

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name: Sandeep Kumar Yadav
Address: Deoria
Phone: 9565524577

Job No.
Date: 24.12.25
Chasis No.
Engine No.
Key No.
Regn. No. UP52-CF-6996
Speedmeter Redg.
Insurance No.
Model: Vida V2 Lite

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 Conn HR	2P	850	1700	
2	Lower Conn - (L)	1R	1715	1715	
3	Liner - (L)	1P	150	150	
4	F. Winker Inner - L/R	1B	410	410	
5	F. Winker L/R	2P	300	600	
6	F. Winker - L/R	2P	200	400	
7	Body Camer - (L)	11	2125	2125	
8	Hand Camer	11	600	600	
9	Wind Screen	1R	600	600	
10	Motor Camer (L)	1R	647	647	
11	Fast Rest - L	1R	600	600	
12	F. F. Camer	1R	1055	1055	
13	Camip - L	1B	1010	1010	
14	Camip. Camer	1A	255	255	
15					
16					
17					
18					
19	Labour			800	
20					
21					
22					
23					
24					
25					
TOTAL				12867	

- 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
Deoria, U.P.
For - Ganpati Automobiles
Mob. 7794002117

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.	SANDEEP KUMAR YADAV 9565524577
2	Vehicle No. / वाहन संख्या	UP52CF6990
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	28/05/2025-To-27/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/2025 Time-11:00 AM.
6	Place of Accident / दुर्घटना का स्थान	जयमंदिर (खुखु-5)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SANDEEP KUMAR YADAV UP5220250011338, 9565524577
8	Estimated Loss / अनुमानित हानि	12853/-
09.	Cause of Accident / दुर्घटना का कारण :	शिरवार से सोमघाट जा रहे थे रुहे में जयमंदिर (खुखु-5) के पार सामने सड़क के अचमक कुल्ला आ जामा जिसके वजन के प्रभाव में वाहन साइड जिर अपने अस्त हो गया।
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.	GANPATI AUTO. AC/B. MOBILE DEVARA.

Date / दिनांक : 23/12/25
हस्ताक्षर Sandeep

Signature of Insured / बीमाधारक के
Sandeep



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 _____
 Tel No _____ Period of Insurance 28/5/25 to 27/5/2026
 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 SANDEEP KUMAR YADAV
 (b) Address for correspondence VASTPURA
 (c) Telephone 956524577

2 THE INSURED VEHICLE

Make & Year <u>Hero-2025</u>	Engine No Chassis No. <u>* 03A74</u> <u>* 00699</u>	Registration No <u>UP52CF6990</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
 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



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: SANDEEP KUMAR YADAV
 (b) Age: 07/03/1994
 (c) Address: SISWAR, QAFORIA (U.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: UP5220250011338
 (h) Issuing Authority:
 (i) Date of Expiry: 23/06/2035
 (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: NA

5. DETAILS OF ACCIDENT

(a) Date and Time: 16/12/25 @ 11:00 AM
 (b) Place: VAIN MANDAR
 (c) Speed of vehicle at the time of accident: 20 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:
 निम्नलिखित मोटर कारों में रास्ते में जांचभंडार (रगड़) के साथ निम्नलिखित स्थल पर जांचभंडार के कारण से घटना घटित हुई।
 घटना में कोई भी व्यक्ति जिम्मेदार नहीं है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
 (b) Estimated cost of repairs: 12857/-
 (c) When and where can the damaged vehicle be inspected: GANPATI AUTO MOBILE - QAFORIA (U.P.)

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

Customer's Signature

Authorised Signatory

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? _____
- (g) When? _____ NA
- (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 23/12/25 20

Signature of the insured Sandeep

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 *Sandeep*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Customer's Signature

Authorised Signatory



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : **UP52CF6990** Registration Date : 29-May-2025
 Description of Vehicle : **M-CYCLE/SCOOTER** Purpose For Printing RC : **NEW**
 Dealer's Name & Address : **GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , 190-274001**
 Owner Name : **SANDEEP KUMAR YADAV** Son/wife/daughter of : **RAMPRTI YADAV**
 Full Address: (Permanent) : **VILL- SISAWAR PO- JAITPURA, PS- KHUKHUNDU SALEMPUR, DEORIA, DEORIA, UTTAR PRADESH-274501**
 Full Address: (Temporary) : **VILL- SISAWAR PO- JAITPURA, PS- KHUKHUNDU SALEMPUR, DEORIA, DEORIA- UTTAR PRADESH-274501**

Fitness UpTo : 28-May-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: Not Available
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2125625134
Front HSRP No	: AA2122688084	Month/Year of Manuf.	: 02/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLCEW058S6B00699
No of Cylinders	: 0	Fuel	: PURE EV
Engine No	: ECD001S6B03474	Cubic Capacity	: 0.00
Horse Power(BHP)	: 8.04	Wheel base	: 1301
Maker's Classification	: VIDA V2 LITE	Standing Cap	: 0
Seating Cap(In all)	: 2	Unladen Wt (kgs)	: 114
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 264
Colour	: BLACK	AC Fitted	: NO
Other Criteria	:		
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 IDFC FIRST BANK LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 29-May-2025.

Purchase dt : 27-May-2025 Sale Amt : 105000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : EXEMPTED
 Date of Approval : 30-May-2025

Other State/Transfer/Conversion/Reassign Details

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

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

Date : 02-Jun-2025 17:35:33

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 02-Jun-2025

Customer's Signature.....

Authorised Signatory





2025-05-28

Mr./Ms. SANDEEP KUMAR YADAV
VILL- SISAWAR, PO- JAIPURA
DEORIA, Uttar Pradesh, 274501

Dear Mr./Ms. SANDEEP KUMAR 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 transcript of proposal is attached and your policy is getting issued with insurer, 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. SANDEEP KUMAR 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.

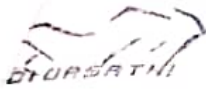
We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org



Please scan the QR for details.

Customer's Signature.....



Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, B-Dess Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00443848

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00443848

Period of Coverage(MS): 2025-05-28 - 2026-05-27 MIDNIGHT

Name of Certificate Holder: SANDEEP KUMAR YADAV

DOB: 1994-03-07

Mobile: 9455013825

Period of Coverage(I): 2025-05-28 - 2030-05-27 MIDNIGHT

Address: Vill- SISAWAR, PO- JAIPURA, DEORIA, DEORIA

City / District: DEORIA

State: Uttar Pradesh

Pincode: 274501

IDV: 91200

Manufacturing Year: 2025

Vehicle Registration Number: New

Vehicle Manufacturer:

Model: VIDA

Variant: V2 LTE

Engine Number: ECD001S8B03474

Chassis Number: MBLCEW058S6B00889

Acknowledgement No: MS/2025/E443848

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 repair 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

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1910.45	171.94	171.94	-	2254

Personal Accident Cover Details

Name of Certificate Holder: SANDEEP KUMAR YADAV

Nominee Name: ABHISHEK YADAV

Nominee Gender: Male

Period of Insurance: 2025-05-28 (09:53 Hrs) - 2026-05-27 MIDNIGHT

Nominee Relationship: BROTHER

Nominee Age: 18 Years

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. 7) 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 Aligarh.

Customer's Signature.....

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AQIPY4917A

नाम -
SANDEEP KUMAR YADAV

पिता का नाम - FATHER'S NAME
RAMPRIY YADAV

जन्म का तिथि - Date of Birth
07/03/1994

Sandeep
Permanent Signature



भारत सरकार
GOVERNMENT OF INDIA



संदीप कुमार यादव
Sandeep Kumar Yadav
DoB: 07/03/1994
MALE

7024 1307 2597

Mera Aadhaar, Meri Pehchaan



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O रामप्रीत यादव, सिसवार
पोस्ट जैतपुरा, खुखुन्दू, खुखुन्दू,
देवरिया, उत्तर प्रदेश, 274501

S/O Ramprit Yadav,
sisawar post jaitpura,
Khkhundu, Khukhundo,
Deoria, Uttar Pradesh,
274501

7024 1307 2597

Mera Aadhaar, Meri Pehchaan



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20250011338

Issue Date Validity (NT) Validity (TR)*
24-06-2025 23-06-2035



Holder's Signature

Name: SANDEEP KUMAR YADAV

Organ Donor: N

Date of Birth: 07-03-1994

Blood Group:

Son/Daughter/Wife of:

RAMPRIY YADAV

Address:

SISAWAR POST JAIPURA KHICHUNDU
KHICHUNDU DEORIA UTTAR PRADESH 274581

DL No: UP52 20250011338

UPDL521090020218



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	24-06-2025	NT				
LMV	UP52	24-06-2025	NT				
MSD							

Emergency Contact Number

Issuing Authority
UP52 DEORIA

Form 7 (Rule 1612)

