

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name NIMALA DEUI
Address DEORIA
Phone 7068487923

Job No.
Date 25/04/2026
Chasis No.
Engine No.
Key No. UP52BF3652
Regn. No.
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	Vigord -	1R	1100	1100	
2	HIL -	1B	535	535	
3	F- Winker - L -	1R	250	250	
4	F. Fender - -	1R	1300	1300	
5	F- Front. L&R. - <u>TA</u> -	-	-	530	
6	Mittal - -	1S	1571	1571	
7	Mittal Imm -	1R	303	303	
8	Panorly - <u>(2)</u> -	1R	550	550	
9	Lgg. Cover -	1R	675	675	
10					
11					
12					
13					
14					
15	Labour			600	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				73844	

- 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.....

For Ganpati Automobiles
Gorakhpur Road
OPP. Dr. G. N. Gupta
DEORIA
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.	VIMALA DEVI ♀ 7068487923
2	Vehicle No. / वाहन संख्या	UP52 BF3652
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/435493
4	Period of Insurance / बीमा अवधि	11/5/2025 to 10/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/04/2026 - Time - 2:25 pm.
6	Place of Accident / दुर्घटना का स्थान	महुआडी चौराहा.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DILEEP UP5220230011310, 7068487923
8	Estimated Loss / अनुमानित हानि	738 पं.
09.	Cause of Accident / दुर्घटना का कारण: हतिमपुर से महुआडी आते समय रास्ते में महुआडी चौराहा पर खामोश से वाइक बायने ने टुककर मार दिया जिससे मेरी गाड़ी बायने खासि गिर कर क्षतिग्रस्त हो गई।	
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 WORKS

Date / दिनांक :
हस्ताक्षर

24/4/26

विमला

विमला
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/2025/7001/6146535/435498

Tel. No _____

Period of Insurance 11/05/2025 - To - 10/05/2026
 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 NIMALA DEVI
 (b) Address for correspondence NARAYANPUR, DEORIA (U.P)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No. <u>406962</u> Chassis No. <u>706396</u>	Registration No. <u>UP52BF</u> <u>3652</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 _____
- NA



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? N/A
(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? N/A
(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? N/A
(f) Has theft been reported to Police? _____
(g) When? _____
(h) Which Police 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 24/4/26
200

Signature of the insured [Signature]

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
Electronic Stamp
When Issued
Receipt No. 00001

Witness
Name
Signature
Address

Signature [Handwritten Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Package Offer

2024-05-07

Ms. Ms. VIMALA DEVI

Uttar Pradesh,

Dear Ms. Ms. VIMALA DEVI,

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 offer details of the program are attached, 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: sales@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Ms. Ms. VIMALA DEVI, 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: sales@motorsathi.com

Website: www.motorsathi.org

UJGKXN 2HAAPCMS877M1ZD



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/435493

Sathi Care Private Limited

Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

Website: www.motorsathi.com
 Email: info@motorsathi.com
 Phone: +91 7941050624
 WhatsApp: +91 7941050624
 For more information visit www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
VIMALA DEVI	1975-07-02	8874163687		Hero	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
		HA11ESLHA06962	MBLJHAW146LHA06396	2020		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
18500.00	NA	0.00	0.00	0.00	18500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo		--	2	1544.94	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RAVISHANKH HALHAN	Male	50 Years	HUSBAND	2025-05-11 00:00	Midnight of 2026-05-10	

Discounts: PA (147.91) CR (0.00) Less Handicapped Discount (0.00) For Anti-Theft Discount (0.00) PA Bonus ND Discount (Default) Total with GST(A) 180.44
 Net Ins. B. Ex. (0.00) + H. Service (0.00) ECPD (0.00) Sub Total: 0.00 TAC (0.00) ENC (0.00) EDC (0.00) MCPD (0.00) Total(B): 764.00 GST (CGST @9% + SGST @9%) (H): 137.52 Total with GST(B): 901.52
 Net Ins. 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
 Net Ins. D. Ex. Acc. 116.93 AHDC (DOC & Additional External Tyre Cover(AETC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 21.05 Total with GST(D): 137.98
Total Section A-B+C+D Offered Price After Discount: 1505

Package Period Covered	2025-05-11 To 2026-05-10	2026-05-11 To 2027-05-10	2027-05-11 To 2028-05-10	2028-05-11 To 2029-05-10	2029-05-11 To 2030-05-10
ADV	18500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

TP: All vehicles covered in this contract have a valid TP coverage from 2025-05-11 until .

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 samples or personal luggage) 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 Holding or 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 3 of the 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. Up to Rs - 100000/ Note: This limit is restricted to estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or Motorsathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud 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 1 lakh, the accountability will 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.motorsathi.com Customer Care / Toll Free Phone No: 7941050624 Email: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Received with Thanks Rs 1504.94 ON 2025-05-07 from Mr./Ms. VIMALA DEVI
 The acknowledgment is subject to a compulsory excess of Rs. 1000/- & Depreciation is applicable as per terms & conditions*
 (Please turn over for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20230011310



Issue Date: 13-07-2023
Validity (NT): 12-07-2033
Validity (TR):

(13-07-2023)

Holder's Signature

Date of first issue

Name: DRLEEP

Date of Birth: 01-01-1991

Blood Group:

Organ Donor: N

Spouse (Daughter/Wife of): GULAB

Address:
Jaitpur & Barma Khas Deoria
Uttar Pradesh 274201

DL No: UP52 20230011310



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
car	BCMG	UP52	13-07-2023	NT			
motorcycle	LMV	UP52	13-07-2023	NT			
MVSD							

Emergency Contact Number:

UP52 Deoria





विमला देवी
Vimala Devi
जन्म तिथि / DOB : 02/07/1975
महिला / Female



6116 9698 4389

आधार - आम आदमी का अधिकार



आधार
[Redacted] City of India

पता
श्रीधरजी परमहंस चौक
नारायणपुर, देवरिया, बंगाल
पिन 274408

Address:
W/O: Paramhans Chauhan,
Narainpur, Deoria, Benjara, Uttar
Pradesh, 274408

6116 9698 4389

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MN/2025-7001/O/46575/435493

MotoSathi Care Private Limited
Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

Phone: +91 960643 80643
Email: info@motorsathi.com
Visit our full section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
VIMALA DEVI	1975-07-02	8874163687		Hero	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
POSITION PLUS BS SELF		HA11ESLHA06962	MBLHAW146LHA06396	2020		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
18500.00	NA	0.00	0.00	0.00	18500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo			2	1504.94	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
P. COMBHANSH CHAUHAN	Male	50 Years	HUSBAND	2025-05-11 00:00	Midnight of 2026-05-10	

es - A - ARC: 147.96 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A): 180.44

es - 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): 764.00 GST (CGST @9% + SGST @9%) (II): 137.52 Total (II) GST(II): 901.52

es - 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

es - D - Drive Assure: 116.93 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 21.05 Total with GST(D): 137.98

Total Section A-B+C+D Offered Price After Discount: 1505

Package Period Covered	2025-05-11 To 2026-05-10	2026-05-11 To 2027-05-10	2027-05-11 To 2028-05-10	2028-05-11 To 2029-05-10	2029-05-11 To 2030-05-10
ADV	18500	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 from 2025-05-11 until .

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 samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

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TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 794105064 email: info@motorsathi.com



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Received with Thanks Rs 1504.94 ON 2025-05-07 from Mr./Ms. VIMALA DEVI

The 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

