

ESTIMATE

DATE-16-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Chandrabali Sr. Chauhan

REG NO- UP52CA6289

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	wiper			805
2	H/L			460
3	front fender			1460
4	Indicator left			190
5	mirror left			140
6	Handle			460
7	Handle - T			250
8	engine guard			660
9	cover left			95
10	opening and fit			800
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5780



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.	Chandrabali Chauhan 9450718091
2	Vehicle No. / वाहन संख्या	UP 52 CA 6289
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/436403
4	Period of Insurance / बीमा अवधि	08-05-2025 to 07-05-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-12-2025 - 4:45 PM
6	Place of Accident / दुर्घटना का स्थान	खलेमपुर ओवर क्रॉस (Deoria)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP 52 2015 001199 Omkar Thakur
8	Estimated Loss / अनुमानित हानि	5780
09.	Cause of Accident / दुर्घटना का कारण: ओमकार गुरु मरी गडी के गलत चरिया जा रहे थे कि खलेमपुर ओवर क्रॉस पर जाने वक्त लगे टेम्पु काला डायनक ब्रेक लिया जिससे मरी गडी टेम्पु से टकराकर गिरकर मतिगल हो गई। मैं Chandrabali Chauhan ओमकार गुरु को दिखाकर जिससे पहलू देकर ओवर क्रॉस को गलत चरिया हो गई।	
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.	Diakar Automobiles Pratapour Deoria (UP) 9798753535

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

Chandrabali Chauhan



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. MS/2025/7001/0/46575/43

Tel. No. _____

Period of Insurance 08-05-25 to 07-05-25
 Claim No. 6403

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 : Chandrabali Chauhan
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>87013</u>	Registration No.
	Chassis No. <u>AS649</u>	<u>UP52CA</u> <u>6289</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
 2. Was a pillion rider carried NA

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 : Omkar Thakur
(b) Age : 35
(c) Address : Khampar Deoria
(d) Is the Driver
1. Owner :
2. paid driver? : NA
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 : UP 52 2015 00 11199
(h) Issuing Authority : 26-06-2015
(i) Date of Expiry : 25-06-2035
(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 GIBER LAUT
(b) Place : सुन्दर आर सीमा
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक टेम्पु वाले ने टक्कर मार दिया सुन्दर आर सीमा
(e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी क्षतिग्रस्त हो 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 : 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

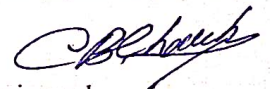
- (a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : _____
(c) Was accident reported to Police? If not, Why? : NA
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

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 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 16-12-25 200

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/436403

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
CHANDRABALI KUMAR CHAUHAN	1989-09-12	9450718091		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ZK		HA11EERHC 87013	MBLHAW234RHC A5649	2022		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
46500.00	NA	0.00	0.00	0.00	46500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Sending Capacity	Offered Payment (incl. GST)	
	Solo			2	1215.90	
Address	City / District		Pin Code	State		
				Uttar Pradesh		
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KEDAR CHAUHAN	Male	31 Years	BROTHER	2025-05-08 00:00	Midnight of 2026-05-07	

Section A, VRC: 325.09 TCR: 219.48 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 664.11

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00

Section D, Drive Assure: 226.08 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 40.70 Total with GST(D): 266.78

Total(Section A+B+C+D) Offered Price After Discount: 1216

Package Period Covered	2025-05-08 To 2026-05-07	2026-05-08 To 2027-05-07	2027-05-08 To 2028-05-07	2028-05-08 To 2029-05-07	2029-05-08 To 2030-05-07
ADV	46500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

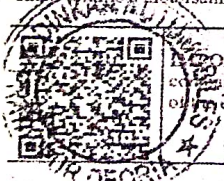
DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643 email: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

* Received with Thanks Rs 1215.9 ON 2025-05-08 from Mr./Ms. CHANDRABALI KUMAR CHAUHAN
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CA6289 Registration Date : 13-May-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAH GKP ROAD, DEORIA, . . 190-274001
Owner Name : CHANDRABALI KUMAR Son/wife/daughter of : SHRIRAM CHAUHAN
CHAUHAN
Full Address: (Permanent) : VILL- TADWA PO- PARASIYA CHHITANI, PS- BANKATA BHATPAR RANI DEORIA, .
DEORIA, UTTAR PRADESH-274704
Full Address: (Temporary) : VILL- TADWA PO- PARASIYA CHHITANI, PS- BANKATA BHATPAR RANI DEORIA, .
DEORIA-UTTAR PRADESH-274704
Fitness UpTo : 12-May-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 : AA2101956621 Rear HSRP No : AA2099970942
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2024
No of Cylinders : 1 Chassis No : MBLHAW234RHCA5649
Engine No : HA11E8RHC87013 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
Sleepar 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 : 08-May-2024 Sale Amt : 75291/-
OTT Date : 08-May-2024 Amount/Rcpt No : 7530 / UP52D24050001895
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 15-May-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 13-May-2024 to 12-May-2039

Date : 04-Jun-2024 11:05:57

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 04-Jun-2024

P 8244927



संख्या:
S/O ID: . . . 0000000000
274704

भारत सरकार
Unique Identification Authority of India

Address:
S/O Sriram Chauhan, Ladwa
post-Parsia chhitani singh,
Chhitani Singh, Parsia Chhitani
Singh, Deoria, Uttar Pradesh,
274704



भारत सरकार

Government of India
चंद्रबाली कुमार चौहान
Chandrabali Kumar Chauhan
जन्म तारीख / DOB:
पुंछ / Male



5529 2167 2585

5529 2167 2595

भारी आधार, भारी ओलख



help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA



ई-स्थायी लेखा संख्या कार्ड
e-Permanent Account Number Card
AXPPC1586M

नाम / Name:
CHANDRABALI KUMAR CHAUHAN

पिता का नाम / Father's Name:
SRIRAM CHAUHAN

जन्म की तारीख / Date of Birth:
12/09/1983

Chauhan
हस्ताक्षर / Signature



UNION OF INDIA Driving Licence



UP52 20150011199



निर्गमन तिथि / Date of Issue

26/06/2015

वैधता / Validity

25/06/2035

जन्म तिथि / Date of Birth

19/08/1990

Blood Group

Unknown



नाम / Name

OMKAR THAKUR

पिता/पति का नाम / Son/Daughter/Wife of

PRAHLAD THAKUR

Duplicate

UP52 20150011199

UP06672071



MV

5/06/2015



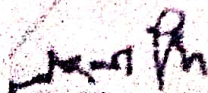
MCWG

26/06/2015



Address

RAIPAR PANDEY
JAMPAR, KHAMPAR
ORIA - 274702


Issuing Authority's Signature


Issuing Authority
DEORIA