

ESTIMATE

DATE..10-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJP2078R1Z3)

CUSTOMER NAME - Lal Babu kushwaha

REG NO-UP52CE6415

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	W/800			1250
2	M/L			3500
3	Front Fender			1280
4	Indicators			200
5	M/800			240
6	B/Lever			100
7	Handle			500
8	Wind Screen			370
9	Coome			210
10	Opening and Petting			750
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	8400



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.	Lalbabu kushwaha 89 3 593 8822
2	Vehicle No. / वाहन संख्या	UP 52 CE 6415
3	Policy No. / पालिसी संख्या	252400/31/2025/95771
4	Period of Insurance / बीमा अवधि	19/3/2025 to 18/3/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	7/12/2025 - 4 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	विशासमपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राज कमल कुशवाहा BR292023000 8994
8	Estimated Loss / अनुमानित हानि	रुपय 9
09.	Cause of Accident / दुर्घटना का कारण :	अज्ञानक मेरे गाडी के सामने एक बूडक वाहन आ गया उस वाडक वाले से मेरे गाडी को टक्कर हो गई जिससे मेरा गाडी बूडक पर गिरकर डमर हो गया है। मेरे लालबाबु कुशवाहा को गाडी दिये थे मिनले रजिस्ट्रीड हो गया है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dinker Automobiles Pratapnagar Deoria (Ch.P)

10-12-25

Date / दिनांक :
हस्ताक्षर

लालबाबु कुशवाहा
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. 252400/31/2025/95771

Tel. No. _____

Period of Insurance 19/3/2025 to 18/3/2026

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 : Lalbabu Kushwaha
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>05781</u>	Registration No. <u>UP 52CE</u> <u>6415</u>
	Chassis No. <u>00697</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/Jeeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Raj Kumar Kushwaha
(b) Age : 32
(c) Address : Vishwampur (Siwan) Bihar
(d) Is the Driver
1. Owner :
2. paid driver? :
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 : BR 2920230003994
(h) Issuing Authority :
(i) Date of Expiry : 10/1/2023
(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 : 7/12/2025 - 4 बजे शाम
(b) Place : विशारामपुर
(c) Speed of vehicle at the time of accident : 35-40
(d) Give a short description of the accident : वाइक वाले से टकरा हो गया
(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 :
(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? : _____
(b) If yes, give full details : _____ NA

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 10-12-2025

मिहारा कुशवाहा
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 लालमबाबू कुशवाहा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

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, PIN-01214063570, (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))		Policy Issued On	19-MAR-25	
Policy No	252400/31/2025/95771		Proposal No. & Date	2/252400/31/2025/71644 & 19-MAR-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 12:37 ON 19/03/2025 TO MIDNIGHT OF 18/03/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 12:37 ON 19/03/2025 TO MIDNIGHT OF 18/03/2026	
Insured Name	LALABADU KUSHWAHA (GSTIN: 0)			Lead / Break In No	/
Insured Address	C/O - BRAHMA BHAKAT, ADD-KHAP BANKAT, VISHRAMPUR, KILPUR, SIWAN, BIHAR, NA,			Insured State	BIHAR
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	78338	
Model & Variant	HERO SUPER SPLENDOR DRS XTECH		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	78338	
Engine - Chassis No	JA07AMPGG05781 - MBLJAW392PGG00697		PMF CONTRACT NO		
Cubic Capacity	125		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	1312.95		Basic Third Party Liability	3851	
Flee Accessories	0		Compulsory PA Cover Premium	0	
Non-Flee Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	1234.95		Legal Liability (WC) to driver (IMT-28)	0	
Geographical Area Extra (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%)	0	
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)	4166	
AAI Membership (IMT-8)	0		GST	750	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0.00	
SLP Discount	1116		Swachh Bharat Cess @ 0.50%	0	
Sub-Total Deductibles	1116		Krishik Kalyan Cess @ 0.50%	0	
Add-On Coverages			Gross Premium Paid	4916	
NIL Depreciation	196		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	196		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	315		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	
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	4916	
POS Name	POS ID	NA	FOS 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 Rs.1lac, 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 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 ab initio (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 a witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 19-MAR-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 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 license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability of Insured under section II-I (a) 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 (a)(f) 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 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 : 25506229043
Approved On : 19-MAR-25
Place : MBT
Printed On : 19-MAR-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE6415 Registration Date : 25-Mar-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 : LALBABU KUSHWAHA Son/wife/daughter of : BRAHMA BHAKAT
Full Address: (Permanent) : VILL- KHAP BANKAT VISHRAMPUR, KILPUR SIWAN, , SIWAN, BIHAR-841243
Full Address: (Temporary) : VILL- PRATAPPUR, DEORIA, DEORIA-UTTAR PRADESH-274703
Fitness UpTo : 24-Mar-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 MOTOGORP LTD
Front HSRP No : AA1039709456 Rear HSRP No : AA2120687643
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2023
No of Cylinders : 1 Chassis No : MBLJAW392PGG00697
Engine.No : JA07AMPGG05781 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
S
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 123
Colour : CANDY BLAZING RED Laden/GV Wt (kgs) : 253
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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. 25-Mar-2025.

Purchase dt. : 21-Mar-2025 Sale Amt : 86461/-
OTT Date : 21-Mar-2025 Amount/Rcpt No : 8647 / UP52D25030003106
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 29-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 25-Mar-2025 to 24-Mar-2040

Date . 08-Apr-2025 13:09:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority अधिकारी
Date 08-Apr-2025
वेवरिया

Q 0732674



Indian Union Driving Licence

Issued by Government of Bihar



BR29 20230003994

Issue Date: 10-04-2023
Validity (NT): 07-07-2033



Name: RAI KAMAL KUSHWAHA

Holder's Signature

Date of Birth: 08-07-1993

Blood Group: B+

Organ Donor: N

Son of: RAJNATH KUSHWAHA

Address: VILLAGE VISHRAMPUR POST KEELPUR PS NAUTAN, SIWAN, BR 841243

DL No: BR29 20230003994

Invalid Categories (Regn. Numbers) *

Hazardous Validity * Hill Validity *

Vehicle Category	Issued by	Issued Date	Vehicle Category	Regn. Number	Regn. Issued Date	Regn. Expiry Date
LMV	BR29	10-04-2023	NT			
LMV	BR29	10-04-2023	NT			

Licensee's Contact Number

Licensing Authority
DTC - BR29

Form 7 (Rev. 16/21)

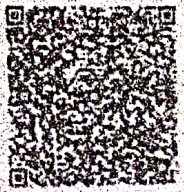


भारत सरकार
Government of India



लालबाबु कुशवाहा
Lalbabu Kushwaha
माता सुभावती देवी
Mother Subhawati Devi

जन्म तिथि / DOB 01/01/2003
पुरुष / Male



2248 2701 3505

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India

पता: अल्मज ब्रह्म भक्त
खाप बंकाट विष्णुपुर, किलपुर, सीवान
सिवान, बिहार, 841243

Address: S/O Brahma
Bhakat, khap bankat
vishrampur, Kilpur, Siwan,
Keelpur, Bihar. 841243

2248 2701 3505



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 Lal Baby kushwaha
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 : _____

लालबाबू कुशवाहा

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.