

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Vishal Yadav
Address..... Deoria
Phone..... 7003034680

Job No.
Date..... 28/5/26
Chassis No.
Engine No.
Key No.
Regn. No. UP52 BR 7230
Speedmeter Redg.
Insurance No.
Model..... Spld

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	1050	1050	
2	W/C	1pc	620	620	
3	F. Faneller	1pc	1500	1500	
4	Washer	1pc	550	550	
5	Meter	1pc	1280	1280	
6	Liner (R)	1pc	100	100	
7	F. Winder (R)	1pc	250	250	
8	Pompa (P)	1pc	380	380	
9	Meter Innu	1pc	350	350	
10					
11					
12					
13					
14					
15					
16	Labour			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				7080	

- 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
Gokharpur Road
OPP. BINA N. GUPTA
DEORIA
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.	VISHAL YADAV 7007034680
2	Vehicle No. / वाहन संख्या	UP52BR7230
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/46068/
4	Period of Insurance / बीमा अवधि	18/08/2025 To - 17/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/05/2026 Time - 8:30 pm
6	Place of Accident / दुर्घटना का स्थान	शुभा स्कूल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VISHAL YADAV + 7007034680 UP5220240001584 700801
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण :	बैतालपुर से रुचाधार जाते समय रास्ते में शुभा स्कूल के सामने रोड पर लागने से बडिक वाले ने तकरत माट दिया जिससे मेरी गाड़ी वाहीने रुडिड गिर कर 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.	GANPADA A/P/B. MOBILE NUMBER 7651989597

Date / दिनांक : 26/5/26
हस्ताक्षर

विशाल यादव

विशाल यादव
Signature of Insured / बीमाधारक के



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/2025/7001/0146575/460
 Tel. No. _____ Period of Insurance 18/08/2025 - 17/08/2026
 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 VISHAL YADAV
 (b) Address for correspondence : RUCHAPAR, DEORIA (C.P)
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>MIER 2022</u>	Engine No. <u>X 4A11EDHE43548</u> Chassis No. <u>X E15471</u>	Registration No. <u>UPS2BR 7230</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? PARSONAL 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

Diary

- (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 part or future accident shall be forfeited.

Date 26/5/26 200

Signature of the insured [Signature]

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 *विशाल पांडे*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

.....
r's Signature.....

Authorised Signatory

Package Offer



2025-08-08

Mr./Ms. Vishal Yadav

Vill-Ruchapar, Po-Batalpur, Ps-Deoria, Deoria, Uttar Pradesh, 274201
Uttar Pradesh, 274201

Dear Mr./Ms. Vishal Yadav,

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 or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. Vishal Yadav, 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

Website: www.motorsathi.org

GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.

Customer's Signature.....

Authorised Signatory

Program Proposal Two-Wheeler Package Contract - Bundled



MS/2025/7001/0/46575/460681

Private Limited
 Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 05643
 motorsathi.com
 section of www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Vishal Yadav	2002-03-08	7007034680	Ramanand Yadav	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle
DRUM SELF E20	UP52BR7230	HAI1EDNHE43548	MBLHAW12XNHE15471	2022	100	TV
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
42000.00	NA	0.00	0.00	0.00	42000.00	
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	1484.70	
Address			City / District	Pin Code	State	
Vill-Ruchapar, Po-Baitalpur, Ps-Deoria, Deoria, Uttar Pradesh, 274201				274201	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RAMANAND YADAV	Male	43 Years	FATHER	2025-08-18 14:08	Midnight of 2026-08-1	
Section A, VRC: 674.70 TCR: 396.48 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%) 160.61 Total with GST(A) 910.54						
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 FNC: 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: 245.05 AHDC, DOC & Additional External Tyre Cover(ATTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 44.11 Total with GST(D): 289.16						
Total(Section A+B+C+D) Offered Price After Discount: 1485						
Package Period Covered	2025-08-18 To 2026-08-17	2026-08-18 To 2027-08-17	2027-08-18 To 2028-08-17	2028-08-18 To 2029-08-17	2029-08-18 To 2030-08-17	
ADV	42000	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 2027-08-17 (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) 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 Hold 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 - 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 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 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 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability 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.

0 REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 794105 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 Aligarh.

Received with Thanks Rs 1484.70 ON 2025-08-08 from Mr./Ms. Vishal Yadav against the ARN No. INCP00460681

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

(lease 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



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BJSPY8272L



नाम / Name
VISHAL YADAV

पिता का नाम / Father's Name
RAMANAND YADAV

जन्म की तारीख /
Date of Birth
08/03/2002

हस्ताक्षर /
Signature

10012002



भारत सरकार
Government of India



विशाल यादव
Vishal Yadav
जन्म तिथि/ DOB: 08/03/2002
पुरुष / MALE



8501 0483 1566

मेरा आधार, मेरी पहचान



एनडीए डिजिटल पहचान अधिकरण
Unique Identification Authority of India

पता:
आन्वज: रामानन्द यादव, गांव
रुच्चापार, पोस्ट बैतालपुर, बैतालपुर,
देवरिया,
उत्तर प्रदेश - 274201

Address:
S/O: Ramanand Yadav, Village
Ruchchapar, post Baitalpur,
Baitalpur, Deoria,
Uttar Pradesh - 274201

8501 0483 1566



1947



help@uidai.gov.in



www.uidai.gov.in





Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20240001584

Issue Date 24-01-2024 Validity (NT) 07-03-2042 Validity (TR)



(24-01-2024)

Holder's Signature

Organ Donor: N

Date of First Issue

Name: VISHAL YADAV
Date of Birth: 08-03-2002 Blood Group:
Son/Daughter/Wife of: RAMANAND YADAV

Address:
Village Ruchchapar post Baitalpur
Baitalpur Deoria Uttar Pradesh 274201

DL No: UP52 20240001584

UPDL 0000-12848884



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	MCWG	UP52	24-01-2024	NT			
LMV	LMV	UP52	24-01-2024	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA

