

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name A. R. CHAUNHAN
 Address FORIN
 Phone 7266815861

Job No.
 Date 25/09/2026
 Chasis No.
 Engine No.
 Key No. UPS2CF1438
 Regn. No.
 Speedmeter Redg.
 Insurance No.
 Model SPL

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	Vignette	1K	1100	1100	
2	F-Linker-L	1K	250	250	
3	Fuel Tank	1K	6700	6700	
4	R.R. Frenday	1K	1020	1020	
5	Seat. Cover-L	1K	550	550	
6	HIL	1K	580	580	
7	Handle	1K	500	500	
8					
9					
10					
11					
12					
13					
14					
15	LABOUR			1000	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				11700	

- 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.

Ganpati Automobiles
 Gorakhpur Road
 Opp. Dr. G. N. Ghosh
 For - Ganpati DEORIA
 Automobiles

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.	ARUN CHAUHAN 7266815361
2	Vehicle No. / वाहन संख्या	UP52CF1438
3	Policy No. / पालिसी संख्या	252400/31/2026/7932
4	Period of Insurance / बीमा अवधि	28/04/2025 To - 27/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/04/2026 - Time - 10:00 AM.
6	Place of Accident / दुर्घटना का स्थान	महुआती चौरहा (रेलवे)
7	Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAHUL CHAUHAN UP5220250020114.7266815361
8	Estimated Loss / अनुमानित हानि	117000/-
9	Cause of Accident / दुर्घटना का कारण:	स्वयं से विशुद्धता जा रहे थे गड्ढे में महुआती चौरहा. ये चक्कर पर ड्राइवर कुत्ता का गला जिसको व्यापक के चक्कर में ही ड्राइवर गाड़ी को ब्रेक मारा, तब ही विद्व दू पहिया वाहन के तकरात मार दिया और भरी गाड़ी बाया साइड गीर के प्रतिश्रुत हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	ANAPATI A.C. MOBILE. 02025-

Date / दिनांक : 25/04/2026
हस्ताक्षर / *Arun Chauhan*

Signature of Insured / बीमाधारक के
Arun Chauhan



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. 252400/31/2026/7932
 Tel. No. _____ Period of Insurance 28/04/2025-76-27/09/26
 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 ARJUN CHAUHAN.
 (b) Address for correspondence SONRA-701A, PEORIA, (I.P.)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>65092</u> Chassis No. <u>02544</u>	Registration No. <u>UP52 CF</u> <u>19-38</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 NA
 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 : RAHUL CHAUHAN
 (b) Age : 14/09/2002
 (c) Address : BHONA BURG. DEORIA (C/D)
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 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 : UP5220250020114
 (h) Issuing Authority :
 (i) Date of Expiry : 13/05/2023
 (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

Time - 10:00 AM.
 (a) Date and Time : 22/09/26
 (b) Place : 433111 21/21E
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 (Hindi text describing the accident details)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 11000
 (c) When and where can the damaged vehicle be inspected : GANPATI ACID MOBILE DEORIA

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. _____

Use Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Ajay Chauhan*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF1438 Registration Date : 29-Apr-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 : ARUN CHAUHAN Son/wife/daughter of : PRABHU NATH
 Full Address: (Permanent) : VILL+PO- BADHAYA BUZURG, PS- SURAULI RUDRAPUR DEORIA, , DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL+PO- BADHAYA BUZURG, PS- SURAULI RUDRAPUR DEORIA, , DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 28-Apr-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 : AA2124555912 Rear HSRP No : AA2124114196
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLHAW22XSHB02544
 Engine No : HA11E7SHB05092 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : MATT GREY 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 TATA CAPITAL LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 29-Apr-2025.

Purchase dt : 28-Apr-2025 Sale Amt : 79866/-
 OTT Date : 28-Apr-2025 Amount/Rcpt No : 7987 / UP52D25040004444
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 03-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 29-Apr-2025 to 28-Apr-2040

Date : 13-May-2025 15:21:58

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
 Signature of Registering Authority
 Date : 13-May-2025
 देवा

Q 2661765



2025-04-28

Mr./Ms. ARUN CHAUHAN
VILL+PO- BADHAYA BUZURG
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. ARUN CHAUHAN,

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.

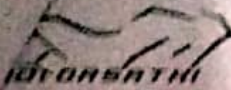
Mr./Ms. ARUN CHAUHAN, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org



Please scan the QR for details.



Certificate of Services

Certificate Issued & Servicing Office: Motor Sathi Care Private Limited, B Dasa Complex
 Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh,
 Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00431858
 Tax Invoice cum Certificate Number: INCP00431858
 Name of Certificate Holder: ARUN CHAUHAN
 Mobile: 7266815361
 Address: VILL+PO- BADHAYA BUZURG, DEORIA, DEORIA
 State: Uttar Pradesh
 IDV: 75872.7
 Vehicle Registration Number: New
 Model: SPLENDOR PLUS
 Engine Number: HA11E75HB05002
 Acknowledgement No: M5/2025/E431858

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com
 Period of Coverage(MS): 2025-04-28 - 2026-04-27 MIDNIGHT
 DOB: 2005-07-29
 Period of Coverage(I): 2025-04-28 - 2030-04-27 MIDNIGHT
 City / District: DEORIA
 Pincode: 274001
 Manufacturing Year: 2025
 Vehicle Manufacturer: HERO MOTOCORP
 Variant: SPORTS 01
 Chassis Number: MBLHAW22X5HB02544
 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 stepping 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
13	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 traveling 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 ADHC 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	1840.19	165.62	165.62	-	2171

Personal Accident Cover Details

Name of Certificate Holder: ARUN CHAUHAN Period of Insurance: 2025-04-28 (16:45 HRS) - 2026-04-27 MIDNIGHT
 Nominee Name: REETA DEVI Nominee Relationship: MOTHER
 Nominee Gender: Female Nominee Age: 48 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. 6) Such compensation shall be payable directly to his / her legal representative. 7) 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. 8) 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 Aligarh.

No. UP52 20250020114

UPDL52100401659X

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	31-10-2025	NT			
	LMV	UP52	31-10-2025	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20250020114



Issue Date Validity (NT) Validity (TR)*
31-10-2025 13-09-2043



Licence holder's Signature

Name: RAHUL CHAUHAN
Date of Birth: 14-09-2003 Blood Group: Organ Donor:
Son/Daughter/Wife of: RAMASHANKAR
Address:
BADHAYA BUZURG BADHAYA BUZURG BARHAYA
BUZURG RUDRAPUR DEORIA UTTAR PRADESH
274001

Date of First Issue: 13-10-2025

Aadhaar No. Issued: 27/07/2015



अरुण चौहान

Arun Chauhan

जन्म तिथि / DOB : 29/07/2005

पुरुष / Male

अभार पहचान का प्रमाण है, अस्पष्टता का उपयोग नहीं है।
इसका उपयोग श्रेयपत्र (अभिलेख प्रमाणिकरण, या एनएल/एनएल) के साथ श्रेयपत्र की प्रमाणिकरण के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online authentication or scanning of QR code / offline XMR).

3264 9144 9213

भेरा आधार, भेरी पहचान

पता भेरा पुरा बाहुया डेरा बाहुया डेरा बाहुया डेरा बाहुया डेरा
बाहुया डेरा, बाहुया डेरा, बाहुया डेरा, बाहुया डेरा
274001
Address: Bahuya Buzurg, Bahuya Buzurg, Bahuya Buzurg,
Post Bahuya Buzurg, Bahuya Buzurg, Bahuya Buzurg,
PO Bahuya Buzurg, DIST: Dhanu, Uttar
Pradesh, 274001

3264 9144 9213



help@uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DMYPC7657E

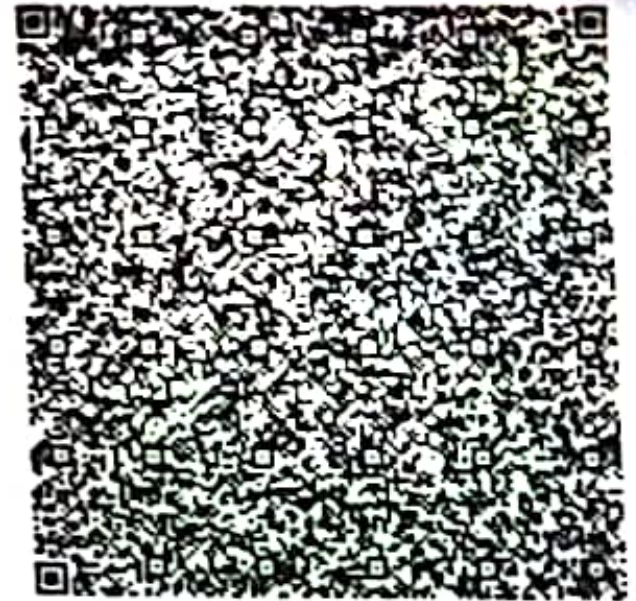


नाम / Name
ARUN CHAUHAN

पिता का नाम / Father's Name
PRABHU CHAUHAN

जन्म की तारीख /
Date of Birth
29/07/2005

Arun Chauhan
हस्ताक्षर / Signature



05032026

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.	ARUN CHAUHAN 7266815361
2	Vehicle No. / वाहन संख्या	UP52CF1438
3	Policy No. / पालिसी संख्या	252400/31/2026/7732
4	Period of Insurance / बीमा अवधि	28/04/2025 To - 27/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/04/2026 - Time - 10:00 AM.
6	Place of Accident / दुर्घटना का स्थान	महुआनी चौराहा (रेकीपत)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAHUL CHAUHAN UP5220250020114 7266815361
8	Estimated Loss / अनुमानित हानि	11700 ✓
9	Cause of Accident / दुर्घटना का कारण:	सड़क से विशुनपुरा जा रहे थे रास्ते में महुआनी चौराहा पर सड़क पर ड्रिफ्टिंग हुआ था गंगा तिरुको व्यक्ति के चक्कर में मैं अपनी गाड़ी का ब्रेक गाया तबही विद्व से दो पहिया वाहन ने तक्कर मार लिया और मेरी गाड़ी बाया साइड ग्रीड के शिफ्टरत हो गई। गाड़ी पर 11700 का नुकसान हुआ है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NM
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NM
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	JANPATI AULB. MOBILE DEORA

Date / दिनांक :
हस्ताक्षर

25/04/2026
Arun Chauhan

Signature of Insured / बीमाधारक के

Arun Chauhan



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.	ARUN CHAUHAN 7266815361
2	Vehicle No. / वाहन संख्या	UP52CF1438
3	Policy No. / पालिसी संख्या	252400/31/2026/7932
4	Period of Insurance / बीमा अवधि	28/04/2025 To - 27/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/04/2026 . Time - 10:00 AM.
6	Place of Accident / दुर्घटना का स्थान	महुआनी चौक (रेवियु)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAHUL CHAUHAN UP5220250020114.7266815361
8	Estimated Loss / अनुमानित हानि	117000 ✓
9	Cause of Accident / दुर्घटना का कारण:	शरीर से विशुद्ध ला रहे जो रास्ते में महुआनी चौक पर अचानक रुकना था जगह जिसकी बचाव के तर्क में अपनी गाड़ी का ब्रेक गारा, तब ही विद्युत दो पहिया वाहन ने तर्क गार दिया और मेरी गाड़ी बाया साइड गीर के शक्तिशाल हो गई। गाड़ी 1154 नंबर पर चला रहा था।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	JANPATI AUTO. MOBILE REPAIR

Date / दिनांक : 25/04/2026
स्ताक्षर : Arun Chauhan

Signature of Insured / बीमाधारक के
Arun Chauhan