

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Ramaavadh.....
Address..... Deoria.....
Phone..... 9517284651.....

Job No.
Date..... 16/4/26.....
Chasis No.
Engine No.
Key No.
Regn. No. UP52CH2959.....
Speedmeter Redg.
Insurance No.
Model..... Spata.....

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	Viser	15	1150	11500	
2	HIL	15	580	5800	
3	F. Fender	1K	1500	1500	
4	F. Winker - HR	2R	280	580	
5	Handle	1K	500	500	
6	Liner (2)	1P	100	100	
7	Fuel Tank	1K	665	665	
8	Log guard	1K	65	65	
9	F. Tank HR - Repair	—	—	550	
10					
11					
12					
13					
14					
15					
16	Labour			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				12780	

- 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
Gorakhpur Road
For - Ganpati Automobiles
DEORIA
Mob. 77940047

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

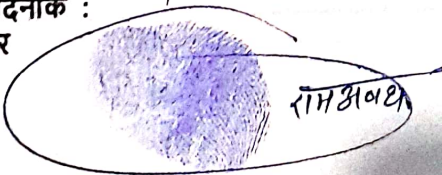
Sir / महोदय ,

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.	RAMAAVADH & 9517284652
2	Vehicle No. / वाहन संख्या	UPS2CH 2959
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	2025-07-17 to 2026-07-16
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/04/26 & 10:25 AM
6	Place of Accident / दुर्घटना का स्थान	Gauri Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UPENDRA KUMAR & UPS220150017139 - 9517284652
8	Estimated Loss / अनुमानित हानि	127800 ✓
09.	Cause of Accident / दुर्घटना का कारण : शिवपुर भलौली से वीतकपुर स्थित जाते समय रास्ते में गौरी बाजार के सामने रास्ते में सामने से वाहन का सामना हुआ जिससे भी गाड़ी बाधे लगे हुए थे। गुप्त प्रमाणित है।	
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.	Granpati Automobiles Purva & 7651989597

Date / दिनांक :
हस्ताक्षर

16/4/26


राम अवध

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. _____
 Tel. No. _____ Period of Insurance 17/7/25 to 16/07/2026
 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 : RAMAA VADH
 (b) Address for correspondence : RUDRAPUR
 (c) Telephone : 4517284652

2. THE INSURED VEHICLE

Make & Year <u>Hero-2025</u>	Engine No. <u>* 25652</u> Chassis No. <u>* C6804</u>	Registration No. <u>UP52CH2959</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 Use
 (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 : UPENDRA KUMAR
 (b) Age : 10/03/1995
 (c) Address : SHIVPUR
 (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 : UPS220150019139
 (h) Issuing Authority : DEORSA
 (i) Date of Expiry : 27/09/2035
 (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 : 13/04/26 @ 10:25 AM
 (b) Place : जिला कारागार
 (c) Speed of vehicle at the time of accident : 40 KM/H
 (d) Give a short description of the accident : बिलयुल मशीन से बिलयुल (BUI) जाते हुये रफ्तार में
 (e) If any third party was responsible for this accident give the name and address : जिला कारागार के मालिक रजिस्ट्रार के कार्यालय कारागार के सामने
 मालिक का पता : जिला कारागार, नरसिंहपुर, मध्य प्रदेश, भारत
 मोबाइल नंबर : 989597

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 12780/-
 (c) When and where can the damaged vehicle be inspected : Gremfort Automobiles Purum Dair
 761989597

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? :

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. 500/-



Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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? : _____
- (c) Was accident reported to Police? If not, Why? : _____ NA
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

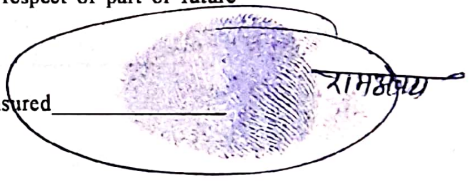
10. THEFT

- (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? : _____ 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 16/4/26 200

Signature of the insured _____



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH2959 Registration Date : 21-Jul-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-2740
Owner Name : RAMAAVADH Son/wife/daughter of : LALACHAN
Full Address: (Permanent) : VILL-RUDRAPUR PADRAHI, SHEOPUR LAXMIPUR, , DEORIA, UTTAR PRADESH-27-
Full Address: (Temporary) : VILL-RUDRAPUR PADRAHI, SHEOPUR LAXMIPUR, , DEORIA-UTTAR PRADESH-274
Fitness UpTo : 20-Jul-2040 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 : AA2131930348 Rear HSRP No : AA2131508975
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
No of Cylinders : 1 Chassis No : MBLHAW479SHFC6804
Engine No : HA11F6SHF25652 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235
RS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleeping Cap : 0 Unladen Wt (kgs) : 113
Colour : MATT GREY Laden/GV Wt (kgs) : 243
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Buill

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 SHRIRAM FINANCE LTD, ..
Deoria, Uttar Pradesh-274001 w.e.f. 18-Jul-2025.

Purchase dt : 17-Jul-2025 Sale Amt : 80116/-
GTT Date : 17-Jul-2025 Amount/Rcpt No : 8012 / UP52D2507000194
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 22-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Jul-2025 to 20-Jul-2040

Date: 03-Aug-2025 10:23:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 08-Aug-2025

04521836





2025-07-17

Mr./Ms. RAMAAVADH
PADRAHI, SHEOPUR
DEORIA, Uttar Pradesh, 274204

Dear Mr./Ms. RAMAAVADH,

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 transcript of proposal is attached and your policy is getting issued with insurer, 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. RAMAAVADH, 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.





Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, D-27, Shastrl Nagar, Meerut, Uttar Pradesh, (250004) Certificate Number: INCP00456322
 Tax Invoice cum Certificate Number: INCP00456322
 Name of Certificate Holder: RAMAAVADH
 Mobile: 9133621507
 Address: PADRAHI, SHEOPUR, DEORIA, DEORIA
 State: Uttar Pradesh
 IDV: 70602.1
 Vehicle Registration Number: New
 Model: SPLENDOR PLUS
 Engine Number: HA11F6SHF25652
 Acknowledgement No: MS/2025/E456322
 Hypothecation: CASH

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com
 Period of Coverage(MS): 2025-07-17 - 2026-07-16 MIDNIGHT
 DOB: 1975-01-01
 Period of Coverage(I): 2025-07-17 - 2030-07-16 MIDNIGHT
 City / District: DEORIA
 Pincode: 274204
 Manufacturing Year: 2025
 Vehicle Manufacturer:
 Variant: i3S BLACK AND ACCENT OBD
 Chassis Number: MBLHAW479SHFC6804
 Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
12	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

ADHC benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1834.14	165.07	165.07	-	2164

Personal Accident Cover Details

Name of Certificate Holder: RAMAAVADH
 Nominee Name: GEETA DEVI
 Nominee Gender: Female

Period of Insurance: 2025-07-17 (00:00 HRS) - 2026-07-16 MIDNIGHT
 Nominee Relationship: WIFE
 Nominee Age: 38 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. B) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. B) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.





भारत सरकार

Government of India



रामअवध

Ramaavadh

जन्म तिथि / DOB : 01/01/1975

पुरुष / Male



5797 2092 2371

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान अधिकरण

Unique Identification Authority of India

पता:

आत्मज: लालचन, पडरही, शिवपुर,
देवरिया, लक्ष्मीपुर, उत्तर प्रदेश,
274204

Address:

S/O: Lalachan, padrahi, Sheopur,
Deoria, Laxmipur, Uttar Pradesh,
274204

5797 2092 2371

1947
1800 300 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
HTIPR4939H

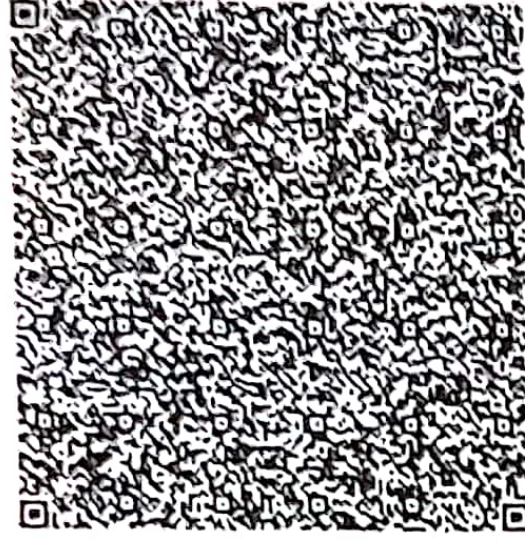
नाम / Name
RAMA AVADH

पिता का नाम / Father's Name
LALACHAN

जन्म की तारीख / Date of Birth
01/01/1975

हस्ताक्षर / Signature

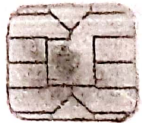
09194



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20150017139

Issue Date Validity (NT) Validity (TR)
08-02-2024 27-09-2035 25-08-2025



Holder's Signature

Name: UPENDRA KUMAR
Date of Birth: 10-03-1995 Blood Group:
Son/Daughter/Wife of: RAMKEWAL

Organ Donor: N

Address:

SHIVPUR BHATOLI POST CHHAPPAULI RUDRAPUR
DEORIA CHHAPPAULI RUDRAPUR SHIVPUR
BHATOLI POST CHHAPPAULI RUDRAPUR DEORIA

(28-09-2015)
Date of First Issue

DL No: UP52 20150017139

UPDL0000171728380



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*
25-08-2025

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	MCWG	UP52	28-09-2015	MT			
	LMV	UP52	28-09-2015	MT			
	TRANS	UP52	20-01-2017	TR			

Emergency Contact Number

0117286452

Licensing Authority
(UP) DEORIA

Form 7 Rule 16(2)