

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 7704004711, 7704800558

## ESTIMATE

Owner's Name.....Shashi Prabha Devi  
 Address.....Deoria  
 Phone.....7398650983

Job No. ....  
 Date.....12/8/26  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. ....UP52 BS 1221  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model.....Spit

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	Visor	1K	1100	1100	
2	HIL	1K	625	625	
3	F. fender	11	1500	1500	
4	TIL	1K	460	460	
5	Seat Cover HR	2P	550	1100	
6	Camter	1K	250	250	
7	R.R. fender	1K	1020	1020	
8	R. Winker (E)	1K	250	250	
9	Handle	1K	500	500	
10	liner - (L)	1K	100	100	
11	F fender L/R	—	—	550	
12	leg. guard	1K	625	625	
13	F. Winker (R)	1K	250	250	
14					
15					
16					
17					
18					
19	Washer			800	
20					
21					
22					
23					
24					
25					
			<b>TOTAL</b>	<b>9800</b>	

- 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.

We agree with the conditions and approve the estimate.

For **GANPATI AUTOMOBILES**  
 Gate: 1000, Ashok Road,  
 @ Sarakhi, Deoria  
 Opp. Dr. G. N. Singh  
 DEORIA  
 Mob. - 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.	SHASHI PRABHA DEVI 7398650983,
2	Vehicle No. / वाहन संख्या	UP52BS1221
3	Policy No. / पालिसी संख्या	MS/2025/7001/0146575/460156
4	Period of Insurance / बीमा अवधि	18/06/2025-TO-17/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/05/2026 Time: 11:00 AM.
6	Place of Accident / दुर्घटना का स्थान	रुद्रपुर (नेवा(पा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJEEV JAISWAL. UP5220230002410, 7398650983
8	Estimated Loss / अनुमानित हानि	9180/-
09.	Cause of Accident / दुर्घटना का कारण : उसरा बाजार से रुद्रपुर से जाते समय रास्ते में पुल के सामने से बिदे से बहिके वाले ने बककर गाट दिया जिससे मेरी गाड़ी बायें साइड गीट के ड्रमेल छे गई। उपरोक्त घटना पर मुझे खबर मिली।	
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 / फ़ोन नं.	वर्कशॉप अफ़ी. मोबिले-7 EOR/A

Date / दिनांक :  
हस्ताक्षर

शशि प्रभा देवी

Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: RAJEEV. JAISWAL.  
 (b) Age: 30/11/2004  
 (c) Address: USRA BAZAR, DEORIA (U.P.)  
 (d) Is the Driver  
 1. Owner: NO.  
 2. paid driver?: NO.  
 3. Owner's relative or friend?: FRIEND.  
 (e) If paid driver, how long has he been in your employment: N/A.  
 (f) Was he under the influence of intoxication Liquor or drugs?: N/A.  
 (g) Driving Licence Number: UP5220230002410  
 (h) Issuing Authority: \_\_\_\_\_  
 (i) Date of Expiry: 29/11/2014  
 (j) Was the licence temporary/permanent: PERMANENT  
 (k) Details of endorsement/suspension, if any: N/A.  
 (l) Has he been involved in any accident before?: N/A.  
 (m) Has he been charged by the policy? If so, Why? N/A.

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time: 5/08/2006. Time: 11:00 AM.  
 (b) Place: DEORIA  
 (c) Speed of vehicle at the time of accident: 30-40 KM/H  
 (d) Give a short description of the accident: DEORIA BAZAR SE DEORIA KE MAIN ROAD KE PARSONS WALI SIDE KE EK GUYA LITRI KE SAATH GADDE KE SAATH EK CRASH HUI.  
 (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: 9180/-  
 (c) When and where can the damaged vehicle be inspected: LAMPATI APTO. DEORIA (U.P.)

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: N/A  
 (e) Full details of property damaged: \_\_\_\_\_  
 (f) Has notice of any claim been given to you? \_\_\_\_\_



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/2025/7001/0/96575/4545

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

Period of Insurance 18/06/2025-78-17/06/2026  
 Claim No. \_\_\_\_\_

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

(a) Name  
 (b) Address for correspondence  
 (c) Telephone

INSURED  
SITASHI PARBHA DEVI  
USARA BIZAR, P.B. ORIA

2 THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>01805</u> Chassis No. <u>J03981</u>	Registration No <u>UP52BS</u> <u>1221</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 to be answered in commercial vehicles only

- (a) Registered laden weight  
 (b) Unladen Weight  
 (c) Weight of goods carried/Load Chalan No.  
 (d) Nature of goods  
 (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



Discharge Voucher

ACCIDENT DEPARTMENT

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

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Anaf 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  
Revenue Stamp  
Stamp No. 00000

Signature \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Witness  
Name \_\_\_\_\_  
Signature \_\_\_\_\_  
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/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

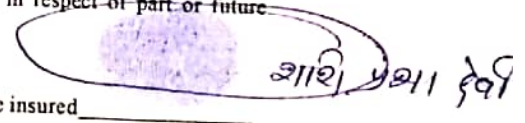
- (a) Date and Time \_\_\_\_\_
- (b) Place \_\_\_\_\_
- (c) What was stolen? \_\_\_\_\_
- (d) Estimated cost of replacement? \_\_\_\_\_
- (e) By whom discovered and reported? \_\_\_\_\_
- (f) Has theft been reported to Police? \_\_\_\_\_
- (g) When? \_\_\_\_\_
- (h) Which Police Station? \_\_\_\_\_
- (i) C R diary Number \_\_\_\_\_

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 \_\_\_\_\_ 200

Signature of the insured \_\_\_\_\_





# GOVERNMENT OF UTTAR PRADESH

## Transport Department DEORIA

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No	: UP52BS1221	Registration Date	: 15-Oct-2022
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...	Son/wife/daughter of	: BHOLA YADAV
Owner Name	: SHASHI PRABHA DEVI		
Full Address: (Permanent)	: VILL-USARA BAZAR, PO-TIWARI, PS-RUDRAPUR, DEORIA, UTTAR PRADESH-274001		
Full Address: (Temporary)	: VILL-USARA BAZAR, PO-TIWARI, PS-RUDRAPUR, DEORIA-UTTAR PRADESH-274001		
Fitness Up To	: 14-Oct-2037	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	Rear HSRP No	: AA2060966607
Front HSRP No	: AA2062957564	Month/Year of Manuf.	: 09/2022
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW176NHJ03981
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11EANHJ01805	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1995
Maker's Classification	: SPLENDOR+ XTEC	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK TORNADO GREY	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 w.e.f. .

Purchase dt	: 11-Oct-2022	Sale Amt	: 76046/-
OTT Date	: 11-Oct-2022	Amount/Rcpt No	: 7605 / UP52D22100001626
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 15-Oct-2022		

#### Other State/Transfer/Conversion Details

Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 15-Oct-2022 to 14-Oct-2037

Date: 18-Nov-2022 09:53:42

Registration Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date: 18-Nov-2022

0611374

VOID



### Package Offer

2025-06-18

Mr./Ms. SHASHI PRABHA DEVI

Vill-Usara Bazar, Po-Tiwari, Pa-Rudrapur, Deoria, Uttar Pradesh,  
, Uttar Pradesh, 274001

Dear Mr./Ms. SHASHI PRABHA 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: [info@motorathi.com](mailto:info@motorathi.com) or visit our website at [www.motorathi.org](http://www.motorathi.org) or download Motorathi app from play store for guidance from Motorathi.

Mr./Ms. SHASHI PRABHA 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: [info@motorathi.com](mailto:info@motorathi.com)

Website: [www.motorathi.org](http://www.motorathi.org)

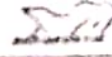
GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/450156

**Motorsathi Care Private Limited**  
 B.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Contact us at:  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
SHASHI PRABHA DEVI	1979-01-01	7398650983	Bhola Yadav	Hero Motocorp	SPL XTEC E20 PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cable Capacity
SPL+ XTEC E20	UP52BS1221	HA111EANHU01805	MHLJAW176NHU03981	2022	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
50000.00	NA	0.00	0.00	0.00	50000.00
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	1512.64
Address			City / District	Pin Code	State
Vill-Usara Bazar, Po-Tiwari, Pa-Rudrapur, Deoria, Uttar Pradesh,				274001	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
BHOLA YADAV	Male	47 Years	HUSBAND	2025-06-18 13:29	Midnight of 2026-06-17

Section A, VRC: 769.75 TCR: 413.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1182.75  
 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 with GST(B): 0.00  
 Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(T): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00  
 Section D, Drive Assure: 279.57 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.11 Total with GST(D): 139.68  
**Total(Section A+B+C+D) Offered Price After Discount: 1513**

Package Period Covered	2025-06-18 To 2026-06-17	2026-06-18 To 2027-06-17	2027-06-18 To 2028-06-17	2028-06-18 To 2029-06-17	2029-06-18 To 2030-06-17
ADV	50000	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 UPTO 2027-10-10 (DETAILS ARE 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 samples or personal luggage 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 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/- The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://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 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 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability 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](http://www.motorsathi.com) Customer Care / Toll Free Phone No. 79410 50643 email id: [info@motorsathi.com](mailto: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 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 Aligarh.

Received with Thanks Rs 1512.64 ON 2025-06-18 from Mr./Ms. SHASHI PRABHA DEVI against the ARN No. INCP00450156  
 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: B.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001),

DL No: UP52 20230002410

UPDL000010845991



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	10-02-2023	NT				
LMV	UP52	10-02-2023	NT				

Form 7 Rule 16(2)

Authority  
UP52 DEORIA

Emergency Contact Number



Indian Union Driving Licence  
issued by Uttar Pradesh

UP52 20230002410



Issue Date 10-02-2023 Validity (NT) 29-01-2044 Validity (TR)\*



Signature

Name: RAJEEV JAISWAL  
Date of Birth: 30-01-2004 Blood Group:  
Son/Daughter/Wife of: RAMDULARE JAISWAL  
Address:  
.. Ura Bazar Deoria Uttar Pradesh 274204

Organ Donor: Y

(10-02-2023)  
Date of First Issue



भारत सरकार  
Government of India

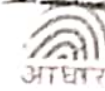


शशि प्रभा देवी  
Shashi Prabha Devi  
जन्म तिथि / DOB : 01/01/1979  
महिला / Female



5088 5813 7697

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:	Address
अर्धांगिनी: भोला यादव, उसरा बाजार, देवरिया, उसरा बाजार, देवरिया रुद्रपुर, उत्तर प्रदेश, 274204	W/O Bholu Yadav, usra bazar, deoria, Usra Bazar, Deoria, Rudrapur, Uttar Pradesh, 274204

5088 5813 7697

1947  
1800 300 1947

help @ uidai.gov.in

www  
www.uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**FQLPD8620M**



नाम / Name  
**SHASHI PRABHA DEVI**

पिता का नाम / Father's Name  
**RAMNARAYAN YADAV**

जन्म की तारीख  
Date of Birth  
**01/01/1978**

  
हस्ताक्षर / Signature

22032019