

ESTIMATE

DATE-16-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

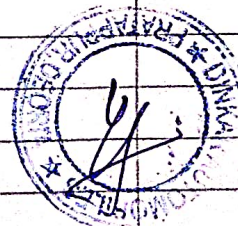
(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Basanti Devi

REG NO- UP52BZ2935

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wisor			950
2	M/c			4500
3	front fender			980
4	mirror left			280
5	lower panel			930
6	upper panel			1050
7	inner inner			350
8	door panel left			520
9	cover inner			550
10	cover left			95
11	opening and fitty			200
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	10,955



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

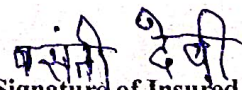
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Babanti Devi 7070412108
2	Vehicle No. / वाहन संख्या	UP 52B2 2935
3	Policy No. / पालिसी संख्या	MS/2025/7001/046575/400556
4	Period of Insurance / बीमा अवधि	1/2/2025 - 31/1/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/12/2025 - 5 बजे शाम के करीब
6	Place of Accident / दुर्घटना का स्थान	बनकटा चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajit Kumar Yadav
8	Estimated Loss / अनुमानित हानि	₹ 10,955
9	Cause of Accident / दुर्घटना का कारण:	गाड़ी लेकर बनकटा चौराहे की बगल में गाड़ी में बायीं तरफ से टक्कर मार दिया जिससे मेरी गाड़ी सड़क पर गिरकर अति गंभीर 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 / फोन नं.	Dinker Automobiles Pratappur Deoria (UP) M.bNo-9798753535

Date / दिनांक : 16-12-2025
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. 178/2025/7001/0/46575/70055
 Tel. No. _____ Period of Insurance 1/2/2025 - 31/2/2025
 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
 (a) Name : Babanti Devi
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>01773</u>	Registration No.
	Chassis No. <u>00252</u>	<u>UP 52 B2</u> <u>2935</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 : Ajit kumar Yadav
(b) Age : 29
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : NA
3. Owner's relative or friend? : Relative
(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 2820 16068913
(h) Issuing Authority : 17/12/2020
(i) Date of Expiry : 19/12/2036
(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 : 13/12/2025 - 5 वजे शाम के करीब
(b) Place : बनकट / चौराहा
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : अचानक एक वाइक वाले ने मेरी गाडी में टक्कर मार दी
(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+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

अरिंदी 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/-

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/400556

Motorsathi Care Private Limited
 B.Dass 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@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
BASANTI DEVI	1978-01-01	9129836333	UPENDRA YADAV	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
NTEC VX	UP52BZ2935	JF17ENPGC01773	MBLJFN231PGC00252	2022	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	C'NG/LPG/Bi-Fuel ADV	Total ADV	
54000.00	NA	0.00	0.00	0.00	54000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo			2	1333.46	
Address			City / District	Pin Code	State	
VILL.-BASOPATTI, PO.-BASOPATTI, PS.-SHREERAMPUR BHATPAR RANI, Deoria, Uttar Pradesh, 274703				274703	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
PARUL YADAV	Female	19 Years	DAUGHTER	2025-02-01 15:24	Midnight of 2026-01-31	

Section A, VRC: 434.83 TCR: 254.88 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 689.71

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: 545.55 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 98.20 Total with GST(D): 643.75

Total(Section A+B+C+D) Offered Price After Discount: 1333

Package Period Covered	2025-02-01 To 2026-01-31	2026-02-01 To 2027-01-31	2027-02-01 To 2028-01-31	2028-02-01 To 2029-01-31	2029-02-01 To 2030-01-31
ADV	54000	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 2029-01-31 (DETAILS ARE 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. Not 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 10lakh 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.

Received with Thanks Rs 1333.47 ON 2025-01-29 from Mr./Ms. BASANTI DEVI against the ARN No. INCP00400556
 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: IM1 - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BZ2935 Registration Date : 06-Feb-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 : BASANTI DEVI Son/wife/daughter of : UPENDRA YADAV
 Full Address: (Permanent) : VILL-BASOPATTI, PO-BASOPATTI, PS-SHREERAMPUR BHATPAR RANI, DEORIA,
 UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL-BASOPATTI, PO-BASOPATTI, PS-SHREERAMPUR BHATPAR RANI, DEORIA-UTTAR
 PRADESH-274703

Fitness UpTo : 05-Feb-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 Rear HSRP No : AA2093953479
 Front HSRP No : AA2090252058 Month/Year of Manuf. : 03/2023
 Type of Body : SOLO WITH PILLION Chassis No : MBLJFN231PGC00252
 No of Cylinders : 1 Fuel : PETROL
 Engine No : JF17ENPGC01773 Cubic Capacity : 124.60
 Horse Power(BHP) : 8.98 Wheel base : 1245
 Maker's Classification : DESTINI 125 LX Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 115
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 245
 Colour : PANTHER BLACK 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 w.e.f. .

Purchase dt : 01-Feb-2024 Sale Amt : 80198/-
 OTT Date : 01-Feb-2024 Amount/Rcpt No : 8020 / UP52D24020000683
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Feb-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Feb-2024 to 05-Feb-2039

Date : 02-Mar-2024 14:57:01

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 02-Mar-2024



P 6593210

INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

DL BR28 20160068913



Name: AJIT KR YADAV
 SN/D of: SHAMBHU YADAV
 Address: AT PO SONARHATA
 P.S. PHULWARRA
 DIST. BARRA GOPALGANJ BR 84428

Valid From: 15-12-2016
 Valid Till (Non-Transport): 15-01-2026

DOB: 20-12-1986 BG: A+

Authorized to drive the following vehicle:
 Type of Vehicle: TRANS LMVCAB LMV MCWG only

Signature of Licensing Authority: *[Signature]*
 GAZIYAN

Date of Issue: 20-01-2016

BR101103045106

DL: BR28 20160068913

Original LA: BR 13
 Old DL No:

Date of Issue: 20-01-2016

Class of Vehicles

Vehicle Class	Issue Date
TRANS	02-06-2013
LMVCAB	15-12-2017
LMV	20-01-2016
MCWG	20-01-2016

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 _____
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)

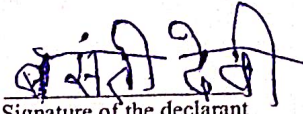
Verification

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 : _____


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.