

ESTIMATE

DATE-15-12-2025

DINKAR AUTOMOBILES

CLAIM NO-.....

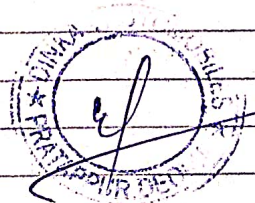
.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO- 09APIPJ2078R1Z3)

CUSTOMER NAME - Ramesh Yadav

REG NO-UP52BM3516

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Visor			1050
2	H/L			550
3	Wiper stand			300
4	front fender			1430
5	Indicator front R			195
6	mirror R			140
7	Handle			500
8	engine guard			660
9	Mirror R			95
10	silencer part			420
11	fork repair			450
12	opening and fitting			600
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	6440



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

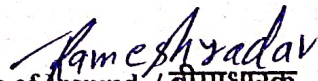
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Ramesh Yadav 7324950547
2	Vehicle No. / वाहन संख्या	UP52BM3516
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/463452
4	Period of Insurance / बीमा अवधि	22-08-2025 to 21-08-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/12/2025 - 12 बजे दोपहर
6	Place of Accident / दुर्घटना का स्थान	हरेशम चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramesh Yadav BR 29 20190001955
8	Estimated Loss / अनुमानित हानि	6440
09.	Cause of Accident / दुर्घटना का कारण:	अचानक मेरे गाड़ी के सामने एक कुत्ता आ गया जिसे बचाने के लिये ब्रेक लगाते गाड़ी फिसल कर सड़क पर गिरकर डूबेला हो गई है। मैं रमेश यादव मैं एच से हरेशम चौराहा जा रहा था और मेरे से ही गिरकर गाड़ी डूबेला हो गई।
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.	Dinkar Automobiles Pratap Pur Deoria (UP) M.No - 9798753535

Date / दिनांक : 15-12-2025
हस्ताक्षर


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. MS/2025/7001/0/46575/46
 3452

Tel. No. _____

Period of Insurance 22-08-2025 to 21-08-2025
 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 Ramesh Yadav
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>87003</u>	Registration No.
	Chassis No. <u>90101</u>	<u>UP52 BM</u>
		<u>3516</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 : Ramesh Yadav
(b) Age : 33
(c) Address : चास मिमोली (सहाम)
(d) Is the Driver :
1. Owner :
2. paid driver? : /NA
3. Owner's relative or friend? : Self
(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 : BR29 20190001955
(h) Issuing Authority : 16-02-2019
(i) Date of Expiry : 15-02-2039
(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 : 12-12-2015 - 12 वाजे दोपहर
(b) Place : देवनागर, चौराहा
(c) Speed of vehicle at the time of accident : 30 से 40 की speed
(d) Give a short description of the accident : अन्यायक काला झा गया वरु लोधा पीसल
(e) If any third party was responsible for this accident give the name and address : ७८ सड़क पल गिरकर डम्भल स गई

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 : 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? : 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 15-12-2025 200

Signature of the insured Rameshyedav

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 *Ramesh Yadav*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Age Contract No.: MS/2025/7001/O/46578/463452

Motorsathi Care Private Limited

B Datta Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:
Phone: +91 79410 50643

Email: info@motorsathicare.com

Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Ramesh Yadav	1992-07-10	7324950547	Balram Yadav	Hera Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regu. No.	Engine No.	Chassis No.	Year of Mfg.	Cubic Capacity	Vehicle Type
135 ALL BLACK E20	UP52BM13516	HA11EYMHC87003	MBL1AW12XMH*20101	2021-08-31	107	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
31000.00	NA	0.00	0.00	0.00	31000.00	
Place of Regu.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Seat			2	1158.27	
Address			City / District	Pin Code	State	
Vil-Rampur, Post-Pratappur, Bankata, Deoria, Uttar Pradesh, 274703				274703	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
BALRAM YADAV	Male	51 Years	FATHER	2025-08-22 23:54	Midnight of 2026-08-21	

Section A. VRC: 529.12 TCR: 402.38 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 931.50
 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): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D. Drive Assure: 192.18 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 34.59 Total with GST(D): 226.77
Total Section A+B+C+D) Offered Price After Discount: 1158

Package Period Covered	2025-08-22 To 2026-08-21	2026-08-22 To 2027-08-21	2027-08-22 To 2028-08-21	2028-08-22 To 2029-08-21	2029-08-22 To 2030-08-21
ADV	31000	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 VALID UPTO 2026-08-18 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

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, non-disclosure 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 1 lakh 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 id: 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 Aligarh.

Receipt with Thanks Rs 1158.27 ON 2025-08-22 from Mr./Ms. Ramesh Yadav against the ARN No. INCP00463452
 The ardn/acknowledgment 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: B.Datta Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 3

CERTIFICATE OF REGISTRATION



Registration No : UP52BM3516
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
 Owner Name : RAMESH YADAV
 Full Address: (Permanent) : RAMPUR, PRATAPPUR, BANKATA, DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : RAMPUR, PRATAPPUR, BANKATA, DEORIA, UTTAR PRADESH-274703
 Fitness UpTo : 30-Aug-2036
 Owner Serial No : 2
 Registration Date : 31-Aug-2021
 Purpose For Printing RC : TO
 Son/wife/daughter of : BALIRAM YADAV
 Tax UpTo : One Time

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2040696543
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11EYMHC87003
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR +(135-SELF-DRWheel base UM-CAST)
 Seating Cap(In all) : 2
 Sleeper Cap : 0
 Colour : Red Black
 Link Vehicle No : BHARAT STAGE VI
 Norms :
 Rear HSRP No : AA2039715440
 Month/Year of Manuf. : 03/2021
 Chassis No : MBLHAW120JHC90101
 Fuel : PETROL
 Cubic Capacity : 97.20
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

Other Criteria
 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 v.e.f. .
 Purchase dt : 22-Aug-2021
 OTT Date : 22-Aug-2021
 TaxUpTo : One Time
 Tax Exempted or Not : NOT EXEMPTED
 Other State/Transfer/Conversion Details :
 Previous Owner : MANOJ YADAV
 Old State :
 Transfer Date : 30-Dec-2021
 Sale Amt : 67050/-
 Amount/Rcpt No : 6705 / UP52D21080001916
 Vehicle is Govt./ PVL : PRIVATE
 Date of Approval : 31-Dec-2021
 Previous RegNo :
 Entry Date :
 Conversion Date :
 This certificate is valid from 31-Aug-2021 to 30-Aug-2036

Signature of Registrar
 Date

Date : 11-Jan-2022 13:55:46
 Taxation Particulars / Advance Registration Mark Fee Details

N 819119



INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

DL: BR29 20190001955

Name : RAMESH
YADAV

S/W/D of : BALIRAM
YADAV

Address : AT-KHAS MISHRAULI PO-SHAHPUR PS
DIST SIWAN

Nautan, Siwan, BR 841243



Valid Till (Transport)
00000000

Valid Till (Non-Transport)
15-02-2039

DOB : 10-07-1992 BG : A-

Badge No :

*Authorisation to drive the following vehicle

Type of Vehicles : LMV MCWG only

Sign. Of Licencing Authority
SIWAN

Issued on : 16-02-2019

Ramesh Yadav

DL: BR29 20190001955

Original LA : BR29

Old DL No :

Date of Issue : 16-02-2019

Class of Vehicles

Vehicle Class	Issue Date
LMV	16-02-2019
MCWG	16-02-2019

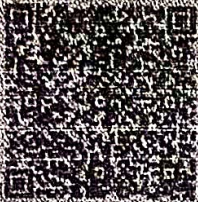
BR10DL02467255



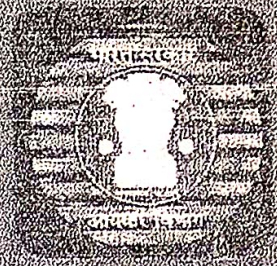
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AWRPY5768J



नाम / Name
RANESH YADAV

पिता का नाम / Father's Name
BALIRAM YADAV

जन्म की तिथि / Date of Birth
10/07/1992

Ranesh Yadav

हस्ताक्षर / Signature



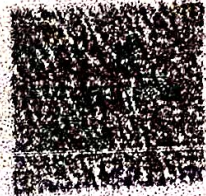
Ranesh Yadav



भारत सरकार
Government of India



रमेश यादव
Ramesh Yadav
जन्म तिथि/DOB: 10/07/1992
पुरुष/ MALE



5711 0592 5671

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:

S/O: Baliram Yadav, KHAS mishrauli, संबोधित: बलिराम यादव, खस मिश्रौली,
Misrauli khas, Siwan, मिश्रौली खस, सिवान,
Bihar - 841243 विहार - 841243

पता:

5711 0592 5671



भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA