

ESTIMATE

DATE- 23-01-24

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO- 09APJPJ2078R1Z3)

CUSTOMER NAME - Rajendra Ram

REG NO- BR29BE0908

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front Fender			1450
4	Indicator			220
5	Mirror			140
6	Handle			500
7	Eng. gear			650
8	Opening and Fitting			700
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5360



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.	Rajendra Ram 7319870532
2	Vehicle No. / वाहन संख्या	BR29BE0908
3	Policy No. / पालिसी संख्या	252400/31/2025/80315
4	Period of Insurance / बीमा अवधि	25/1/2025 - 24/1/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/1/2026 - 4 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	शिवपुर बसकरी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajesh Padhiyar GJ 0620200014852
8	Estimated Loss / अनुमानित हानि	536P
09.	Cause of Accident / दुर्घटना का कारण :	शिवपुर बसकरी जा रहे थे तब तक मेरी गाड़ी का चक्का मिट्टी पर पड़ने के कारण मेरी गाड़ी अचानक से रुक गई और ब्रेक लिये तो फिसलकर गिरकर डमीज हो गयी। मैं Rajendra Ram, Rajesh Padhiyar को जाड़ी दिये थे जिनसे रजिस्ट्री-2 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 LuPJ Mob-9798753535

23-01-26

Date / दिनांक :
हस्ताक्षर

राजेंद्र राम

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. 252400/31/2025/80315
 Tel. No. _____ Period of Insurance 25/1/2025 - 24/1/2026
 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 : Regendra Ram
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>23418</u>	Registration No.
	Chassis No. <u>11005</u>	<u>BIR 29BE</u>
		<u>0908</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 / N/A
 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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajesh Padhiya
(b) Age : 37
(c) Address : Karodia Vadodara
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : अप
(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 : 4J06 20200014852
(h) Issuing Authority :
(i) Date of Expiry : 17-07-2020
(j) Was the licence temporary/permanent : 16-07-2030
(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 : 20/01/26 4 बजे शाम
(b) Place : शिबपुर भावरा
(c) Speed of vehicle at the time of accident : 35
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :

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 : 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 : _____
(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 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 23-01-2026

राजेंद्र राम
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 राजेश राम

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



Indian Union Vehicle Registration Certificate
Issued by Government of Bihar



Regn No: BR29BE0908 Date of Regn.: 28-02-2025 Regn. Validity: 27-02-2040 Owner Serial: 1

Chasis No: MBLHAW229RHH11005

Engine No: HA11E7RHH23413

Owner Name: RAJENDR RAM

Ownership: INDIVIDUAL

Fuel: PETROL

Emission Norms: BHARAT STAGE VI Son/Wife/Daughter of (In case of Individual Owner): CHANDESHWAR RAM

Address: VILL PASURAMPUR, PO CHHITANPUR, PS ASHAW, Siwan, BR, 841245

Card Issue Date: 19-03-2025

BR-R2919029939



Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number: BR29BE0908



Maker Name: HERO MOTOCORP LTD

Model Name: SPLENDOR+ I3S (DRS)

Colour: MATT GREY / Body Type: SOLO WITH PILLION

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

Month-Year of Mfg.: 08 - 2024 Unladen / Laden / Gross Combination Weight (Kg): 111.00 / 241.00 / 0.00

No. of Cylinders: 1 Cubic Cap. / Horse Power (BHP/Kw): 97.20 / 7.91 Wheel Base(mm): 1236.00

Number of Axle: Financer Name:

Form 23A

[Signature]
 Registration Authority
 DTO-SIWAN

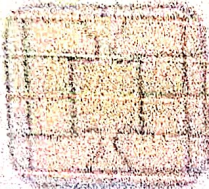
BR-R2919029939

UNION OF INDIA Driving Licence



GUJARAT STATE

GJ05 20200014852



17-07-2020

16-07-2020

CDOK: 17/07/2020

16-03-1988



RAJESH PADNIYAR

Wife of

BHARLAL PADNIYAR

GJ05 20200014852

Barcode No.

GJ05 20200014852



MC99
17-07-2020



HJ23830611



Form 7 Rule 11(C)

Permanent Address

B-25 JALDHARA SOCIETY AT KARODIA VADODARA, GJ
391310, GJ

Rajesh

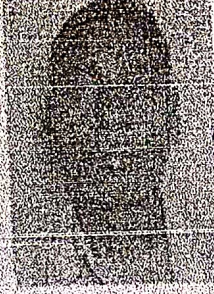
Holder's Signature

Emergency Contact No.

Licensing Authority
VADODARA RTO

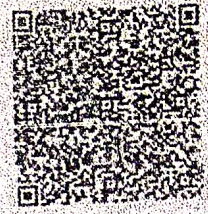


भारत सरकार
Government of India



राजेन्द्र राम
Rajendr Ram

जन्म तिथि / DOB : 01/01/1971
पुरुष / Male



7250 6851 5376

आधार - आम आदमी का अधिकार



भारतीय विधिगत पहचान प्राधिकरण
Unique Identification Authority of India

पता: आनमज: चंदेश्वर राम,
ग्राम-पसुरमपुर, छितनपुर, सिवान,
छितानपुर, बिहार, 841245

Address: S/O, Chandeshwar Ram,
GRAM-pasurampur, Chhitampur, Siwan,
Chhitampur, Bihar, 841245

7250 6851 5376

1847
1800 300 1847

✉
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 Rajendra Ram
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 : _____

Rajendra Ram
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.