

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 7704800558

Mob. - 9415382639, 9886631193

ESTIMATE

Owner's Name.....Sindhu Verma.....

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

Phone.....7268013462.....

Job No.
 Date.....14/4/2026.....
 Chasis No.
 Engine No.
 Key No.
 Regn. No. ..UP.52CA.4655.....
 Speedmeter Redg.
 Insurance No.
 Model.....Desisti Prime.....

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 | UPPER | 1R | 1525 | 1525 | |
| 2 | Lower | 1L | 1395 | 1395 | |
| 3 | Fr. Inner | 1R | 540 | 540 | |
| 4 | R. Wheel | 1R | 1015 | 1015 | |
| 5 | Fender | 1L | 1710 | 1710 | |
| 6 | Handle Cover | 1S | 1025 | 1025 | |
| 7 | H/L | 1B | 655 | 655 | |
| 8 | Wind Screen | 1S | 590 | 590 | |
| 9 | Body Cover (A) | 1R | 2265 | 2265 | |
| 10 | Side mirror | 1R | 245 | 245 | |
| 11 | Chrome upper | 1S | 600 | 600 | |
| 12 | 1. Floor | 1S | 995 | 995 | |
| 13 | Meter Inner | 1R | 220 | 220 | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | LABOUR | | | 600 | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| TOTAL | | | | 13430 | |

- 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
 OPP. UP
 DEORIA
 Mob 7794004700

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. | SINDHU VERMA ♀ 7268013462 |
| 2 | Vehicle No. / वाहन संख्या | UPS2-CA4655 |
| 3 | Policy No. / पालिसी संख्या | |
| 4 | Period of Insurance / बीमा अवधि | |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 11-4-2026 11:40AM |
| 6 | Place of Accident / दुर्घटना का स्थान | सुवाल चौक |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Abhishek Verma UPS220220008704 7268013462 |
| 8 | Estimated Loss / अनुमानित हानि | 13420 |
| 09. | Cause of Accident / दुर्घटना का कारण: | दरिया से जा टैंक थें लुछुट तो रस्ते में सुवाल चौक पर हि ट्रेक से समने ती टकरा माट पीया झोट गाडी बापे साइड पीट गरि इस्मर हं गरि 21/ अतिथि वरि नवरुडी |
| 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 /फोन नं. | Chandhi Automobiles Punjab Chandhi, Deoria 7704004711 |

Date / दिनांक :
हस्ताक्षर

13/04/2026

Sindhu Verma

Signature of Insured / बीमाधारक के

Sindhu Verma

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Abhishek Verma
 (b) Age : 19-11-2007
 (c) Address : KUSHMAUNI BAIKUNTHIPUR
 (d) Is the Driver
 1. Owner No
 2. paid driver? No
 3. Owner's relative or friend? Yes

(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? : NA

(g) Driving Licence Number : UPS1909220008704
 (h) Issuing Authority : Issued by UP
 (i) Date of Expiry : 17-11-2042
 (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 : 11/11/2026 11:40 AM
 (b) Place : बिहार - राँची
 (c) Speed of vehicle at the time of accident : 40 kmph
 (d) Give a short description of the accident : सड़क पर गाड़ी के ब्रेक फेल होना के कारण से हादसा हुआ
 (e) If any third party was responsible for this accident give the name and address : होना नहीं है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As for Estimated
 (b) Estimated cost of repairs : Cromfort Automobiles Purnea
 (c) When and where can the damaged vehicle be inspected : 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? :



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. _____
 Tel. No. _____ Period of Insurance _____
 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 _____
 (b) Address for correspondence SINDHU VERMA _____
 (c) Telephone KUSHMAMANI _____
 7262013462

2. THE INSURED VEHICLE

| | | |
|---------------------|---|--------------------------------|
| Make & Year 2024 | Engine No. JFJFERLNAJ0668 Chassis No. MBLJFN355APAR7S6 | Registration No. UP52CA4655 |
|---------------------|---|--------------------------------|

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



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? _____

(e) By whom discovered and reported? _____

(f) Has theft been reported to Police? NA

(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 13/04/2026 Signature of the insured Sindhu Wma

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CA4655 Registration Date : 01-May-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 : SINDHU VERMA Son/wife/daughter of : DINESH VERMA
Full Address: (Permanent) : VILL- KUSHMAUNI PO- BAIKUNTHPUR, DEORIA, , DEORIA, UTTAR PRADESH-274501
Full Address: (Temporary) : VILL- KUSHMAUNI PO- BAIKUNTHPUR, DEORIA, , DEORIA-UTTAR PRADESH-274501
Fitness Up To : 30-Apr-2039 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 : AA2099710994
Front HSRP No : AA2098389321 Month/Year of Manuf. : 01/2024
Type of Body : SOLO WITH PILLION Chassis No : MBLJFN355RGA12756
No of Cylinders : 1 Fuel : PETROL
Engine No : JF17ERRGA12868 Cubic Capacity : 124.60
Horse Power(BHP) : 8.98 Wheel base : 1245
Maker's Classification : DESTINI PRIME Standing Cap : 0
Seating Cap(in all) : 2 Unladen Wt (kgs) : 115
Sleepor Cap : 0 Laden/GV Wt (kgs) : 245
Colour : METALLIC 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. : 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 HERO FINCORP LTD, DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 01-May-2024.

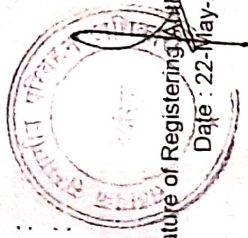
Purchase dt : 28-Apr-2024 Sale Amt : 74555/-
OTT Date : 28-Apr-2024 Amount/Rcpt No : 7456 / UP52D24050000134
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 02-May-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-May-2024 to 30-Apr-2039

Date : 22-May-2024 18:56:08
Taxation Particulars / Advance Registration Mark Fee Details


Signature of Registering Authority
Date : 22-May-2024

P 8175714



भारत सरकार
Government of India



सिंधु वर्मा
Sindhu Verma
जन्म तिथि/DOB: 05/10/2004
महिला/ FEMALE



3119 2724 1198

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आनंदा: दिनेश वर्मा, ग्राम-कुशमौनी पोस्ट, वैकुण्ठपुर,
देवरिया,
उत्तर प्रदेश - 274501

Address:
D/O: Dinesh Verma, Gram-Kushmauni
Post-, Baikunthpur, Deoria,
Uttar Pradesh - 274501



3119 2724 1198

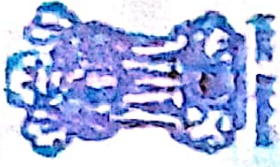


भारतीय विशिष्ट पहचान प्राधिकरण

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name

SINDHU VERMA

पिता का नाम / Father's Name

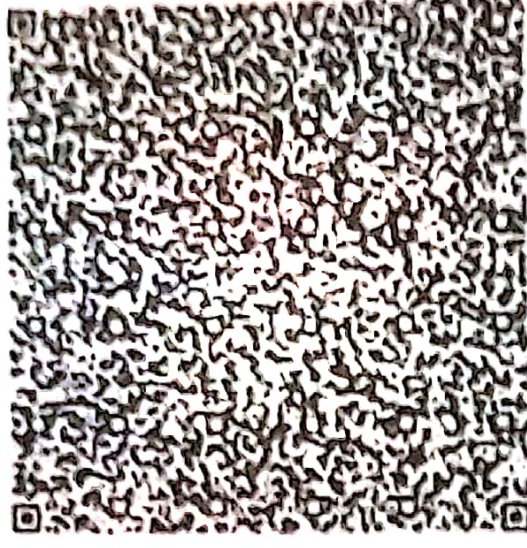
DINESH VERMA

जन्म की तारीख / Date of Birth

05/10/2004

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CXHPV5205Q



Sindhu Verma

हस्ताक्षर / Signature

22316

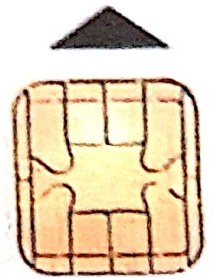
Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 202220008704



Issue Date 03-06-2022
Validity (NT) 17-11-2042
Validity (TR) _____



ABHISHEK VERMA

Organ Donor: Y

Name: ABHISHEK VERMA

Date of Birth: 18-11-2002 Blood Group: _____

Son/Daughter/Wife of: RAMESH VERMA

Address:
KUSHMAJUNI BAIKUNTHPUR
DEORIA, UP 274501

Holder's Signature

Date of First Issue (03-06-2022)

DL No: UP52 202220008704

UPDL 000008396107



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 | UP52 | 03-06-2022 | NT | | | |
| LMV | UP52 | UP52 | 03-06-2022 | MT | | | |
| MVSD | | | | | | | |

Emergency Contact Number

Deoria Authority
UP52 DEORIA

Form 7 Rule 16(2)