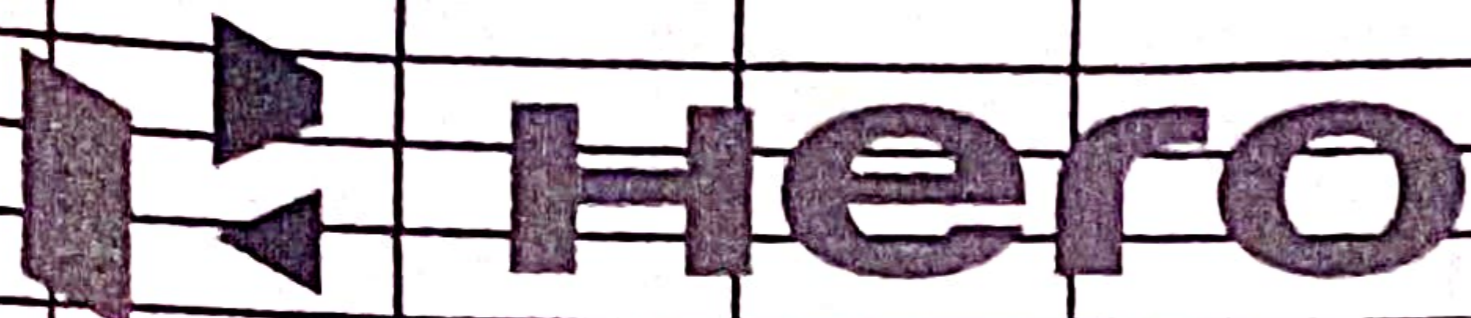


ESTIMATE



( BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

MOB. NO.

CUSTOMER NAME= Simamayi Tripathi

INVOICE NO. :

ADD=

PAYMENT BY :

CEIDIT

Date - 13/04/26

MAGAMA HDI GENERAL INSURANCE CO.LTD

CLAIM NO. -

DEORIA U.P.

MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
Super	GREEN	04914	05510	UP52BL8892
	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	visor	1		1420
2	Headlight	1		500
3	fenders	1		1180
4	Indicators	1		220
5	wind screen	1		375
6	Coome	1		185
7	Handle	1		500
8	liver	1		95
9	labour charge	—		500
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			TOTAL	4975



& conditions apply-

Transport Department Deoria  
CERTIFICATE OF REGISTRATION

Registration No : UP52BL8892 Registration Date : 14-Jul-2021  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURHA GKP ROAD, DEORIA, . . .  
Owner Name : SIMAMANI TRIPATHI Son/wife/daughter of : SUNIL TRIPATHI  
Full Address: (Permanent) : VILL BISHUNPURA TOLA PIPRA BHUAL, PO BISHUNPURA BAZAR, , DEORIA, UTTAR  
PRADESH-274001  
Full Address: (Temporary) : VILL BISHUNPURA TOLA PIPRA BHUAL, PO BISHUNPURA BAZAR, , DEORIA-UTTAR  
PRADESH-274001  
Fitness UpTo : 13-Jul-2036 Tax UpTo : One Time  
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 : AA2041202695 Rear HSRP No : AA2039903592  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2020  
No of Cylinders : 1 Chassis No : MBLJAW170LGM04914  
Engine No : JA07ABLGM05510 Fuel : PETROL  
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
Maker's Classification : SUPER SPLENDOR-DRUM- Wheel base : 1273  
SELF-CAST  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 122  
Colour : BLACK Laden/GV Wt (kgs) : 252  
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 : 21-Mar-2021 Sale Amt : 71150/-  
OTT Date : 21-Mar-2021 Amount/Rcpt No : 7115 / UP52D21070001213  
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 14-Jul-2021  
Other State/Transfer/Conversion Details  
Previous Owner : Previous RegNo :  
Old State : Entry Date :  
Transfer Date : Conversion Date :

This certificate is valid from 14-Jul-2021 to 13-Jul-2036

Date : 23-Jul-2021 13:43:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 23-Jul-2021



M 3045033

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/426127

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SIMAMANI TRIPATHI	1981-07-01	8052274543	SUNIL TRIPATHI	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Ty
DRUM SELF E20	UP52BL8892	JA07ABLGM05510	MBLJAW170LGM04914	2021-07-14	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/L.PG/BI-Fuel ADV	Total ADV	
44500.00	NA	0.00	0.00	0.00	44500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo			2	1567.61	
Address			City / District	Pin Code	State	
VILL BISHUNPURA TOLA PIPRA BHUAL, PO BISHUNPURA BAZAR, , Deoria, Uttar Pradesh,				274404	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SUNIL TRIPATHI	Male	47 Years	HUSBEND	2025-04-14 14:22	Midnight of 2026-04-13	

Section A, VRC: 729.76 TCR: 525.10 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1254.86  
 Section 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  
 Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00  
 Section D, Drive Assure: 265.04 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 47.71 Total with GST(D): 312.75

Total(Section A+B+C+D) Offered Price After Discount: 1568					
Package Period Covered	2025-04-14 To 2026-04-13	2026-04-14 To 2027-04-13	2027-04-14 To 2028-04-13	2028-04-14 To 2029-04-13	2029-04-14 To 2030-04-13
ADV	44500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2026-03-20 (DETAILS ARE PROVIDED BY THE CUSTOMER).

LIMITATIONS 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) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: 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 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 Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Not The 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](http://www.motorsathi.com) MotorSathi App.

DISCLAIMER: 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, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability w comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:794105064 email id: 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 payment 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 Aligarh.


#: Received with Thanks Rs 1567.61 ON 2025-04-13 from Mr./Ms. SIMAMANI TRIPATHI against the ARN No. INCP00426127  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



भारत सरकार  
Government of India

आधार

Download Date: 09/04/2021



सीमा मणि त्रिपाठी  
Seema Mari Tripathi  
जन्म तिथि/DOB: 01/07/1981  
महिला/ FEMALE

Issue Date: 02/04/2021

1686

VID : 9102 9936 7841 1262

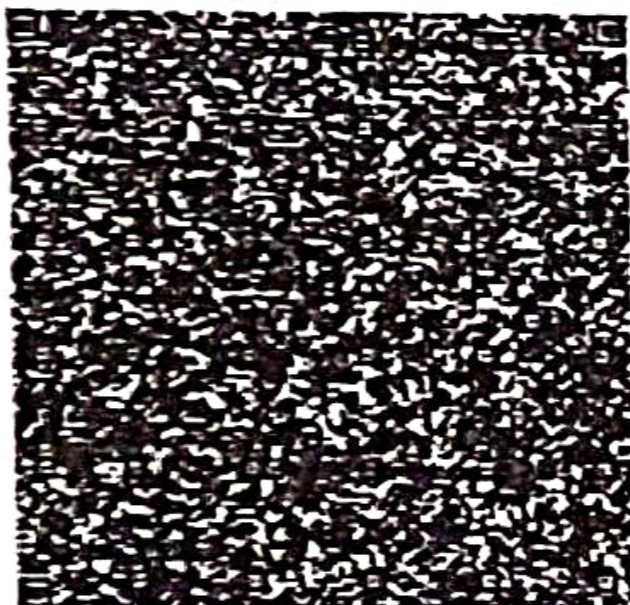
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार

पता:  
अध्यायिका: सुरील त्रिपाठी, बिशुनपुरा, देवरिया,  
उत्तर प्रदेश - 274404


Address:  
W/O: Sunil Tripathi, Bishunpura, Deoria  
Uttar Pradesh - 274404




1686


VID : 9102 9936 7841 1262

1347 | help@uidai.gov.in | www.uidai.gov.in

 भारत सरकार  
Government of India

 आधार

Download Date: 08/04/2021




सीमा मणि त्रिपाठी  
Seema Mani Tripathi  
जन्म तिथि/DOB: 01/07/1981  
महिला/ FEMALE


Issue Date: 02/04/2021

1686

VID : 9102 9936 7841 1262

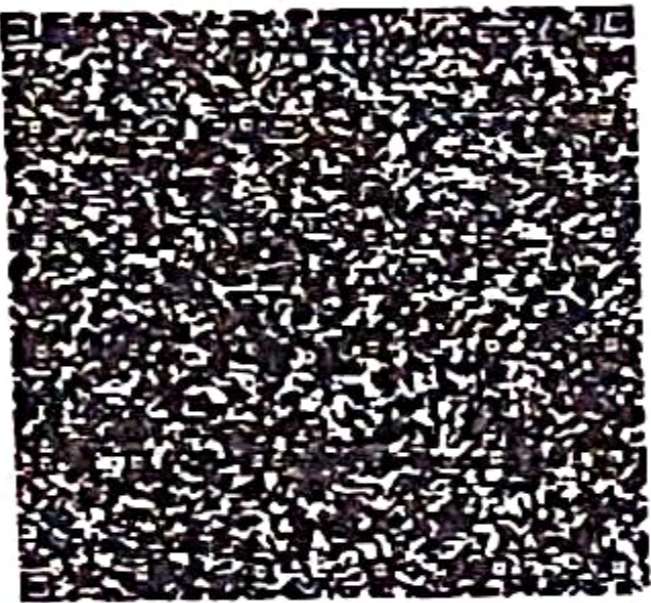
मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

 AADHAAR

पता:  
अर्घागिनी: सुनील त्रिपाठी, बिशुनपुरा, देवरिया,  
उत्तर प्रदेश - 274404

Address:  
W/O: Sunil Tripathi, Bishunpura, Deoria  
Uttar Pradesh - 274404



1686

VID : 9102 9936 7841 1262

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आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SEEMA MANI TRIPATHI

CHANDRIKA MANI TRIPATHI

01/07/1981

Permanent Account Number

AUGPT7333K

सीमा मणि त्रिपाठी

Signature



31102013

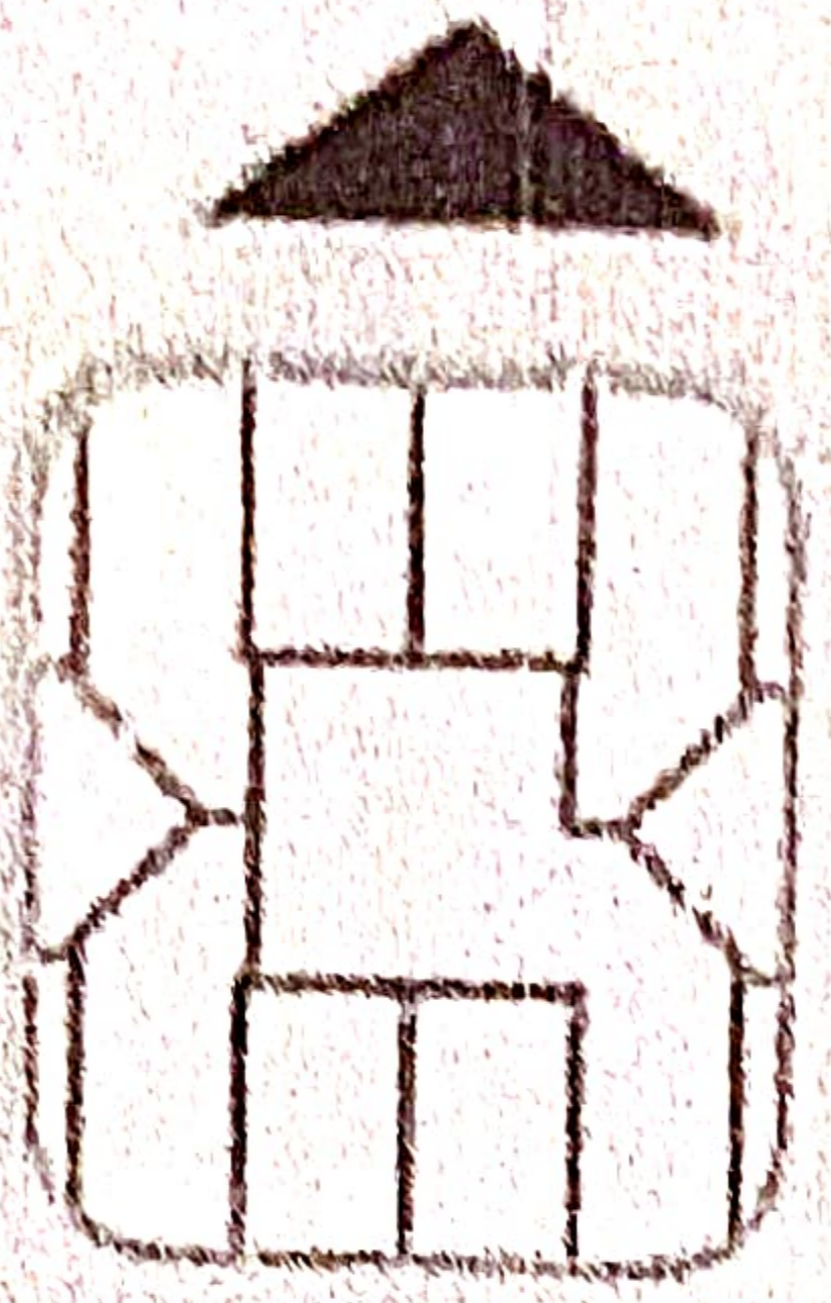


# Indian Union Driving Licence

Issued by **Uttar Pradesh**



**UP52 20240008809**



Issue Date: **03-05-2024**    Validity (NT): **04-09-2045**    Validity (TR): **\_\_\_\_\_**

Name: **PIYUSH TRIPATHI**

Date of Birth: **05-09-2005**    Blood Group: **\_\_\_\_\_**

Son/Daughter/Wife of: **SUNIL TRIPATHI**

Organ Donor: **N**

Holder's Signature



Address:  
**pipra bhuwal Bishunpura Bazar  
Bishunpura Bhatpar Rani Deoria Uttar  
Pradesh 274404**

Date of First Issue **(03-05-2024)**

DL No: **UP52 20240008E09**

UPDL 0000 13333857



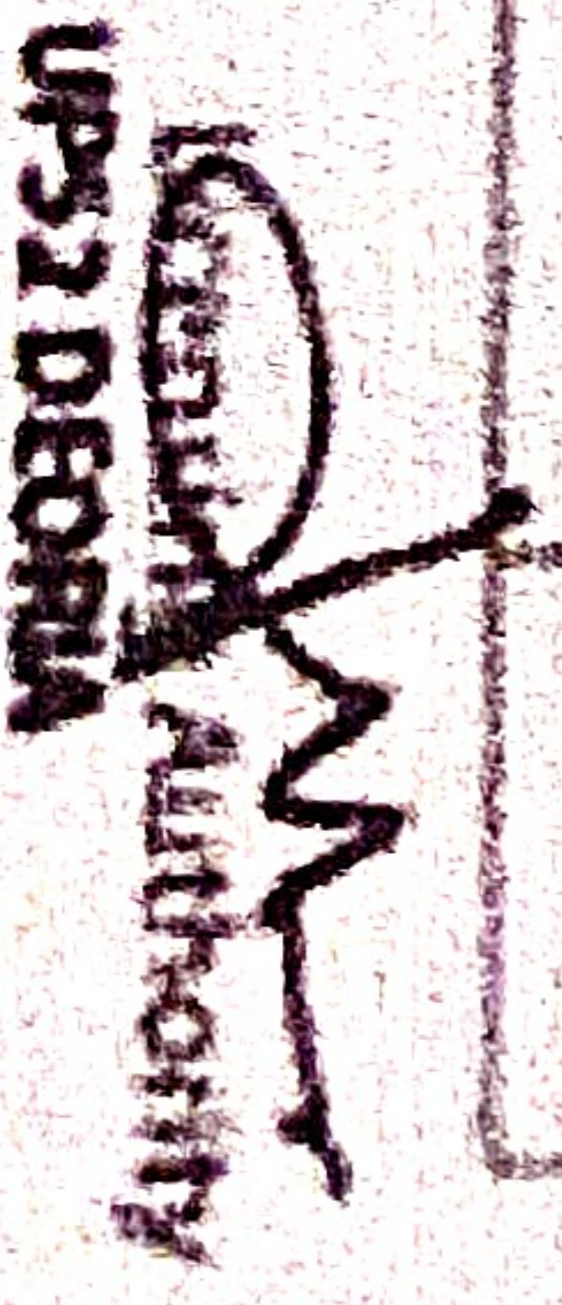
Invalid Carriage (Regn Numbers)

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	03-05-2024	NT			
LMV	LMV	UP52	03-05-2024	NT			
MVSD							

Emergency Contact Number



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.	Simamavi Tripathi 9052 274543
2	Vehicle No. / वाहन संख्या	UP52BL8892
3	Policy No. / पालिसी संख्या	MS/2025/1001/0/46575/426121
4	Period of Insurance / बीमा अवधि	14/04/2025 13/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/04/2026 Time: 04:20 PM
6	Place of Accident / दुर्घटना का स्थान	Bishunpura Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Piyush Tripathi UP5220240008809
8	Estimated Loss / अनुमानित हानि	10000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा बेटा मेरा गाड़ी लेकर बिशुनपुरा बाजार कुछ काम से जा रहे थे। बिशुनपुरा बाजार मार्केट में अचानक सामने एक बाइक वाला आ गया जिससे मेरा गाड़ी उससे टकरा कर गिर गई और क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	B.K Automobiles Pathardara (1275552909)

Date / दिनांक : 13/04/26  
हस्ताक्षर

सीमा भवि त्रिपाठी  
Signature of Insured / बीमाधारक के



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/2025/1001/0/46575/42612

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

Period of Insurance 14/04/2025 13/04/26

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 : Simamani Tripathi  
 (b) Address for correspondence : Vill = Bishampurua Tola - Pipsa Bhawal  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTORP</u> <u>2021</u>	Engine No. <u>05510</u> Chassis No. <u>04914</u>	Registration No. <u>UP52BL8892</u>
---	---	---------------------------------------

(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 NIA  
 2. Was a pillion rider carried NIA

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	_____

NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Piyush Tripathi  
 (b) Age :  
 (c) Address : VIII - Pipra bhawal Bishunpur Bazar  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : (SON)  
 (e) If paid driver, how long has he been in your employment :  
 (f) Was he under the influence of intoxication Liquor or drugs? :  
 (g) Driving Licence Number : UP52 2024002 8809  
 (h) Issuing Authority : 03/05/2024  
 (i) Date of Expiry : 04/09/2025  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before?: NIA  
 (m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 12/04/26 Time 04:20pm  
 (b) Place : Bishunpur Bazar  
 (c) Speed of vehicle at the time of accident : 20-30KPH  
 (d) Give a short description of the accident : मेरा बेटा मेरा गाडी लेका बिशुनपुरा बाजार कुछ कार ले जा रहे थे। बिशुनपुरा बाजार के गेट पर गाडी रुकाने के बाद  
 (e) If any third party was responsible for this accident give the name and address :  
 (a) Full details of damage : Front left  
 (b) Estimated cost of repairs : 10000  
 (c) When and where can the damaged vehicle be inspected : B.K. Auto mobiles

गेट के अचानक बाजन एक बाइक वाले ने आ गया जिससे मेरा गाडी रुकाने के बाद मेरा बेटा मेरा गाडी लेका बिशुनपुरा बाजार कुछ कार ले जा रहे थे। बिशुनपुरा बाजार के गेट पर गाडी रुकाने के बाद

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

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 सीमा त्रिपठी  
Occupation .....  
Address .....  
.....  
.....

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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO  
(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? : NIA  
(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? : NIA  
(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 13/04/26

Signature of the insured सीमा रावि लिपाठी