

ESTIMATE

DATE: 09-12-25

DINKAR AUTOMOBILES

CLAIM NO:

(Malirwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Sanju Devi

REG NO- UPS2CJ1544

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wisor			1050
2	H/L			650
3	Front fender			1450
4	Indicator R			220
5	Handle			500
6	B/Lever			100
7	Geny. gear			650
8	Misror			700
9				150
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5470



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.	Sanju Devi 9129844745
2	Vehicle No. / वाहन संख्या	UP 52 CJ 15 44
3	Policy No. / पालिसी संख्या	25400/31/2026/42358
4	Period of Insurance / बीमा अवधि	14/10/2025 to 13/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	रामपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nandlal Yadav UP 52 20/3000 7645
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	अचानक मेरे गाड़ी के सामने एक बच्चा आया था उस साइकिल वाले को अचानक के चक्कर में फेंक दिया जिससे मेरी गाड़ी डिमैज होकर सड़क पर गिरकर डैमेज हो गयी। मैं Sanju Devi, Nandlal Yadav को गाड़ी दिये थे। जिससे अचानक 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.	Dinkee Automobiles. Pratappur Deoria (UP) M.No-9798753535

09-12-25

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

संजू देवी



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. 25400/21/2026/42358

Tel. No. _____

Period of Insurance 14-10-2025 to 13-10-2026

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 : Sanju Devi
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>09767</u>	Registration No.
	Chassis No. <u>08010</u>	<u>UP52CJ</u>
		<u>1544</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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nandelal Yadav
(b) Age : 39
(c) Address : Patsauni (Daxni) Deoria
(d) Is the Driver :
1. Owner : /NA
2. paid driver? :
3. Owner's relative or friend? : चाचा
(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 : UP 5220130007645
(h) Issuing Authority :
(i) Date of Expiry : 10/6/2013
(j) Was the licence temporary/permanent : 9/6/2013
(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 : 7/12/2025 - 4 वाजे शाम
(b) Place : रामपुर
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : साइडिंग वाले फर्निचर में
(e) If any third party was responsible for this accident give the name and address : एअरी सोल ही गया

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 9/12/2025
200

शंभू देवी
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/-

✓ शंजु देवी

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CJ1544 Registration Date : 14-Oct-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 : SANJU DEVI Son/wife/daughter of : SUGRIV
 Full Address: (Permanent) : VILL- PARSOUNI DIXIT, PARATAPPUR DEORIA, , DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL- PARSOUNI DIXIT, PARATAPPUR DEORIA, , DEORIA-UTTAR PRADESH-274703
 Fitness UpTo : 13-Oct-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 : AA2134071686 Rear HSRP No : AA2133721981
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2024
 No of Cylinders : 1 Chassis No : MBLHAW14XR-ID08010
 Engine No : HA11ECRHD09767 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK GREY STRIPE 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 Vehicie Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

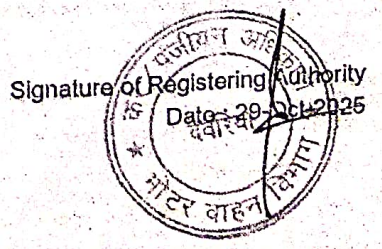
The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 14-Oct-2025.

Purchase dt : 13-Oct-2025 Sale Amt : 60189/-
 OTT Date : 13-Oct-2025 Amount/Rcpt No : 6019 / UP52D25100002925
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-Oct-2025

Other State/Transfer/Conversion/Reassign Details :
 Previous Owner : Previous RegNo. :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 14-Oct-2025 to 13-Oct-2040


Date : 29-Oct-2025 14:41:22
 Taxation Particulars / Advance Registration Mark Fee Details



Q 5360555

UNION OF INDIA Driving Licence (UP) (NT)

UP52 20130007645




जारी करने की तिथि
Date of Issue
10/06/2013

जन्म तिथि
Date of Birth
01/02/1986

वैधता / Validity
09/06/2033


Blood Group
Unknown




नाम / Name
NANDE LAL YADAV

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of
MANGAROO YADAV

UP52 20130007645 UP00187824MT



LMV
10/06/2013



MCWG
10.06.2013

पता / Address
VILL. PARSANI (DAXNI) PO. BAHKUL
PS. KHAMPAR
DEORIA

जारीकर्ता / Issuing Authority Sign
Deoria

Form 7 Rule 16(2)

भारत सरकार
Government of India



संजू देवी
Sanju Devi
जन्म तिथि / DOB: 01/01/1974
महिला / Female



6082 7354 2908

आधार - आम आदमी का अधिकार

आधार
Unique Identification Authority of India

पता:
संबंधित: सुग्रीव, पारसौनी दीक्षित,
देवरिया, परतापपुर, उत्तर प्रदेश,
274703

Address:
W/O: Sugriv, Parsouni Dixit,
Deoria, Paratappur, Uttar
Pradesh, 274703

6082 7354 2908

1947
1800 309 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 Sonju Devi
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 : _____

Sonju Devi
Signature of the declarant

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

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