

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob - 7704004711, 7704800558

## ESTIMATE

Owner's Name..... Sanjit Kumar Tiwari  
Address..... Deoria  
Phone..... 6391639421

Job No. ....  
Date..... 25/05/26  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. .... UP.S.2.LA.4536  
Speedmeter Redg. ....  
Insurance No. ....  
Model..... X-Treme

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	R.R. Fork - Ganpati	2PC	1150	2300	
2					
3					
4					
5					
6					
7					
8					
9					
10	LABOUR			600	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				2900	

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.

I agree with the conditions and approve the estimate.

Owner's Signature.....

GANPATI AUTOMOBILES  
Purwa Chauraha, Deoria  
Mob - 7704004711, 7704800558  
For - Ganpati Automobiles

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.	SANJIT KUMAR TIWARI # 6391639421
2	Vehicle No. / वाहन संख्या	UP52CA4536
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/454669
4	Period of Insurance / बीमा अवधि	10/07/2025 to 09/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/05/2026 @ 09:00 AM
6	Place of Accident / दुर्घटना का स्थान	द्वारिका
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAVIKANT TIWARI # 6391639421 BR2820240018226
8	Estimated Loss / अनुमानित हानि	2900/-
09.	Cause of Accident / दुर्घटना का कारण :	समय धुंधला देखिए जा रहे थे रात में सड़क से अचानक गाड़ी आ गयी जिससे मेरी गाड़ी चली गई और मेरी पिछला हिस्सा डैमज हो गया। गाड़ी खिंचा जा रहा
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.	Grampati Automobiles Punna Deoria # 7704800558

Date / दिनांक : 25/5/26  
हस्ताक्षर

सांजित कुमार तिवारी

Signature of Insured / बीमाधारक के

सांजित कुमार तिवारी

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAVIKANT TIWARI  
 (b) Age : 02/05/2005  
 (c) Address : MATHIYA  
 (d) Is the Driver  
 1. Owner : NA  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Relative  
 (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 : BR2270240010226  
 (h) Issuing Authority : 24/12/24  
 (i) Date of Expiry : 07/05/2025  
 (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 : 22/05/2026 at 09:00 AM  
 (b) Place : GATE  
 (c) Speed of vehicle at the time of accident : 40 kmph  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 रवि कान्त तिवारी का ड्राइवर राहुल ने 1150m पर  
 स्कर्टन 21521 3112001 मिथिया, मथिया - 024 21521  
 निवासी गुरुदास शिवम 31101 212021

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
 (b) Estimated cost of repairs : 24,000/-  
 (c) When and where can the damaged vehicle be inspected : Granpati Automobiles, Purua Danda  
 7651 9895 97

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. MSP/2025/700/0/16575/159669

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

Period of Insurance 10/07/2025 to 09/07/2026

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 : SANJIT KUMAR TIWARI  
 (b) Address for correspondence : MATHURA  
 (c) Telephone : 6391639421

2. THE INSURED VEHICLE

Make & Year <u>Hero-2024</u>	Engine No. Chassis No. <u>* 06854</u> <u>* 10268</u>	Registration No. <u>UP52CA4S36</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  
 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? NA
- (h) Number of passengers carried
- (i) Number of Passenger permitted



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 Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature सोहन कुमार शर्मा  
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? \_\_\_\_\_ 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? \_\_\_\_\_
- (g) When? \_\_\_\_\_
- (h) Which Policy 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 25/5/26 200

Signature of the insured संजित कृष्णक तिवरी

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CA4536 Registration Date : 30-Apr-2024  
 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 : SANJIT KUMAR TIWARI Son/wife/daughter of : ANIRUDH TIWARI  
 Full Address: (Permanent) : VILL- MATHIYA PO- JAGDISHPUR, PS- VJAIPUR PHULWARIA GOPALGANJ, . .  
 GOPALGANJ, BIHAR-841508  
 Full Address: (Temporary) : VILL- DEORIA, DEORIA, . DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 29-Apr-2039 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 : AA2098389274 Rear HSRP No : AA2099710947  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2024  
 No of Cylinders : 1 Chassis No : MBLJAU02XRGD10268  
 Engine No : JA07AVRGD06854 Fuel : PETROL  
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70  
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 137  
 Colour : BLACK Laden/GV Wt (kgs) : 267  
 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 L&T FINANCE HOLDINGS LTD, DEORIA, . . Deoria, Uttar Pradesh-274501 w.e.f. 29-Apr-2024.

Purchase dt : 26-Apr-2024 Sale Amt : 99999/-  
 OTT Date : 26-Apr-2024 Amount/Rcpt No : 10000 / UP52D24040005215  
 Vehicle is Govt / Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 02-May-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 30-Apr-2024 to 29-Apr-2039

Date : 22-May-2024 18:09:59

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 22-May-2024

8175415

Government of Uttar Pradesh Government of Uttar Pradesh  
 Government of Uttar Pradesh Government of Uttar Pradesh





## Package Offer

2025-07-10

Mr./Ms. SANJIT KUMAR TIWARI

VILL- MATHIYA PO- JAGDISHPUR, PS- VIJAIPUR PHULWARIA GOPALGANJ, , Gopalganj,  
Bihar,

, Bihar, 841508

Dear Mr./Ms. SANJIT KUMAR TIWARI,

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@motorsathi.com](mailto:info@motorsathi.com) or visit our website at [www.motorsathi.org](http://www.motorsathi.org) or download Motorsathi app from play store for guidance from Motorsathi.**

Mr./Ms. SANJIT KUMAR TIWARI, 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](mailto:info@motorsathi.com)

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

GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/CI/46575/454669

**Motorsathi Care Private Limited**  
 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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANJIT KUMAR TIWARI	1995-12-24	6391639421	ANIRUDH TIWARI	Hero Motocorp	XTREME 125	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ABS	UP52CA4536	JA07AVRGD06854	MBLJAU02XRGD10268	2024	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
70500.00	NA	0.00	0.00	0.00	70500.00	
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	2116.62	
Address			City / District	Pin Code	State	
VILL- MATHIYA PO- JAGDISHPUR, PS- VIJAIPUR PHULWARIA GOPALGANJ, Gopalganj, Bihar,				841508	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RAVIKANT TIWARI	Male	20 Years	BROTHER	2025-07-10 12:42	Midnight of 2026-07-09	

Section A. VRC: 990.97 TCR: 415.95 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) 0.00 Total with GST(A): 1406.92  
 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): 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  
 Section D. Drive Assure: 359.92 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 64.78 Total with GST(D): 424.70  
**Total(Section A+B+C+D) Offered Price After Discount: 2117**

Package Period Covered	2025-07-10 To 2026-07-09	2026-07-10 To 2027-07-09	2027-07-10 To 2028-07-09	2028-07-10 To 2029-07-09	2029-07-10 To 2030-07-09
ADV	70500	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 2029-04-25 (DETAILS ARE AS 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) 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, nondisclosure 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 1lakh 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.

**REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643  
 Mail 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 Aligarh.

Received with Thanks Rs 2116.62 ON 2025-07-10 from Mr./Ms. SANJIT KUMAR TIWARI against the ARN No. INCP00454669  
 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.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SANJIT KUMAR TIWARI

ANIRUDH TIWARI

2412/1995

Permanent Account Number

AVOPT3246J

Sanjit Kumar Tiwari

Signature





भारत सरकार  
Government of India



सरोज कुमार तिवारी  
Saroj Kumar Tewari  
जन्म तिथि/DOB: 24/12/1915  
पुल/ MALE

UIDAI Form: UID-101-1-6

7139 5969 4689  
VID : 9120 9609 5191 3832

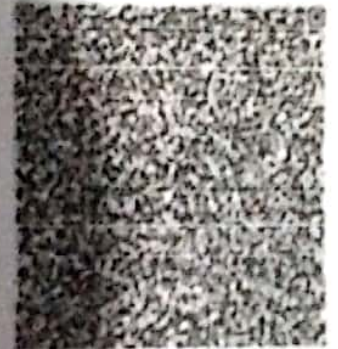
मेरा आधार, मेरी पहचान



आरक्षित विभिन्न पहचान प्राधिकरण  
Unique Identification Authority of India



पति  
अनुराज तिवारी, मठिया, जयपुर, पति,  
मठिया  
पिन - 811508  
Address:  
S/O: Anuraj Tewari, Mathiya, Jaipur,  
Mathia, Gopalganj,  
Bihar - 841508



UIDAI Form: UID-101-1-6

7139 5969 4689  
VID : 9120 9609 5191 3832

1817 | help@uidai.gov.in | www.uidai.gov.in



**Indian Union Driving Licence**  
Issued by Government of Bihar

BR28 20240018226

Issue Date    Validity (NT)    Validity (TR)  
24/12/2024    07/05/2045



Name:  
**RAVIKANT TIWARI**

Date Of Birth : 08/05/2005    Blood Group : O+  
Son/Daughter/Wife of : ANIRUDDH TIWARI

Address:  
VILL MATHIYA  
PO JAGDISHPUR  
PS BIJAIPUR DIST GOPALGANJ BR, 841503

*Ravikant Tiwari*  
Holder's Signature  
Organ Donor : NO

Date Of First Issue 24/12/2024

BR-D2823006432

DLNo: BR28 20240018226

BR-D2823006432



ADPVEH No.(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
	LMV	BR28	24/12/2024	NT			
	MCWG	BR28	24/12/2024	NT			

Form 7 Rule 16(2)

Emergency Contact Number\*

*Nibedita Kumari*  
Licencing Authority  
DTO, GOPALGANJ

