

ESTIMATE

DATE-09-12-25

DINKAR AUTOMOBILES

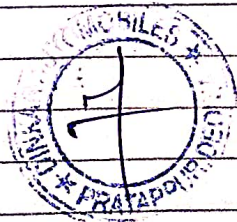
CLAIM NO-.....

(Malrwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Deepak Kumar Gupta **REG NO** - UP52CF2284

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wires			1050
2	H/L			650
3	Front Fenders			1450
4	Indicator R			220
5	Handle			500
6	B/Lever			100
7	Alloy Wheel New			4500
8	Eng. guard			650
9	opening and Fitting			650
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	9770



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Deepak Kumar Gupta 8931009043
2	Vehicle No. / वाहन संख्या	UP 52 CF 2284
3	Policy No. / पालिसी संख्या	252400/31/2026/8525
4	Period of Insurance / बीमा अवधि	30-04-25 to 29-04-25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07-12-2025 09 बजे रात
6	Place of Accident / दुर्घटना का स्थान	घड़ी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jannasoolan Shah BR2920160073369
8	Estimated Loss / अनुमानित हानि	9770
09.	Cause of Accident / दुर्घटना का कारण : सोमने से आ रही मोटर साइकिल का लाइट में आंध्र पर पड़ने के कारण में अपना बाईक साइड में किया तब तक मेरी गाड़ी एक गड्ढे में जा लगी और गिरकर डेमेज हो गया। मैं Deepak Kumar Gupta - Jannasoolan Shah को गाड़ी दिया था जिन्हें गिरकर डेमेज 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.	Dinkar Automobiles Pootappur Deoria U.P M. NO. 9798753535

09-12-25
Date / दिनांक :
हस्ताक्षर

Deepak Kumar
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. 252400/31/2026/8525
 Tel. No. _____ Period of Insurance 30-04-2025 to 29-04-25
 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 : Deepak Kumar Gupta
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>C1488</u> Chassis No. <u>B 7157</u>	Registration No. <u>UPS2CF2285</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 : _____ NA _____
 (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 : Jangadlan Shah
(b) Age : 54
(c) Address : Fulvariya Siwan
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : Relative
(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 : BR2920160073369
(h) Issuing Authority : 01-03-2016
(i) Date of Expiry : 09-02-2031
(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 : 07-12-25
(b) Place : 43A
(c) Speed of vehicle at the time of accident : 55
(d) Give a short description of the accident : 3114 UC मीस्ट-457 के कारोत अंक गाबे
(e) If any third party was responsible for this accident give the name and address : जे कारोत से गाबे इम ए-55

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 : 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? : _____
(f) Has theft been reported to Police? : NA
(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.

Deepak Kumar

Date 07-12-2025

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 *Deepak Kumar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: P41R092R

Page No: 1



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063579, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On
Policy No	25240031/2026/8525		30-APR-25
Agent/Broker Code	BA0000155144		Proposal No. & Date
Agent/Broker Name	ABHINAV BHATI		R/25240031/2026/5851 & 30-APR-2025
Insured Name	DEEPAK KUMAR GUPTA (GSTIN: 0)		Policy Period (OWN DAMAGE)
Insured Address	CO-MOHAN GUPTA, VILL-SHAHPUR, PO-SHAHPUR, PS-NAUTAN, DISTT-SIWAN, BIHAR, NA,		FROM 11:29 ON 30/04/2025 TO MIDNIGHT OF 29/04/2026
			Policy Period (LIABILITY)
			FROM 11:29 ON 30/04/2025 TO MIDNIGHT OF 29/04/2030
			Lead/Breakin No / Insured State
			/ BIHAR
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	HA11E8SHAC1488 - MBLHAW23XSHAB7157	FMF 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	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC)to driver (IMT-28)	0
Basic Premium	1153.41	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles		Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4145
Anti- Theft Device (IMT-10)	0	GST	746
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMPDUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	1042	Krishi Kalyan Cess@0.50%	0
Sub -Total Deductibles	1042	Gross Premium Paid	4891
Add-On Coverages		Note:	
NIL Depreciation	183	1. Policy Issuance is the subject to the realisation of cheque	
Return to Invoice	0	2. Consolidated Stamp Duty paid via Challan No	
Key Replacement	0	3. The Policy is subject to a compulsory Deductible of Rs 9(IMT-22)	
Consumables	0	4. Voluntary excess Rs(0)	
Sub Total Add-on Coverages	183	5. Subject to Endorsements IMT,7,10,28,	
Net own Damage Premium(A)	294		
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
POS Name	NA	POS ID	NA
			4891
			POS PAN NO/Aadhar No
			NA
In the event of a claim under the policy exceeding Rs.1lacs or a claim for refund of premium exceeding Rs.1lacs 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 this 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) Prize Making (5) Speed testing (6) Reliability trials (7) 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 the requirement of the motor vehicle act 1988. Under Section II-1 (ii) 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 following: 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			
Approved By :	659255MD	For and on behalf of	
Approved On :	30-APR-25	The Oriental Insurance Company Limited	
Place :	MRT		
Printed On :	04-DEC-25		
		General Manager	
		Authorized Signature	



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF2284 Registration Date : 03-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 : DEEPAK KUMAR GUPTA Son/wife/daughter of : MOHAN GUPTA
 Full Address: (Permanent) : VILL+PO- SHAHPUR, PS- NAUTAN DEORIA, , SIWAN, BIHAR-841243
 Full Address: (Temporary) : VILL- PRATAPPUR- DEORIA, DEORIA-UTTAR PRADESH-274703
 Fitness UpTo : 02-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 : AA2124556193 Rear HSRP No : AA2124114478
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW23XSHAB7157
 Engine No : HA11E8SHAC1488 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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 : 77026/-
 OTT Date : 30-Apr-2025 Amount/Rcpt No : 7703 / UP52D25050000488
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 07-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 03-May-2025 to 02-May-2040

Date : 30-May-2025 14:01:03

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-May-2025

Q 3622988

INDIAN DRIVING LICENCE
GOVERNMENT OF BIHAR

FORM-7 DL: BR29 20160073369

Name : JANARDAN SHAH
 SW/D of : JAI SHAH

Address : AT-FULVARIYA PO-DHANALITI MATH
 PS-SIWAN MUFTASIL
 DIST SIWAN BIHAR 841226

Valid Till (Transport) : 00000000
 Valid Till (Non-Transport) : 09-02-2031

DOB : 10-02-1971 BG : A+

Badge No :

Signature of holder

Signature of Licensing Authority : Siwan

Issued on : 01-03-2016

DL: BR29 20160073369

Original LA : BR-29
Old DL No. :

Date of Issue : 01-03-2016

Class of Vehicles

Vehicle Class	Issue Date
LMV	01-03-2016
MCWG	01-03-2016

BR16DL03938007



भारत सरकार

Government of India



दीपक कुमार गुप्ता

Deepak Kumar Gupta

जन्म तिथि / DOB : 03/05/1999

पुरुष / Male



8951 7756 0825

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O मोहन गुप्ता, ग्राम- शाहपुर,
शाहपुर, सिवान, सहपुर, बिहार,
841243

Address:

S/O Mohan Gupta, Village-
Shahpur, Shahpur, Siwan,
Sahpur, Bihar, 841243

8951 7756 0825



1947



help@uidai.gov.in



www.uidai.gov.in

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 Deepak Kumar Gupta
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 : _____

Deepak Kumar
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.