

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Vinoda.....
Address..... Deoria.....
Phone..... 9565474503.....

Job No.
Date..... 21/7/26.....
Chasis No.
Engine No.
Key No.
Regn. No. UP52-BV7043.....
Speedmeter Redg.
Insurance No.
Model..... H.F. Deluxe.....

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	R.R. Fender	1	800	800	
2	Seat Cover-L/R	2	550	1100	
3	Center	1	250	500	
4	Visor	1	1100	1100	
5	H/L	1	525	525	
6	F. Winker (L)	1	250	250	
7	Fuel Tank	1	7375	7375	
8	Handle	1	500	500	
9	F. Fender-L/R	—	—	500	
10	R.R. Winker (L)	1	180	180	
11					
12					
13					
14					
15					
16					
17					
18				800	
19					
20					
21					
22					
23					
24					
25					
TOTAL				13480	

- 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
Purwa Chauraha Road
DEORIA
Mob. 7704004711

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.	VINEETA ♀ 9565474503
2	Vehicle No. / वाहन संख्या	UPS2 BV7043
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/454584
4	Period of Insurance / बीमा अवधि	09/7/2025 to 8/07/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/4/26 & 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	इंटर कालेज के सामने
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BHOLA MADDHESHIYA ♀ UPS220210000414 - 9565474503
8	Estimated Loss / अनुमानित हानि	13480/-
09. Cause of Accident / दुर्घटना का कारण : - पक्षदेवा से फरनडा जाते समय रोड पर इंटर कालेज के सामने - साइड रोड से इलिकसा वाहन ने टकराव मिला जिससे मोटर - नशी वाहन HBS मिलेगा अतिरिक्त दो माली - साइड रोड पर मोटर वाहन रुक गया		
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 Desh & 7651989597

20/4/26
Date / दिनांक :
हस्ताक्षर : विनिता

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. MS/2025/7001/0/46575/45450

Tel. No. _____

Period of Insurance 09/07/2025 to 08/07/2026
 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 : VINEETA
 (b) Address for correspondence : CHAUMATHA
 (c) Telephone : 9565474503

2. THE INSURED VEHICLE

Make & Year <u>Hero-2023</u>	Engine No. <u>* 01022</u> Chassis No. <u>* 00843</u>	Registration No. <u>UP52BV7043</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
 (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 : BHOLA MADDHESHYA
 (b) Age : 25/03/2001
 (c) Address : Pathardevra
 (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 : UPS220210000414
 (h) Issuing Authority : 05/01/2021
 (i) Date of Expiry : 24/03/2021
 (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 : 16/4/26 @ 11:30AM
 (b) Place : sidamodar nis
 (c) Speed of vehicle at the time of accident : 20 km/h
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address : नाम देना है कि जो भी वाहन चला रहा था उसका नाम देना है
नाम देना है कि जो भी वाहन चला रहा था उसका नाम देना है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 2460
 (c) When and where can the damaged vehicle be inspected : Grompati Automobiles Purnea Disty 7651989599

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

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/-

विनि

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? : _____
- (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 20/4/26
200

Signature of the insured [Signature]

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52UV7413	Registration Date	: 04-May-2023
Description of Vehicle	: M-CYCLE SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GANPATI AUTOMOBILES (O), PURVA, CHAURAH GKP ROAD, DEORIA, ...	Son/wife/daughter of	: DAYA SHANKAR
Owner Name	: VINEETA		
Full Address: (Permanent)	: CHAUHATTA WARD NO.8 RUDRAPUR, DEORIA, DEORIA, UTTAR PRADESH-274204		
Full Address: (Temporary)	: CHAUHATTA WARD NO.9 RUDRAPUR, DEORIA, DEORIA-UTTAR PRADESH-274204	Owner Serial No	: 1
Fitness Up To	: 03-May-2038		

<u>Detained Description</u>	: M-CYCLE SCOOTER	Link Vehicle No	: BHARAT STAGE VI
Class of Vehicle	: INDIVIDUAL	Norms	
Ownership	: HERO MOTOCORP LTD		
Maker's Name	: AA2073887550	Rear HSRP No	: AA2073031065
Front HSRP No	: SOLC WITH PILLION	Month/Year of Mannf.	: 03/2023
Type of Body	: 1	Chassis No	: MBLHAW131P9C00843
No of Cylinders	: HATTA 1250 1022	Fuel	: PETROL
Engine No	: 7.91	Cubic Capacity	: 97.20
Horse Power(BHP)	: HF DELUXE BLK (DRS)	Wheel base	: 1235
Maker's Classification	: 2	Standing Cap	: 0
Seating Cap(In all)	: 0	Unladen Wt (kgs)	: 112
Sleepar Cap	: BLACK NEXUS BLUE	Laden/GV Wt (kgs)	: 242
Colour	: Fully Built	AC Fitted	: NO
Other Criteria			
Vehicle Purchase As			

<u>Additional Particulars of all transport vehicles other than tractor cabs (Gross Vehicle Weight)</u>			
By Mannf.	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 SHRI RAM FINANCE LTD, ...

Deoria, Uttar Pradesh-274001 w.e.f. 03-May-2023.	Sale Amt	: 67838/-
Purchase dt	Amount/Rcpt No	: 6784 / UP52D23050000615
OTT Date	Tax Exempted or Not	: NOT EXEMPTED
Vehicle is Govt./Pvt.		
Date of Approval	Previous RegNo	:
Other State/Transfer/Conversion Details	Entry Date	:
Previous Owner	Conversion Date	:
Old State		
Transfer Date		

This certificate is valid from 04-May-2023 to 03-May-2038

Date : 27-May-2023 15:46:52
 Signature of Registering Authority
 Taxation Particulars / Advance Registration Mark Fee Details
 Date : 27-May-2023

2537153

Government of Uttar Pradesh Government

भारत सरकार
Government of India



दिनीता
Vineeta
जन्म तिथि/DOB: 12/07/1992
महिला/FEMALE

5207 2532 3862

VID : 9122 3899 0071 4291

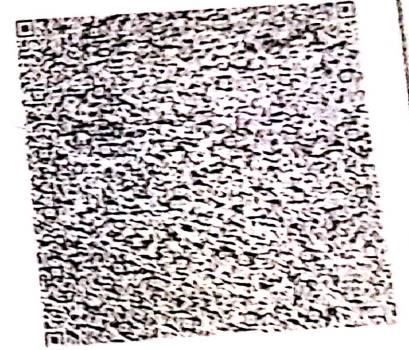
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
द्वारा: अजय, पथरदेवा, देवरिया,
उत्तर प्रदेश - 274404

Address:
C/O: Ajay, Pathardewa, Deoria,
Uttar Pradesh - 274404



5207 2532 3862

VID : 9122 3899 0071 4291



1947



help@uidai.gov.in



www.uidai.gov.in



