

ANPATI AUTOMOBILES

Purva Chauraha, Deoria
 Mob. - 7704094711, 7704000568

ESTIMATE

Owner's Name PALIMATI
 Address DEORIA
 Phone 7041957357

Job No.
 Date 15/06/2026
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52CH5339
 Speedmeter Redg.
 Insurance No.
 Model PLEASEA 2X

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	1950	1950	
2	LOWER COVER	1PC	1000	1000	
3	FLOOR L&R	2PC	400	800	
4	Handle Cover	1PC	850	850	
5	HIL	1PC	3500	3500	
6	F-Fondae	1PC	1400	1400	
7	Handle Cover	1PC	350	350	
8	Liver (L)	1PC	100	100	
9	MOOT	1PC	500	500	
10	Body Cover (L)	1PC	2050	2050	
11					
12					
13					
14					
15					
16					
17	labour			600	
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				13100/-	

- 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.

Anpati Automobiles
 For - G. Prakhur Road
 Opp. G. Prakhur Automobiles
 DEORIA
 Mob. 7704004711

जा में,
Oriental Insurance Co Ltd /
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.	PANMATA 7041957357
2	Vehicle No. / वाहन संख्या	UP52EH5339
3	Policy No. / पालिसी संख्या	252400/31/2026/32498
4	Period of Insurance / बीमा अवधि	12/08/2025 To - 11/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/06/2026 - Time 9:50pm
6	Place of Accident / दुर्घटना का स्थान	हरिद्वि नेतवा (देवापुर)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	FAIYAZ. ANSARI UP522023001964. 704195735
8	Estimated Loss / अनुमानित हानि	13100/-
09.	Cause of Accident / दुर्घटना का कारण:	पकड़ी बाजार से बरात जा रहा था रास्ते में हरिद्वि नेतवा के विच में रात में से दो पहिया वाहन (बुजेट) ने मेरी गाड़ी को बुरकर मार दिया होत मेरी गाड़ी वाया चाली गिरकर बुरेशत हो गई। 21/11/2026 (दिनांक) 2026
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.	PANMATA AUTO. MOBILES - DEORIA

Date / दिनांक :
हस्ताक्षर

8/06/2026

पानमती

Signature of Insured / बीमाधारक के

पानमती

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : FAIYAZ. ANSARI
 (b) Age : 25/03/2003
 (c) Address : MATHEW, DEERVA. (C/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 : UP5220230019641
 (h) Issuing Authority :
 (i) Date of Expiry : 29/08/2043
 (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 : 03/06/2026. Time 9:50pm.
 (b) Place : पानी बाजार, देवरक, कास्टो रो, राशिम बाजार
 (c) Speed of vehicle at the time of accident : 50km/hr
 (d) Give a short description of the accident : गाड़ी का ब्रेक फेल हो गया था और गाड़ी कास्टो रो पर टकरा गई।
 (e) If any third party was responsible for this accident give the name and address : शक्ति मोटर्स प्राइवेट लिमिटेड, कास्टो रो, राशिम बाजार

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 13100/-
 (c) When and where can the damaged vehicle be inspected : (GANPAT) AUTO. MOBILE. REPAIR

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? :
 N/A



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. 252400/31/2026/32498

Tel. No. _____

Period of Insurance 12/08/2025 - 11/08/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name : PANMATI
 (b) Address for correspondence : MAHEM. DEORIA (C.P)
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>E 01040</u> Chassis No. <u>E 00704</u>	Registration No. <u>UP52 CH</u> <u>5339</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

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 : _____
- NA

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

NID

- (a) Was driver/any occupant injured? _____
- (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. _____

NID

10. THEFT

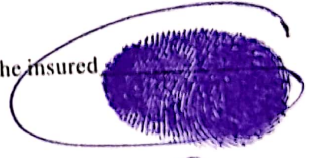
- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (g) When? _____
- (h) Which Police Station? _____
- (i) C.R. diary Number _____

NID

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 8/06/2016 200

Signature of the insured



[Handwritten signature]

Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52CH5330 Registration Date : 16-Aug-2025
 Class of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : New
 Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
 Name : PANMATI Son/wife/daughter of : SHAHAB
 Address: (Permanent) : VILL-MAHEN PARSAUNI, PO-MAHEN, MADANPUR, DEORIA, UTTAR PRADESH-274603
 Address: (Temporary) : VILL-MAHEN PARSAUNI, PO-MAHEN, MADANPUR, DEORIA-UTTAR PRADESH-274603
 Validity UpTo : 15-Aug-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Limit (Kilometers)	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2133139263	Rear HSRP No	: AA2133727539
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 05/2025
No of Cylinders	: 1	Chassis No	: MBLJFW77XSGE00704
Engine No	: JF16E4SGE01040	Fuel	: PETROL
Horse Power(BHP)	: 8.04	Cubic Capacity	: 110.90
Maker's Classification	: PLEASURE + ZX+	Wheel base	: 1238
Seating Cap(In all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 104
Colour	: MATT BLACK	Laden/GV Wt (kgs)	: 234
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 v.e.f. .

Purchase dt	: 12-Aug-2025	Sale Amt	: 82463/-
OTT Date	: 12-Aug-2025	Amount/Rept No	: 8247 / UP52/25060001543
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 30-Aug-2025		

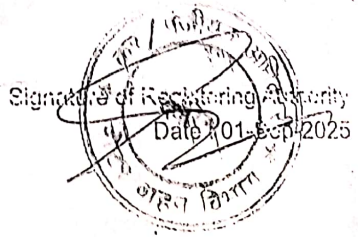
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 16-Aug-2025 to 15-Aug-2040

Date : 01-Sep-2025 13:15:50

Additional Particulars / Advance Registration Mark Fee Details



5149281

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT-01214063570,, (GSTIN: 09AAACT0617R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-4 Years)	Policy Issued On	12-AUG-25
Policy No	252400/31/2026/3249X	Proposal No. & Date	R/252400/31/2026/324916 & 12-AUG-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 11:18 ON 12/08/2025 TO MIDNIGHT OF 11/08/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 11:18 ON 12/08/2025 TO MIDNIGHT OF 11/08/2026
Insured Name	PANMATI (GSTIN:)		
Insured Address	C/O SHAILAB, VILL-MAIEN PARSAUNI-POST-MAIEN-THANA-MADANPUR DEORIA UTTAR PRADESH,VILL-MAHEN PARSAUNI-POST-MAHEN-THANA-MADANPUR DEORIA UTTAR PRADESH,DEORIA,, NA,	Lead /Break In No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	78340
Model & Variant	HERO PLEASURE + XTEC	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine -Chassis No	JF16EASGE01040 - MBLJFW77XSGE00704	Total IDV	78340
Cubic Capacity	110	TMP CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Geographical Area	INDIA
Type Of Fuel	PETROL		
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1312.98	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1312.98	Legal Liability to Employee (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
		Driving Tuition Loading On TP Premium (60%)	NA
Driving Tuition Loading On OD Premium (60%)	0	PA Paid Driver, Conductor, Cleaner-GR36R3	0
Sub-Total Additions	0	Net Liability Premium (B)	3851
		Total Premium (A+B)	4648
Deductibles		GST	728
Voluntary Deductibles (IMT 22A)	0	SERVICE TAX	0
Anti-Theft Device (IMT-10)	0	STAMP DUTY	0.00
AAI Membership (IMT-8)	0	Swachh Bharat Cess@0.5%	0
No Claim Bonus	0	Kritih Kalyan Cess@0.5%	0
Discount for vehicle designed for handicapped	0	Gross Premium Paid	4776
SIP Discount	1116		
Sub-Total Deductibles	1116		
Add-On Coverages			
NTL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	197		

- Note:
1. Policy Insurance is the subject to the realization of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT, 7,10,28.

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
				Amount
				4776
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 12-AUG-25

IMPORTANT NOTICE

The Insured 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 in order to comply with the MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any purpose in connection with motor trade.

Driver's Clause: Any person including the insured, 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (f) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (f) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the. The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre-existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By: 6592555MD

Approved On: 12-AUG-25

Place : MRT

Printed On : 15-NOV-25

General Manager
Authorized Signature

आयकर विभाग
INCOME TAX DEPARTMENT

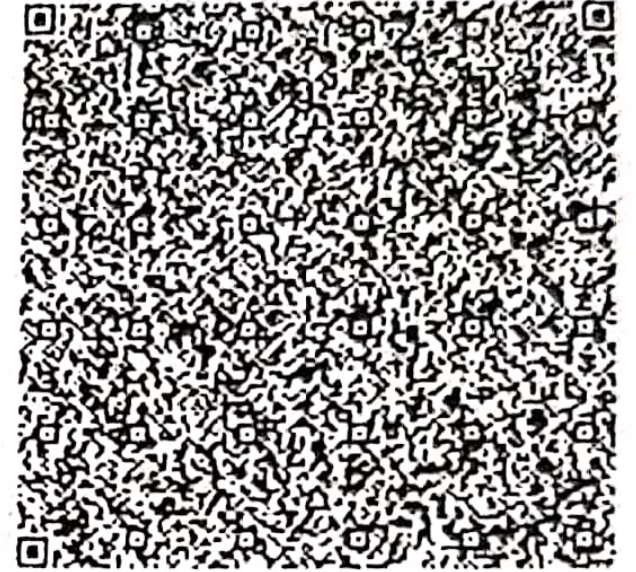


भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card




FKOPP5478Q



नाम / Name
PANMATI

पिता का नाम / Father's Name
RAJENDRA YADAV

जन्म की तारीख /
Date of Birth
25/12/1980


हस्ताक्षर / Signature

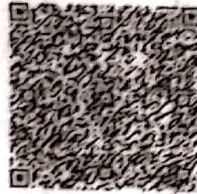
17092019



भारत सरकार
Government of India



पानमती
PANMATI
जन्म तिथि / DOB : 25/12/1980
महिला / Female



~~4350~~ ~~2982~~ 4723

आधार - आम आदमी का अधिकार



आरतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O: शाहब, -, -, महेन बाबू,
भादिला अग्रज, महेन, देवरिया, उत्तर
प्रदेश, 274603

Address:
W/O: Shahab, -, -, MAHEN
PARSAUNI, Bhadila Agraj,
Mahen, Deoria, Uttar Pradesh,
274603

~~4350~~ ~~2982~~ 4723

1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



DL No: UP52 20230019641

UPDL000012191639



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	UP52	05-12-2023	NT			
	LMV	UP52	05-12-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

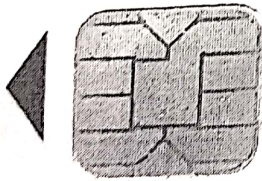
Licensing Authority
UP52 DEORIA



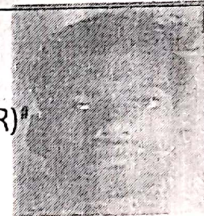
Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20230019641



Issue Date 05-12-2023 Validity (NT) 24-03-2043 Validity (TR) # -----



(05-12-2023)

Holder's Signature

Name: FAIYAZ ANSARI
Date of Birth: 25-03-2003 Blood Group: Organ Donor: N
Son/Daughter/Wife of: SAMIM ANSARI

Address:
-- MAHEN Bhadila Doyam Deoria Uttar Pradesh 274603

Date of First Issue

