

## ESTIMATE

DATE-06-01-26

DINKAR AUTOMOBILES

CLAIM NO-.....

.( Malwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Kismat Anzari

REG NO- BR 29 AX 3 215

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/K			650
3	Front Fender			1450
4	Indicator			220
5	Mirror			140
6	B/Lever			100
7	Handle			500
8	Eng. gaural			650
9	opening and fitting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5460



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.	Kisमत Ansoni 9790169357
2	Vehicle No. / वाहन संख्या	BR29MX 8215
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/4657545762
4	Period of Insurance / बीमा अवधि	22/7/2025 - 21/7/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/1/2026 - 10 वजे सुबह
6	Place of Accident / दुर्घटना का स्थान	डौमडी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Kisमत Ansoni BR2920210011 282
8	Estimated Loss / अनुमानित हानि	5460
9	Cause of Accident / दुर्घटना का कारण :	वाइक खड़ी करके कुमकर रूहा था तब तक रुक कर वाइक चालने में लगे करत समय मेरे गाडी में ब्रैक मार दिया जिससे मेरी गाडी गिरकर डेमेज हो गई। मैं Kisमत Ansoni मैं काम करने गये थे वही रुक कर ड्रेक्टर चाले से रुककर हो गयो हे मेरी गाडी को।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/MA
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 psatapur L.P. mob- 9798753535

06-01-26

Date / दिनांक :  
हस्ताक्षर

Kisमत Ansoni  
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/2025/9001/0/46575

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

Period of Insurance 22/7/2025 - 21/7/2026

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Kismat Ansari  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>10364</u> Chassis No. <u>19437</u>	Registration No. <u>BR 29A X</u> <u>3215</u>
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- (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 / No  
 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 : Kismat Ansari
- (b) Age : 25
- (c) Address : Domadh, Ghatapur, Mainwa Siwan
- (d) Is the Driver
1. Owner : \_\_\_\_\_
  2. paid driver? : \_\_\_\_\_
  3. Owner's relative or friend? : owner
- (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 : BR2920210011232
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 17/11/2022 - 16/11/2027
- (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 : 4/1/2022 6:30 ए.प. म. व. 9
- (b) Place : डोमडा
- (c) Speed of vehicle at the time of accident : 35 km/h
- (d) Give a short description of the accident : दोनों वाहनों के बीच समथर गैर गमती से टक्कर मारने से हुए।
- (e) If any third party was responsible for this accident give the name and address : ना बताया जिसका पता नहीं मिला।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : R+R+K
- (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 06-01-2006

Kismat Ansari  
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 .....

*Kismit Ansari*  
Signature .....  
Occupation .....  
Address .....  
.....  
.....

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

# Program Proposal Two-Wheeler Package Contract - Bundled



No.: MS/2025/7001/O/46575/457262

Motorsathi Private Limited  
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Email: info@motorsathi.com  
 Phone: +91 79410 50643  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Kismat Ansari	2000-10-15	7070169357	Ali Asgar	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	BR29AX3215	FLA11E7P4B19437	MBLHAW217P4B10364	2022	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
40500.00	NA	0.00	0.00	0.00	40500.00	
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	1205.87	
Address				Pin Code	State	
Vill Domdlin, Po Sewtapur, Ps Mairwa, Sivan-841239				841239	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ALI ASAGAR	Male	47 Years	FATHER	2025-07-22 11:24	Midnight of 2026-07-21	

Section A. VRC: 609.94 TCR: 334.53 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 944.47  
 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: 221.52 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 39.88 Total with GST(D): 261.40

Total (Section A+B+C+D) Offered Price After Discount: 1206	2025-07-22 To 2026-07-21	2026-07-22 To 2027-07-21	2027-07-22 To 2028-07-21	2028-07-22 To 2029-07-21	2029-07-22 To 2030-07-21
Package Period Covered					
ADV	40500	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 2028-04-19 (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](http://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](http://www.motorsathi.com) Customer Care - Toll Free Phone No.: 7941050643 email: [info@motorsathi.com](mailto: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 1205.87 ON 2025-07-22 from Mr./Ms. Kismat Ansari against the ARN No. INCP00457262  
 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: 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



**Indian Union Vehicle Registration Certificate**  
 Issued by Government of Bihar



Regn. Number BR29AX3215 Date of Regn. 10-05-2023 Regn. Validity 09-05-2038

Chassis Number MBLHAW217P4B10364 Owner Serial 1

Engine / Motor Number HA11E7P4B19437

Owner Name KISMAT ANSARI  
 Son / Wife / Daughter of (in case of Individual Owners) ALI ASGAR

Fuel PETROL  
 Emission Norms BHARAT STAGE V

Address VILL DOMDIH, PO SEWTAPUR, PS MAIRWA, SIWAN, BR, 841239

Card Issued By: D.T.O. SIWAN



Vehicle Class: M-CYCLE/SCOOTER ( 2WN )

Regn. Number BR29AX3215

Maker's Name HERO MOTOCORP LTD



Model Name SPLENDOR+ XTEC (DRS)

Colour BLACK SPARKING BLUE

Body Type SOLO WITH PILLION

Seating (in all) / Standing # / Sleeper Capacity #  
 2 / 0 / 0

Month Year of Mfg. 02 - 2023 Unladen / Laden # / Gross Combination # Weight (kg)  
 112 / 242 / 0

Number of Axles 1 Cubic Capacity / Horse Power (BHP/Kw) / Wheel Base (mm)  
 97.2 / 7.91 / 1235

Number of Axle # Financer Name #

*[Signature]*  
 Registration Authority  
 DTO - SIWAN

From 23A



# Indian Union Driving Licence

Issued by Government of Bihar



**BR29 20210011232**

Issue Date    Validity(NT)    Validity(TR) \*  
17-11-2022    14-10-2040    16-11-2027



*Kismat Ansari*

Holder's Signature

Name: KISMAT ANSARI

Date of Birth 15-10-2000

Blood Group O+

Organ Donor: N

Son of            ALI ASGAR ANSARI

Address: AT-DOMADIH PO-SEWTAPUR PS MAIRWA MAIRWA,SIWAN,BR  
841239

Date of First Issue : 01-09-2021

DL No : BR29 20210011232



Invalid Carriages (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	BR29	01-09-2021	NT	-	-	-
	LMV	BR29	01-09-2021	NT	-	-	-
	TRANS	BR28	17-11-2022	TR	-	-	-
	CEAHE	BR28	17-11-2022	NT	-	-	-

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*

Licensing Authority  
DTO - BR29



भारत सरकार

Government of India



आधार

Aadhaar no. issued: 31/12/2014



Kismat Ansari

DOB : 15/10/2000

Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

9625 7073 5898

मेरा आधार, मेरी पहचान



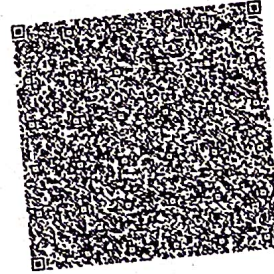
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Details as on 25/01/2024

Address: S/O: Ali Asgar Ansari, domadh,  
Domdih, PO:Seotapur, DIST:Siwan, Bihar,  
841239



9625 7073 5898

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 Kismat Ansari
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 : \_\_\_\_\_

KISMAT Ansari  
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.