

ESTIMATE

DATE-16-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Ajay

REG NO- UP52C D 6584

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	W/lor			1065
2	H/L			550
3	front fender			1460
4	Indicator R			190
5	mirror R			140
6	Handle			460
7	Handle-T			250
8	Fuel Tank			6500
9	Engine guard			660
10	Rear fender			850
11	B/L set			530
12	Tail panel Right			420
13	Rear alloy wheel			5250
14	Massix New			10065
15	Silencer parts			420
16	tail panel Centre			235
17	fork repair			450
18	opening and fitting			1200
19				
20				
21				
22				
23				
			TOTAL	31,295



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.	Ajay 9794761601
2	Vehicle No. / वाहन संख्या	UP 52 CD 6581
3	Policy No. / पालिसी संख्या	252400/31/2025/73102
4	Period of Insurance / बीमा अवधि	15-12-2024 to 16-12-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-12-2025 - 9:30 सुबह
6	Place of Accident / दुर्घटना का स्थान	लोहारी बारी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ihsan Alam Ansari MH14 20230028028
8	Estimated Loss / अनुमानित हानि	31,295
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी इंसान् आलम अंसारी लोहा बारी के पास में चले जा रहे थे कि अचानक लोहारी बारी मोड़ में एक गाड़ी में एक ट्रेलर वाले ने टक्कर मार दिया जिससे मेरी गाड़ी पूरी तरह क्षतिग्रस्त हो गयी। मैं Ajay इंसान् आलम अंसारी मे गाड़ी फिर चला जिसे मैं एम्बुलेंस में ले जा रहा हूँ।
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.	Din Kar Automobiles Pootappur Deoria (UP) M.No - 9798753535

Date / दिनांक :
हस्ताक्षर

3-11-25
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. 252400/31/2025/73102

Tel. No. _____

Period of Insurance 17-12-2024 to 16-12-2025
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 Asay
(a) Name : _____
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>73538</u>	Registration No.
	Chassis No. <u>C2047</u>	<u>UP52CD</u> <u>6581</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 : Insaaf Alam Ansari
(b) Age : 21
(c) Address : Nonar (Bhatpar Rani)
(d) Is the Driver :
1. Owner :
2. paid driver? : N/A
3. Owner's relative or friend? : 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 : MH 14 2023 0028028
(h) Issuing Authority : 28-08-2023
(i) Date of Expiry : 01-09-2044
(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 : 15-12-25 - 9:30 PM
(b) Place : मोहरी बाई-
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अनजान में पीछे से एक ट्रैक्टर ने टक्कर
(e) If any third party was responsible for this accident give the name and address : मोहरी बाई, जिससे गाड़ी का तुरंत हटा दी गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : F+L
(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? : _____
- (f) Has theft been reported to Police? : NA
- (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 15-12-25 200

3-1074
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 3-10/21
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52CD6581 Registration Date : 25-Dec-2024
 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 : AJAY Son/wife/daughter of : RAJDEV
 Full Address: (Permanent) : VILL- BANGRA PO- MANIPUR, BHATPAR RANI DEORIA, , DEORIA, UTTAR PRADESH-274702
 Full Address: (Temporary) : VILL- BANGRA PO- MANIPUR, BHATPAR RANI DEORIA, , DEORIA-UTTAR PRADESH-274702
 Fitness UpTo : 24-Dec-2039 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 : AA2118578363 Rear HSRP No : AA2118321850
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW236RHLC2047
 Engine No : HA11E8RHL73538 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
 Steepear 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 cars (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 HERO FINCORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 23-Dec-2024.

Purchase dt : 19-Dec-2024 Sale Amt : 76526/-
 OTT Date : 19-Dec-2024 Amount/Rcpt No : 7653 / UP52D24120003124
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Dec-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 25-Dec-2024 to 24-Dec-2039

Date : 16-Jan-2025 15:03:35

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 15-Jan-2025

Q 1386900

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CBDPA3130M

नाम/ Name
AJAY

पिता का नाम/ Father's Name
RAJ DEV

जन्म की तारीख/ Date of Birth
01/01/1983

हस्ताक्षर/ Signature

Ajay



25022017



Indian Union Driving Licence Issued by Uttar Pradesh



MH14 20230028028



Holder's Signature

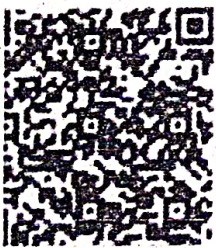
Issue Date Validity (NT) Validity (TR)
28-08-2023 01-09-2044 -----



Name: **INSAF ALAM ANSARI**
 Date of Birth: **02-09-2004** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **NIJAMUDDIN ANSARI**
 Address:
JONAR KAPARDAR BHATPAR RANI
DEORIA 274702

L No: MH14 20230028028

UPDL0000117022



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	MH14	13-06-2023	NT			
	CRANE	MH14	13-06-2023	NT			

Emergency Contact Number

Licensing Authority
UP52 DEORIA



भारत सरकार

Government of India

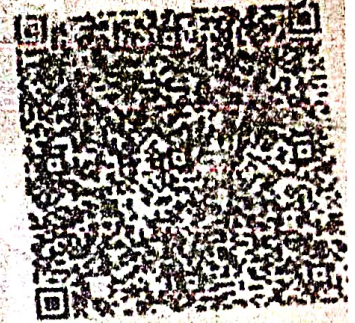


अजय

Ajay

जन्म तिथि / DOB : 01/01/1983

पुरुष / Male



4591 9547 4803

मेरा आधार, मेरी पहचान



भारतीय विश्वव्यापी पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: राजदेव, ग्राम बंगरा, पोस्ट
मणिपुर, भाटपार रानी **, देवरिया,
भाटपार रानी, उत्तर प्रदेश, 274702

Address:

S/O: Rajdev, gram bangra, post
manipur, Bhatpar Rani **, Deoria,
Bhatpar Rani, Uttar Pradesh,
274702

4591 9547 4803



1947



help@uidai.gov.in



www.uidai.gov.in