

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name: SHIVACHANDRA SINGH

Address: DEORIA

Phone: 9918464659

Job No. ....  
Date: 16/3/2026  
Chasis No. ....  
Engine No. ....  
Key No. ....  
Regn. No. UP52BH.3502  
Speedometer Redg. ....  
Insurance No. ....  
Model: SPL+

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	Vibrat -	1R	1100	1100	
2	H/L	1K	535	535	
3	F-Fender -	1K	1500	1500	
4	F-Ulimkap - R	1K	250	250	
5	Handle -	1K	500	500	
6	Livall - R.	1K	100	100	
7	Seat - Couch - R	1K	550	550	
8	Control -	1K	250	250	
9	Fuel Tank.	1K	550	550	
10	R.R. Ulimkap - R	1K	250	250	
11	F-Fork, L & R. <u>Hy</u>			500	
12					
13					
14					
15					
16					
17					
18	<u>Labour</u>			600	
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>				11850	

- ote: 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.

**Ganpati Automobiles**  
Gorakhpur Road  
G. N. Ghat.  
Deoria  
7704004711

We agree with the conditions and approve the estimate.

Customer's Signature.....

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.	ISHWAR CHAND BHOWAL 9918464654.
2	Vehicle No. / वाहन संख्या	UP52BH3101
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/447988
4	Period of Insurance / बीमा अवधि	10/06/2025 - 10-09/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/03/2026 Time - 4:30 pm.
6	Place of Accident / दुर्घटना का स्थान	डी.एम. आवास (देवोली)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ISHWAR CHAND BHOWAL UP5220050019127, 9918464654
8	Estimated Loss / अनुमानित हानि	11185 ✓
09.	Cause of Accident / दुर्घटना का कारण : उमा नगर से कोझापुरीतक चौराहा (जा रहे थे)। रास्ते में डी.एम. आवास के सामने से दो पहिया वाहन ने गैरी गाड़ी को रूकने से तककर मार दिया जिससे गैरी गाड़ी दाहिने साइड गिर कर क्षतिग्रस्त हो गई।	
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 / फोन नं.	GANHPATI AUTO. MOBILE REPAIR

ISHWAR CHAND BHOWAL  
Date / दिनांक : 04/03/2026  
हस्ताक्षर

ISHWAR CHAND BHOWAL  
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name ISHWAR CHANDRA. PHUNEDI  
 (b) Age 18/06/1986  
 (c) Address 4 MAHARAJA, BODIA (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 N/A  
 (f) Was he under the influence of intoxication Liquor or drugs? NA  
 (g) Driving Licence Number UP S220050019129  
 (h) Issuing Authority  
 (i) Date of Expiry 18/06/2035  
 (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

5. DETAILS OF ACCIDENT

(a) Date and Time 8/03/2026 Time 4:30pm.  
 (b) Place श्री 8 गेटो बाजार  
 (c) Speed of vehicle at the time of accident  
 (d) Give a short description of the accident  
 (e) If any third party was responsible for this accident give the name and address

*इस प्रकार की कोडापरेसिव नीमिस्ट का ट्रेने।  
 एकेटी के एक ड्राइवर के साथ ही टिपा है।  
 वाहन को गति गारु की बायीं से एक गार्डिया  
 जिसके पीछे गारु दाहिने हाईट और  
 गार्डिया के ट्रेने।*

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE  
 (b) Estimated cost of repairs 1118/-  
 (c) When and where can the damaged vehicle be inspected GIANPATI 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 MIS/2025/7001/0/46575/497988

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

Period of Insurance 1-06/2025-30-09/06/2026  
 Claim No \_\_\_\_\_

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

(a) Name INSURED  
ISHWARCHAND. PILLAI  
 (b) Address for correspondence  
 (c) Telephone UMANNAGAR. DEORIA

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No <u>25092</u> Chassis No <u>24475</u>	Registration No <u>UP52BH</u> <u>31-2</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 Amt-sum  
Exceeds Rs. 5000/-

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

Signature *[Handwritten Signature]*  
Occupation .....  
Address .....  
.....  
.....

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

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? N/A  
(g) When? \_\_\_\_\_  
(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 09/03/2006

Jishwar Chand Sirohi  
Signature of the insured \_\_\_\_\_



Transport Department Deoria

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BH3102 Registration Date : 28-Sep-2020  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : LAXMI MOTORS, OPPOSITE SAVITRI NARSING HOME, SALEMPUR DEORIA, ...  
 Owner Name : ISHWARCHAND DIWEDI Son/wife/daughter of : RAJ KISHORE DIWEDI  
 Full Address: (Permanent) : 0, UMA NAGAR, DEORIA, DEORIA, UTTAR PRADESH-274001  
 Full Address: (Temporary) : 0, UMA NAGAR, DEORIA, DEORIA-UTTAR PRADESH-274001  
 Fitness UpTo : 27-Sep-2035 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 : AA1009869527 Rear HSRP No : AA2016119382  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2020  
 No of Cylinders : 1 Chassis No : MBLHAW124LHG24475  
 Engine No : HA11EYLHG26042 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR +(13S-SELF-DR Wheel base : 1236  
 UM-CAST)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : EBONY GREY Laden/GV Wt (kgs) : 242  
 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 : 22-Sep-2020 Sale Amt : 63850/-  
 OTT Date : 22-Sep-2020 Amount/Rcpt No : 6385 / UP52D20090001988  
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 28-Sep-2020

Other State/Transfer/Conversion Details

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

This certificate is valid from 28-Sep-2020 to 27-Sep-2035

Date : 07-Oct-2020 11:01:36

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 07-Oct-2020

05695





## Package Offer

2025-06-10

Mr./Ms. ISHWARCHAND DIWEDI

ADD- UMA NAGAR, DEORIA, Deoria-274001

, Uttar Pradesh, 274001

Dear Mr./Ms. ISHWARCHAND DIWEDI,

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 offer details of the program are attached, 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](mailto:info@motorsathi.com) or visit our website at [www.motorsathi.org](http://www.motorsathi.org) or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. ISHWARCHAND DIWEDI, 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](mailto:info@motorsathi.com)

Website: [www.motorsathi.org](http://www.motorsathi.org)

GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/447988

**M/S Care Private Limited**

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

Attn: Mr. A. K. Singh

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
ISHWARCHAND DIWEDI	1987-10-18	9918464654	RAJ KISHORE DIWEDI	Hero Motocorp	SPLENDOR PLUS
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>
DRUM SELF E20	UPS2BH3102	HA11EY1 HG26042	MBLHAW124LHG24475	2020	100
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>
34500.00	NA	0.00	0.00	0.00	34500.00
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (Incl.)</b>
	Solo			2	1305.54
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>
ADD- UMA NAGAR, DEORIA, Deoria-274001				274001	Uttar Pradesh
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
PRAGATI DIWEDI	Female	36 Years	WIFE	2025-06-10 15:32	Midnight of 2026-06-

Section A, VRC: 600.41 TCR: 447.81 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) 0.00 Total with GST(A): 1049.22  
 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 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: 218.07 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 39.25 Total with GST(D): 257

**Total(Section A+B+C+D) Offered Price After Discount: 1305**

Package Period Covered	2025-06-10 To 2026-06-09	2026-06-10 To 2027-06-09	2027-06-10 To 2028-06-09	2028-06-10 To 2029-06-09	2029-06-10 To 2030
ADV	34500	NIL	NIL	NIL	NIL
MS Services Period Covered (NOBL)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2025-09-21 (DETAILS AS 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) c) 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 or 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 19 of Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. 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/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 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 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountants 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 Customer Care / Toll Free Phone No.: 79410 50643 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 1305.54 ON 2025-06-10 from Mr./Ms. ISHWARCHAND DIWEDI against the ARN No. INCP00447988

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)





भारत सरकार  
Government of India



ईश्वरचंद दिवेदी  
Ishwarchand Diwedi

जन्म तिथि / DOB : 18/10/1987  
पुरुष / Male



6878 8163 2089

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: संबोधित: राज किशोर दिवेदी,  
284/2 वॉर्ड 5, उमा नगर, देवरिया,  
देवरिया, उत्तर प्रदेश, 274001

Address: S/O: Raj Kishore Diwedi, 284/2  
ward 5, uma nagar, Deoria, Deoria, Uttar  
Pradesh, 274001

6878 8163 2089

1847  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP52 20050019127

Issue Date Validity (NT) Validity (TR)\*  
19-06-2025 18-06-2035



Holder's Signature

Date of First Issue 07-01-2005

Name: ISHWAR CHANDRA DWIVEDI  
Date of Birth: 18-06-1986 Blood Group:  
Son/Daughter/Wife of: RAJISHWAR DWIVEDI  
Address:

WARD NO. 10 MAHILA DIGRI COLLEGE KE  
PICHE UMA NAGAR DEORIA 274001

Organ Donor: N

DL No: UP52 20050019127

UPDL521000020003



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	07-01-2005	NT				
LMV	UP52	07-01-2005	NT				
MVSD							

Emergency Contact Number

Licensing Authority  
UP52 DEORIA

Form 7 Rule 16(2)



**आयकर विभाग**  
**INCOME TAX DEPARTMENT**



**भारत सरकार**  
**GOVT. OF INDIA**

**ISHWAR CHAND DIWEDI**

**RAJ KISHOR DIWEDI**

**18/10/1987**

**Permanent Account Number**  
**AOXP07172H**

*Ishwar Chand Diwedi*

**Signature**



**25072008**