

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name Ravi Kumar Gupta
 Address Deoria
 Phone 9169167906

Job No.
 Date 17/4/26
 Chasis No.
 Engine No.
 Key No. UP 53 FL 6599
 Regn. No.
 Speedmeter Redg.
 Insurance No.
 Model Xtreme 125R

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	Disc Plate Fr.	11	2190	2190	
2	Oil Filter	15	12000	12000	
3					
4					
5					
6					
7					
8					
9					
10					
11				600	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				3990	

- 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.

For - Ganpati Automobiles

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.	Ravi Kumar Gupta 9169167906
2	Vehicle No. / वाहन संख्या	UP53FK6599
3	Policy No. / पालिसी संख्या	252400/31/2026/31062
4	Period of Insurance / बीमा अवधि	04/08/2025 to 03/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/04/2026 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	दुम्मान मंदिर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ravi Kumar Gupta UP5320160028049 9169167906
8	Estimated Loss / अनुमानित हानि	3990/-
09.	Cause of Accident / दुर्घटना का कारण : परसुराम चैक से कटती जा रहे थे। रास्ते में दुम्मान मंदिर के पास दाहिने तरफ से दो पहिमा वाले ने शकक माट दीया जिससे Fork होट Disc Plate डैमेज हो गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Ganpati Automobiles Purwa Chaukha Deoria . 7704004711

Date / दिनांक :
हस्ताक्षर

→ Ravi Kumar Gupta

Signature of Insured / बीमाधारक के

→ Ravi Kumar Gupta





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. 252400/31/2026/31062

Tel. No. _____

Period of Insurance 4/8/25 to 3/8/26
 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 : Ravi Kumar Gupta
 (b) Address for correspondence : Belpar Pathk
 (c) Telephone : 9169167306

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JN07A056F10301</u> Chassis No. <u>MBLJA006236F16488</u>	Registration No. <u>UP53FK</u> <u>6599</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
 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?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ravi Kumar Gupta
 (b) Age : 20/9/1996
 (c) Address : Belpar Pathk
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver? : No
 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 : UP5320L60028049
 (h) Issuing Authority : Union of India
 (i) Date of Expiry : 22/11/2036
 (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?:

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 19/4/26 4:00 pm
 (b) Place : इन्डियन मोडल के पास
 (c) Speed of vehicle at the time of accident : 40 kmph
 (d) Give a short description of the accident : मध्यम गति से सड़ारी का रहे थे। रास्ते में दुर्घटना, मोडल के पास दोन साइड से लू पोल्या, कल्ले न
 (e) If any third party was responsible for this accident give the name and address : 2000 मार दोन जितने फोर्क ग्रेट डिग्री डैमेज हो गया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : NA
 (c) When and where can the damaged vehicle be inspected : NA

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 _____

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 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 _____ 200

Signature of the insured _____

→
Ravikumar Gupta

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 Ravikumar Gupta
Occupation
Address
.....

Bank Account Number
Name of the Bank

class

<http://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaperRC>
GOVERNMENT OF UTTAR PRADESH
Transport Department Gorakhpur RTO
FORM 23
CERTIFICATE OF REGISTRATION

Registration No	: UP53FK6599	Registration Date	: 10-Aug-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, . . , 188-273010		
Owner Name	: RAVI KUMAR GUPTA	Son/wife/daughter of	: GYAN PRAKASH GUPTA
Full Address: (Permanent)	: BELPAR PATHK, . . , GORAKHPUR, UTTAR PRADESH-273409		
Full Address: (Temporary)	: BELPAR PATHK, . . . GORAKHPUR-UTTAR PRADESH-273409		
Fitness UpTo	: 09-Aug-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	: AA2133080453	Rear HSRP No	: AA2131819842
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 06/2025
No of Cylinders	: 1	Chassis No	: MBLJAU0623GF16488
Engine No	: JA07A0SGF10901	Fuel	: PETROL
Horse Power(BHP)	: 11.39	Cubic Capacity	: 124.70
Maker's Classification	: XTREME 125 R ABS SINGLE SEAT	Wheel base	: 1319
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleepar Cap	: 0	Unladen Wt (kgs)	: 137
Colour	: BLACK	Laden/GV Wt (kgs)	: 267
Other Criteria		AC Fitted	: NO
Vehicle Purchase As	: Fully Buillt		

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 HERO FINCORP LTD, GORAKHPUR, . . New Delhi, Delhi-110001 w.e.f. 07-Aug-2025.

Purchase dt	: 07-Aug-2025	Sale Amt	: 103439/-
OTT Date	: 07-Aug-2025	Amount/Rcpt No	: 10344 / UP53D25060002240
Vehicle is Govt/ Pvt	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 24-Aug-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 10-Aug-2025 to 09-Aug-2040

Date : 30-Aug-2025 14:23:24

Taxation Particulars / Advance Registration Mark Fee Details

कर / पंजीन अधिकारी
 मोदी
 Date: 10-Aug-2025
 गोरखपुर (उ०प्र०)

Q 5297382



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No: 1

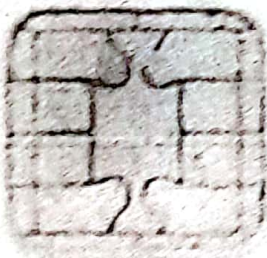
Power Of THE ORIENTAL INSURANCE COMPANY LIMITED TO ISSUE POLICY SCHEDULES AND TO ACCEPT AND PAY CLAIMS THEREON IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES ACT, 1988.

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE					
(FORM 5) OF THE CENTRAL MOTOR VEHICLES RULES, 1989					
DIVISIONAL OFFICE, 246 KHAIR NAGAR, OFF. FULMISTAN CINEMA MEERU (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS 45 Years)		Policy Issued On	04-AUG-25	
Policy No	25240001/2026/31062		Proposed No. & Date	P/252400/31/2026/21521 & 04-AUG-2025	
Agent/Broker Code	BARR00131144		Policy Period (COVER DAMAGE)	FROM 13-21 09:04/08/2025 TO MIDNIGHT OF 03/08/2026	
Agent/Broker Name	ABHINAV BHATT		Policy Period (LIABILITY)	FROM 13-21 09:04/08/2025 TO MIDNIGHT OF 03/08/2026	
Insured Name	RAVI KUNWAR GUPTA (GSTIN:)				
Insured Address	C/O GYAN PRAKASH GUPTA, BELPAR PATHK., GORAKHPUR., NA.			Lead/Breakin No	/
				Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (IN RS.)		
Make	HINDI MOTOCORP		Vehicle	98267	
Model & Version	XTRIME 125R ABS		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	98267	
Engine -Chassis No	JA07A08G10961 - MBLJA0525GF16488		TMF CONTRACT NO		
Cubic Capacity	124.7		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	INDIA	
Type Of Body	OTHERS	Type Of Fuel	PETROL		
CTO Location					
Schedule Of Premium (Amount In Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1646.96		Basic Third Party Liability	3851	
Elect Accessories	0		Compulsory PA Cover Premium	0	
Non-Elect Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	1548.96		Legal Liability (WC)to driver (IMT-28)	0	
Geographical Area Extra (IMT -1)	0		Legal Liability to Employees (IMT-29)	0	
Driving Tuition Loading On OD Premium (60%)	0		Legal Liability to Passenger (IMT-46)	NA	
Sub-Total Additions	0		Driving Tuition Loading On TP Premium (60%)	0	
	Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851	
Anti-Theft Device (IMT-10)	0		Total Premium (A+B)	764	
AAI Membership (IMT-8)	0		GST	0	
No Claim Bonus	0		SERVICE TAX	0.00	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0	
BIF Discount	1400		Swachh Bharat Cess@0.50%	0	
Sub-Total Deductibles	1400		Krishi Kalyan Cess@0.50%	0	
	Add-On Coverages		Gross Premium Paid	5010	
BIF Depreciation	246		Note:		
Return to Insurer	0		1. Policy issuance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	246		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)		
Sub-Total Add-on Coverages	392		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	392		5. Subject to Endorsements IMT 7,10,28,		
Financer Details:	Nominee Name		Age	Relation	
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name		Amount
Financer Type	Financer Name		Financer Branch		
FCR Name	NA	POS ID	NA	POS PAN No/Aadhar No	NA
<p>In the event of a claim under the policy exceeding Rs. 100 or a claim for refund of premium exceeding 10% the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.</p> <p>The insured under the policy is subject to conditions, clauses, restrictions, exclusions, DMTs and GIC endorsements mentioned herein above which are available on company's website.</p> <p>Without the due care of disbursement of premium cheques the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not to the Knowledge of the insured.</p> <p>We hereby certify that the policy is issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988.</p> <p>In witness whereof the undersigned being authorized by and on behalf of the company has/ have hereto set his/ their hands at 252400 on 04-AUG-25.</p> <p>252400/01/2026/31062</p> <p>The insured 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 in order to comply with the Motor Vehicle Act is recoverable from the insured for the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".</p> <p>Limitations as to use: only for normal domestic and pleasure purposes and for insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Fuel delivery (5) Road testing (6) Liability tests (7) Any purpose in connection with motor trade.</p> <p>Driver's Clause: Any person including the insured is entitled to a person driving license on a previous 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 motorist's license may also drive a vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.</p> <p>Limit of Liability: Claimant's liability under the policy is limited to the extent of the actual loss sustained or the actual injury sustained in consequence to which the insured vehicle is not 100% under Section 15-1 (1) of the policy. Damage to third party property is Rs 2.5 lakhs. It does not cover motor cycle or two-wheeler.</p> <p>No Claim Bonus: The insured is entitled to a No Claim Bonus (NCB) upon the next damage claim of the policy. If no claim is made or pending during the preceding year, then the preceding year's NCB, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% up to 50% (or) maximum No Claim Bonus only be allowed provided the policy is renewed within 90 days of the previous policy.</p> <p>We hereby certify that the policy is issued in accordance with the provisions of Chapter X and XI of M.V Act, 1988.</p> <p>* This insurance excludes all pre-existing damage.</p>					
Approved By:	199315043		For and on behalf of		
Approved On:	04-AUG-25		The Oriental Insurance Company Limited		
Place:	MUM		General Manager		
Printed On:	14/07/25		Authorized Signature		

UNION OF INDIA **Driving Licence**



UP53 20160028049



दिनांक
Date of Issue

23/11/2016

दिनांक
Date of Validity

22/11/2036

दिनांक
Date of Birth

20/08/1996

रक्त समूह
Blood Group

Unknown

नाम
Name

RAVI KUMAR GUPTA

पिता/माता/पति/पत्नी/सहोदर/सहोदरी/पति/पत्नी
Father/Mother/Husband/Wife of

CIYAN PRAKASH GUPTA

UP53 20160028049



LMV
23/11/2016

MCWG
23/11/2016



Form / Rule 16(2)

हस्ताक्षर
Signature

Holder's Signature

गोरखपुर कोला बजार
Gorakhpur Kola Bazar

आयुक्त/आयुक्ताधिकारी
Driving Authority Sign
GORAKHPUR



आयकर विभाग
INCOME TAX DEPARTMENT

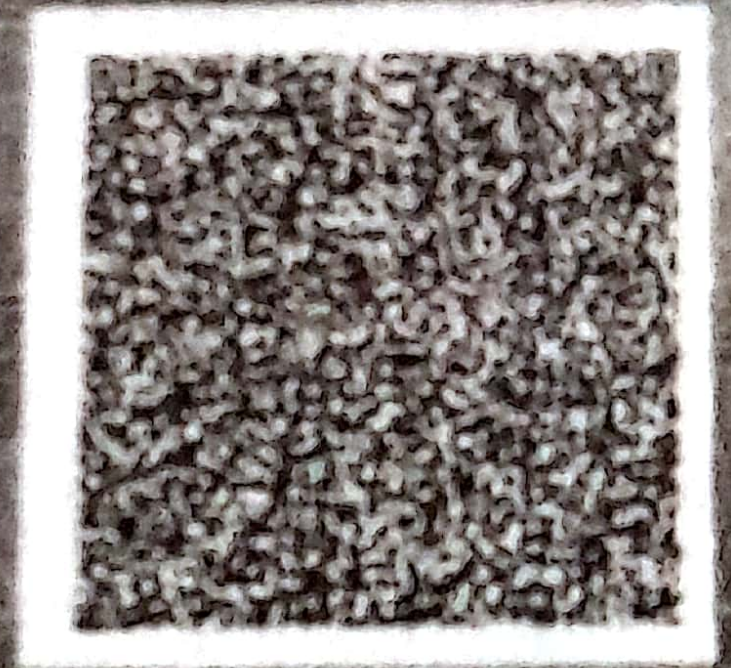


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DNLPG0714E



नाम / Name
RAVI KUMAR GUPTA

पिता का नाम / Father's Name
GYAN PRAKASH GUPTA

जन्म की तारीख /
Date of Birth
20/08/1996

Ravi Kumar Gupta

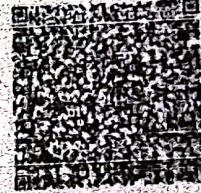
20072027



भारत सरकार
Government of India



रवि कुमार गुप्ता
Ravi Kumar Gupta
जन्म तिथि/DOB: 20/08/1996
पुरुष/ MALE



2810 0337 5242

VID 9192 7896 3644 1207

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज, ज्ञान प्रकाश गुप्ता, बेलपार पाथक, गोरखपुर,
उत्तर प्रदेश - 273409

Address:
S/O: Gyan Prakash Gupta, Belpar pathk,
Gorakhpur,
Uttar Pradesh - 273409



QR Code with Photograph

2810 0337 5242

VID : 9192 7896 3644 1207

