAGHEL
 BHATPAR RANI
 DEORIA -**

(UP)
 Form 7 (Rule 16(2))

(Signature)
 Issuing Authority Sign
 DEORIA