

ESTIMATE

DATE-01-01-2026

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Nivek Kumar

REG NO- UPS2CE 7705

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wisor			1050
2	H/h			650
3	Front fender			1250
4	Indicator			220
5	Mirror			150
6	Handle			430
7	Eng. guard			650
8	opening and fitting			700
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5100



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.	Vivek kumar 9798544694
2	Vehicle No. / वाहन संख्या	UP52CE4705
3	Policy No. / पालिसी संख्या	252400/31/2026/371
4	Period of Insurance / बीमा अवधि	02-04-25 to 02-04-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28-12-25 04 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	बंगारा बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vivek kumar UP52.20250017432
8	Estimated Loss / अनुमानित हानि	5100
09.	Cause of Accident / दुर्घटना का कारण : मैं vivek kumar अपना गाड़ी लेकर बाजार करने जा रहे थे तब एक आंचानक मेरा गाड़ी के सामने रुक चुका था गया इस दुर्घटना के वजह से बाइक के चक्कर में ब्रेक चिथा जिससे मेरी गाड़ी डिस्बलेंस होकर सड़क पर गिर कर डैमेज हो गया / मैं vivek kumar ब्रेक से ही रुकसकिए हो गया है	
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.	Dinkar Automobiles Pratapnagar Deoria UP M.No- 9798753535

01-01-2026

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. 252400/31/2026/371
 Tel. No. _____ Period of Insurance 02-04-25 to 02-04-26
 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 : Nivek Kumar
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>09176</u>	Registration No. <u>UP52CE</u>
	Chassis No. <u>07305</u>	<u>7705</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 : Vivek Kumar
(b) Age : 21
(c) Address : Bangara Mohari Bansi Deoria
(d) Is the Driver
1. Owner : Owner
2. paid driver? : NA
3. Owner's relative or friend? : NA
(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 2025 CD17432
(h) Issuing Authority : 18-09-2025
(i) Date of Expiry : 01-08-2044
(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 : 28-12-25 4 बजे शाम
(b) Place : बंगारा बजार
(c) Speed of vehicle at the time of accident : 35-40
(d) Give a short description of the accident : पानवर को बचाने के लिये बचकर में
(e) If any third party was responsible for this accident give the name and address : शकसीडर हो गया है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FTL
(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? : N/A
(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? : N/A
(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? : N/A
(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 01-01-2006

Signature of the insured [Signature]

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 विद्या ग. हि. र.
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE7705 Registration Date : 05-Apr-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 : VIVEK KUMAR Son/wife/daughter of : SUGAMBAR SINGH
Full Address: (Permanent) : VILL- BANGRA TOLA LOHARI BARI, PO- MADIPUR PS- KHAMPAR DEORIA, , DEORIA,
UTTAR PRADESH-274702
Full Address: (Temporary) : VILL- BANGRA TOLA LOHARI BARI, PO- MADIPUR PS- KHAMPAR DEORIA, , DEORIA-
UTTAR PRADESH-274702
Fitness UpTo : 04-Apr-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 Rear HSRP No : AA2121584397
Front HSRP No : AA1039727112 Month/Year of Manuf. : 02/2025
Type of Body : SOLO WITH PILLION Chassis No : MBLHAW142SHB07305
No of Cylinders : 1 Fuel : PETROL
Engine No : HA11ECSHB09176 Cubic Capacity : 87.20
Horse Power(BHP) : 7.91 Wheel base : 1235
Maker's Classification : HF DELUXE (DRS) Standing Cap : 0
Seating Cap(In all) : 2 Unladen Wt (kgs) : 112
Sleepar Cap : 0 Laden/GV Wt (kgs) : 242
Colour : BLACK NEXUS BLUE AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Bullt

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 : 03-Apr-2025 Sale Amt : 63900/-
OTT Date : 03-Apr-2025 Amount/Rcpt No : 6390 / UP52D25040000510
Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 05-Apr-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 05-Apr-2025 to 04-Apr-2040

Date : 30-May-2025 14:21:45

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 30-May-2025

3622957



भारत सरकार
Government of India



Download Date: 02/11/2021



विवेक कुमार
Vivek Kumar
जन्म तिथि/DOB: 02/08/2004
पुरुष/ MALE

Issue Date: 1/08/2021

6324 9840 6112

VID : 9174 2695 0319 9306

मेरा आधार, मेरी पहचान

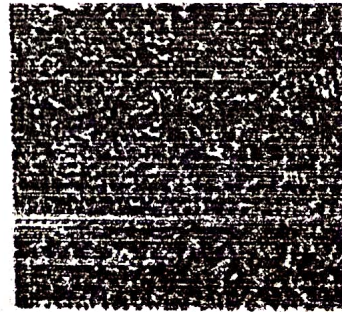


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: सुगम्बर सिंह, ग्राम बंगरा टोला लोहारिबारी, पोस्ट
माडीपुर, बोटपार रानी **, देवरिया,
उत्तर प्रदेश - 274702

Address:
S/O: Sugambar Singh, gram bangra tola
lohariban, post mazipur, Bhatper Rani **,
Deoria,
Uttar Pradesh - 274702



6324 9840 6112

VID : 9174 2695 0319 9306

1047

help@uidai.gov.in

www.uidai.gov.in



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20250017432



Issue Date Validity (NT) Validity (TR)*
 18-09-2025 01-08-2044



Holder's Signature

Name:

VIVEK KUMAR

Date of Birth:

02-08-2004

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

SUGAMBAR SINGH

Address:

**GRAM BANGRA TOLA LOHARIBARI POST
 MADIPUR BHATPAR BHATPAR RAM ** BHATPAR
 RAM DEORIA UTTAR PRADESH 274702**

Date of First Issue 18-09-2025

DL No: **UP52 20250017432**

UPDL521000031700



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*
MCWG	MCWG	UP52	18-09-2025	NT			
LAV	LAV	UP52	18-09-2025	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)

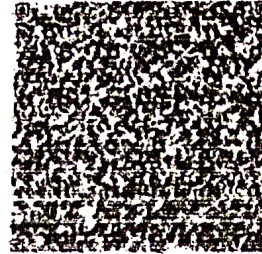
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
PNHPK9258M



नाम / Name

विवेक कुमार

पिता का नाम / Father's Name
SUGAMBAR SINGH

जन्म की तारीख / Date of Birth
02/06/2004

विवेक कुमार
हस्ताक्षर / Signature

14547