

ESTIMATE

DATE-25-12-2025

DINKAR AUTOMOBILES

CLAIM NO-.....

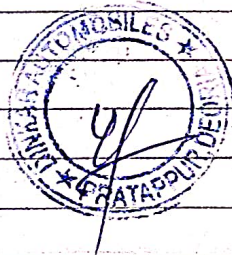
(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Dharmendra Ray

REG NO- UPS2CF5083

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Indicator R			220
4	Mirror R			150
5	B/Lever R			100
6	Handle			500
7	Front Fender			1450
8	Engine guard			600
9	Silencer			9000
10	Silencer Patti			570
11	Oping opining Fitting			800
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	15,090



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.	Dharmendra Ray 9936769431
2	Vehicle No. / वाहन संख्या	UP52CF 5083
3	Policy No. / पालिसी संख्या	252400/31/2026/13961
4	Period of Insurance / बीमा अवधि	14-5-2025 — 13-5-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-12-2025 — 2 बजे दोपहर
6	Place of Accident / दुर्घटना का स्थान	जसोपट्टी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jayram UP5220150012367
8	Estimated Loss / अनुमानित हानि	₹ 15,090
9	Cause of Accident / दुर्घटना का कारण :	मैं धर्मन्द्र राय मेरी गाडी जयराम के पास जा रहे थे प्रेकर आया तो गाडी धीरा किया तबत फं एक गाडी वाला अचानक पीछे से मार दिया जिसके कारण गाडी सड़क पर गिरकर डमक हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dinker Automobile Hero Agency Pratappur U.P M.No-9798753535

Date / दिनांक : 25-12-25
हस्ताक्षर

Dharmendra Ray
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. 252400/31/2026/13961

Tel. No. _____

Period of Insurance 14-5-2025 - 13-5-2026
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 : Dharmendra ray
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>83249</u>	Registration No. <u>UP52CF5083</u>
	Chassis No. <u>79933</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 : Jaysam Rai
(b) Age : 36
(c) Address : Deoria Meer Kothwari Deoria (U.P.)
(d) Is the Driver
1. Owner : / NA
2. paid driver? :
3. Owner's relative or friend? : पड़ोसी
(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 : UP5220150012367
(h) Issuing Authority : 3-9-2021
(i) Date of Expiry : 13-7-2035
(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 : 23-12-2025 - 2 बजे की पहर
(b) Place : वासी पट्टी
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : एक गाड़ीवाली आकर पीछे से मार दिया
(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 :
(b) Estimated cost of repairs : / NA
(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? : NA
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police 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 25-12-25 200

Signature of the insured Bharmendra Tguy

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 . Dharmendra . Ray
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF5083 Registration Date : 19-May-2025
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 : DHARMENDRA RAY Son/wife/daughter of : LALSUNDAR
Full Address: (Permanent) : VILL-BANAKATA JAGDISH, PO-BASOPATI RAMPUR, PRATAPPUR, DEORIA, UTTAR
PRADESH-274703
Full Address: (Temporary) : VILL-BANAKATA JAGDISH, PO-BASOPATI RAMPUR, PRATAPPUR, DEORIA-UTTAR
PRADESH-274703
Fitness UpTo : 18-May-2040 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 : AA1042572992 Rear HSRP No : AA1042031625
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW223RHL79933
Engine No : HA11E7RHL83249 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
S (DRS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
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. : As Regd. :
Description 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, Uttar Pradesh-274001 w.e.f. 17-May-2025.

Purchase dt : 14-May-2025 Sale Amt : 78366/-
OTT Date : 14-May-2025 Amount/Rcpt No : 7837 / UP52D25050003458
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 22-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-May-2025 to 18-May-2040

Date : 13-Jun-2025 13:19:56

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 13-Jun-2025

Q 3882322



भारत सरकार
Government of India



धर्मन्द्र राय
Dharmendra Ray
जन्म तिथि / DOB : 01/01/1982
पुरुष / Male



9731 6480 3780

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता
आत्मज: लालसुन्दर, बनकटा जगदीश
पोस्ट-बासोपती, रामपुर, देवरिया,
प्रतापपुर, उत्तर प्रदेश, 274703

Address:
S/O: Lalsundar, banakata jagdish
post-basopati, Rampur, Deona,
Paratappur, Uttar Pradesh,
274703

9731 6480 3780



1867
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20150012367



Issue Date: 03-09-2021 Validity (NT): 13-07-2035 Validity (TR): 02-09-2026



Holder's Signature

Name: **JAY RAM RAI**
 Date of Birth: 03-07-1989 Blood Group: Organ Donor:
 Son/Daughter/Wife of: **GENA RAJBHAR**
 Address:
VUPO-DEORIA MEER KOTWALI
DEORIA 274001

UP52 20150012367

DL No: UP52 20150012367

UP52 20150012367



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*
MVCG	MVCG	UP52	14-07-2015	NT			
MVAV	LMV	UP52	14-07-2015	NT			
MVSD	TRANS	UP52	17-03-2018	TR			

Emergency Contact Number

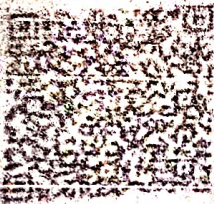
[Signature]
 Licensing Authority
UP52 DEORIA

Form 7 (Rule 16(2))

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DCUPR6933N

172-154

नाम / Name
DHARMENDRA RAY

पिता का नाम / Father's Name
LALSUNDAR



01/01/1992