

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name... Aman Tiwari
Address... Deoria
Phone... 8005134718

Job No.
Date... 22/04/2026
Chasis No.
Engine No.
Key No.
Regn. No. UP.S2CF4.S01
Speedmeter Redg.
Insurance No.
Model... SPLT

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	1	1000	1000	
2	Hll	1	580	580	
3	F. Fender	1	1500	1500	
4	F. Winker L.	1	180	180	
5	Fuel tank	1	5500	5500	
6	Handle	1	500	500	
7	Lever L.	1	100	100	
8	Log guard	1	675	675	
9	F. Forks A/R free	—	—	550	
10	Mirror L.	1	100	100	
11					
12					
13					
14					
15					
16					
17	Labour			600	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				11285	

- 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 G. N. Gupta
DEORIA
Mob 7744004711

Authorized 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.	Aman Tiwari / 8005134718
2	Vehicle No. / वाहन संख्या	UP52CF4501
3	Policy No. / पालिसी संख्या	252400 3L 2026 13523
4	Period of Insurance / बीमा अवधि	13/5/2025 to 12/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/4/26 / 3:00
6	Place of Accident / दुर्घटना का स्थान	C.C. रोड के समाने
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Aman Tiwari, UP5220240009872 8005134718
8	Estimated Loss / अनुमानित हानि	112217
09.	Cause of Accident / दुर्घटना का कारण : सोमनाथ देवीया से हुम्ना मंडल वाले समथ रास्ते में C.C. रोड के समाने राड पर समने से इ. रिश्वा वाले ने ट्रक का ड्रिवा चितले मेरे गाडी बाधे. समथ गीट रुक मरिगसह हो गयी।	
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.	Ganpati Automobiles Purva Chauraha, Deoria, 7704800558

Date / दिनांक : 20/4/26
हस्ताक्षर

Aman Tiwari

Signature of Insured / बीमाधारक के

Aman Tiwari

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Aman Tiwari
 (b) Age : 18-5-1999
 (c) Address : Surawli Tala
 (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 : UPS22024-0005872
 (h) Issuing Authority : Issued by UP
 (i) Date of Expiry : 17/5/2039
 (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 : 18/9/26 3:00
 (b) Place : C/O. AS of 711271
 (c) Speed of vehicle at the time of accident : 40 kmph
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 7 2225 INC 511-18014 89 2127 414 414 414

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS for repair
 (b) Estimated cost of repairs : NA 11280
 (c) When and where can the damaged vehicle be inspected : Surawli Tala

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :
 (b) Address :
 (c) Full Details of personal injury sustained : NA
 (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? :

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 ... Aman Tiwari
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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 Police Station? : _____
- (i) C.R. diary Number : _____ NA

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 20/4/26 200

Signature of the insured Aman Tiwari



Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF4501 Registration Date : 15-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
 Owner Name : AMAN TIWARI Son/wife/daughter of : BSAMEAT TIWARI
 Full Address: (Permanent) : VILL- SURAULI TOLA CHHITARUA, PO- MAJHGAON PS- SURAULI, DEORIA, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL- SURAULI TOLA CHHITARUA, PO- MAJHGAON PS- SURAULI, DEORIA, DEORIA- UTTAR PRADESH-274001

Fitness UpTo : 14-May-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 : AA1042572691 Rear HSRP No : AA1042031325
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLHAW225SHB45785
 Engine No : HA11E7SHB40743 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE 13 Wheel base : 1236
 S (DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 Other Criteria : AC Fitted : NO
 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 15-May-2025.

Purchase dt : 13-May-2025 Sale Amt : 78366/-
 OTT Date : 13-May-2025 Amount/Rcpt No : 7837 / UP52D25050002814
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 16-May-2025

Other State/Transfer/Conversion/Reassign Details

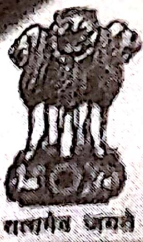
Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 15-May-2025 to 14-May-2040

Date : 30-May-2025 12:55:37

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 30-May-2025



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP52 20240009872



(21-05-2024)

Issue Date Validity (NT) Validity (TR)*
21-05-2024 17-05-2039 -----

[Signature]
Holder's Signature

Date of First Issue

Name: **AMAN TIWARI**
Date of Birth: **18-05-1999** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **BSAMEAT TIWARI**
Address:
Surauli Tola Chhitarua Deoria Deoria
Uttar Pradesh 274001

DL No: UP52 20240009872

UPDL000010428473



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	MCWG	UP52	21-05-2024	NT			
LMV	LMV	UP52	21-05-2024	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP52 DEORIA

आयकर विभाग
INCOME TAX DEPARTMENT

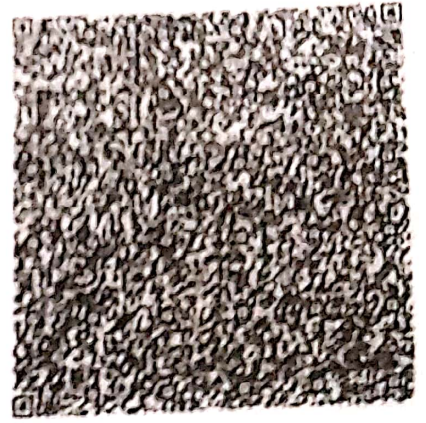


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BXLPT9563J



नाम / Name
AMAN TIWARI

पिता का नाम / Father's Name
BASMBAT TIWARI

01092020

जन्म की तारीख /
Date of Birth
18/05/1999

Aman Tiwari

हस्ताक्षर / Signature

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं:

आयकर पैन सेवा इकाई, एन एस डी एल
चौथी मंजिल, मंत्री स्टर्लिंग,
प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कालोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, NSDL
4th Floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2722 8080, Fax: 91-20-2721 8081
e-mail: pan@nsdl.co.in



भारत सरकार
Government of India



Issue Date: 07/12/2014



अमन तिवारी
Aman Tiwari
जन्म तिथि/DOB: 18/05/1999
पुरुष/ MALE

2498 0861 8486

VID : 9179 4149 0267 5763

मेरा आधार, मेरी पहचान

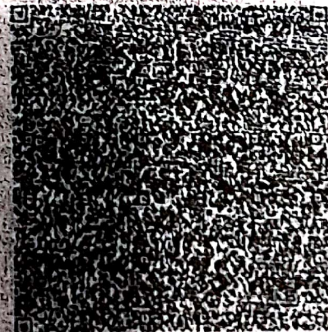


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: बसन्त तिवारी, सुरौली टोला छितरुआ, देवरिया,
उत्तर प्रदेश - 274001

Address:
C/O: Basant Tiwari, Surauli Tola Chhitarua,
Deoria, Deoria,
Uttar Pradesh - 274001



2498 0861 8486

VID : 9179 4149 0267 5763

1047

help@uidai.gov.in

www.uidai.gov.in

