

ESTIMATE

DATE: 09-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

(Malwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Mamisha kumari

REG NO- UPS2CF6573

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wigor			1250
2	Wind Screen			370
3	Coome			210
4	H/L			3500
5	Front Fender			1280
6	Indicator R			165
7	Mirror R			240
8	Handle New			510
9	B/ Lever			100
10	opening and Fitting			700
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	8325



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.	मनमोहन कुमार 7651991064
2	Vehicle No. / वाहन संख्या	UP52CF6573
3	Policy No. / पालिसी संख्या	252400/31/2026/17297
4	Period of Insurance / बीमा अवधि	24-05-25 to 23-05-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-12-25 08 बजे रात में
6	Place of Accident / दुर्घटना का स्थान	जीरावा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jitendra Prasad UP5220140005336
8	Estimated Loss / अनुमानित हानि	8325
09.	Cause of Accident / दुर्घटना का कारण:	बलबरो गाड़ी का लाइट में आरंभ पर पड़ने के कारण में गाड़ी डिस्कॉन्स हो गया और सड़क पर गिरकर डैमेज हो गयी। मैं मनमोहन कुमार, Jitendra Prasad को गाड़ी दिये थे पिनसे रजिस्टर्ड हो गया 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.	Edimkar Automobiles Pratapgarh Deoria UP M.No- 9798753535

Date / दिनांक :
हस्ताक्षर

मनमोहन कुमार
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. 252400/31/2026/17297

Tel. No. _____

Period of Insurance 24-05-25 to 23-05-26
 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 : Manisha Kumari
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>01322</u>	Registration No. <u>UP52CF</u> <u>6573</u>
	Chassis No. <u>01373</u>	

- (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 NA
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pradeep Prasad
(b) Age : 33
(c) Address : Bhatpur Rami Deoria
(d) Is the Driver
1. Owner :
2. paid driver? : /NA
3. Owner's relative or friend? : B.T.S.
(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 20140205336
(h) Issuing Authority : 16-04-2014
(i) Date of Expiry : 15-04-2034
(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 8 बजे रात को
(b) Place : जीरासा
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : बल्लोरी का लाईट मोटर पर पड़ने के कारण एक्ससीडेंट हो गया है।
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : P+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 09-12-2025

NA
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 *मनीषा कुमारी*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF6573 Registration Date : 27-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 : MANISHA KUMARI Son/wife/daughter of : SHAILESH KUMAR
Full Address: (Permanent) : VILL- MALI CHHAPAR, PO- BHATPAR RANI PS KHAMPAR, DEORIA, DEORIA, UTTAR PRADESH-274702
Full Address: (Temporary) : VILL- MALI CHHAPAR, PO- BHATPAR RANI PS KHAMPAR, DEORIA, DEORIA-UTTAR PRADESH-274702
Fitness UpTo : 26-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 : AA2128977333 Rear HSRP No : AA1042386967
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLJAW405S9B01373
Engine No : JA07AMS9B01322 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
R
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 : 24-May-2025 Sale Amt : 82461/-
OTT Date : 24-May-2025 Amount/Rcpt No : 8247 / UP52D25050005059
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 31-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 27-May-2025 to 26-May-2040

Date : 13-Jun-2025 13:21:29

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 13-Jun-2025

Q 3882312

UNION OF INDIA Driving Licence

UP NT

UP52 20140005336



जारी करने की तिथि
Date of Issue
16/04/2014

वैधता तिथि
Validity
15/04/2034

जन्म तिथि
Date of Birth
11/05/1992

Blood Group
Unknown



नाम / Name

JITENDRA PRASAD

पिता/पति का नाम / Son/Daughter/Wife of

GANESH PRASAD

UP52 20140005336

UP01181374V7



MV
16.04.2014



MCWG
16.04.2014

UP

Form / Date 16/04/14

पता / Address

MAJI CHHAPAR
PO-BHATBAR RANI PS-KHAMPAR
DEORIA

Holder's Signature

जारीकर्ता / Issuing Authority Sign
DEORIA

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भारत सरकार
GOVERNMENT OF INDIA

मनिषा कुमारी
Manisha Kumari

जन्म तिथि/DOB: 10/10/2008
महिला / FEMALE

3134 3893 6972

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address:
आत्मजा: हरिन्द्र राम, भिमा D/O: Harindra Ram, bhima tola
टीला सेवतापुर, सेवतापुर, Sewatapur, Sevatasur, Bihara,
सिधान, Bihar - 841239
बिहार - 841239

3134 3893 6972

MERA AADHAAR, MERI PEHACHAN

FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Manisha Kumari
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? _____ Yes /No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : _____

Place : _____

Manisha Kumari
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.