

ESTIMATE

DATE-08-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJP2078R1Z3)

CUSTOMER NAME - Raj Bharti

REG NO-UPS2CF2544

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			1050
2	H/L			530
3	Front fender			1450
4	Indicator L			220
5	Mirror L			150
6	Manalle New			450
7	Eng. guard new			650
8	Fuel tanki New			7500
9	opening and fitting			650
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	18500



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस 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.	रवि भवती 9161875744
2	Vehicle No. / वाहन संख्या	UP52CF 2544
3	Policy No. / पालिसी संख्या	252400/31/2026/8521
4	Period of Insurance / बीमा अवधि	30-04-25 to 29-04-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-12-25 05 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	लोहारी बारी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vikas Kumar Singh UP522023 0008219
8	Estimated Loss / अनुमानित हानि	18500
09.	Cause of Accident / दुर्घटना का कारण :	लोहारी बारी के स्थल मोड़ के मोड़ रहे थे तब तब स्थल वाइण वाले ने मेरे गाड़ी में बायीं साइड से टक्कर मार दिया जिससे मेरा गाड़ी दाहिने साइड से सड़क पर गिरकर डेमेज हो गयी। मैं रवि भवती, Vikas Kumar Singh को गाड़ी दिये थे। (निम्नलिखित एक्साइजर को गाया है।)
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dinkar Automobiles Pratapnagar Deoria UP M.No - 9798753535

08-12-25
Date / दिनांक :
हस्ताक्षर

Ravi Bhatti
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. 252400/31/2026/8521
 Tel. No. _____ Period of Insurance 30-04-25 to 29-04-26
 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 : Raj Bhatti
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>15764</u> Chassis No. <u>05899</u>	Registration No. <u>UPS2CF</u> <u>2544</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nikas kumar Singh
(b) Age : 20
(c) Address : Parasia Chhitani Singh Deoria
(d) Is the Driver
1. Owner : NA
2. paid driver? : NA
3. Owner's relative or friend? : Friend
(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 20230808219
(h) Issuing Authority : 25-05-23
(i) Date of Expiry : 22-01-25
(j) Was the licence temporary/permanent : _____
(k) Details of endorsement/suspension, if any : _____
(l) Has he been involved in any accident before? : _____
(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 : 06-12-25 05 बजे शाम
(b) Place : लोहरी बारी
(c) Speed of vehicle at the time of accident : 25-30
(d) Give a short description of the accident : बाइक वाला से टक्कर होने के कारण
(e) If any third party was responsible for this accident give the name and address : गाड़ी हमें चले गयी है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : F+L+R
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : _____

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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
(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? : 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? : NA
(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 08-12-2005

Raj Bhardi
Signature of the insured _____

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 Raj Bhatti
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGR0928

Page No: 1

The Document is Digitally Signed
Signed By: THE EASTERN INSURANCE COMPANY LIMITED
Date: Mon, Dec 3, 2024 12:28:14 PM
Reason: Signing Policy for C&C

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE					
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)					
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570... (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	30-APR-25	
Policy No	25240031/2026/8521		Proposal No.& Date	R/25240031/2026/5847 & 30-APR-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 11:22 ON 30/04/2025 TO MIDNIGHT OF 29/04/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 11:22 ON 30/04/2025 TO MIDNIGHT OF 29/04/2030	
Insured Name	RAJ BHARTI (GSTIN: 0)				
Insured Address	C/O -VIJAY PRASAD, VILL-NONAR KAPARDAR,PO-TIKAMPAR,,PS-KHAMPAR,DISTT-DEORIA,,DEORIA, , NA,		Lead /BreakIn No	/	
			Insured State	UTTAR PRADESH	
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	73175	
Model & Variant	HERO SPLENDOR PLUS E20		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	73175	
Engine -Chassis No	HA11E7SHA15704 - MBLHAW212SHA05877		IMF CONTRACT NO		
Cubic Capacity	100		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1226.41		Basic Third Party Liability	3851	
Elec Accessories	0		Compulsary PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	1153.41		Legal Liability (WC)to driver (IMT-28)	0	
Geographical Area Extn (IMT -1)	0		Legal Liability to Employees (IMT-29)	0	
Driving Tuition Loading On OD Premium (60%)	0		Legal Liability to Passenger (IMT-46)	NA	
Sub-Total Additions	0		Driving Tuition Loading On TP Premium (60%)	NA	
Deductibles			PA Paid Driver, Conductor, Cleaner-GR36B3	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4145	
AAI Membership (IMT-8)	0		GST	746	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMPDUTY	0.00	
SIP Discount	1042		Swachh Bharat Cess@0.50%	0	
Sub -Total Deductibles	1042		Krishni Kalyan Cess@0.50%	0	
Add-On Coverages			Gross Premium Paid	4891	
NIL Depreciation	183		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	0		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)		
Sub Total Add-on Coverages	183		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	294		5. Subject to Endorsements IMT,7,10,28,		
Nominee Details :	Nominee Name	Age	Relation		
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA
In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operating Offices as well as company's website.					
The insurance under the policy is subject to conditions,clauses,warranties,exclusions,IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.					
Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).					
Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.					
I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act,1988.					
In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 30-APR-25					
IMPORTANT NOTICE					
The Insured 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 in order to comply with the MV Act,1988 is recoverable from the insured.See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".					
Limitations as to use:Use only for social domestic and pleasure purposes and the Insured's business.The Policy does not cover the use for : (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6)Reliability trails					
g)Any Purpose in connection with motor trade.					
Driver's Clause:Any person including the insured: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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules,1989					
Limits of Liability Clause:Under section II-1 (i)of the policy -Death of or body injury.Such amount is necessary to meet there requirement of the motor vehicle act 1998.Under Section II-1 (i)of the policy-Damage to third party property is Rs.7.5 lakhs P.A.Cover under section III for owner-Driver is RS					
No Claim bonus:The insured is entitled for a No Claim Bonus (NCB)on the own damage section of the policy,if no claim is made or pending during the preceding year(s),as per the The preceding year/20%,preceding two consecutive years/25%,preceding three consecutive years/35%,preceding five consecutive years/45%,preceding five consecutive years/50%of NCB on OD premium.No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.					
I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act,1988.					
* This insurance excludes all pre existing damages					
For and on behalf of The Oriental Insurance Company Limited					
Approved By : 6595258MD					
Approved On : 30-APR-25					
Place : MRT					
Printed On : 08-DEC-25					
General Manager Authorized Signature					

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CF2544 Registration Date : 05-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 : RAJ BHARTI Son/wife/daughter of : VIJAY PRASAD
Full Address: (Permanent) : VILL- NONAR KAPARDAR, PO- TIKAMPAR PS- KHAMPAR, BHATPAR RANI DEORIA,
DEORIA, UTTAR PRADESH-274702
Full Address: (Temporary) : VILL- NONAR KAPARDAR, PO- TIKAMPAR PS- KHAMPAR, BHATPAR RANI DEORIA,
DEORIA-UTTAR PRADESH-274702
Fitness Up To : 04-May-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 : AA2124556778 Rear HSRP No : AA2124115063
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
No of Cylinders : 1 Chassis No : MBLHAW212SHA05877
Engine No : HA11E7SHA15704 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(In all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK TORNADO 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 : 30-Apr-2025 Sale Amt : 81601/-
OTT Date : 30-Apr-2025 Amount/Rcpt No : 8161 / UP52D25050000777
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 09-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-May-2025 to 04-May-2040

Date : 30-May-2025 14:17:04

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
मोटर वाहन विभाग
Signature of Registering Authority
Date : 30-May-2025

Q 3622982



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



UP52 20230008219



Issue Date: 25-05-2023 Validity (NT): 22-01-2045 Validity (TR): _____



Holder's Signature

Date of First Issue (25-05-2023)

Name: **VIKAS KUMAR SINGH**
 Date of Birth: 23-01-2005 Blood Group: O+ VE Organ Donor: N
 Son/Daughter/Wife of: **JAY PRAKASH SINGH**
 Address:
 0 Gram Batrauli Tola Piprahiya Post
 Parsiya Chhitani Chhitani Singh Deoria
 Uttar Pradesh 274704

DL No: UP52 20230008219

UPDL000010759180



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	25-05-2023	NT			
LMV	LMV	UP52	25-05-2023	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number
8004777453

[Signature]
 Licensing Authority
 UP52 DEORIA

भारत सरकार
Government of India

आधार

Issue Date : 20/02/2015

राज भारती
Raj Bharli
जन्म तिथि / DOB : 01/01/2004
पुरुष / Male

7902 5948 4964

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

Print Date : 12/06/2023

पता: आत्मज: विजय प्रसाद, नोनर कपरदार,
देवरिया, उत्तर प्रदेश, 274702

Address: S/O: Vijay Prasad, Nonar
Kapardar, Deoria, Uttar Pradesh, 274702

7902 5948 4964

1947 help@uidai.gov.in www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

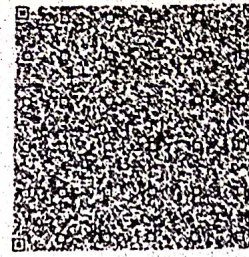


भारत सरकार
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GZLPB3366Q



नाम / Name
RAJ BHARTI

पिता का नाम / Father's Name
VIJAY PRASAD

जन्म की तारीख /
Date of Birth
01/01/2004

02022024

PAH Application Digitally Signed, Card Not
Valid unless Physically Signed