

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name SURAJ KUMAR  
Address DEORIA  
Phone 8576032025

Job No. ....  
Date 24/04/2026  
Chasis No. ....  
Engine No. ....  
Key No. L.P.S.2.BQ4231  
Regn. No. ....  
Speedmeter Redg. ....  
Insurance No. ....  
Model H.F. DELUX

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	Viganc -	1K	1100	1100	
2	HIL -	1K	530	530	
3	F. Fendouf -	1K	1300	1300	
4	Handl -	1K	500	500	
5	Livouf - R -	1B	100	100	
6	Pannal. R. -	1K	550	550	
7	Fuel. Tank. -	-1A	737	737	
8	Lag. Grand. -	1K	675	675	
9	Coup -	1K	1400	1400	
10					
11					
12					
13				500	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				14180	

- Notes:
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.....

For **GANPATI Automobiles**  
General Road,  
Opp. Dr. G. N. Pabliès  
DEORIA  
779400  
Authorised Signatory

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शोरेंस 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.	SURAJ. KUMAR. 8576032025
2	Vehicle No. / वाहन संख्या	UP52BQ4231
3	Policy No. / पालिसी संख्या	ms/2025/7001/v46575/45A39
4	Period of Insurance / बीमा अवधि	25/06/2025 - To - 24/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/04/2026 - Time - 11:30 pm
6	Place of Accident / दुर्घटना का स्थान	ब्यापाट (डेकोपा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SURAJ-KUMAR. PATEL. UP5220140008393, 8576032025
8	Estimated Loss / अनुमानित हानि	151800
09.	Cause of Accident / दुर्घटना का कारण:	ब्यापाट से बेंगलपुर जा रहे थे रास्ते में ब्यापाट के पास मवीर के सामने सड़क पे अचानक क्षियार आ गया जिसकी लचारी के चलते, मैं गरी जाड़ी दावा खाई शीद कर क्षतिग्रस्त 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 AUTO-MOBILE- DEORIA

Date / दिनांक : 24/4/26  
हस्ताक्षर : सुरज कुमार

Signature of Insured / बीमाधारक के  
सुरज कुमार



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/2025/7001/46575/451739

Tel No \_\_\_\_\_

Period of Insurance 25/06/2025-30-24/06/2026  
 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 SHRAJ. KUMAR.  
 (b) Address for correspondence CHIRIYA. DHANA. GFORIA (C.P.)  
 (c) Telephone \_\_\_\_\_

2 THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No <u>13564</u> Chassis No <u>C2465</u>	Registration No. <u>UP52BQ</u> <u>4231</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

III 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. NA  
 (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 SURAJ. KUMAR. PATEL.  
 (b) Age 02/04/1992  
 (c) Address KATWALI DEORIA (C.O.)  
 (d) Is the Driver  
 1 Owner YES  
 2 paid driver?  
 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 UP522014-0008393  
 (h) Issuing Authority  
 (i) Date of Expiry 24/03/2030  
 (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

(a) Date and Time 21/04/2026 Time - 11:30 pm  
 (b) Place सुपौल  
 (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

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS-PER ESTIMATE  
 (b) Estimated cost of repairs 19100  
 (c) When and where can the damaged vehicle be inspected Lingam Pura

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?

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing  
Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Anand 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 Stamp  
Excise Stamp  
When Issued  
Form No. 1000

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
NA

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

\_\_\_\_\_  
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\_\_\_\_\_  
NA

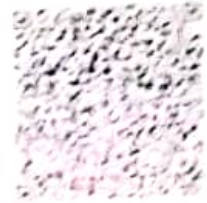
I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 23/09/2026

Signature of the insured [Signature]



**GOVERNMENT OF UTTAR PRADESH**  
 Transport Department DEORIA  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**



Registration No: UP52BQ4231      Registration Date: 08-May-2022  
 Description of Vehicle: M-CYCLE/SCOOTER      Purpose For: Printing RC      NEPV  
 Dealer's Name & Address: GANPATI AUTOMOBILES (E), PURWA CHAURAHA GKP ROAD, DEORIA  
 Owner Name: SURAJ KUMAR      Son/ward/daughter of: ANEEL PRASAD  
 Full Address (Permanent): VILL SOMNATH NAGAR, PO CHIRAWA DHARA, PS DEORIA, DEORIA, UTTAR PRADESH-274001  
 Full Address (Temporary): VILL SOMNATH NAGAR, PO CHIRAWA DHARA, PS DEORIA, DEORIA, UTTAR PRADESH-274001  
 Fitness Up To: 08-May-2037      Tax Up To: Cmp Tax  
 Owner Serial No: 1  
 Detailed Description:  
 Class of Vehicle: M-CYCLE/SCOOTER      Link Vehicle No: BHARAT STAGE 18  
 Ownership: INDIVIDUAL      Norms:  
 Maker's Name: HERO MOTOCORP LTD      Front HSRP No: AA2053E75957      Rear HSRP No: AA2053E75957  
 Front HSRP No: AA2053E75957      Month/Year of Manuf: 03/2022  
 Type of Body: SOLO WITH PILLION      Chassis No: MBLMAY1400024805  
 No of Cylinders: 1      Fuel: PETROL  
 Engine No: HA11E5NGC13564      Cubic Capacity: 97.50  
 Horse Power (BHP): 7.51      Wheel base: 1233  
 Maker's Classification: HFDELUXE/SULF-DIACSTYSS      Standing Cap: 0  
 Seating Cap (in all): 2      Unladen Wt (kgs): 112  
 Sleeper Cap: 0      Laden/GV Wt (kgs): 240  
 Colour: Red Black      AC Fitted: NO  
 Other Criteria:  
 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 HDB FINANCIAL SERVICES LTD, Deoria, Uttar Pradesh-274001 w.e.f. 07-May-2022

Purchase dt: 03-May-2022      Sale Amt: 62610/-  
 OTT Date: 03-May-2022      Amount/Rept No: 62610/-UP52BQ4231/1/2  
 Tax Up To: One Time      Vehicle is Govt/ Pvt: PRIVATE  
 Tax Exempted or Not: NOT EXEMPTED      Date of Approval: 10-May-2022  
 Other State/Transfer/Conversion Details:  
 Previous Owner:      Previous RegNo:  
 Old State:      Entry Date:  
 Transfer Date:      Conversion Date:

This certificate is valid from 09-May-2022 to 08-May-2037

Date: 26-Jun-2022 15:19:31  
 Taxation Particulars / Advance Registration Mark Fee Details

*Deputy Commissioner, Deoria*  
 Date: 26 Jun 2022

**N 3774584**

Pradesh Government, Uttar Pradesh  
 Pradesh Government, Uttar Pradesh

# Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No: MS20257001/0-46575451739

**Motorsathi Care Private Limited**  
 B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (207001) India  
 Contact No: 42  
 Phone: +91 79410 52643  
 Email: info@motersathi.com  
 Visit the help section of [www.motersathi.com](http://www.motersathi.com)

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
SURAJ KUMAR	1992-04-02	9517550901	VAKHEEL PRASAD	Hero MotoCorp	4013111-31
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>
SELF E20	UP52BQ4231	HA11ESNGC13564	MBLJHAW144NGC24605	2022	100
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/3rd-Fuel ADV</b>	<b>Total ADV</b>
37500.00	NA	0.00	0.00	0.00	37500.00
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl GST)</b>
	Solo			2	1168.48
<b>Address</b>				<b>City / District</b>	<b>Pin Code</b>
VILL SOMNATH NAGAR, PO CHIRAIYA DHALA, PS DEORIA, Deoria, Uttar Pradesh,					274001
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
BINDU DEVI	Female	48 Years	MOTHER	2025-06-25 15:18	Month of 2025-06-25

Section A, VRC: 577.31 TCR: 309.75 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (135%) 251.01 Total with GST (A) 639.05  
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total (B): 0.00 GST (CGST @9% + SGST @9%) (B) 0.00 Total (B) GST (B): 0.00  
 Section C, MS Services (O): 241.53 MS Services (D): 0.00 MS Services (P): 0.00 GST (CGST @9% + SGST @9%) 43.47 Total MS Services with GST (C): 285.00  
 Section D, Drive Assure: 209.68 AHDC, DOC & Additional External Tyre Cover (AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%) 37.74 Total with GST (D): 247.42  
**Total (Section A+B+C+D) Offered Price After Discount: 1168**

Package Period Covered	2025-06-25 To 2026-06-24	2026-06-25 To 2027-06-24	2027-06-25 To 2028-06-24	2028-06-25 To 2029-06-24	2029-06-25 To 2030-06-24
ADV	37500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\* THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UP TO 26/06/2025 (AS PROVIDED BY THE CUSTOMER)

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than staples or personal effects) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade

**DRIVER:** Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 5 of Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event is up to Rs. 100000. The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal via [motersathi.com](http://motersathi.com) MotorSathi App.

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 3 days notice to the customer by misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1Lakh or a request for refund of payment exceeding Rs 1Lakh, the company shall comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motersathi.com](http://www.motersathi.com) Customer Care: Toll Free: 1800-100-1000  
 email id: [info@motersathi.com](mailto:info@motersathi.com)



**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any dispute arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1168.48 ON 2025-06-25 from Mr./Ms. SURAJ KUMAR against the ARN No. INCP00451739  
 This acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (207001) India

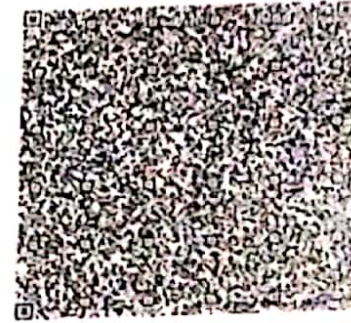
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
DZSPK5831H



नाम / Name  
SURAJ KUMAR

पिता का नाम / Father's Name  
VAKEEL PRASAD

जन्म की तारीख /  
Date of Birth  
26/04/1998

सुरज कुमार  
हस्ताक्षर / Signature

0103202E





Indian Union Driving Licence  
Issued by Uttar Pradesh

UP52 20140008393

Issue Date: 25-03-2021    Validity (M): 10-06-2034    Validity (Y): 24-03-2020



Name

SHRI KUMAR PATEL

Date of Birth: 07-04-1990

Blood Group

Organ Donor:

Sex: Male    Name of Spouse: **SHRI PATEL**

Address

101, ALHAMBRA BANGLO (DRAGS) CIVIL ANPUS  
UNDA BHOJ-BUTWALI, GORAKH STANET

D/L No: UP52 20140008393

UPDL52140008393



Vehicle Category (Regn Number)



Present Validity    Retl Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Renewal Date	Renewal By
Motor Vehicle	DMV	UP52	11-06-2014	MT			
Motor Vehicle	DMV	UP52	11-06-2014	MT			
Motor Vehicle	DMV	UP52	14-03-2014	TR			

Proprietary Computer Software



UP52, GORAKH STANET



**सुख कुमार**  
 Sukh Kumar  
 जन्म तिथि/DOB: 26/04/1998  
 लिंग/SEX: MALE

6179 9429 8139  
 मेरा आधार, मेरी पहचान

**सुख कुमार**  
 Sukh Kumar  
 जन्म तिथि/DOB: 26/04/1998  
 लिंग/SEX: MALE

6179 9429 8139  
 VID: 6179 9429 8139 8139