

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name: BRIJ. BHUSHAN. DUBEY.  
Address: DEORIA.  
Phone: 7379340112

Job No. ....  
Date: 12/06/2026  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. UP52CH8566  
Speedmeter Redg. ....  
Insurance No. ....  
Model: H.F. D4444

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	Fuel Tank.	18	7000	7000	
2	Panicle (2)	18	750	750	
3					
4					
5					
6					
7					
8					
9					
10					
11	Labor			1500	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
			<b>TOTAL</b>	8350	

- 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.

Customer's Signature.....

**GANPATI Automobiles**  
Gorakhpur Road  
For - **GANPATI Automobiles**  
DEORIA  
Mob. 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.	BRJ BHUSHAN DUBEY & 7379340112
2	Vehicle No. / वाहन संख्या	UP52CH8566
3	Policy No. / पालिसी संख्या	252400/31/2026/37523
4	Period of Insurance / बीमा अवधि	24/09/25 to 23/9/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/06/26 & 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	<del>ब्रज भूषण दुबे</del> चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BRJ BHUSHAN DUBEY - UP5220220001597 - 7379340112
8	Estimated Loss / अनुमानित हानि	5350 ✓
09.	Cause of Accident / दुर्घटना का कारण :	पुलिस से देखा गया है कि चौराहे पर ब्रज भूषण दुबे चौराहे के पास - चौराहे की सड़क पर दाहिने हाई से मेरी गाड़ी को दो पहिया वाहन ने टक्कर मारी जिससे मेरी गाड़ी का टैंक टूट गया है।
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 Purua Deoria - 7651989597

ब्रज भूषण दुबे

Date / दिनांक :  
हस्ताक्षर ब्रज भूषण दुबे

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: PRIS. BHUSHAN. PUBEY  
 (b) Age: 15/09/1998  
 (c) Address: PARATHA - SOPANA (C.P.)  
 (d) Is the Driver:  
 1. Owner: YES  
 2. paid driver?  
 3. Owner's relative or friend?  
OWNER.  
 (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: UPS230220601597  
 (h) Issuing Authority:  
 (i) Date of Expiry: 19/07/2038  
 (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: 4/06/2026 Time - 11:00 AM.  
 (b) Place: पुणे व देवीचर लाईव्ह होटल रोड  
 (c) Speed of vehicle at the time of accident: पुणे व देवीचर लाईव्ह होटल रोड  
 (d) Give a short description of the accident: वॉल्वो व मेरा गाडी को टोकरा घेतल्यामुळे  
 (e) If any third party was responsible for this accident give the name and address: वॉल्वो गाडी चालक बॉल्वो गाडी चालक देवा  
सुभाष देवा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS-PER ESTIMATE  
 (b) Estimated cost of repairs: 8300  
 (c) When and where can the damaged vehicle be inspected: GANPATI AUTO. MOBILE. POKH

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? YES



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. 252400/31/2026/37523

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

Period of Insurance 29/09/2025 to 23/09/2026  
 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 BRIS. BHUSHAN. DUBEY.  
 (b) Address for correspondence PYRAINA. DEORIA  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>E11359</u> Chassis No. <u>E70759</u>	Registration No. <u>4P5CH8566</u>
-------------------------------------	---	--------------------------------------

- (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 : 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? N/A
- (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? N/A
- (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 Policy 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 \_\_\_\_\_ 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 ..... *[Handwritten Signature]*  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UPS2CH25586  
 Description of Vehicle : M-CYCLE SCOOTER  
 Dealer's Name & Address : GANPATI AUTOMOBILES (P) PURAINA CHAJIRAHIA GNP ROAD, DEORIA, . 193-274001  
 Owner Name : BRIJ BHUSHAN DUBEY  
 Full Address: (Permanent) : VILL- PURAINA PO- PADARI SAZAR, PURAINA SALEMPIUR DEORIA, . DEORIA, UTTAR PRADESH-274701  
 Full Address: (Temporary) : VILL- PURAINA PO- PADARI SAZAR, PURAINA SALEMPIUR DEORIA, . DEORIA-UTTAR PRADESH-274701  
 Fitness Up To : 28-Sep-2040

Registration Date : 29-Sep-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : UMA SHANKAR DUBEY  
 Owner Serial No :  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2153721524  
 Month/Year of Manuf. : 05/2025  
 Chassis No : MBLHAW438S9E70799  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 AC Fitted : NO

Detailed Description

Class of Vehicle : M-CYCLE SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTORCYCLE LTD  
 Front HSRP No : AA2153080052  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11F459E11789  
 Horse Power(BHP) : 8.17  
 Maker's Classification : HF DELUXE (DRS)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : BLACK GREY STRIPE  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf	Description	MS 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 : 24-Sep-2025  
 OTT Date : 24-Sep-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 04-Oct-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 61203/-  
 Amount/Rcpt No : 6121 / UPS2025090002404  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 29-Sep-2025 to 28-Sep-2040

Date : 24-Oct-2025 17:01:27

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 24-Oct-2025

Q 5360174

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

Authorised Sign

**Certificate of Services**

**State Issuer & Servicing Office:** Motor Sathi Care Private Limited, D-27, Shastri Meerut, Uttar Pradesh, (250004) Certificate Number: INCP00468162  
**Invoice cum Certificate Number:** INCP00468162  
**Name of Certificate Holder:** BRIJ BHUSHAN DUBEY  
**Mobile:** 9554842321  
**Address:** PURAINA, POST PADARI BAZAR, PADRI, DEORIA UP, DEORIA, DEORIA  
**State:** Uttar Pradesh  
**IDV:** 58142.85  
**Vehicle Registration Number:** New  
**Model:** HF DELUXE  
**Engine Number:** HA11F4S9E11769  
**Acknowledgement No:** MS/2025/E468162

**For Assistance, Please contact us at: Toll Free Number 7941050643 Email ID: info@motorsathi.com**  
**Period of Coverage(MS):** 2025-09-24 - 2026-09-23 MIDNIGHT  
**DOB:** 1998-07-15  
**Period of Coverage(I):** 2025-09-24 - 2030-09-23 MIDNIGHT  
**City / District:** DEORIA  
**Pincode:** 274701  
**Manufacturing Year:** 2025  
**Vehicle Manufacturer:** HERO MOTOCORP  
**Variant:** SELF OB  
**Chassis Number:** MBLHAW438S9E70799  
**Personal Accident Insurance Amount:** 15,00,000

**Drive Assure**

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

**Special Conditions (applicable to all coverages):** (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

**Accidental Hospital Daily Cash**

**ADHC Benefits:** Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs. 1000 per day Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

**Doctor On Call**

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	563.91	50.75	50.75	-	665

**Personal Accident Cover Details**

**Name of Certificate Holder:** BRIJ BHUSHAN DUBEY **Period of Insurance:** 2025-09-24 (16.44 HRS) - 2026-09-23 MIDNIGHT  
**Nominee Name:** BABY RANI **Nominee Relationship:** MOTHER  
**Nominee Gender:** Female **Nominee Age:** 45

**Special Conditions:** 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.



भारत सरकार  
Government of India



Issue Date: 21/02/2016



बृज भूषण दुबे  
Brij Bhushan Dubey  
जन्म तिथि/DOB: 15/07/1998  
पुरुष/ MALE

8821 1488 5954

VID : 9119 0310 3755 0246

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Download Date: 05/01/2022

पता:  
आत्मज: उमा शंकर दुबे, पुरैना, पोस्ट-पडरी बाज़ार, पादरी,  
देवरिया,  
उत्तर प्रदेश - 274701

Address:  
S/O: Uma Shankar Dubey, Puraina, Post-  
Padari Bazar, Padri, Deoria,  
Uttar Pradesh - 274701



8821 1488 5954

VID : 9119 0310 3755 0246



1947



help@uidai.gov.in



www.uidai.gov.in





**Indian Union Driving Licence**  
Issued by **Uttar Pradesh**



**UP52 20220001597**



Issue Date **20-01-2022** Validity (NT) **14-07-2038**

Validity(TR)\*



Holder's Signature

Date of First Issue **(20-01-2022)**

Name: **BRJ BHUSHAN DUBEY**  
Date of Birth: **15-07-1998** Blood Group:  
Son/Daughter/Wife of: **UMA SHANKAR DUBEY**

Organ Donor: **Y**

Address:  
**230 PURAINA POST PADARI BAZAR**  
**Salempur, Deoria, UP 274701**

DL No: **UP52 20220001597**

UPDL 000007370173



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	20-01-2022	NT			
	LMV	UP52	20-01-2022	NT			
	MVSD						

Emergency Contact Number

Issued Authority  
**UP52 DEORIA**



आयकर विभाग  
INCOME TAX DEPARTMENT

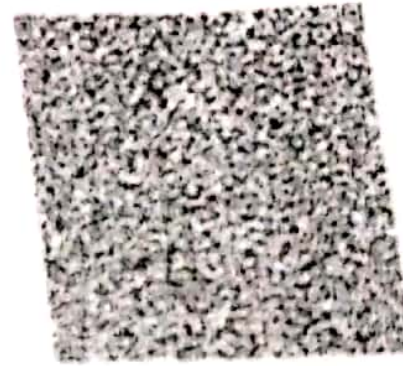


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

FYIPD2718B



नाम / Name  
BRIJ BHUSHAN DUBEY

पिता का नाम / Father's Name  
UMA SHANKAR DUBEY

जन्म की तारीख /  
Date of Birth  
15/07/1998

ब्रज भूषण  
हस्ताक्षर / Signature

29092019

