

**ESTIMATE**

DATE 06-01-26

**DINKAR AUTOMOBILES**

CLAIM NO.....

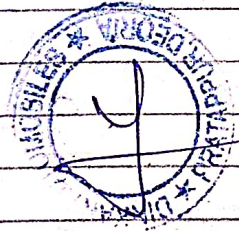
( Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME Rajam Rajak

REG NO- UP52CF2563

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wipers			1050
2	H/L			650
3	Front Fender			1450
4	Indicator L			220
5	Mirror L			140
6	Handle			500
7	C/Lever			100
8	Eng. gaurd			650
9	Opening and Fetting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			<b>TOTAL</b>	<b>5460</b>



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.	Ranjam Ranjak 7992157106
2	Vehicle No. / वाहन संख्या	UP52CE 2563
3	Policy No. / पालिसी संख्या	252400/31/2025/86282
4	Period of Insurance / बीमा अवधि	16/2/2025 - 15/2/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/1/2026 - 3 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	बनकटा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Babunand Prasad UP52 20210002915
8	Estimated Loss / अनुमानित हानि	546000
09.	Cause of Accident / दुर्घटना का कारण:	अचानक भर गाड़ी के सामने एक बंदर आ गया उस पर बल करने के कारण में एक बिस्वा प्रिंसरी मुरा गाडी इस वेलनेस होकर बस डक पर गिरकर डमप हो गयी है। में Ranjam Ranjak. Babunand Prasad को गाडी दिये के पिनर से रक्वसीड 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.	Dinker Automobile Hero Agency Pratappur (U.P.) Mob - 9798753535

06-01-26

Rojan Rojak

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. 252400/31/2025/86282

Tel. No. \_\_\_\_\_

Period of Insurance 16/2/2025 - 15/2/2026

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 : Rajan Rajak

(b) Address for correspondence : \_\_\_\_\_

(c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>04433</u>	Registration No.
	Chassis No. <u>01759</u>	<u>UP52CE</u> <u>2563</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 No

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 : NA

(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 : Babunand prasad  
(b) Age : 41  
(c) Address : Inguji Sarayinguji Bazar Bankata (Deoria)  
(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 : UP5220210002015  
(h) Issuing Authority : 6-9-2021  
(i) Date of Expiry : 5-2-2031  
(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 : 5/1/2026 - 3 बजे शाम  
(b) Place : बनकटा  
(c) Speed of vehicle at the time of accident : 35  
(d) Give a short description of the accident : जानवर से बचने के लिये ब्रेक में  
(e) If any third party was responsible for this accident give the name and address : रजिस्टर्ड हो गया है।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FAL  
(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 : NA  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : \_\_\_\_\_  
(d) If yes, to which Police Station? : NA  
(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 06-01-2026

Rajan Rajak  
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 *Rajan Rajak* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGIR092R

Page No: 1



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Break In No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non-Electrical Accessories, Total IDV, Policy Type, Geographical Area).

Table with 2 main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes sub-totals, deductibles, and add-on coverages.

Table with 3 columns: Nominee Details (Nominee Name, Age, Relation), Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount), and Financier Type (Financier Name, Financier Branch).

Legal disclaimer text: In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

Limitations as to use: Use only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Face Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Approved By: 689275SMD
Approved On: 16-FEB-25
Place: MRT
Printed On: 06-JAN-26
For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CE2563 Registration Date : 21-Feb-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 : RAJAN RAJAK Son/wife/daughter of : RAM EKBAL RAJAK  
Full Address: (Permanent) : VILL- NAUTAN, SIWAN, , SIWAN, BIHAR-841243  
Full Address: (Temporary) : VILL- MAIRWA ROAD PRATAPPUR, DEORIA, , DEORIA-UTTAR PRADESH-274703  
Fitness UpTo : 20-Feb-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 : AA2120215743 Rear HSRP.No : AA2118218125  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2024  
No of Cylinders : 1 Chassis No : MBLHAW214RHG01759  
Engine No : HA11E7RHG04433 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 112  
Colour : BLACK TORNADO GREY 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. : 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, , Deoria, Uttar Pradesh-274001 w.e.f. 19-Feb-2025.

Purchase dt : 16-Feb-2025 Sale Amt : 81601/-  
OTT Date : 16-Feb-2025 Amount/Rcpt No : 8161 / UP52D25020002556  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 24-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Feb-2025 to 20-Feb-2040

Date : 07-Mar-2025 12:39:15

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

07-Mar-2025

देवरिया

Q 0732739

भारत सरकार  
GOVERNMENT OF INDIA



राजक राजक  
Rajan Rajak  
जन्म तिथि/DOB: 15/04/2002  
पुंस्व (MALE)

8674 6228 8506

VID : 9127 0805 2001 6123

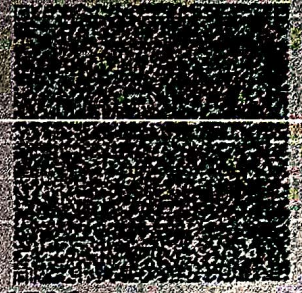
मेरा आधार, मेरी पहचान



भारतीय विधिक प्रणाली प्राधिकरण  
National Judicial Data Grid Authority of India



पता  
S/O: राम एकादश राजक, नौतान, सिवान,  
बिहार - 841243  
Address:  
S/O: Ram Ekbal Rajak, Nautan, Siwan,  
Bihar - 841243



8674 6228 8506

VID : 9127 0805 2001 6123

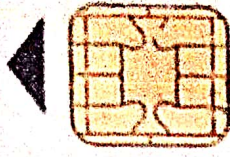
1947 | help@uidai.gov.in | www.uidai.gov.in



**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**



**UP52 20210002915**



Issue Date    Validity (NT)    Validity (TR)\*  
 06-02-2021    05-02-2031    \_\_\_\_\_



*Holder's Signature*

Name: **BABU NAND PRASAD**  
 Date of Birth: **12-04-1984**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **CHANDRA DEV PRASAD**

Address:  
**INGURI SARAY INGURI BAZAR BANKATA**  
**BHATPAR RANI, DEORIA, UP 274704**

Date of First Issue (06-02-2021)

**DL No: UP52 20210002915**

UPDL00004986273



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	UP52	06-02-2021	NT			
	LNV	UP52	06-02-2021	NT			
	MVSD						

Emergency Contact Number

*Licence Authority*  
**UP52 DEORIA**

Form 7 Rule 16(2)

**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 Rajam Rajak
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 : \_\_\_\_\_

Rajam Rajak  
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.