

ESTIMATE

DATE-09-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Mamisha kumari REG NO- BR28AJ4280

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			950
2	Upper panel			1550
3	Lower panel			1450
4	Flower panel			950
5	Indicator R			550
6	Mirror R			250
7	opening and fitting			650
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	6350



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.	Manisha kumari 8864006313
2	Vehicle No. / वाहन संख्या	BR28AJ4280
3	Policy No. / पालिसी संख्या	110422523750028823
4	Period of Insurance / बीमा अवधि	02-10-25 to 01-10-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-12-25 11 बजे AM
6	Place of Accident / दुर्घटना का स्थान	हुसेपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pradeep kumar UP52 20190209886
8	Estimated Loss / अनुमानित हानि	6350
09.	Cause of Accident / दुर्घटना का कारण :	साईड में स्कुटी खड़ी कर के काम कर रहे थे तब तब खूब बॉलिंग वाले ने मेरी गाडी में टक्कर मार दिया जिससे मेरी गाडी खीरकर ड्रेप हो गयी / मैं Manisha kumari Pradeep kumar को गाडी दिये थे जिससे खरसिस्ट 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.	Dimkar Automotobiles Pratappur Deoria U.P M.No - 9798753535

06-12-25
Date / दिनांक :
हस्ताक्षर

Manisha kumari
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. 110422523 750028823

Tel. No. _____

Period of Insurance 02-10-25 to 01-10-26
 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 : Mamisha Kumari
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>06067</u>	Registration No. <u>BR28AJ</u> <u>4280</u>
	Chassis No. <u>06569</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
 1. Was a side-car attached / NA
 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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pradeep Yadav
(b) Age : 27
(c) Address : Motwalia Deoria
(d) Is the Driver :
1. Owner : N/A
2. paid driver? : Relative
3. Owner's relative or 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 : UP5220190209886
(h) Issuing Authority : 08-01-21
(i) Date of Expiry : 07-03-38
(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
(b) Place : इसपुर
(c) Speed of vehicle at the time of accident : 025
(d) Give a short description of the accident : बाईक वाले ने मेरी स्कूटी में टक्कर मार दिया जिससे डैमेज हो गयी 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 : F+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 : N/A
(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 09-12-200

Manisha Kumari
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.

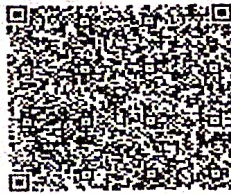
Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Mamisha Kumari*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Reliance Two Wheeler Policy Bundled - Policy Schedule

Important

- 1) The validity of this certificate of Insurance cum policy is subject to realization by the company of the premium cheque paid by the Insured.
- 2) Except as provided in GR 27 Rule (g) of Erstwhile Indian Motor Tariff (i.e. Sale of Vehicle), No NCB will be allowed when a policy is not renewed within 90 days its expiry.

Policy Number: R02102519441	Invoice/Document No. (R02102519441)
Insured Name: Ms. MANISHA KUMARI	Period of Insurance: Own Damage - Section-I Period : From : 11:59 Hrs on 02-Oct-2025 to Midnight 01-Oct-2026 Liability - Section-II Period : From : 11:59 Hrs on 02-Oct-2025 to Midnight of 01-Oct-2030
Communication Address & Place of Supply: 0000 C/O D/O-RAMASHISH YADAV, ADD-RANWAREKSA,HUSEPUR,GOPALGANJ,, BIHAR Gopalganj GOPALGANJ, BIHAR, India, 841426.	Policy Issuing Branch: Tiara Building, 4th Floor, Maharashtra Nagal lane, Off. Chandavarkar Lane, Off. L T Road, Borivali West , MUMBAI, MAHARASHTRA, 400092.
Mobile No: 8864*****	Tax Invoice No. & Date: R02102519441 & 2025-10-02 13:14:45.0
Email-ID: NA	GSTIN/UIN & Place of Supply: BIHAR
Insured's Blood Group:	

Registration No.	NEW	Mfg. Month & Year	AUG-
Make / Model & Variant	HERO MOTOCORP DESTINI PRIME STANDARD	CC / HP / Watt	
Engine No. / Chassis No.	JF17EYSGG06067 / MBLJFN433SGG06569	Seating Capacity including Driver	
Type of Body	NA	Total Premium ₹	
RTO Location	BIHAR - Gopalganj	IDV ₹	66,433
Hypothecation/Lease	Hero Fincorp Ltd		

Vehicle IDV ₹	66433	Non Electrical Accessories ₹	
Electrical / Electronic Accessories ₹	0	Total IDV ₹	66,433

Own Damage - Section I	Amount (₹)	Liability - Section II	Amount
Basic OD including Add-on where Applicable	1,269.03	Basic Liability (TPPD 2)	3,85
Total Basic Own Damage Premium	1,269.03	Less: Restricted Third Party Property Damage to Rs 6000/- (IMT - 20)	-25
Add on Cover/s Opted		Total Basic Liability Premium	3,60
Nil Depreciation		PA Benefits - Section III	
TOTAL OWN DAMAGE PREMIUM	1,269.03	TOTAL LIABILITY PREMIUM	3,60
TOTAL PREMIUM PAYABLE (₹)	1,269.03	TOTAL PACKAGE PREMIUM (Sec I + II + III)	4,87
		IGST (18.00%)	87
			5,74

Subject to I.M.T.EndL.Nos. IMT 20,22,7

GSTIN : 27AABCR6747B1ZG HSN : 997134,

Description of services : Motor vehicle Insurance Service

*As per the GST regulations, the amount of GST (if applicable) will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year

Limits of liability : (a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody of control of the insured up to the limits specified- (TPPD 1 Sum Insured - 100000 /- .TPPD 2 Sum Insured - 6,000 /-) (iii) PA cover for owner driver under section III 0/-

Consolidated Stamp duty Paid vide, order No ENF-1/CSD/98/2025 Validity Period Dt. 10/09/2025 to Dt. 01/12/2026 OW No.3532 Date 10-09-2025 GRN No 1) MH006472626202526E 2) MH006473880202526E Date 02-08-2025 SBI. Deface No. 1) 0004312427202526 2) 0004312521202526 Deface Date 22-08-2025.** Not Applicable for the State of Jammu & Kashmir.

Customer Copy

Printed On: 15/11/2025



GOVERNMENT OF BIHAR
State Transport Department
GOPALGANJ, Bihar



RECEIPT/APPL No

BR20R25110001226BR201108000730

BR 28AJ
4280

Vehicle Class

M. Cycle/Scooter

Issued From

MANISHA KUMARI

Receipt date

15-Nov-2025

Chassis No

MPHJFN435SLV00500

Vehicle No

NEW

Sale Amount

73784/-

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
Smart Card Fee	200	0	200
Postal Fee	50	0	50
Vehicle Inspection Fee	200	0	200
MV Tax(15-Nov-2025 to One Time)	5884	0	5884
Road Safety Tax/Cess(15-Nov-2025 to One Time)	0	0	0
GRAND TOTAL (in Rs): 7884/- (SEVEN THOUSAND EIGHT HUNDRED AND EIGHTY FOUR ONLY)			7884

Note- This is computer generated slip, no need of signature (https://bihar.gov.in)

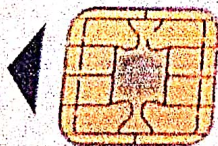
MANISHA SHUKLA



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20190009886



Issue Date: 08-01-2021 Validity (NT): 07-01-2018 Validity (TR): 07-01-2026



Holder's Signature

Date of First Issue (25-09-2019)

Name: PRADEEP KUMAR YADAV
Date of Birth: 08-03-1998 Blood Group: A+VE Organ Donor: N
Son/Daughter/Wife of: DEWANAND YADAV
Address:
NAGARPALIKA ROD DEORIA KOTWALI DEORIA
DEORIA 274001

DL No: UP52 20190009886

UPDL000004712368



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	25-09-2019	HT			
LMV	LMV	UP52	25-09-2019	NT			
TRANS	TRANS	UP52	08-01-2021	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP-52 DEORIA



 भारत सरकार
Government of India 

मनिषा कुमारी
Manisha Kumari
जन्म तिथि/DOB: 07/01/2002
महिला/ FEMALE

Download Date: 14/09/2021 Issue Date: 08/09/2021

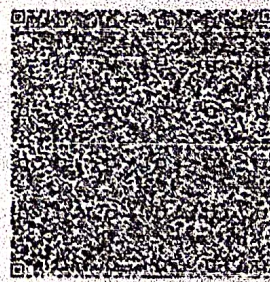
2366 4507 6231
VID : 9144 3829 0694 3366

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India 

पता:
D/O: रामशिव यादव, रांवारकेसा, हुसेपुर, गोपालगंज,
बिहार - 841426

Address:
D/O: Ramashish Yadav, Ranwareksa,
Husepur, Gopalganj,
Bihar - 841426



2366 4507 6231
VID : 9144 3829 0694 3366

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आयकर विभाग
INCOME TAX DEPARTMENT

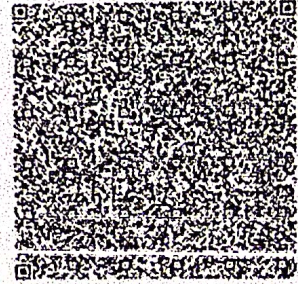


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LBXPK9289C



नाम / Name
MANISHA KUMARI

पिता का नाम / Father's Name
RAMASHISH YADAV

18092021

जन्म की तारीख /
Date of Birth
07/01/2002

Manisha Kumari
हस्ताक्षर / Signature