

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Aman Rai
Address..... Deoria
Phone..... 8127946657

Job No.
Date..... 18/5/26
Chasis No.
Engine No.
Key No.
Regn. No. UP52 CF 9454
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	Vignor	1R	1100	1100	
2	Hill	1R	3775	3775	
3	Wind Screen	1R	340	340	
4	Croom	1R	200	200	
5	F. Window (R)	1R	250	250	
6	F. Panel - L/R Refor	-	-	500	
7	Handle	1R	500	500	
8	Linor (R)	1R	100	100	
9	Mirror (R)	1R	250	250	
10	Muffler Camr A/B	2R	800	800	
11	Seat Camer (R)	1R	805	805	
12	Stator Switch (R)	1R	250	250	
13					
14					
15					
16					
17	LABEL			800	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				9720	

- 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
Gorakhpur Road
OPP. Dr. G. N. Giri
For - Ganpati Automobiles
Mob. 7704004711

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.	AMAN RAI f 9127946657
2	Vehicle No. / वाहन संख्या	LIP52CF9454
3	Policy No. / पालिसी संख्या	252400/31/2026/21244
4	Period of Insurance / बीमा अवधि	08/06/2025 to 07/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/05/2026 f 12:30 PM
6	Place of Accident / दुर्घटना का स्थान	गणपती नगर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMAN RAI f. 9127946657 LIP5220210005672
8	Estimated Loss / अनुमानित हानि	9720/-
09.	Cause of Accident / दुर्घटना का कारण :	पहले से गणपती नगर वाले समय रास्ते में गणपती नगर से पहले मोड़ पर गमने से वाइकन वाले ने टक्कर मार दिया जिससे मेरी गाड़ी दाहिने साइड गिरने लगी और टकराए हो गये हैं।
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 Automobiles Purua Deoria f 7651989597

Date / दिनांक : 18/5/26
हस्ताक्षर

अमन राय

अमन राय
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : AMAN RAJ
 (b) Age : 26/07/2001
 (c) Address : Sahamra
 (d) Is the Driver
 1 Owner : YES
 2 paid driver? : NA
 3 Owner's relative or friend? : Owner is
 (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 : UP5220210005672
 (h) Issuing Authority :
 (i) Date of Expiry : 04/07/2041
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any :
 (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 : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 15/05/2026 @ 12:30 PM
 (b) Place : Sahamra
 (c) Speed of vehicle at the time of accident : 40 km/h
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 The third party was responsible for the accident. Name and address of the third party is as follows:
 Name: Mr. Anil Kumar
 Address: 123, Main Road, Sahamra

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 97,200
 (c) When and where can the damaged vehicle be inspected : Contact Automobiles Pan Durg, 7881809097

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 : NA
 (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. 252400/31/2026/21244
 Tel. No. _____ Period of Insurance 2/06/2025 to 07/06/26
 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 : AMAN RAI
 (b) Address for correspondence : SOHANARJA
 (c) Telephone : 8127946657

2. THE INSURED VEHICLE

Make & Year <u>Hero-2015</u>	Engine No Chassis No. <u>* 01677</u> <u>* 01386</u>	Registration No. <u>UP52CF94</u> <u>54</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? NA
 (d) If a Motor Cycle/scooter
 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



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 Assesed
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *अमन राय*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NA
- (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? _____
- (c) Was accident reported to Police? If not, Why? NA
- (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? NA
- (g) Where? _____
- (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 18/5/26 200

Signature of the insured अमन शर्मा

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF9454 Registration Date : 14-Jun-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 : AMAN RAI Son/wife/daughter of : UMESH RAI
 Full Address: (Permanent) : VILL - SOHANARIA, DEORIA, , DEORIA, UTTAR PRADESH-274408
 Full Address: (Temporary) : VILL - SOHANARIA, DEORIA, , DEORIA, UTTAR PRADESH-274408
 Fitness UpTo : 13-Jun-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 : AA1043238688 Rear HSRP No : AA1043036418
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2024
 No of Cylinders : 1 Chassis No : NBLJAW406R9F01396
 Engine No : JA07AMR9F01677 Fuel : PETROL(E20)
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap :
 Colour : MATT GREY Unladen Wt (kgs) : 122
 Other Criteria : Laden/GV Wt (kgs) : 252
 Vehicle Purchase As : Fully Built AC Fitted : NO

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 SHRIRAM FINANCE LTD DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 10-Jun-2025.

Purchase dt : 08 Jun-2025 Sale Amt : 82451/-
 OTT Date : 08-Jun-2025 Amount/Rcpt No : 8247 / UP52D25060001913
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Jun-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

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

Date 01-Jul-2025 10:28:41

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date 01-Jul-2025

Q 4105919



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE																											
(FORM 5) OF THE CENTRAL MOTOR VEHICLES RULES, 1989																											
DIVISIONAL OFFICE, 346 NIEHAIR NAGAR, OFF. FILMISTAN CINEMA BLDG, T. J. ROAD, DEORIA, U.P. (GSTIN: 09AACT041744210)																											
Policy Type	BUNDLED POLICY (MOTORIZED TWO WHEELERS (1 Year))	Policy Issued On	06-JUN-25																								
Policy No	25240071/2024/1244	Proposal No. & Date	R/25240071/2024/1450A & 06-JUN-2025																								
Agent/Broker Code	BARKEE155144	Policy Period (OWN DAMAGE)	FROM 18.06.2025 TO 18.06.2026																								
Agent/Broker Name	ARHINAV BHATI	Policy Period (THIRD PARTY)	FROM 15.06.2025 TO 15.06.2026																								
Insured Name	AMAN KAT (GSTIN:)	Insured State	UTTAR PRADESH																								
Insured Address	C/O LINESH RAJ, SOHANARIA, SOHANARIA, DEORIA, DEORIA, NA,																										
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)																									
Make	HERO MOTORCO	Vehicle	7833H																								
Model & Variant	HERO SUPER SPLENDOR DRS XTECH	Electrical Accessories	0																								
Registration No	NRW	Non-Electrical Accessories	0																								
Year of Manufacture	2025	Total IDV	7833H																								
Engine-Chassis No	JAT7AMB01A77 - MBLJAW00R901366	TMC CONTRACT NO																									
Cubic Capacity	125	Policy Type	Zone B - East of India																								
Seating Capacity	1 + 1	Geographical Area	INDIA																								
Type of Body	SOLO	Type of Fuel	PYTRDL																								
RTU Location																											
Schedule Of Premium (Amount in Rs.)																											
OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)																									
Vehicle	1317.00	Basic Third Party Liability	345																								
Fleet Accessories	0	Compulsory PA Cover Premium	0																								
Non-Fleet Accessories	0	PA Cover for 3 Person Of Rs (B) each (MT-14)	0																								
Basic Premium	1234.95	Legal Liability (WC) as driver (MT-18)	0																								
Geographical Area Extn (MT-4)	0	Legal Liability to Employers (MT-20)	0																								
Driving Traction Loading (On OD Premium (60%))	0	Legal Liability to Passenger (MT-4a)	NA																								
Sub-Total Additions	1234.95	Driving Traction Loading On TP Premium (60%)	NA																								
Deductibles		PA Paid Driver, Conductor, Cleaner-CR3423	0																								
Voluntary Deductibles (MT 22A)	0	Net Liability Premium (B)	345																								
Anti-Theft Device (MT-18)	0	Total Premium (A+B)	4100																								
ANI Membership (MT-4)	0	GST	750																								
No Claims Bonus	0	SERVICE TAX	0																								
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00																								
SIP Discount	0	Swachh Bharat Cess@0.50%	0																								
Sub-Total Deductions	0	Krishi Kalyan Cess@0.50%	0																								
Add-on Coverages		Gross Premium Paid	4910																								
NH Depreciation	196																										
Return to Insurer	0																										
Key Replacement	0																										
Consumables	0																										
Sub-Total Add-on Coverages	196																										
Net own Damage Premium (A)	1038.95																										
<table border="1"> <thead> <tr> <th>Number Details</th> <th>Number Name</th> <th>Age</th> <th>Relation</th> </tr> </thead> <tbody> <tr> <td>Payment Details</td> <td>Payment Method</td> <td>Cheque No./Transaction No.</td> <td>Bank Name</td> </tr> <tr> <td>Amount</td> <td></td> <td></td> <td>4910</td> </tr> <tr> <td>Financer Type</td> <td>Financer Name</td> <td>SHRI RAM FINANCE LIMITED</td> <td>Financer Branch</td> </tr> <tr> <td>PCIS Name</td> <td>PCIS ID</td> <td>NA</td> <td>PCIS PAN NO/Author No</td> </tr> <tr> <td></td> <td></td> <td></td> <td>NA</td> </tr> </tbody> </table>				Number Details	Number Name	Age	Relation	Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name	Amount			4910	Financer Type	Financer Name	SHRI RAM FINANCE LIMITED	Financer Branch	PCIS Name	PCIS ID	NA	PCIS PAN NO/Author No				NA
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			NA																								



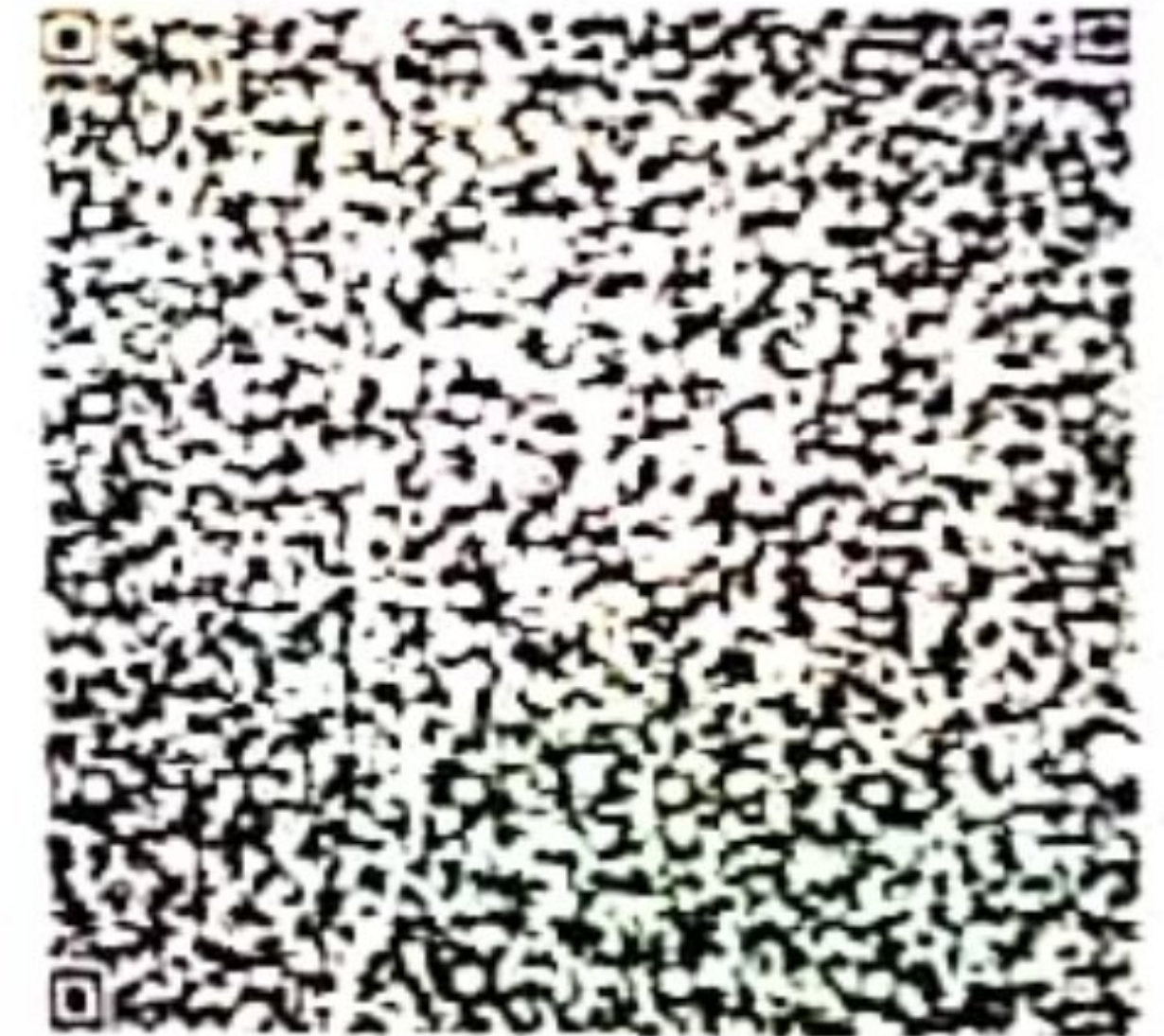
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



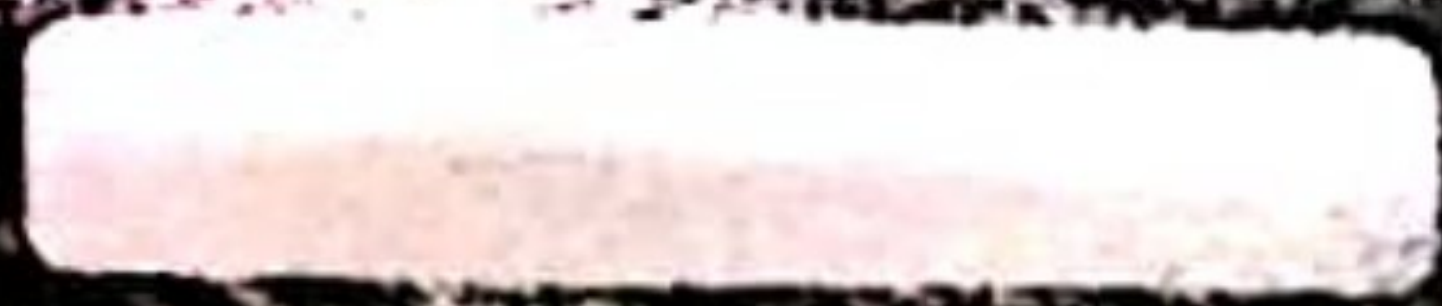
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
EVDPR1372G



नाम / Name
AMAN RAI

माता का नाम / Mother's Name
REETA DEVI

0510-720



भारत सरकार
Government of India



आम राय
Aman Rai
अवस्था / लिंग / DOB : 05/07/2001
पुरुष / Male



3744 6760 3603

- आम आदमी का अधिकार

भारत सरकार
Unique Identification Authority of India

पता:
आत्मज: उमेश राय, सोहनरिया,
सोहनरिया, देवरिया, सोहनरिया, उत्तर
प्रदेश, 274408

Address:
S/O: Umesh Rai, sohanaria,
Sohanaria, Daoria, Sohanaria, UP
Pradesh, 274408

3744 6760 3603

1847
1800 300 1947

help@uidai.gov.in

www.uidai

UPDL 99000524 1329

DL No: UP52 20210005672



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	06-03-2021	NT			
	LMV	UP52	06-03-2021	NT			

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Indian Union Driving Licence
Issued by Uttar Pradesh



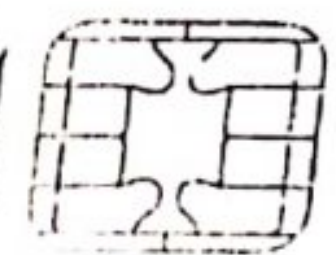
UP52 20210005672

Issue Date Validity (NT) Validity (TR)*
06-03-2021 04-07-2041



Holder's Signature

Date of First Issue (06-03-2021)



Name: AMAN RAI
Date of Birth: 05-07-2001 Blood Group:
Son/Daughter/Wife of: UMESH RAI
Address:
Sohanria
Deoria, UP 274408

Organ Donor: Y

