

ESTIMATE

DATE-18-12-25

DINKAR AUTOMOBILES

CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Sachidanand prasad /G NO-UP52BM7898

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Front panel			1950
2	Fl oor panel			750
3	Mirror R			240
4	B / Lever			100
5	Brake yoga R			120.
6	Salencer patti			250
7	opening and setting			800
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	4190



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

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

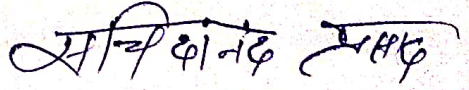
Sir / महोदय ,

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.	Sachidanand Prasad 8083525355
2	Vehicle No. / वाहन संख्या	UPS2BM 7838
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46575/390988
4	Period of Insurance / बीमा अवधि	24-12-24 to 23-12-25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-12-25 शाम 4 बजे
6	Place of Accident / दुर्घटना का स्थान	मैरवा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Akhilash Prasad UPS220210010015
8	Estimated Loss / अनुमानित हानि	4190
09.	Cause of Accident / दुर्घटना का कारण:	मैरवा वापस करने जा रहे थे तब एक अनजाने में गाड़ी के सामने साइकिल वाला आ गया उस साइकिल वाले को बचाने के चक्कर में ब्रेक लिया जिससे मेरा गाड़ी डिमल्टिस होकर सड़क पर गिर कर डैमेज हो गयी / मैं Sachidanand Prasad. Akhilash Prasad को गाड़ी दिये थे। ये नसे ड्राइव कर रहा था।
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 / फोन नं.	Ganesh Automobiles Piprampur Meerut U.P. M.No- 9798753535

18-12-25

Date / दिनांक :
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/2024/7001/0/46595/

Tel. No. _____

Period of Insurance 24-12-24 to 30-09-28

Claim No. 23-12-25

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 : Sachidanand Prasad
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>01876</u>	Registration No. <u>UP52BM</u>
	Chassis No. <u>02937</u>	<u>7838</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 NA
 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Akhilesh Prasad
(b) Age : 28
(c) Address : Inquri Bazar, Deoria
(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 : UP52 20210010015
(h) Issuing Authority : 07-03-21
(i) Date of Expiry : 04-03-28
(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 शाम 4 बजे
(b) Place : मैरवा
(c) Speed of vehicle at the time of accident : 35
(d) Give a short description of the accident : साइकल वाले को बचाने के चक्कर
(e) If any third party was responsible for this accident give the name and address : मे रजिस्ट्रीड हो गया है।

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? : NIA
(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? : NIA
(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? : NIA
(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 18-12-2005

सविनंद शर्मा
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



Contract No.: MS/2024/7001/O/46575/390988

Motorsathi Care Private Limited

Bass 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	
SACHIDANAND PRASAD	1968-09-07	9628513025	RAGHUNATH PRASAD	Hero Motocorp	MAESTRO EDGE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
E20	UP52BM7838	JF16EKMGC01876	MBLJFW154MGC02937	2021-10-26	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
40000.00	NA	0.00	0.00	0.00	40000.00	
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	1085.77	
Address			City / District	Pin Code	State	
VILL. BHAI SAHI BANKATA DEORIA BHATPAR RANI Deoria Uttar Pradesh 274704				274704	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SAKTI PRASAD	Male	21 Years	SON	2024-12-24 15:52	Midnight of 2025-12-23	

Section A, VRC: 322.09 TCR: 530.40 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 652.49

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: 367.19 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 66.09 Total with GST(D): 433.28

Total(Section A+B+C+D) Offered Price After Discount: 1086

Package Period Covered	2024-12-24 To 2025-12-23	2025-12-24 To 2026-12-23	2026-12-24 To 2027-12-23	2027-12-24 To 2028-12-23	2028-12-24 To 2029-12-23
ADV	40000	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 2025-10-20 (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, 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 Aligarh.

*: Received with Thanks Rs 1085.78 ON 2024-12-24 from Mr./Ms. SACHIDANAND PRASAD against the ARN No. INCP00390988

The 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.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 : UP52BM7838 Registration Date : 26-Oct-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , -
 Owner Name : SACHIDANAND PRASAD Son/wife/daughter of : RAGHUNATH PRASAD
 Full Address: (Permanent) : VILL BHAI SAHI BANKATA DEORIA, BHATPAR RANI, , DEORIA, UTTAR PRADESH-274704
 Full Address: (Temporary) : VILL BHAI SAHI BANKATA DEORIA, BHATPAR RANI, , DEORIA-UTTAR PRADESH-274704
 Fitness UpTo : 25-Oct-2036 Tax UpTo : One Time
 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 : AA2041137226 Rear HSRP No : AA2042967926
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2021
 No of Cylinders : 1 Chassis No : MBLJFW154MGC02937
 Engine No : JF16EKMGC01876 Fuel : PETROL
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
 Maker's Classification : MAESTRO EDGE (CAST WHEEL base : 1261
 L)
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : CANDY BLAZING RED Laden/GV Wt (kgs) : 242
 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)
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a) Front:

b) Rear:

c) Other:

d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, , , , Deoria, Uttar Pradesh-274001 w.e.f. 24-Oct-2021.

Purchase dt	: 21-Oct-2021	Sale Amt	: 68600/-
OTT Date	: 21-Oct-2021	Amount/Rcpt No	: 6860 / UP52D21100001889
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 26-Oct-2021
Other State/Transfer/Conversion Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 26-Oct-2021 to 25-Oct-2036

Date : 11-Nov-2021 11:01:49

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 11-Nov-2021

N 525485



भारत सरकार

Government of India

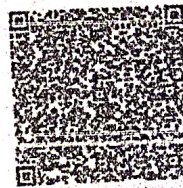


सचिदानन्द प्रसाद

Sachidanand Prasad

जन्म तिथि / DOB : 07/09/1968

पुरुष / Male



2070 3485 9292

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:

आरनज: रघुनाथ प्रसाद, भैसाही,
बनकटा, देवरिया, भाटपार रानी, उत्तर
प्रदेश, 274704

Address:

S/O: Raghunath Prasad, Bhaiesahi,
Bankata, Deoria, Bhatpar Rani,
Uttar Pradesh, 274704

2070 3485 9292

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

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 Sachidanand prasad
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)

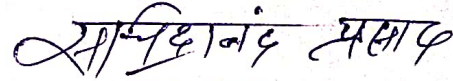
Verification

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.