

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

## ESTIMATE

Owner's Name..... Raj. Kumari Devi.....  
Address..... Domra.....  
Phone..... 9838928965.....

Job No. ....  
Date..... 16/6/20.....  
Chassis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. .... UP62CH 930.....  
Speedometer Redg .....  
Insurance No. ....  
Model..... Spada.....

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	Vign	1K	1100	1100	
2	HIL	1K	600	600	
3	f. wheel (R)	1K	250	250	
4	f. fender	1K	1500	1500	
5	f. fender - L/R - Repair	—	—	500	
6	Handle	1K	500	500	
7	Mirror - L/R	2K	250	500	
8	Leg guard	1K	600	600	
9	Brake Pad	1K	1100	1100	
10	checkish	—	—	1200	
11	Muffler Conn A/B	30	500	1000	
12	Sai Lensham	—	—	—	
13	Fuel Tank	1K	6900	6900	
14	Main Stand	1K	670	670	
15	Toal Box (R)	1K	600	600	
16					
17					
18					
19					
20	Lama				
21				300	
22					
23					
24					
25					
TOTAL				17400	

- 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  
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.	RAJ KUMAR DEVI & 9838928965
2	Vehicle No. / वाहन संख्या	UP52 CH9302
3	Policy No. / पालिसी संख्या	252400/31/2026/38599
4	Period of Insurance / बीमा अवधि	28/09/2025 to 27/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/06/2026 & 11:45 AM
6	Place of Accident / दुर्घटना का स्थान	बलुआ घाटी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAKESH KUMAR & 9838928965 UP5220220004889
8	Estimated Loss / अनुमानित हानि	174951
9.	Cause of Accident / दुर्घटना का कारण :	प्रनिष्ठा वाहन से अनजाने जाते समय रास्ते में बलुआ घाटी पुल के निचे 70 km बागें रोड के सामने से तेज गति से चलने वाले ने टकराव माल दिया जिससे मोटर गाड़ी घायल तथा गिरने का कारण बन 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.	Compacti Automobiles Purwa Dewa & 7651989597

Date / दिनांक : 13/6/26

हस्ताक्षर

राजकुमारी देवी

Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name RAKESH KUMAR  
 (b) Age 18/02/2002  
 (c) Address SHIBSAULI  
 (d) Is the Driver  
 1 Owner NA  
 2 paid driver? NA  
 3 Owner's relative or friend? Relative  
 (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 License Number UP5720220004229  
 (h) Issuing Authority 16/03/2022  
 (i) Date of Expiry 15/02/2022  
 (j) Was the license temporary/permanent Permanent  
 (k) Details of endorsement/suspension, if any  
 (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 NA

5. DETAILS OF ACCIDENT

(a) Date and Time 13/6/2026 @ 11:45 AM  
 (b) Place असली सिल  
 (c) Speed of vehicle at the time of accident 40 km/h  
 (d) Give a short description of the accident  
 (e) If any third party was responsible for this accident give the name and address  
 (f) Details of damage to insured vehicle  
 (g) Full details of damage As per estimated  
 (h) Estimated cost of repairs  
 (i) Where and when can the damaged vehicle be inspected Chandigarh Automobiles Repair. 761989597

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 claims 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 252400/31/2024/38599  
 Tel. No \_\_\_\_\_ Period of Insurance 23/09/2025 to 27/09/2026  
 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 : RADKUMARI DEVI  
 (b) Address for correspondence : PANJKA  
 (c) Telephone : 0232928965

2. THE INSURED VEHICLE

Make & Year <u>UP52CH9302</u>	Engine No Chassis No. <u>* 22174</u> <u>* C3768</u>	Registration No. <u>UP52CH9302</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, 4-25/27, Ashi Al Road, New Delhi-110002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 2008  
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 or future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

Date of Issue  
General Office  
When issued  
Issued by: 5006

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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

8. INJURY TO DRIVER/OCCUPANT

- (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? \_\_\_\_\_ NA
- (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? \_\_\_\_\_ NA
- (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 13/6/26 200

Signature of the insured [Signature]

# GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CH9302 Registration Date : 02-Oct-2025  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEVI  
Dealer's Name & Address : GANPATI AUTOMOBILES (D) PURWA CHAURAHA GKP ROAD, DEORIA, 190-2745001  
Owner Name : RAJKUMARI DEVI Son/wife/daughter of : RAJESH  
Full Address (Permanent) : VILL+PO- PANIKA BAZAR, PS- MAIL BARHAJ DEORIA, DEORIA, UTTAR PRADESH-274505  
Full Address (Temporary) : VILL+PO- PANIKA BAZAR, PS- MAIL BARHAJ DEORIA, DEORIA-UTTAR PRADESH-274505  
Fitness Up To : 01-Oct-2040 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 MOTOCORP LTD  
Front HSRP No : AA2133088339 Rear HSRP No : AA2134811461  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
No of Cylinders : 1 Chassis No : MBLHAW475SHFC3768  
Engine No : HA11F6SHF22174 Fuel : PETROL  
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235  
RS)  
Seating Cap(In all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 113  
Colour : MATT GREY Laden/GV Wt (kgs) : 243  
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 w.e.f. .

Purchase dt : 02-Oct-2025 Sale Amt : 74999/-  
OTT Date : 02-Oct-2025 Amount/Rcpt No : 7500 / UP52D25100000301  
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 04-Oct-2025

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 15-Oct-2025 10:06:18

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 15-Oct-2025







Indian Union Driving Licence  
Issued by Uttar Pradesh



UP52 20220004889

Issue Date: 18-03-2022    Validity (NT): 15-08-2042    Validity (TR):



(18-03-2022)



Holder's Signature

Date of First Issue

Name: **BAKESH KUMAR**  
 Date of Birth: 16-08-2002    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **RAM PYARE MADHESHYA**  
 Address:  
**VILL-DURBAULI PO PADARI BAZAR**  
**SALERPUR, DEORIA, UP 274791**

DL No: UP52 20220004889

UPDL 000007781721



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	18-03-2022	NT			
LMV	LMV	UP52	18-03-2022	NT			
MVSO							

Emergency Contact Number

*[Signature]*  
 Authority  
 UP52 DEORIA

Form 7 Rule 16(2)

आयकर विभाग  
INCOME TAX DEPARTMENT

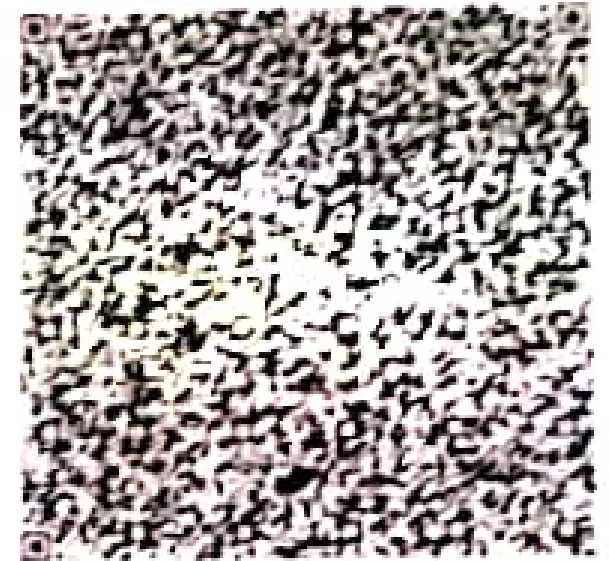


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**JGNPD4720A**



नाम / Name  
RAJKUMARI DEVI

पिता का नाम / Father's Name  
MUNILAL MADDESHIYA

जन्म की तारीख /  
Date of Birth  
05/08/1998

16112023



भारत सरकार  
Government of India



राजकुमारी देवी  
RAJKUMARI DEVI  
जन्म तिथि / DOB : 05/09/1988  
महिला / Female



2827 1046 9246

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता  
W/O राजेश, 798, - पनिका  
बाजार, पनिका, देवरिया, पनिका  
बाजार, उत्तर प्रदेश, 274505

Address:  
W/O Rajesh, 798, - PANIKA  
BAJAR, Panika Deona Panika  
Bazar, Uttar Pradesh, 274505

2827 1046 9246

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

## ESTIMATE

Owner's Name..... Raj Kumari Devi.....  
Address..... Domra.....  
Phone..... 9838928965.....

Job No. ....  
Date..... 16/6/26.....  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. .... UP.62.CH.9302.....  
Speedmeter Redg. ....  
Insurance No. ....  
Model..... Splda.....

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	Viper	1K	1100	1100	
2	HLK	16	600	600	
3	Fender (R)	1K	250	250	
4	F. fender	1K	1500	1500	
5	F. fender - L/R - Refor	—	—	500	
6	Horn	1K	500	500	
7	Mirror - L/R	2K	250	500	
8	Lag guard	1K	675	675	
9	Brack panel	1K	1100	1100	
10	Check chieft	—	—	1250	
11	Muffler Churn A/B	20	500	1000	
12	Sail Lense	—	—	—	
13	Fuel tank	11	6900	6900	
14	Moss Stone	16	670	670	
15	Toal Box (R)	16	600	800	
16					
17					
18					
19					
20	Lana			350	
21					
22					
23					
24					
25					
TOTAL				17995	

- 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  
Opp. Dr. G.N. Gupta  
For - Ganpati Automobiles  
Deoria  
Mob. 7704004711

Authorised Signatory



# GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CH9302 Registration Date : 02-Oct-2025  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
Dealer's Name & Address : GANPATI AUTOMOBILES (D) PURWA CHAURAHA GKP ROAD, DEORIA, , 130-274505  
Owner Name : RAJKUMARI DEVI Son/wife/daughter of : RAJESH  
Full Address: (Permanent) : VILL+PO- PANIKA BAZAR, PS- MAIL BARHAJ DEORIA, , DEORIA, UTTAR PRADESH-  
274505  
Full Address: (Temporary) : VILL+PO- PANIKA BAZAR, PS- MAIL BARHAJ DEORIA, , DEORIA-UTTAR PRADESH-  
274505  
Fitness UpTo : 01-Oct-2040 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 MOTOCORP LTD  
Front HSRP No : AA2133088339 Rear HSRP No : AA2134811481  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025  
No of Cylinders : 1 Chassis No : MBLHAWK475SHFC3758  
Engine No : HA11F6SHF22174 Fuel : PETROL  
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1225  
RS)  
Seating Cap(In all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 113  
Colour : MATT GREY Laden/GV Wt (kgs) : 243  
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 w.f.

Purchase dt : 02-Oct-2025 Sale Amt : 74999/-  
OTT Date : 02-Oct-2025 Amount/Rcpt No : 7500 / UP52025100000301  
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 04-Oct-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 15-Oct-2025 10:06:18

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 15-Oct-2025

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



TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE (FORM 51) OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAR NAGAR, OPP. FID MISTAN CINEMA MILLERU, (GSTIN: 09AAAU1002TRAZU)

Table with 2 columns: Field Name and Value. Fields include Policy Type, Policy No, Agent Broker Code, Agent Broker Name, Insured Name, Insured Address, Insured Vehicle Details (Make, Model & Version, Registration No, Year of Manufacture, Engine & Chassis No, Cabin Capacity, Seating Capacity, Type of Body, Type of Fuel), and Insured Declared Value (IDV) (IN Rs.).

Schedule of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). It lists various premium components like Vehicle, Accessories, Basic Premium, and sections for Third Party Liability, P.A. Cover, and Legal Liabilities.

Net Premium

Table showing Net Premium (4756) and Net Total Add-on Charges (178), leading to a Net Total Damage Payment of 4934.

Table for Payment Details, including Insured Name, Amount (4756), and Payment Method (Cheque No./Transaction No, Bank Name, Amount).

Policy No: NA, FOS ID: NA, POS PAN NO/Aadhar No: NA

Important information regarding the policy, including terms and conditions, coverage details, and contact information for The Oriental Insurance Company Limited.



Approved By: 09/28/2024, Approved On: 09/28/2024, Date: 09/28/2024, Printed On: 09/28/2024

For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature