

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name: NITYAMOND. PANDAY.
 Address: DEORIA
 Phone: 7709229199

Job No.
 Date: 21/05/2026
 Chasis No.
 Engine No.
 Key No. UP52BS0628
 Regn. No.
 Speedmeter Redg.
 Insurance No.
 Model: 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	WIRING	15	1100	1100	
2	INCL	18	565	565	
3	F. Panday -	18	1500	1500	
4	R.R. Panday -	18	1020	1020	
5	Fixed Tank	18	5600	5600	
6	Hamal:	18	570	570	
7	Livore - (R)	18	100	100	
8	Loag. Coamad.	18	675	675	
9	R. Lalimtal - (R)	18	250	250	
10	Muffler - Coamad -	18	575	575	
11					
12					
13					
14					
15					
16		1		600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				12421	

- 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.

Customer's Signature.....

Ganpati Automobiles
 Gorakhpur Road
 For - Ganpati Automobiles
 DEORIA
 7704004711

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.	NITYANAND.PANDEY, 7007225104
2	Vehicle No. / वाहन संख्या	UP52BS0628.
3	Policy No. / पालिसी संख्या	MS/70010/46575/46820/1
4	Period of Insurance / बीमा अवधि	03/10/2025-70-07/0/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/05/2026. End 4 : 00 PM.
6	Place of Accident / दुर्घटना का स्थान	CC रोड के सामने
7	Name of the Driver, D.L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	NITYANAND PANDEY, UP5220260001794, 7007225104
8	Estimated Loss / अनुमानित हानि	1249
09.	Cause of Accident / दुर्घटना का कारण : सामान्य दैर्घिया से वाहन जात समय रास्ते में CC रोड के सामने रोड पर पीछे से कॉन्क वाहन ने तकल आट दिया जिससे मोरी जाड़ी दाहिनी साइड गिर कर अतिथित हो सकी।	
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.	SHANMATH AFB. MOBILE. BEROHA

Date / दिनांक : 20/5/26
इस्सार्क : Nityanand

Nityanand
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : NITYANAND PANDEY
 (b) Age : 18/07/1990
 (c) Address : BHARAR, RAMI, DEORIA (U.P.)
 (d) Is the Driver
 1. Owner : YES
 2. paid driver?
 3. Owner's relative or friend? : OWNER
 (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 : UP5220260001754
 (h) Issuing Authority :
 (i) Date of Expiry : 18/07/2031
 (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

Time : 4:00 PM
 (a) Date and Time : 15/05/2021
 (b) Place : CC रोड के पास
 (c) Speed of vehicle at the time of accident : 30-40 kmph
 (d) Give a short description of the accident : एक गाड़ी तेजी से चल रही थी जो कि रोड के किनारे से बाहर निकल गई।
 (e) If any third party was responsible for this accident give the name and address :
 (f) If any third party was responsible for this accident give the name and address :
 (g) 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 : 125000
 (c) When and where can the damaged vehicle be inspected : GANPATI AUTO. 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 : 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. MS/2025/90010/44525/40201
 Tel. No. _____ Period of Insurance 08/10/2025-16-02/10/2026
 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 INSURED
 (b) Address for correspondence NTYHMHXD. MNDEY.
 (c) Telephone PMXW01, WHPD. No. 2. QBARNA (U.S)

2. THE INSURED VEHICLE

Make & Year <u>HBS/2022</u>	Engine No. <u>F00593</u>	Registration No. <u>4P52BS</u>
	Chassis No. <u>F00413</u>	<u>0628</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 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 _____
 (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 _____



8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? NAI
(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? NAI
(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 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 20/5/20 200

Signature of the insured [Signature]

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 ... *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BS0628 Registration Date : 09-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, . . .
 Owner Name : NITYANAND PANDEY Son/wife/daughter of : TRILOKI NATH PANDEY
 Full Address: (Permanent) : VILL RAMNATH WARD NO 2, PO&PS DEORIA, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL RAMNATH WARD NO 2, PO&PS DEORIA, DEORIA-UTTAR PRADESH-274001
 Fitness UpT : 08-Oct-2037 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Owner : INDIVIDUAL Norms : BHARAT STAGE VI.
 Make / Name : HERO MOTOCORP LTD
 Front End P No : AA1021654235 Rear HSRP No : AA1021969739
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2022
 No of Cylinders : 1 Chassis No : MBLHAW117NHF00713
 Engine No : HA11EVNHF00573 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (SELF-DR-CS Wheel base : 1236
 T)SS
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : Red Black Laden/GV Wt (kgs) : 241
 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 : 03-Oct-2022 Sale Amt : 71026/-
 OTT Date : 03-Oct-2022 Amount/Rcpt No : 7103 / UP52D22100000998
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 11-Oct-2022
 Other State Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 09-Oct-2022 to 08-Oct-2037

Signature of Registering Authority
 Date : 15-Nov-2022

Date : 15-Nov-2022 15:48:40
 Taxation Particulars / Advance Registration Mark Fee Details

Transport Department DEORIA

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 T)SS
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : Red Black Laden/GV Wt (kgs) : 241
 Other Criteria : AC Fitted : NO
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Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 15/11/2022



Indian Union Driving Licence
Issued by Government of UTTAR PRADESH



UP52 20260001794

Issue Date: 19-02-2026
 Validity(NT): 18-02-2031
 Validity (TR): 00-00-0000



19-02-2026



Holder's Signature

Name: **NITYANAND PANDEY**
 Date of Birth: 18-07-1970 Blood Group: Organ Donor: **N**
 son / Daughter / Wife of: **TRILOKI NATH PANDEY**
 Address:
 32 Raminath Deoria South Wrad No 2 Deoria Deoria Bhatpar Rani Deoria
 Uttar Pradesh 274001

Date of First Issue

DL No: **UP52 20260001794**

DLUP520001794



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 Issued Date	Badge Issued To
MCWG	MCWG	UP52	19-02-2026	NT			
LMV	LMV	UP52	19-02-2026	NT		00-00-0000	
MVSD							

Emergency Contact Number

Deoria



भारत सरकार
GOVERNMENT OF INDIA



नित्यानन्द पाण्डेय
Nityanand Pandey
जन्म तिथि/DOB: 18/07/1970
पुरुष/ MALE

8863 3551 7018
VID : 9115 0848 8428 2735

मेरा आधार , मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



S/O: त्रिलोकी नाथ पाण्डेय, 32, रामनाथ देवरिया, साउथ, बॉर्ड
न 2, देवरिया, देवरिया, देवरिया,
उत्तर प्रदेश - 274001

Address :

S/O: Triloki Nath Pandey, 32, ramanath
Deoria, south, wrad no 2, Deoria, PO:
Deoria, DIST: Deoria,
Uttar Pradesh - 274001

8863 3551 7018
VID : 9115 0848 8428 2735



1947



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

NITYANAND PANDEY

TRILOKI NATH PANDEY

18/07/1970

Permanent Account Number

AWZPP1681K

नित्यानन्द पाण्डेय

Signature



25062008



Program Proposal Two-Wheeler Package Contract - Bundled

Contract No: 2025/7001/0/46575/468201

MotorSathi Care Pvt. Ltd. Limited
 Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Tel: 9410313134
 www.motorsathi.com
 eip section of www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
NITYANAND PANDEY	1970-07-18	9450689174	TRILOKI NATH PANDEY	Hero MotoCorp	SPLENDOR PLUS	
Vehicle Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SPLENDOR PLUS	UP57HS0628	HAI1EVNHI00573	MBLHAW117NHF00713	2022	100	FM
Insured Value (ADV)	Solo Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
45500.00	NA	0.00	0.00	0.00	45500.00	
Category of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1454.16	
Address			City / District	Pin Code	State	
WATHWARD NO 2 PO&PS DEORIA				274001	Uttar Pradesh	
nominee Name	Nominee Gender	Nominee Age	Nominee Occupation	Package Start Date	Package End Date	
TRILOKI NATH PANDEY	Female	56 Years	W/F	2025-10-03 17:18	Midnight of 2026-10-02	

MS Services (S) 241.53 MS Services(D) 0.00 MS Services(P) 0.00 GST (CGST @9% + SGST @9%) 43.47 Total MS Services with GST(C): 285.00
 Drive A+B 265.48 MIDD, DOC & Additional External Tyre Cover(AETC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 47.78 Total with GST(D): 313.26
 on A+B (C+D) Offered Price After Discount: 1454

Period Covered	2025-10-03 To 2026-10-02	2026-10-03 To 2027-10-02	2027-10-03 To 2028-10-02	2028-10-03 To 2029-10-02	2029-10-03 To 2030-10-02
Accident Covered	45500	NIL	NIL	NIL	NIL
Fire Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-10-02 (DETAILS AVAILABLE BY THE CUSTOMER)

CONDITIONS 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) Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.
 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 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 1 of the Motor Vehicle Rules, 1989

ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs. 100000/- (One Lakh) inclusive of all taxes, cesses, duties, charges, fees, penalties, interest, court charges, costs, expenses, and other charges. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or App.

TERMINATION: This 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 or discovery of material fact or non-co-operation of the coverage.

SEVERITY LIMITING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will be limited to the maximum of AMI package of the company. The AMI package is available in all our operating offices as well as Company website.

CUSTOMER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care: Toll Free Phone No: 9410313134 or www.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.

with Thanks Rs 1454.16 ON 2025-09-24 from Mr./Ms. NITYANAND PANDEY against the ARN No. INCP00468201
 Deduction is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions.
 Stamp (overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMI - 22, 16, 18
 Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India