

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 770 48 0538

Mob. - 9999999999-9999999999

7704004713

Owner's Name.....Rixasat.....

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

Phone.....9918743528.....

Job No.

Date.....14.11.2026.....

Chasis No.

Engine No.

Key No.

Regn. No.UP.S2-BW 8197.....

Speedmeter Redg.

Insurance No.

Model.....MF. DLX.....

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	Nisor	18	1100	1100	
2	Hill	18	535	535	
3	F. Pender	18	1500	1500	
4	Handle	18	500	500	
5	Leigeward	18	675	675	
6	Reset Winker R.	18	250	250	
7	Lever R.	18	100	100	
8					
9					
10					
11					
12					
13					
14					
15					
16	LABOUR			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				5260	

- 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.

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.	Riyasat 89918743528
2	Vehicle No. / वाहन संख्या	UPS2BW8197
3	Policy No. / पालिसी संख्या	MSB0257001 / 046575 / 436441
4	Period of Insurance / बीमा अवधि	2025/7/10 to 2026/7/9
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/4/26 02:30 PM
6	Place of Accident / दुर्घटना का स्थान	बंगलूर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHAMSHAD ANSARI 89918743528
8	Estimated Loss / अनुमानित हानि	5000
09.	Cause of Accident / दुर्घटना का कारण:	घर के बाहर से अचानक आयात
		घर के बाहर से आयात के कारण मरिज का
		घर के बाहर से आयात के कारण मरिज का
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.	Ganapati Automobile Pariva Deorai 87651989597

Date / दिनांक :

हस्ताक्षर

रियासत अली

13-4-2026

Signature of Insured / बीमाधारक के

रियासत अली



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

Certificate/Policy No. MS/2025/700/10/46575/43 644D
 Period of Insurance 10/7/2025 to 09/7/2026

Div. Br. Office Address _____
 Claim No. _____
 Tel. 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 : RIYAZ
 (b) Address for correspondence : DIPRA
 (c) Telephone : 9918742578

2. THE INSURED VEHICLE

Make & Year <u>H Ego - 2023</u>	Engine No. <u>* 13965</u> Chassis No. <u>* 07577</u>	Registration No. <u>UP52 B 10</u> <u>8197</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? P BAKTORA USD
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

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? NA
- (h) Number of passengers carried _____
- (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name SHAMSHAD AHKARI
 (b) Age 27
 (c) Address KOTUJALI
 (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 N/A
 (f) Was he under the influence of intoxication Liquor or drugs? N/A
 (g) Driving Licence Number UP5220220007981
 (h) Issuing Authority DDIA
 (i) Date of Expiry 30/06/2039
 (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

(a) Date and Time 08/12/2026 / 02:30 PM
 (b) Place BYHAR POLICE
 (c) Speed of vehicle at the time of accident SPED BYHAR POLICE
 (d) Give a short description of the accident SPED BYHAR POLICE
 (e) If any third party was responsible for this accident give the name and address SPED BYHAR POLICE

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE
 (b) Estimated cost of repairs 5000
 (c) When and where can the damaged vehicle be inspected SHAMSHAD AHKARI

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
 (e) Full details of property damaged
 (f) Has notice of any claim been given to you? NA

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 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 13/4/2020 200

Signature of the insured RIZKA SHAF

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 ... *REKHA...* ...
Occupation
Address

Bank Account Number
Name of the Bank

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BW8197 Registration Date : 15-Jul-2023
 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 : RIYASAT Son/wife/daughter of : LATE SAHABALI
 Full Address: (Permanent) : PAGARA URF PARASIYA, PIPARPATI, DEORIA, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : PAGARA URF PARASIYA, PIPARPATI, DEORIA, DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 14-Jul-2038 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	:	: AA2078317066
Front HSRP No	: AA2078007849	Month/Year of Manuf.	:	: 06/2023
Type of Body	: SOLO WITH PILLION	Chassis No	:	: MBLHAW148P9F07577
No of Cylinders	: 1	Fuel	:	: PETROL
Engine No	: HA11ECP9F13965	Cubic Capacity	:	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	:	: 1235
Maker's Classification	: HF DELUXE (DRS)	Standing Cap	:	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	:	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	:	: 242
Colour	: BLACK NEXUS BLUE	AC Fitted	:	: NO
Other Criteria				
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)
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- 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	: 10-Jul-2023	Sale Amt	: 67133/-
OTT Date	: 10-Jul-2023	Amount/Rept No	: 6714 / UP52D23070001386
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED

Other State/Transfer/Conversion Details

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

This certificate is valid from 15-Jul-2023 to 14-Jul-2038

Date : 24-Jul-2023 13:05:26
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar Authority
 Date : 24-Jul-2023

P 3847864

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/436441

MotorSathi Care Private Limited
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, 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	
RIYASAT	1950-01-01	7860361114	LATE- SAHABALI	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP52BW8197	HA11ECP9F13965	MBLHAW146P9F07577	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
42500.00	NA	0.00	0.00	0.00	42500.00	
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	1215.81	
Address			City / District	Pin Code	State	
PAGARA URF PARASIYA PIPARPATI DEORIA Deoria Uttar Pradesh				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHAHIDUL NISHA	Female	67 Years	WIFE	2025-07-10 11:10	Midnight of 2026-07-09	

Section A, VRC: 611.62 TCR: 300.90 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 243.83 Total with GST(A) 668.69
 Section 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 GST(B): 0.00
 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: 222.14 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 39.98 Total with GST(D): 262.12
Total(Section A+B+C+D) Offered Price After Discount: 1216

Package Period Covered	2025-07-10 To 2026-07-09	2026-07-10 To 2027-07-09	2027-07-10 To 2028-07-09	2028-07-10 To 2029-07-09	2029-07-10 To 2030-07-09
ADV	42500	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 TAKEN FROM AN INSURANCE COMPANY. VALID UPTO 2028-07-09 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

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, 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 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
 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 1215.8 ON 2025-05-09 from Mr./Ms. RIYASAT against the ARN No. INCP00436441
 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



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20220007981



Issue Date **17-05-2022** Validity (NT) **30-06-2039**

Validity(TR)* _____



Holder's Signature

Date of First Issue **(17-05-2022)**

Organ Donor: **N**

Name: **SHAMSHAD ANSARI**
Date of Birth: **01-07-1999** * Blood Group:
Son/Daughter/Wife of: **SHARIF ANSARI**
Address:
**PARSIYA MALL POST- GI ESTATE PS KOTWALI
DEORIA, UP 274001**

DL No: UP52 20220007981

UPDL000008257232



Invalid Carriage (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
	MCWG	UP52	17-05-2022	NT			
	LMV	UP52	17-05-2022	NT			
	MVSD						

Emergency Contact Number

[Signature]
Licence Authority
UP52 DEORIA

Form 7 Rule 16(2)



भारत सरकार

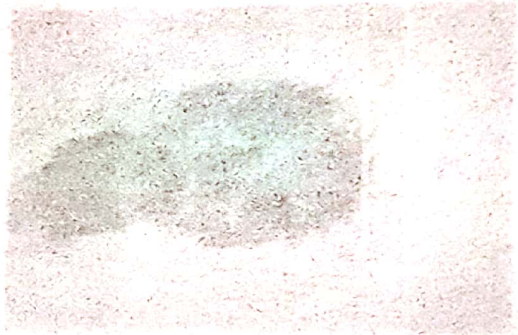
GOVERNMENT OF INDIA

भारत

विजय

भारत विज्ञान/टीसी 01/01/1990

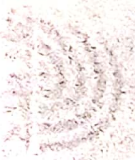
दूर / मेल



8206 8343 7447



भारत - भारत विज्ञान टीसी 01/01/1990



Unique Identification Authority of India

Address

भारत सरकार, टीसी
दूर/मेल 01/01/1990,
भारत, विज्ञान, टीसी 01/01/1990
274001

S/O, Sahab Ali, Post Inspector,
Papers & Process Control,
Pimpri, Maharashtra, 411001

8206 8343 7447

