

ESTIMATE

DATE-09-01-26

DINKAR AUTOMOBILES

CLAIM NO-.....

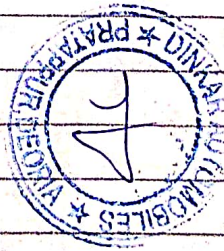
(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Gulchand

REG NO- UPS2CA5350

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front fender			1300
4	Indicator R			220
5	Side panel R			600
6	Handle			500
7	Mirror			150
8	Eng. guard			650
9	opening and Fitting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5820



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.	Lulchand 6205084157
2	Vehicle No. / वाहन संख्या	UPS2CA5350
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/442943
4	Period of Insurance / बीमा अवधि	26-05-25 to 25-05-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08-01-26 ठोकर रात
6	Place of Accident / दुर्घटना का स्थान	दिल्ली
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sabir Ansari UPS220250006206
8	Estimated Loss / अनुमानित हानि	5820
9	Cause of Accident / दुर्घटना का कारण:	अन्यानों मेरे गाड़ी के सामने रुक नीलगाथ आ गयी उस नीलगाथ से मेरी गाडी को टक्कर हो गयी जिससे मेरी गाडी सड़क पर गिरकर डेमेज हो गयी, मैं Lulchand Sabir Ansari को गाडी दिये थे जिनसे टक्कर हो गयी 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.	Edimkar Automobiles Pratapnagar Deoria U.P M. No- 9798753535

08-01-26
Date / दिनांक :
हस्ताक्षर

गुलचन्द
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/2025/7001/0/46575

Tel. No. _____

Period of Insurance 26-05-25 to 442943

Claim No. 25-05-26

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 : W. Gulchand
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>06269</u>	Registration No.
	Chassis No. <u>05279</u>	<u>UP52CA</u> <u>5350</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
 1. Was a side-car attached / N/A
 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/Jeeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sajid Anzari
(b) Age : 90
(c) Address : Rampur Bhatparvami Deoria
(d) Is the Driver
1. Owner : _____
2. paid driver? : NA
3. Owner's relative or friend? : 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 20250206206
(h) Issuing Authority : 05-04-25
(i) Date of Expiry : 28-08-2046
(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 : 09-01-26 सुबह 10 बजे
(b) Place : टिठमपार
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : जानवर से टकराने से शकसि-2
(e) If any third party was responsible for this accident give the name and address : हो गया है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FN 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 : 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 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 09-01-2026

[Signature]
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. _____

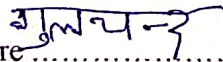
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness

Name

Signature

Address

Signature 

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/442943

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
GULCHAND	2000-01-01	6205084157	HEERALAL	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP52CA5350	HA11ECR9A06269	MBLHAW144R9A05279	2022	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
41000.00	NA	0.00	0.00	0.00	41000.00	
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	1105.80	
Address			City / District	Pin Code	State	
VILL-90 RAMPUR, DEORIA, Deoria, Uttar Pradesh.				274702	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
POOJA DEVI	Female	25 Years	WIFE	2025-05-26 05:29	Midnight of 2026-05-25	

Section A, VRC: 548.87 TCR: 193.52 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 156.82 Total with GST(A): 585.57

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): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00

Section D, Drive Assure: 199.35 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 35.88 Total with GST(D): 235.23

Total(Section A+B+C+D) Offered Price After Discount: 1106

Package Period Covered	2025-05-26 To 2026-05-25	2026-05-26 To 2027-05-25	2027-05-26 To 2028-05-25	2028-05-26 To 2029-05-25	2029-05-26 To 2030-05-25
ADV	41000	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 2029-04-29 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

RESTRICTIONS 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 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 Customer Care : Toll Free Phone No.:7941050843 Email id: 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 1105.8 ON 2025-05-26 from Mr./Ms. GULCHAND against the ARN No. INCP00442943
 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

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CA5350 Registration Date : 06-May-2024
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 : GULCHAND Son/wife/daughter of : HEERALAL
Full Address: (Permanent) : VILL-90 RAMPUR, DEORIA, , DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL-90 RAMPUR, DEORIA, , DEORIA-UTTAR PRADESH-274703
Fitness Up To : 05-May-2039 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 : AA2098389618 Rear HSRP No : AA2099711291
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2024
No of Cylinders : 1 Chassis No : MBLHAW144R9A05279
Engine No : HA11ECR9A06269 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK NEXUS 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. As Regd. Weight(in kgs)

Description

- 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. 06-May-2024.

Purchase dt : 30-Apr-2024 Sale Amt : 67383/-
OTT Date : 30-Apr-2024 Amount/Rcpt No : 6739 / UP52D24050000904
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 07-May-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-May-2024 to 05-May-2039

Date : 04-Jun-2024 11:04:32

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 04-Jun-2024

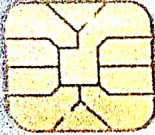


P 8244912



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

UP52 20250006206



Issue Date Validity (NT) Validity (TR)*
05-04-2025 28-08-2046



Holder's Signature

Issue 05-04-2025

Name: **SABIR ANSARI**

Date of Birth: **29-08-2006** Blood Group: **A+ VE** Organ Donor: **N**

Son/Daughter/Wife of: **MAKSUD ANSARI**

Address:

**PARATAPPUR RAMPUR BHATPAR RANI DEORIA
Uttar Pradesh 274703**

DL No: **UP52 20250006206**

UPDL521000010570



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	05-04-2025	NT			
LMV		UP52	05-04-2025	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA



भारत सरकार
Government of India



Issue Date: 15/08/2014



गुलचन्द
Gulchand
जन्म तिथि/DOB: 01/01/2000
पुरुष/ MALE

3903 8888 1929
VID : 9181 9233 4487 5087

गेरा आधार, गैरी पहचान



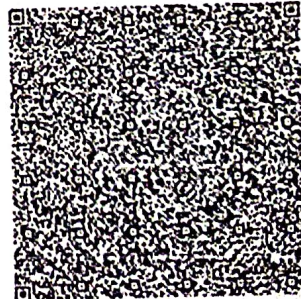
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



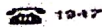
Download Date: 04/11/2013

पता:
संयोधित: श्रीचलाल, 90, रामपुर, देवरिया,
उत्तर प्रदेश - 274703

Address:
S/O: Heeralal, 90, Rampur, Deoria,
Uttar Pradesh - 274703



3903 8888 1929
VID : 9181 9233 4487 5087



19-47



help@uidai.gov.in



www.uidai.gov.in

