

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name... SURIV
 Address... DEORIA
 Phone... 9935290214

Job No.
 Date... 06/05/2026
 Chasis No.
 Engine No.
 Key No. 4P52CF4171
 Regn. No.
 Speedmeter Redg.
 Insurance No.
 Model... HE 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	एकरी गीक	18	3000	3000	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	CARBON			750	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				3750	

- 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 Automobile
 Gorakhpur Road
 Opposite to G.M. G.M.
 DEORIA
 Mob. 7704004711

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

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.	SUKRIV MALL 9935290214
2	Vehicle No. / वाहन संख्या	UP52CF4171
3	Policy No. / पालिसी संख्या	252400/31/2026/13046
4	Period of Insurance / बीमा अवधि	12/05/2025 - To 11/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/5/26 @ 05:00 PM
6	Place of Accident / दुर्घटना का स्थान	रुचापल
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	SUKRIV MALL UP5220060030693, 9935290214
8	Estimated Loss / अनुमानित हानि	3000 / -
09.	Cause of Accident / दुर्घटना का कारण: रुचापल शू मेड गाडी खड़ी थी जब मैं अपनी गाडी चालू किया तो चालू नहीं हुआ और जब गाडी गणपति वर्क शाग में लाया तो पता चला की वापल को चुदा ने कल दिया है	
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.	LANPATI AUTO MOBILE DECRIF. 7651999592

Date / दिनांक : 4/05/26
 स्ताक्षर

सुश्रीव मल्ल

सुश्रीव मल्ल

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. 252400/31/2026/13046
 Tel. No. _____ Period of Insurance 12/05/2025 - 11/05/2026
 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 : SUGRIV MALL
 (b) Address for correspondence : ROOHPAR DEORIA (U.P.)
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>4 C1110</u> Chassis No. <u>E53742</u>	Registration No. <u>UP52F</u> <u>4171</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 NA
 (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 _____



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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Keweenaw Insurer
Water Receipt
Form No. 1000

Name _____
Signature _____
Address _____

Signature _____
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ NO
- (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? : _____ NO
- (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 4/5/26 200

Signature of the insured सुनील गजरा



Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF4171 Registration Date : 14 May 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 : BUCHHIV MALL Son/wife/daughter of : JAYNATH MALL
 Full Address (Permanent) : VIII BARNAI KHAS, PS MANUADIH DEORIA, DEORIA, UTTAR PRADESH-274201
 Full Address (Temporary) : VIII BARNAI KHAS, PS MANUADIH DEORIA, DEORIA, UTTAR PRADESH-274201
 Fitness Up to : 13 May 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 : AA1042572655 Rear HSRP No : AA1042031289
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW43459E53742
 Engine No : HAT11459E01770 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Steepr Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242
 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 w.e.f

Purchase dt : 12-May-2025 Sale Amt : 65000/-
 OTT Date : 12-May-2025 Amount/Rcpt No : 6500 / UP52D25050002484
 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 : 30-May-2025 14:00:35

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-May-2025



Q 3622822



Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF4171 Registration Date : 14-May-2025
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 Dealer's Name & Address : GANPATI AUTOMOBILES (D) PURWA CHAUHANA GKP ROAD DEORIA, . . 190-274001
 Owner Name : SUGRIV MALL Son/wife/daughter of : JAYNATH MALL
 Full Address (Permanent) : VILL- BARNAI KHAS, PS MAHUADIH DEORIA, DEORIA, UTTAR PRADESH-274201
 Full Address (Temporary) : VILL- BARNAI KHAS, PS MAHUADIH DEORIA, . DEORIA-UTTAR PRADESH-274201
 Fitness Up To : 13-May-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 : AA1042572655 Rear HSRP No : AA1042031289
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW434S9E53742
 Engine No : HA11F4S9E01779 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

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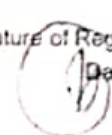
This certificate is valid from 14-May-2025 to 13-May-2040

Date : 30-May-2025 14:00:35

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-May-2025



Q 3622822



2025-05-12

Mr./Ms. SUGRIV MALL
VILL&PO- BARNAI KHAS PS- MAHUADIN
DEORIA, Uttar Pradesh, 274201

Dear Mr./Ms. SUGRIV MALL,

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. SUGRIV MALL, 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.

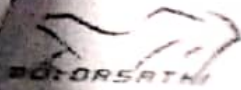
We can be reached everyday during 9AM to 7PM at

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



Please scan the QR for details.





Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, B-125 Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00437773

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00437773

Name of Certificate Holder: SUGRIV WALL

Mobile: 985290214

Address: VILL:PO: BARNAL KHAS PS: WAHJUDH, DEORIA, DEORIA

State: Uttar Pradesh

Pin: 21750

Vehicle Registration Number/Ken:

Model: HF DELUXE

Engine Number: HA11F4SRE01779

Acknowledgement No: MSQ2025/E437773

Period of Coverage(MS): 2025-05-12 - 2026-05-11 MIDNIGHT

DOB: 1978-03-15

Period of Coverage(B): 2025-05-12 - 2026-05-11 MIDNIGHT

City / District: DEORIA

Pincode: 217501

Manufacturing Year: 2025

Vehicle Manufacturer:

Variant: SELF NEW

Chassis Number: WBLHAW434SRE53740

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No.	Featured Benefits	Description	Y/N
1	Relief of urgent messages	Pass of 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 steering 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 Riders' drivers request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for hotel on Riders' drivers request	Yes
13	Medical Assistance	Arranging for an ambulance/hospital for Rider	Yes
14	Vehicle Custody Services	Taxi 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 Benefit: 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 travelling 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/bat benefits, whatsapp 'EXPERIENCE DOC' @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
ME Services	450	40.5	40.5	-	531
Allied Services	596.85	53.72	53.72	-	704

Personal Accident Cover Details

Name of Certificate Holder: SUGRIV WALL

Nominee Name: ANITA DEVI

Nominee Gender: Female

Period of Insurance: 2025-05-12 (17:43 HRS) - 2026-05-11 MIDNIGHT

Nominee Relationship: WIFE

Nominee Age: 45 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 owner 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 representatives. 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 license. 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.



Aadhaar No. 9342 2960 2833



सूचीकृत नाम

Siguresh Mal

जन्म तिथि / DOB : 15/03/1978

पुंस्व / Male

आधार का प्रमाण है, नागरिकता का प्रमाण नहीं है।
आधार का प्रमाण प्रमाणित प्रमाणिका, या प्रमाणिका को
कोई भी व्यक्ति या संस्था नहीं प्रमाणित कर सकती है।
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 BML).

9342 2960 2833

मेरा आधार, मेरी पहचान

Details as on 10/10/2018

पता: रुच्छाल, बल्लार, बल्लार, रुच्छाल
बल्लार, जिला देवास, 374201
Address: Rucchhal, Ballaur, Ballaur,
Rucchhal, PO: Ballaur, DIST: Deesa,
Uttar Pradesh, 274201



9342 2960 2833



info@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



आपकी सेवा संख्या का
Permanent Account Number (PAN)
BHFPM3101F



नाम
SUGENDRA

पता
JYOTI NAGAR

आयकर विभाग
Income Tax Department
151001

सुधीर मल्ल

आयकर विभाग
Income Tax Department



Indian Union Driving Licence
Issued by Government of UTTAR PRADESH



UP52 20060030693

Issue Date: 13-03-2006 Validity (NT): 12-03-2036 Validity (TR): 00-00-0000



13-03-2006



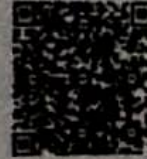
Holder's Signature

Name: **SUGRIV MALL**
 Date of Birth: **22-08-1976** Blood Group:
 Son/Daughter/Wife of: **JALNATH MALL**
 Address:
Bansal Ramprast Kakkhara Deoria 274201

Date of First Issue

DL No: **UP52 20060030693**

DLUP00388669



Invalid Carriages (Regn. Numbers)*

Hazardous Validity* 00-00-0000 Hill Validity* 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issue Date	Badge Validity
MCWG	MCWG	UP52	13-03-2006	NT			
LMV	LMV	UP52	13-03-2006	NT			
MVSD							

Form 7 Rule 16(7)

Emergency Contact Number

Licensing Authority





Indian Union Driving Licence
Issued by Government of UTTAR PRADESH



UP52 20060030693

Issue Date Validity(NT) Validity (TR)*
 13-03-2006 12-03-2036 00-00-0000



13-03-2006

Holder's Signature

Date of First Issue

Name: **SUGRIV MALI**
 Date of Birth: **22-08-1976** Blood Group:
 Son/Daughter/Wife of: **JALNATH MALL** Organ Donor: **N**
 Address:
Bamai Rampur Karkhana Deoria 274201



DL No: **UP52 20060030693**



Vehicle Category, Regn. Number

Hazardous Validity / HD Validity
 00-00-0000 00-00-0000

Class of Vehicle	Class	Category	Issue Date	Vehicle Category	Issue Number	Issue Date	Issue Number
MCWG	MCWG	UP52	13-03-2006	MC			
LMV	LMV	UP52	13-03-2006	MC			
MSD							

Emergency Contact Number

Signature
 Deoria