

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... AANCHAL VISHWAKARMA
Address..... Deoria
Phone..... 9305828792

Job No.
Date..... 02/5/26
Chassis No.
Engine No.
Key No.
Regn. No. UP52 CF 4125
Speedmeter Redg.
Insurance No.
Model..... P.1000

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. Chuchis | 1PC | 7320 | 7320 | |
| 2 | Handl Cam | 1PC | 1000 | 1000 | |
| 3 | H/L | 1PC | 720 | 720 | |
| 4 | H/L - Cracem | 1PC | 350 | 350 | |
| 5 | Corrip | 1PC | 1050 | 1050 | |
| 6 | Handl | 1PC | 750 | 750 | |
| 7 | Mirror (L) | 1PC | 250 | 250 | |
| 8 | Liner (L) | 1PC | 120 | 120 | |
| 9 | Upper Cam | 1PC | 1880 | 1880 | |
| 10 | Lower Cam | 1PC | 1350 | 1350 | |
| 11 | Body Cam Inner - L/R | 2PC | 1300 | 2600 | |
| 12 | Body Cam HR | 2PC | 400 | 800 | |
| 13 | Body Cracem - L/R | 2PC | 300 | 600 | |
| 14 | Floor - L/R | 2PC | 450 | 900 | |
| 15 | F. Fench | 1PC | 1480 | 1480 | |
| 16 | R.R. Alley Wheel - | 1PC | 3520 | 3520 | |
| 17 | Camder | 1PC | 300 | 300 | |
| 18 | T/L - Inner - L/H | 2PC | 250 | 500 | |
| 19 | T/L | 1PC | 1150 | 1150 | |
| 20 | Saidencu | 1PC | 11500 | 11500 | |
| 21 | Muffler Cam | 1PC | 240 | 240 | |
| 22 | Wiper - ATAH - Inner | 2PC | 1000 | 1000 | |
| 23 | F. Inner | 1PC | 620 | 620 | |
| 24 | Make | 1PC | 530 | 530 | |
| 25 | R.R. Fench | 1PC | 470 | 470 | |
| Labourer | | | | | |
| | | | TOTAL | 800 | |

- 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.

Total -

41800

For - Ganpati Automobiles

[Signature]

I/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

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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. | AANCHAL VISHWAKARMA & |
| 2 | Vehicle No. / वाहन संख्या | 9305828792 |
| 3 | Policy No. / पालिसी संख्या | UPS2CF4185 |
| 4 | Period of Insurance / बीमा अवधि | 252400/31/2026/11859 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 08/05/2025 707/05/2026 01/05/26 & 02:00PM |
| 6 | Place of Accident / दुर्घटना का स्थान | मनगूर वान-अ आगरोडमा |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | PANKAJ SAINI & 9305828792 |
| 8 | Estimated Loss / अनुमानित हानि | UPS2201100/2025 418007 |
| 09. | Cause of Accident / दुर्घटना का कारण : | मनगूर में पंखेवाहन जाते समय रास्ते में भाग्य वान से टक्कर खाते हुए घटित हुआ। जिससे मोबाइल वापस साईस गैर काम ड्राइवर को मिला 11/5/26 |
| 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 / फोन नं. | Ganpati Automobiles Purnea Deoria & 7651989597 |

11/5/26

Date / दिनांक :

हस्ताक्षर Aanchal Vishwakarma

Aanchal Vishwakarma

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. 252400131/2026/11859
 Tel. No. _____
 Period of Insurance 07/05/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

(a) Name 1. INSURED
 (b) Address for correspondence ABYCHAL VISHWAKARMA
 (c) Telephone APRA CHAURI
9305920799

2. THE INSURED VEHICLE

| | | | |
|----------------------------------|------------------------------|-------------------------------|---------------------------------------|
| Make & Year <u>Hareo-2025</u> | Engine No. <u>* 00491</u> | Chassis No. <u>* 00602</u> | Registration No. <u>UP22CF4195</u> |
|----------------------------------|------------------------------|-------------------------------|---------------------------------------|

(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
AAA

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 NA
 (i) Number of Passenger permitted _____

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 *Anandh Vignarajam*

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? 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? When?
- (g) Which Police Station?
- (h) 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 1/5/26 200

Signature of the insured Aarshad Visthaskarung



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

: 14-May-2025

Registration No
Description of Vehicle
Dealer's Name & Address
Owner Name

: UP52CF4185
: M-CYCLE/SCOOTER
: GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
: AANCHAL VISHWAKARMA Son/wife/daughter of
: VISHWAKARMA

Full Address: (Permanent)
Full Address: (Temporary)
Fitness UpTo

: VILL-AURA CHAURI, PO-GILESTATE, DEORIA, DEORIA, UTTAR PRADESH-274001
: VILL-AURA CHAURI, PO-G.I.ESTATE, DEORIA, DEORIA-UTTAR PRADESH-274001
: 13-May-2040
Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI
Ownership : INDIVIDUAL Norms :
Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1042031133
Front HSRP No : AA1042572499 Month/Year of Manuf.: : 12/2024
Type of Body : SOLO WITH PILLION Chassis No : MBLJFW626RGM00602
No of Cylinders : 1 Fuel : PETROL
Engine No : JF16EYRGM00471 Cubic Capacity : 110.90
Horse Power(BHP) : 8.04 Wheel base : 1238
Maker's Classification : PLEASURE + VX Standing Cap : 0
Seating Cap(in all) : 2 Unladen Wt (kgs) : 104
Sleepar Cap : 0 Laden/GV Wt (kgs) : 234
Colour : BLACK AC Fitted : NO
Other Criteria : 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 IDFC FIRST BANK LTD, , , ,
Deoria, Uttar Pradesh-274001 w.e.f. 14-May-2025.

Purchase dt : 08-May-2025 Sale Amt : 76213/-
OTT Date : 08-May-2025 Amount/Rcpt No : 7622 / UP52DD25050002498
Vehicle is Govt./Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 15-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 14-May-2025 to 13-May-2040

Date : 04-Jun-2025 13:37:07
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 04-Jun-2025

3896178

Government of Uttar Pradesh Government of Uttar Pradesh Government of Uttar Pradesh Government of Uttar Pradesh



The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: RAJIV KUMAR GUPTA
Date: Wed, May 14, 2025 16:38:15 IST
Reason: Signing Policy for OICL

MOTOR INSURANCE CERTIFICATE CUM POLICY SCHEDULE MOTORISED TWO WHEELERS-(5 Years) BUNDLED POLICY - ZONE B

UIN:IRDAN556RPP0004V01201819

Road Side Assistance included in this policy - Toll free No. 8447642311 *Conditions Apply

| | | | |
|-----------------|--|-------------------|---|
| Policy No | : 252400/31/2026/1859 | Prov Policy No | : |
| Cover Note No | : | Cover Note Dt | : |
| Insured's Code | : 194278155 | Issue Office Code | : 252400 |
| Insured's Name | : AANCHAL VISHWAKARMA (GSTIN: 0) | Issue Office Name | : BO KHAIR NAGAR MEERUT (GSTIN: 09AAACT0627R4ZU) |
| Address | : D/O PREM SAGAR VISHWAKARMA VILL- AURA CHAURI , PO- G.I ESTATE PS- DEORIA,PS- DEORIA,DEORIA | Address | : DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT |
| Tel /Fax /Email | : DEORIA UTTAR PRADESH 274001 | Tel /Fax /Email | : UTTAR PRADESH 250002 01214063570 / 0121-2422283 / |

Lead/Breakin No : /

Agent/Broker Details

Dev. Off. Code : NY0000001702 AMIT SINGH
 Agent/Broker : BA0000155144 ABHINAV BHATI
 Address : A 512, RISHIK TOWER, NEAR PARAS JOYOTI BANQUET HALL, STAR CITY,
 TALANGARI, ALIGARH, UTTAR PRADESH, 202001
 Tel /Fax /Email : 8218003891/abhinavbhatimeerut@gmail.com



Policy Period (OWN DAMAGE): FROM 17:53 ON 08/05/2025 TO MIDNIGHT OF 07/05/2026
 Policy Period (LIABILITY): FROM 17:53 ON 08/05/2025 TO MIDNIGHT OF 07/05/2030
 Collection No & Dt : CD A/C AB00000056695 GST INVOICE NO :092484360 UIN :0
 Gross Premium : 0 GST : 0 Stamp Duty : 0 Total : 0
 Geographical Area : INDIA Area Extension :

Particulars of Insured Vehicle:

| Registration Mark & Place | Engine No. & Chassis No. | Make - Model | Year Of Manufacture | Type Of Body Type Of Fuel | Seating Capacity (Incl) | Cubic Capacity |
|---------------------------|-------------------------------------|----------------------------------|---------------------|---------------------------|-------------------------|----------------|
| NEW | JF16EYRGM00471 MBLJFW626RGM00602 | HERO MOTOCORP-HERO- PLEASURE+ VX | 2025 | SOLO PETROL | 1 + 1 | 110 |

Limitations as to use:

The Policy covers use only under a permit within the meaning of the Motor Vehicles Act 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act 1988.

- Use only for social, domestic and pleasure purposes and for the insured's business or profession. The Policy does not cover use for hire or reward, lullion, racing, pace making, reliability trial, speed testing, carriage of goods (other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade

Driver: Any person including the insured, 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 Learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

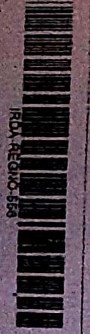
Limit of Liability: Under Section II(II) in respect of any one accident as per Motor Vehicles Act, 1988.

Under Section II-(II) in respect of any one claim or series of claims arising out of one event is Rs. 0

P. A. Cover under Section III for Registered Owner Cum Driver (CSI) : Rs. 0

*This Insurance excludes all pre-existing damages

Insured's Declared Value



RD-REG-ND-588

14/05/2025

The Oriental Insurance Company Limited

The Document is Digitally Signed

Signer: RAJIV KUMAR GUPTA,
 Date: Wed, May 14, 2025 16:38:15 IST
 Reason: Signing Policy for OICL

Attached to and forming part of policy number **252400/31/2026/11859**

| For the Vehicle | For the Side Car | Non Electrical Accessories | Electrical Accessories | Value of LPG/CNG | Total Value |
|-----------------|------------------|----------------------------|------------------------|------------------|-------------|
| 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE OF PREMIUM

A. OWN DAMAGE

B. LIABILITY

Deductibles under Section-I : **COMPULSORY DEDUCTIBLE Rs:0**

Subject to INT Endorsement Printed herein/attached to : **MT-20 , MT-22 , MT-6**

Details of INT Endorsements are also available on the Company's Web Portal www.orientalinsurance.org.in

Hypothecation Agreement with: **IDFC FIRST BANK LTD**

Hire Purchase/Lessor Agreement with:

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under this policy is subject to conditions, clauses, warranties, exclusions, MT's and OIC endorsements mentioned herein above which are available on Company's website: www.orientalinsurance.org.in or on demand from the policy issuing office

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if Driving Licence is found fake or is not valid whether or not in the knowledge of the insured. I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at on **14-MAY-25**

IMPORTANT NOTICE
 The Insured 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 in order to comply with the MV/Act 1988 is recoverable from the insured. See the Clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY".

Entered By : **KISHAN CHAND**

Examined By : **KISHAN CHAND**

Policy Printed By : **922137**

IP :

Policy Printed On : **14-MAY-25 16:38:14**



This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.




CIN: U66010DL1947GOI007158. All the Amounts mentioned in this policy are in Indian Rupees
 IRDA Regn. No. 558 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to 9560711200)

Place :
 Date : **14/05/2025**



IRDA-REGD-558




UNION OF INDIA Driving Licence





UP52 20110012023

| | |
|--|--------------------------------|
| जारी करने की तिथि Date of Issue 24/10/2011 | वैधता / Validity 23/10/2031 |
| जन्म तिथि Date of Birth 26/04/1992 | Blood Group Unknown |

नाम / Name
PANKAJ SAINI

पिता/पति का नाम / Son/Daughter/Wife of
MOITICHAND SAINI

UP52 20110012023



LMV MC 7G
 24/10/2011 24/10/2011

नाम / Address
**BHARAULI BARDIHADAL
 MADANPUR
 DEORIA**

जारीकर्ता / Issuing Authority Sign
DEORIA

Form / Rule 16(2)


Aadhaar no. issued: 27072017

भारत सरकार
Government of India


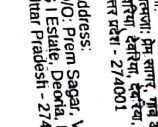
श्रीमती विश्वकर्मा
Aanchal Vishwakarma
जन निर्माण/DOB: 15/10/2005
लिंग/ GENDER: FEMALE

आधार नम्बर को प्रमाण & सन्तुष्टि तपास गर्न नदी ।
संसार, सुदूर सञ्चार (संश्लेषण प्रमाणित), वा सञ्चार सेवा/
संश्लेषण (सञ्चारको को रोजीत) ले तपास गर्न सक्ने ।
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 XML).



8474 8510 0680


भारत सरकार, श्रीमती विश्वकर्मा

भारतीय विश्वैक्यकरण प्राधिकरण
Unique Identification Authority of India

श्रीमती: प्रियम, गाँव सपुरा, पोस्ट
श्रीमती: प्रियम, सपुरा,
गाँव सपुरा - 274001

Address:
D/O: Priyam Sapar, Village Aura Chauki, Post
G1 Estate, Deoria, P.O: Deoria, DIST: Deoria,
Uttar Pradesh - 274001



8474 8510 0680

UID : 9146 3673 1888 0477

1047 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MINOR

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

CCXPV4458A

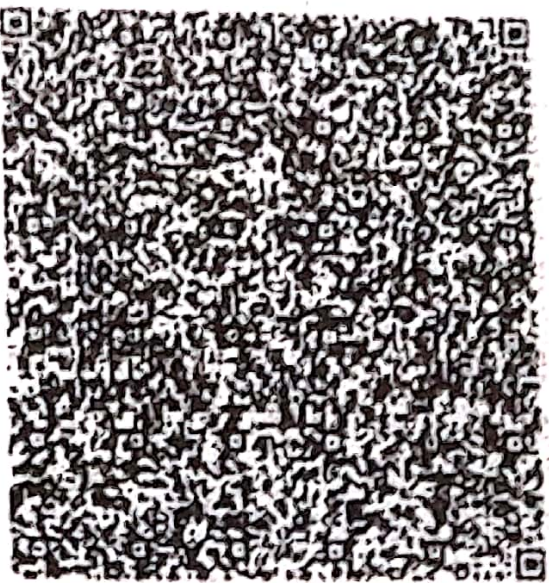
पिता / Name
ANCHAL VISHWAKARMA

पिता की पता / Father's Name
PREM SAGAR

जन्म की तारीख /
Date of Birth
15/10/2005

हस्ताक्षर /
Signature

हस्ताक्षर / Signature



13062021

