

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name RIMJHM
Address DEORIA
Phone 9125130946

Job No.
Date 14.05.2026
Chassis No.
Engine No.
Key No. CP52BL0402
Regn. No.
Speedmeter Redg.
Insurance No.
Model SUPER SPL

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	Vibrat	18	1050	12000	
2	HIL	1K	665	665	
3	Belind. Scavole.	1K	390	390	
4	Camshaft	1K	150	150	
5	F-Female	1K	1500	1500	
6	Handle	1K	500	500	
7	Fuel Tank	1K	9160	9160	
8	Sadi Guard	1K	970	970	
9	R.R. L. Limkey - (D)	1K	250	250	
10	Mirror - (E)	1K	150	150	
11					
12					
13					
14					
15					
16					
17	Labor			800	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				15343	

- 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 Automobiles
Ganpati Automobiles
For - Ganpati Automobiles
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.	RIMJHAM. 9125130946
2	Vehicle No. / वाहन संख्या	UP52BL0402
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/470302
4	Period of Insurance / बीमा अवधि	08/10/2025 - To - 07/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/05/2026. Time - 2:30 pm.
6	Place of Accident / दुर्घटना का स्थान	भीरकपुर रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	KUNDAN KUSHWAHA UP5220180000756 9125130946
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण:	दुर्घटना से गुरुशानी गौराहा जंक्शन के समीप रास्ते में भीरकपुर रोड के शाये रोड पर हांगन से बाइक वाले ने तकराट गाट दिया जिसमें मोरी जाड़ी नाचे हाडिड जीट कर घटि भरत 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.	JANPATA AUTO. MOBILE. REPAIR.

Date / दिनांक :

हस्ताक्षर

रिमजिम मोर्ग

रिमजिम मोर्ग

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name KUNDAN. KUSHWAHA.
 (b) Age 23/07/1999
 (c) Address RAM-NATHI 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 NA.
 (f) Was he under the influence of intoxication Liquor or drugs? NA.
 (g) Driving Licence Number UP5220180000756
 (h) Issuing Authority _____
 (i) Date of Expiry 14/01/2038
 (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 10/05/2026 Time: 2:30pm.
 (b) Place शिवकापुर दुर्गा दे गड्डा निवासी जसे लगभग
 (c) Speed of vehicle at the time of accident राष्ट्र में गीबमपुर रोड के दाहिने रोड पर (जो
 (d) Give a short description of the accident के बाईक बाबा ने टेकनर गाँव में लिफाफे में
 (e) If any third party was responsible for this accident give the name and address आड़ी बाबा रोड जीर नर खोले गले से डाया।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE
 (b) Estimated cost of repairs _____
 (c) When and where can the damaged vehicle be inspected LIANPAJI AVAR. MOBILE DEORIA

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? NA



The Oriental Insurance Company Limited
 Incorporated in India, subsidiary of General Insurance Corporation of India
 Regd. Office: Oriental House, F B No. 7077, A-25/25, Anaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

To: The Office Address _____

Certificate/Policy No. MS/2025/001/0/46575/470302

Tel No. _____

Period of Insurance 08/11/2025-70-09/10/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMITTANCE OF LIABILITY
 Please answer ALL relevant questions fully.

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

INDIA
RIMJHIM
DUBAULI DEORIA (U.P)

1. THE INSURED VEHICLE

Make & Year <u>HTW</u> <u>2021</u>	Engine No. <u>806601</u> Chassis No. <u>8066531</u>	Registration No. <u>UP52BL</u> <u>0402</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) T & Motor Cycles: NA
 - 1. Was a side car attached? NA
 - 2. Was a puller side carried? NA

II. ACCIDENTAL 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 and Chassis No. _____
- (d) Nature of goods _____
- (e) Nature of goods carried _____
- (f) Was the vehicle being ply for hire _____
- (g) If Lorry-Drawn Tractor was trailer attached? _____
- (h) Number of passengers carried _____
- (i) Number of Passenger permitted _____

NA



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. _____

Case Register
Receiver Stamp
When Issued
Executed By: NREG

Witness
Name
Signature
Address

Signature [Handwritten 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

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 past or future accident shall be forfeited.

Date 23/05/2026

Signature of the insured [Signature]

GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BL0402
 Registration Date : 13-May-2021
 Description of Vehicle : M CYCLE/SCOOTER
 Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D) PURVA CHAURANA GKP ROAD DEORIA
 Dealer Name : RMLBHA
 Son/wife/daughter of : SHIV PRASAD MAURYA
 Address (Permanent) : VILL DUBAULI PO MAHEN PS MADANPUR DEORIA UTTAR PRADESH-274001
 Address (Temporary) : VILL DUBAULI PO MAHEN PS MADANPUR DEORIA-UTTAR PRADESH-274001
 Tax Up To : 12-May-2036
 Tax Up To : One Time

Make of Vehicle : M CYCLE/SCOOTER
 Link Vehicle No :
 Norms : BHARAT STAGE IV
 Manufacturer : HERO MOTOCORP LTD
 Rear HSRP No : AA2038070688
 Model No : A020083/2011
 Month/Year of Mfg : 02/2021
 Colour : BLACK SILVER STR
 Chassis No : JA07AKMGB0001
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1273
 Standing Cap : 0
 Unladen Wt (kgs) : 122
 Laden/GV Wt (kgs) : 252
 AC Fitted : NO

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

Description	As Regd	Weight (in kgs)
50cc		
75cc		
100cc		
125cc		
150cc		
175cc		
200cc		
250cc		
300cc		
350cc		
400cc		
450cc		
500cc		
550cc		
600cc		
650cc		
700cc		
750cc		
800cc		
850cc		
900cc		
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1900cc		
1950cc		
2000cc		
2050cc		
2100cc		
2150cc		
2200cc		
2250cc		
2300cc		
2350cc		
2400cc		
2450cc		
2500cc		

Motor vehicle above described is subject to Hypothecation in favour of
 Date : 07-May-2021
 Sale Amt : 71150/-
 Date : 07-May-2021
 Amount/Rept No : 7115 / UP5202105000000000
 Validity : One Time
 Vehicle is Govt/ Pvt : PRIVATE
 Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-May-2021

Transfer/Conversion Details
 Previous RegNo :
 Entry Date :
 Conversion Date :

Valid from 13-May-2021 to 12-May-2036

Advance Registration Mark Fee Details
 Signature of Registration Authority :
 Date : 13-May-2021

M 2606775

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/MS/2024/01/46570/47829

MotorSathi Private Limited

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

Cell No. 01

No. +91 79410 50643

Cell. info@motorsathi.com

For the help visit us at www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
Rimjhim	28/05/09	9125100946		Horn	SEPIER SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cable Capacity
72		JANTHAM/206601	MBJ1A9170AC0706531	2021	75
Asset Declared Value (ADV)	Ride for ADV	Non-Financial Accessories ADV	Electrical Accessories ADV	FINCA PC/RL-Pool ADV	Total ADV
37500.00	NA	0.00	0.00	0.00	37500.00
Place of Regn.	Body Type	HP/Loss/Title-Purchase Agreement	Branch/Office of HP/Loss/Title-Purchase	Seating Capacity	Offered Payment (Incl. GST)
	Scrn			2	1150.12
ADDRESS		City / District		Pin Code	State
					Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
NIHV PRANAD MAURYA	Male	59 Years	FATHER	2025-10-01 00:00	Midnight of 2026-10-07

Section A: VPI: 231.41 TCR: 486.75 Loan Handicapped Discount: 0.00 Tax Acc-Third Discount: 0.00 PA Bonus ND Discount (Default): Total with GST(A): 875.81

Section B: I: 0.00 FC: Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAE: 0.00 FPM: 0.00 FTA: 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(C): 0.00 MS Services(D): 0.00 MS Services(E): 0.00 GST (CGST @9% + SGST @9%) (C): 0.00 Total MS Services with GST(C): 0.00

Section D: Drive Assure: 232.48 AHDC: DCC: & Additional External Tyre Cover(ATC): Grease Discount: 0.00 GST (CGST @9% + SGST @9%) (D): 41.84 Total with GST(D): 274.32

Total(Section A+B+C+D) Offered Price After Discount: 1150

Package Period Covered	2025-10-01 To 2026-10-07	2026-10-08 To 2027-10-07	2027-10-08 To 2028-10-07	2028-10-08 To 2029-10-07	2029-10-08 To 2030-10-07
ADV	37500	NIL	NIL	NIL	NIL
MS Services Period Covered (MOBI)	1 Year	NIL	NIL	NIL	NIL

* THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY

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: 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 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 1 lakh 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. 7941050643, email id: 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 1150.12 ON 2025-09-30 from Mr./Ms. Rimjhim
 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




3449 6300 4650
3449 6300 4650
3449 6300 4650

3449 6300 4650
3449 6300 4650
3449 6300 4650

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

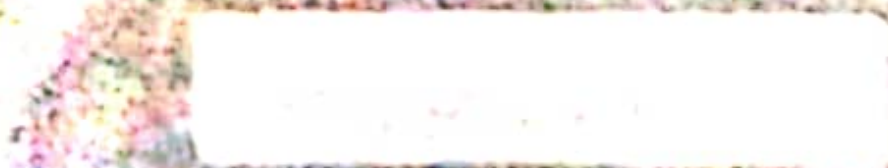
IMUPM2796D



नाम / Name
RIMJHM MAURYA

पिता का नाम / Father's Name
SHIV PRASAD MAURYA

जन्म की तारीख /
Date of Birth
09/05/2000



17072023

PAN Application Display Sample Card
Valid under Provisional Regime



Driving License

NAME : KUNDAN KUSHWAHA
License No. : UP52 20180000756
Authorization to Drive : LMV,MCWG
Date of Issue : 2018-01-17
DOB : 1999-07-23
S/W/D : BRIJESH KUSHWAHA
BLOOD GROUP : Unknown
Date of Expiry : 2038-01-16
Permanent Address : H.NO - 821 RAM NATH DEORIA,
SADAR , KOTWALI, DEORIA, 274001
Present Address : H.NO - 821 RAM NATH DEORIA,
SADAR , KOTWALI, DEORIA, 274001



Tap to Zoom



GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BL0402
 Description of Vehicle : M-CYCLE/SCOOTER
 Registration Date : 13-May-2021
 Proprietor's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA
 Purpose For Printing RC : NEW
 Owner Name : RIMJHIM
 Son/wife/daughter of : SHIV PRASAD MAURYA
 Permanent Address : VILL DUBAULI, PO MAHEN PS MADANPUR, DEORIA, UTTAR PRADESH-274001
 Temporary Address : VILL DUBAULI, PO MAHEN PS MADANPUR, DEORIA-UTTAR PRADESH-274001
 Press Up To : 12-May-2036
 Tax Up To : One Time

Vehicle Description : M-CYCLE/SCOOTER
 Link Vehicle No :
 Type of Vehicle : INDIVIDUAL
 Norms : BHARAT STAGE VI
 Manufacturer : HERO MOTOCORP LTD
 Rear HSRP No : AA2038070688
 Model No : AA20380372031
 Month/Year of Manuf. : 02/2021
 Type of Body : SOLO WITH PILLION
 Chassis No : JA07ABMGB00001
 Fuel : PETROL
 No of Cylinders : 1
 Cubic Capacity : 10.72
 Wheel base : 1273
 Engine No :
 Horse Power (BHP) : 10.72
 Super Splendor-Drum-SELF-CAST
 Standing Cap : 0
 Unladen Wt (kgs) : 122
 Other Criteria : BLACK-SILVER STR
 Laden/GV Wt (kgs) : 252
 AC Fitted : NO
 Purchase As : Fully Built

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

Description	As Req'd	Weight(in kgs)

The motor vehicle above described is subject to Hypothecation in favour of w.e.f.

From : 07-May-2021
 To : 07-May-2021
 Sale Amt : 71150/-
 Amount/Rcpt No : 7115 / UP52D21050000038
 Period of : One Time
 Vehicle is Govt./ Pvt. : PRIVATE
 Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-May-2021

Other Details-Transfer/Conversion Details
 Previous RegNo :
 Entry Date :
 Conversion Date :

This registration is valid from 13-May-2021 to 12-May-2036

Signature of Registering Authority
 Date : 13-May-2021

M 2606775