

ESTIMATE

DATE: 07-01-26

DINKAR AUTOMOBILES

CLAIM NO:

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Abid Ansari

REG NO- UP52CF9624

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			1050
2	H/L			650
3	Front Fender			1450
4	Mirror			140
5	Handle			500
6	Eng. gaurd			650
7	opening and Jelding			600
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5040



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.	Abid Anshari 9044514952
2	Vehicle No. / वाहन संख्या	UP52CF9624
3	Policy No. / पालिसी संख्या	252400/31/2026/22839
4	Period of Insurance / बीमा अवधि	15-06-25 to 14-06-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-01-26 5 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	रामपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mahboob Anshari UP5220150014641
8	Estimated Loss / अनुमानित हानि	5040
09.	Cause of Accident / दुर्घटना का कारण:	रामपुर बाजार में रूठ मोड पे मोड रहे थे तब तब साईड से रूठ वाईक वाले ने मेरी गाडी में टक्कर मार दिया जिससे मेरी गाडी सड़क पर गिरकर डमेज हो गयी। जिससे मैं Abid Anshari, Mahboob Anshari को गाडी दिये थे जिससे रूठरीड 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 / फोन नं.	Dinkar Automobiles Pootapur Deoria UP

07-01-26
Date / दिनांक :
हस्ताक्षर

Abid Anshari
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. 252400/31/2026/2283
9

Tel. No. _____

Period of Insurance 15-06-25 to 14-06-26
 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 : Abid Anseri
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>32580</u>	Registration No.
	Chassis No. <u>16573</u>	<u>UP52CF</u> <u>9624</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 : Mahboub Ansari
(b) Age : 32
(c) Address : Khurwasiya Bankata Deoria
(d) Is the Driver :
1. Owner : N/A
2. paid driver? : प्लेसि
3. Owner's relative or 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 20150014641
(h) Issuing Authority : 96-07-2022
(i) Date of Expiry : 17-08-2025
(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 : 06-01-2026
(b) Place : राहपूर
(c) Speed of vehicle at the time of accident : 20-25
(d) Give a short description of the accident : वाहन वाले से टक्कर होनी थी
(e) If any third party was responsible for this accident give the name and address : कारवा जाति देमन ही जमी 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? : 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 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 07-01-2006

Abid 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

Signature *Abid Ansari*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR092K

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, 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	15-JUN-25
Policy No	252400/31/2026/22839	Proposal No.& Date	R/252400/31/2026/100890519/2 & 15-JUN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 22:20 ON 15/06/2025 TO MIDNIGHT OF 14/06/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 22:20 ON 15/06/2025 TO MIDNIGHT OF 14/06/2030
Insured Name	ABID ANSARI (GSTIN:)	Lead /Breakin No	/
Insured Address	C/O KAMRUDDIN, R/O ADD-02, KHURWASIA UTTAR, DEORIA, DEORIA, , NA,0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	73175
Engine -Chassis No	HA11E7SHA32580 - MBLHAW214SHA16573	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1226.41	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	111.41	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4145
AAI Membership (IMT-8)	0	GST	746
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	0	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	4891
NIL Depreciation	183	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	183	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages		4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	294	5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4891
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	DEORIA	
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 15-JUN-25

IMPORTANT NOTICE

The Insured 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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

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) Pace Making (5) Speed testing (6) Reliability trails

g) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured, 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limit of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS 0

No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/45%, preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1998.

* This insurance excludes all pre existing damages.

	Approved By :	UNIV@252400	For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature
	Approved On :	15-JUN-25	
	Place :	MRT	
	Printed On :	15-JUN-25	



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF9624 Registration Date : 16-Jun-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 : ABID ANSARI Son/wife/daughter of : KAMRUDDIN
 Full Address: (Permanent) : VILL- KHURWASIA UTTAR, DEORIA, , DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL- KHURWASIA UTTAR, DEORIA, , DEORIA-UTTAR PRADESH-274703
 Fitness UpTo : 15-Jun-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 : AA1043238833 Rear HSRP No : AA1043056963
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW214SHA16573
 Engine No : HA11E7SHA32580 Fuel : PETROL(E20)
 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
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK SPARKING BLUE 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)
-----------	-------------	----------	----------------

- 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. 14-Jun-2025.

Purchase dt : 12-Jun-2025 Sale Amt : 81601/-
 OTT Date : 12-Jun-2025 Amount/Rcpt No : 8161 / UP52D25060002111
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 16-Jun-2025 to 15-Jun-2040

Date : 30-Jun-2025 12:52:07

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 30-Jun-2025



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



UP52 20150014641



Issue Date: 26-07-2022 Validity (NT): 17-08-2035 Validity (TR)*: 25-07-2027



Date of first issue (18-08-2015)

Name: **MAHBOOB ANSARI**
 Date of Birth: **04-08-1993** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **HADISH ANSARI**
 Address:
**VI/PO-KHURWASIYA UTTAR
 BANAKATA DEORIA, UP 274703**

Holder's Signature

DL No: UP52 20150014641

UPDL000008872212



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	18-08-2015	NT			
	LMV	UP52	18-08-2015	NT			
	TRANS	UP52	27-04-2019	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
 Licensing Authority
UP52 DEORIA



भारत सरकार
Government of India



Download Date: 27/09/2021



Abid Ansari
Date of Birth/DOB: 01/01/1996
Male/ MALE

Issue Date: 18/01/2021

9825 8042 5890

VID : 9199 2692 7498 3902

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
संबोधित: कमरुद्दीन, 02, खुरवासिया
उत्तर, देवरिया,
उत्तर प्रदेश - 274703

Address:
S/O: Kamruddin, 02, Khurwasia
Uttar, Deoria,
Uttar Pradesh - 274703

9825 8042 5890



1947



help@uidai.gov.in

www

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 Abid 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 : _____

Abid 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.