

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name SONU YADAV  
 Address DEORIA  
 Phone 9792541775

Job No. ....  
 Date 03/06/2016  
 Chasis No. ....  
 Engine No. ....  
 Key No. UP52CA7493  
 Regn. No. ....  
 Speedometer Redg. ....  
 Insurance No. ....  
 Model DESTINI

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	Upper - Cover -	1pc	1650	1650	
2	Lower - Cover -	1pc	1450	1450	
3	HIL	1pc	680	680	
4	Handle - Cover -	1pc	1080	1080	
5	Mirror - (L)	1pc	350	350	
6	Livore - (L)	1pc	200	200	
7	Floor - (L)	1pc	1050	1050	
8	F-Fender -	1pc	1850	1850	
9	Moat	1pc	520	520	
10					
11					
12					
13					
14	Labour -			600	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				9470	

- 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. Gupta,  
 DEORIA  
 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.	SONU. YADAV. 9792541795
2	Vehicle No. / वाहन संख्या	UP52CA7493
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/447203
4	Period of Insurance / बीमा अवधि	02/06/2025 - 06/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/05/2026 - Time - 6:00 PM.
6	Place of Accident / दुर्घटना का स्थान	डियो-चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BABALU. JISHWAR K. ARMA. UP522017 0004-395, 9792541795
8	Estimated Loss / अनुमानित हानि	9430/-
9	Cause of Accident / दुर्घटना का कारण:	बुतालपुर डियो से गुजरी गांव जा रहे थे रास्ते में डियो-चौराहा के पास शाम के दोपहरिया वाहन आ रहा था जिसकी बचत के चक्कर में मेरी गाड़ी बाया साइड जीट कर धटिक्कर 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.	JANPATI A.P.B. MOBILE. DEERH

Date / दिनांक : 02/06/2026  
हस्ताक्षर

शे. सु. यादव

Signature of Insured / बीमाधारक के

शे. सु. यादव

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : BABALU. VISUWAKARMA  
 (b) Age : 09/11/1988  
 (c) Address : BHITALPUR. DEORIA (U.P.)  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : 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 : UP522017000 4395  
 (h) Issuing Authority :  
 (i) Date of Expiry : 02/05/2037  
 (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 6:00 pm.  
 (b) Place : डिवा-जमशद : बवालपुर डिवा, जमशद जिल्ला, भारत  
 (c) Speed of vehicle at the time of accident : 40 km/hr : गति 40 किमी प्रति घंटा  
 (d) Give a short description of the accident : गाड़ी का बायां पहिये का टायर फट गया और गाड़ी घुमाव में आ गई।  
 (e) If any third party was responsible for this accident give the name and address : जीर एल कारिगार रो डिवा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE  
 (b) Estimated cost of repairs : ₹30K  
 (c) When and where can the damaged vehicle be inspected : Ganpati Automobiles Purnea Dist

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 :  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? : NA



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/2025/7001/0/46575/47203  
 Tel. No. \_\_\_\_\_ Period of Insurance 07/06/2025 - To - 06/06/2026  
 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 : SOMU YADAV  
 (b) Address for correspondence : LAUDARI DEORIA (C.P)  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>X E03928</u> Chassis No. <u>X E03971</u>	Registration No. <u>UP52CA</u> <u>7493</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 NA.  
 1. Was a side-car attached NA.  
 2. Was a pillion rider carried NA.

III. 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 : \_\_\_\_\_ NA  
 (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? : 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? : \_\_\_\_\_
- (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 02/6/2026 200

Signature of the insured [Signature]

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 \_\_\_\_\_. If/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 .....

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPages

Registration No : UP52CA7493  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, 190-274001  
 Owner Name : SONU YADAV  
 Full Address: (Permanent) : VILL- GUDARI PO- BAITALPUR, PS- GAURI BAZAR DEORIA, DEORIA, UTTAR PRADESH-274201  
 Full Address: (Temporary) : VILL- GUDARI PO- BAITALPUR, PS- GAURI BAZAR DEORIA, DEORIA-UTTAR PRADESH-274201  
 Fitness Up To : 21-May-2039  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2102534066  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : JF17ERRGE03928  
 Horse Power(BHP) : 8.96  
 Maker's Classification : DESTINI PRIME  
 Seating Cap(In all) : 2  
 Sleeper Cap : 0  
 Colour : METALLIC NEXUS BLUE  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 22-May-2024  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : RAMJAS YADAV  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2103370738  
 Month/Year of Manuf. : 05/2024  
 Chassis No : MBLJFN356RDE03771  
 Fuel : PETROL  
 Cubic Capacity : 124.60  
 Wheel base : 1245  
 Standing Cap : 0  
 Unladen Wt (kgs) : 115  
 Laden/GV Wt (kgs) : 245  
 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. 22-May-2024.

Purchase dt : 20-May-2024  
 Sale Amt : 74555/-  
 OTT Date : 20-May-2024  
 Amount/Rcpt No : 7456 / UP52D24050000190  
 Vehicle is Govt/ Pvt : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 12-Jun-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 22-May-2024 to 21-May-2039

Date 12-Jun-2024 10:00:57

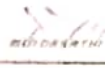
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registration Authority  
 Date 12-Jun-2024



P 8250771

MS/2025-7001/O/46575/447203



Private Limited  
Nagar, Meerut, Uttar Pradesh, (250004) India

79410 50643  
info@motorsathi.com  
for help section of www.motorsathi.com

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
SONU YADAV	1989-04-01	9792541795		Hero	DE STINI
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>   <b>Vehicle Tyre</b>
IJS DRUM SELF		JF17ERRGE03928	MBLJFN356RGE03771	2024	TW
<b>Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>
0.95	NA	0.00	0.00	0.00	0.95
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (Incl. GST)</b>
	Solo			2	1449.15
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>
					Uttar Pradesh
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
POONAM DEVI	Female	35 Years	WIFE	2025-06-07 00:00	Midnight of 2025-06-06

**A. VRC:** 431.54 **TCR:** 261.96 **Less Handicapped Discount:** 0.00 **For Anti-Theft Discount:** 0.00 **PA Bonus ND Discount (Default):** 0.00 **Total with GST(A):** 845.72  
**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  
**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  
**D. Drive Assure:** 269.85 **AHDC, DOC & Additional External Tyre Cover(AETC):** Other Discount: 0.00 **GST (CGST @ 9% + SGST @ 9%):** 48.57 **Total with GST(D):** 318.42  
**[Section A+B+C+D] Offered Price After Discount:** 1449

<b>Age Period Covered</b>	2025-06-07 To 2026-06-06	2026-06-07 To 2027-06-06	2027-06-07 To 2028-06-06	2028-06-07 To 2029-06-06	2029-06-07 To 2030-06-06
<b>Services Period Covered (NODL)</b>	0.95	NIL	NIL	NIL	NIL
	1 Year	NIL	NIL	NIL	NIL

**VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY**

**RESTRICTIONS 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

**FR:** 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 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/- Net 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.

**CANCELLATION:** 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, non-disclosure of material fact or non-co-operation of the coverage.

**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 shall be subject to 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 Email: 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 payments 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 Thanks Rs 1449.15 ON 2025-06-07 from Mr./Ms. SONU YADAV  
 Acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 For more details (a) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

Authorised Signatory

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BAGPY1707F**



नाम / Name  
**SONU YADAV**

पिता का नाम / Father's Name  
**RAMJAS YADAV**

जन्म की तारीख  
Date of Birth  
**01/04/1985**

*सोनी यादव*  
हस्ताक्षर / Signature

09042019

भारत सरकार  
Government of India



सोनू यादव  
Sonu Yadav  
जन्म तिथि/DOB: 01/04/1985  
पुरुष/ MALE

Issue Date: 25/09/2017

Download Date: 21/11/2019

**9838 1112 8517**  
VID : 9192 2414 1010 3821  
मेरा , मेरी पहचान

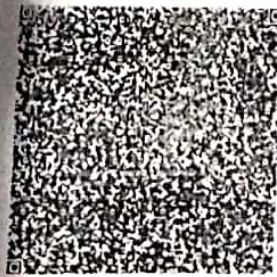


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आसज: रामजत यादव, ग्राम-गुदरी, बैतालपुर, देवरिया,  
उत्तर प्रदेश - 274201

Address:  
S/O: Ramjas Yadav, Gram-Gudari,  
Baitalpur, Deoria,  
Uttar Pradesh - 274201



**9838 1112 8517**  
VID : 9192 2414 1010 3821



1047



help@uidai.gov.in



www.uidai.gov.in



Praktik Kerja Lapangan  
Dibuat by: [Nama]

Jika ada kesalahan

nama: [Nama] kelas: [Kelas] nomor: [Nomor]  
[Alamat] [Kota] [Provinsi]



[Caption]

[Text]

[Text]

[Text]

[Text]

[Text]



[Text]

No	Nama	Jumlah	Nilai	Nilai	Nilai	Nilai	Nilai
1	[Nama]	[Jumlah]	[Nilai]	[Nilai]	[Nilai]	[Nilai]	[Nilai]
2	[Nama]	[Jumlah]	[Nilai]	[Nilai]	[Nilai]	[Nilai]	[Nilai]
3	[Nama]	[Jumlah]	[Nilai]	[Nilai]	[Nilai]	[Nilai]	[Nilai]
4	[Nama]	[Jumlah]	[Nilai]	[Nilai]	[Nilai]	[Nilai]	[Nilai]
5	[Nama]	[Jumlah]	[Nilai]	[Nilai]	[Nilai]	[Nilai]	[Nilai]

[Signature]



सत्यमेव जयते

# Indian Union Driving Licence Issued by Uttar Pradesh



UP52 20170004395

Issue Date	Validity (NT)	Validity (TR)*
27-07-2024	02-05-2037	17-11-2026



*Babalu Vishwakarma*  
Holder's Signature

Date of First Issue 03-05-2017

Name: **BABALU VISHWAKARMA**

Date of Birth: **04-11-1988**      Blood Group:      Organ Donor: **N**

Son/Daughter/Wife of: **DINESH VISHWAKARMA**

Address:  
**GUDARI BAITALPUR DEORIA, UP  
274201**

DL No: UP52 20170004395

UPDL 000013306431



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\* Hill Validity\*  
17-11-2026

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP52	03-05-2017	NT			
	MV	UP52	03-05-2017	NT			
	TRANS	UP52	28-09-2018	TR			
MVSD							

Form 7 Rule 16(2)

Licensing Authority  
UP52 DEORIA

Emergency Contact