

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Avinash Kumar Pandey
Address..... Deoria
Phone..... 9889797755

Job No.
Date..... 30/5/2026
Chasis No.
Engine No.
Key No.
Regn. No. UP52BM7746
Speedmeter Redg.
Insurance No.
Model..... H.F. Deoria

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	Vision	1pc	880	880	
2	HL	1pc	580	580	
3	f-fender	1pc	980	980	
4	Panel (R)	1pc	650	650	
5	Horn	1pc	550	550	
6	f. Winker (R)	1pc	250	250	
7	Liner (R)	1pc	100	100	
8	Mirror (R)	1pc	280	280	
9	Lack Side	1pc	1150	1150	
10	Fuel Tank	1pc	7450	7450	
11	R.R. fender	1pc	1080	1080	
12	leg guard	1pc	650	650	
13					
14					
15					
16					
17					
18					
19	labour			600	
20					
21					
22					
23					
24					
25					
TOTAL					15200

- 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.

I/We agree with the conditions and approve the estimate.

Customer's Signature.....

Ganpati Automobiles
For: **Ganpati Automobiles**
DEORIA
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.	AVINASH. KUMAR. PANDEY 9889797755,
2	Vehicle No. / वाहन संख्या	UP52BM7746
3	Policy No. / पालिसी संख्या	MS/2025/700/0/46575/472425
4	Period of Insurance / बीमा अवधि	21/10/2025-16-20/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/05/26. Time 11:20 PM.
6	Place of Accident / दुर्घटना का स्थान	करकोलघाट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AVINASH. KUMAR. PANDEY. UP5220080060569, 9889797755
8	Estimated Loss / अनुमानित हानि	15200/-
09.	Cause of Accident / दुर्घटना का कारण:	देकरिया से गोला बालास गोरखपुर जा रहे थे रास्ते में करकोलघाट के पास रोड पर बिंदू से जाड़िक माले ने तूफान मार दिया जिससे मेरी गाड़ी दाहिने राइड गिरकर क्षतिग्रस्त 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.	GANPATI AUTO. MOBILE. DEORA

Date / दिनांक : 30/05/26
हस्ताक्षर

अविनारा कुमार पाण्डेय

अविनारा कुमार पाण्डेय
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : ANINASH. KUMAR. PANDEY.
 (b) Age : 15/05/1988
 (c) Address : CC ROBE. DEORIA (U.P)
 (d) Is the Driver : YES.
 1. Owner :
 2. paid driver? : OWNER.
 3. Owner's relative or 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 : UP5220080060569
 (h) Issuing Authority :
 (i) Date of Expiry : 11/12/2028
 (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 : 28/05/2026 , Time 11:20 PM
 (b) Place : देविया से गौला बाजार गोरखपुर
 (c) Speed of vehicle at the time of accident : 20-25 km/hr
 (d) Give a short description of the accident : गाड़ी चलते वक़्त गाड़ी के बाएँ साइड का हिस्सा टकराया गया
 (e) If any third party was responsible for this accident give the name and address : गाड़ी चलते वक़्त गाड़ी के बाएँ साइड का हिस्सा टकराया गया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 15,200/-
 (c) When and where can the damaged vehicle be inspected : GANPAT ACP. MOUL (B. DEORIA)

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :
 (b) Address :
 (c) Full Details of personal injury sustained : NA
 (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? :



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/2025/7001/6/46575/972925

Tel. No. _____

Period of Insurance 21/10/2025-30-20/10/2026
 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 : IA INSURED
 (b) Address for correspondence : ASHISH KUMAR PANDEY
 (c) Telephone : C.C. ROAD, GEORGINA (C.P.)

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>FO0951</u> Chassis No. <u>FO1107</u>	Registration No. <u>UP52BM</u> <u>7746</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.
 (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
- N/A



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/pass occupant injured?
- (b) If yes, give full details

N/A

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.

N/A

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

N/A

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 30/05/2026

Signature of the insured

अविनाश कुमार शर्मा

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

अकिश कुमर पाठेप
Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department GEORGA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BM7746 Registration Date : 26-Oct-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D) PURWA CHALIRAMA GOLF ROAD, GEORGA,
 Owner Name : AVINASH KUMAR RANDEY Son/Wife/daughter of PRABHAKAR RANDEY

Full Address: (Permanent) : VILL-C C ROAD KAILASH PURI, LANE NO 2, PO+PS-GEORGA, GEORGA, UTTAR
 PRADESH-274001
 Full Address: (Temporary) : VILL-C C ROAD KAILASH PURI, LANE NO 2, PO+PS-GEORGA, GEORGA, UTTAR
 PRADESH-274001

Fitness Up To : 25-Oct-2036 Tax Up To : One Time
 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 MOTORCORP LTD
 Front HSRP No : AA2041137258 Rear HSRP No : AA2042967038
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2021
 No of Cylinders : 1 Chassis No : MELHMMN14MBF01107
 Engine No : HA11ESMHF00951 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 87.20
 Maker's Classification : HF DELUXE (SELF-DIPLOM-C Wheel base : 1235
 AST)

Seating Cap(in all) : 2 Standing Cap : 0
 Steeped Cap : 0 Unladen Wt (kgs) : 112
 Color : Grey Black Laden GV Wt (kgs) : 242
 General Remarks : Not used NC

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 : 21-Oct-2021 Sale Amt : 61910/-
 OTI Date : 21-Oct-2021 Amount/Rcpt No : 6191 / UP52D21100001902
 TaxUpTo : One Time Vehicle Is Govt/ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 26-Oct-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 26-Oct-2021 to 25-Oct-2036

Date : 06-Nov-2021 11:36:12

Signature of Registering Authority

Date : 06-Nov-2021

Taxation Particulars / Advance Registration Mark Fee Details

N 525843

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/01/46575/472425

Motorsathi Care Private Limited
 27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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	
AVINASH KUMAR PANDEY	1988-05-15	9889797755	PRASIDHIA NARAYAN PANDEY	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF F20	UP52BM7746	HAIHESMHF00951	MBIHAW143MHF01107	2021	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
31000.00	NA	0.00	0.00	0.00	31000.00	
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	1235.77	
Address			City / District	Pin Code	State	
S/O-PRASIDHIA NARAYAN PANDEY, VILL-C C ROAD KAILASH PURI, LANE NO 2, PO-PS-DEORIA, Deoria				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SUDHA PANDEY	Female	35 Years	WIFE	2025-10-21 10:26	Midnight of 2026-10-20	

Section A, VRC: 529.12 TCR: 402.38 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (35%): 207.50 Total with GST(A): 724.00
 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: 192.18 AHDC, DOC & Additional External Tyre Cover(AITC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 34.59 Total with GST(D): 226.77

Total(Section A+B+C+D) Offered Price After Discount: 1236

Package Period Covered	2025-10-21 To 2026-10-20	2026-10-21 To 2027-10-20	2027-10-21 To 2028-10-20	2028-10-21 To 2029-10-20	2029-10-21 To 2030-10-20
ADV	31000	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 2026-10-20 (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 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/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, 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 accountants 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 MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:794 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 Thank Rs 1235.77 ON 2025-10-08 from Mr./Ms. AVINASH KUMAR PANDEY against the ARN No. INCP00472425

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*

(Please turn over leaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

AVINASH KUMAR PANDEY


PRASIDH NARAYAN PANDEY

15/05/1988
Permanent Account Number
BLZPP4299R


अविनाश कुमार
पाण्डेय
Signature



भारत सरकार
GOVERNMENT OF INDIA



अविनाश कुमार पाण्डेय
Avinash Kumar Pandey
जन्म तिथि / DOB : 15/05/1988
पुरुष / MALE



2289 7797 7994

मेरा आधार, मेरी पहचान

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA


AVINASH KUMAR PANDEY

PRASIDH NARAYAN PANDEY

15/05/1988
Permanent Account Number
BLZPP4299R

अविनाश कुमार
पाण्डेय
Signature

31122012




भारत सरकार
GOVERNMENT OF INDIA

अविनाश कुमार पाण्डेय
Avinash Kumar Pandey

जन्म तिथि / DOB : 15/05/1986
पुरुष / MALE



2289 7797 7994

मेरा आधार, मेरी पहचान



आयकर विभाग
INCOME TAX DEPARTMENT
AVINASH KUMAR PANDEY
PRASIDH NARAYAN PANDEY
15/05/1968
Permanent Account Number
BLZPP4299R
अविनाश कुमार
पाण्डेय
Signature

भारत सरकार
GOVT. OF INDIA



31122012


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

Address
S/O: Prasidha Narayan
Pandey 679 KAILASHPURI
LANE NO.2 ward no 8 c c
ROD Deoria Khas Deoria
Deoria Uttar Pradesh -
274001

पता:
S/O: प्रसिद्ध नारायण पाण्डेय, 679,
कैलाशपुरी लेन नं 2, वॉर्ड नं 8, सी0 सी0
रोड, देवरिया खास, देवरिया,
उत्तर प्रदेश - 274001

2289 7797 7994



1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

UNION OF INDIA **Driving Licence**



UP52 20080060569



जारी करने की तिथि
Date of Issue
12/12/2008

वैधता / Validity
11/12/2028

जन्म तिथि
Date of Birth
15/05/1988

Blood Group
Unknown



नाम / Name

AVINASH KUMAR PANDEY

पिता/पति का नाम / Son/Daughter/Wife of

PRASIDH NATH PANDEY

UP52 20080060569

UP03039480NT



LMV

12/12/2008



MCWG

12/12/2008



Form 7 Rule 16(2)

पता / Address

C. C. ROAD KAILASHPURI
LANE NO 2
DEORIA -

जीशकुल सिंह

Holder's Signature

जारीकर्ता / Issuing Authority Sign
DEORIA