

ESTIMATE

DATE: 26-01-26

DINKAR AUTOMOBILES

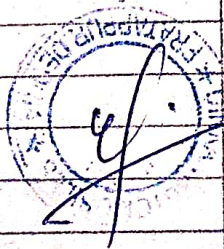
CLAIM NO: .....

(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APJPJ2078R123)

CUSTOMER NAME - Rinky kumari yadav REG NO- BR 29 AX 3214

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front fender			1450
4	Indicator L			220
5	Mirror L			150
6	Handle			500
7	C/Lever			100
8	opening and Jettling			700
9	Eng guard			650
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5470



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.	Rinku Kumari Yadav 9660874033
2	Vehicle No. / वाहन संख्या	BR29AX3214
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/4312 74
4	Period of Insurance / बीमा अवधि	10-5-2025 / 9-5-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25-1-2026 - 5 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	बावना
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dipsh Kumar Yadav BR2920220003461
8	Estimated Loss / अनुमानित हानि	54700
09.	Cause of Accident / दुर्घटना का कारण	दावा बाजार करने जा रहे थे तब तक अचानक बड़ी गाड़ी के सामने एक बन्दर आया उससे बचने के लिए ब्रेक लिया तब तक मुरी गाड़ी डिसेबलमेंस होकर सड़क पर गिरकर डैमज हो गयी
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.	Dinkes Automobile Hero Agency psalappu (U.P.) Mob-no- 9798753535

Date / दिनांक : 26/1/2026  
हस्ताक्षर

Rinku Kumari  
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/2025/400/0/46575/

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

Period of Insurance 10-5-2025 to 9-5-2026  
 Claim No. 43/274

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 : Rinku Kumar Yadav  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>62230</u> Chassis No. <u>A-2171</u>	Registration No. <u>BR29AX</u> <u>3214</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 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 : Yes  
 (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 : Dippy Kumar Yadav  
(b) Age : 22  
(c) Address : Shahwa Mathiya post sarhwa  
(d) Is the Driver  
1. Owner : NA  
2. paid driver? : Husband.  
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 : BR29 2022 0003461  
(h) Issuing Authority : 8-4-2024 to  
(i) Date of Expiry : 31-12-2028  
(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 : 25/11/2026  
(b) Place : वावना  
(c) Speed of vehicle at the time of accident : 35  
(d) Give a short description of the accident : वावना बाजार कुबुने धारहे शेती अचानक  
(e) If any third party was responsible for this accident give the name and address : गाडी गिरगाई कार डिसर्बलेसही गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : F + L  
(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? : \_\_\_\_\_  
(f) Has theft been reported to Police? : NA  
(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 26-01-2026

Rinku Kumari  
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 .. *RIAKU KUMARI* .....  
Occupation .....  
Address .....  
.....  
.....

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

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/431274

Motorsathi Care Private Limited  
 B.D. 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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RINKU KUMARI YADAV	1999-01-01	9660874033	W/O-DIPPU KUMAR YADAV	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle T
DRUM SELF E20	BR29AX3214	HA11EVNHM62230	MBLHAW11XNHMA2171	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	964.46	
Address			City / District	Pin Code	State	
VILL SAEHARWA MATHIYA PO SARHARWA PS DARAULI Srwan Bihar 89				841239	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
DIPPU KUMAR YADAV	Male	26 Years	HUSBAND	2025-05-10 00:07	Midnight of 2026-05-09	

Section A, VRC: 582.84 TCR: 286.74 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 154.91 Total with GST(A) 714.67  
 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: 211.69 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 38.10 Total with GST(D): 249.79  
**Total(Section A+B+C+D) Offered Price After Discount: 964**

Package Period Covered	2025-05-10 To 2026-05-09	2026-05-10 To 2027-05-09	2027-05-10 To 2028-05-09	2028-05-10 To 2029-05-09	2029-05-10 To 2030-05-09
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 2028-04-15 (DETAILS ARE 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. 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 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 account holder shall 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 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 Rs 964.46 ON 2025-04-27 from Mr./Ms. RINKU KUMARI YADAV against the ARN No. INCP00431274  
 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.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001).



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



Regn. Number BR29AX3214	Date of Regn. 10-05-2023	Regn. Validity 09-05-2038
Chassis Number MBLHAW11XNHMA2171	Owner Serial	1
Engine / Motor Number HA11EVNHM62230	Owner Name RINKU KUMARI YADAV	
Fuel PETROL	Son / Wife / Daughter of (In case of Individual Owner) DIPPU KUMAR YADAV	
Emission Norms BHARAT STAGE V	Address VILL SAEHARWA MATHIYA, PO SARHARWA, PS DARAU LI, SIWAN, BR, 841239	

Card Issue Date : ( 26-05-2023 )



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

Regn. Number  
BR29AX3214

Maker's Name  
HERO MOTOCORP LTD



Model Name  
SPLENDOR+ (SELF-DR CST)SS

Colour  
RED BLACK

Body Type  
SOLO WITH PILLION

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

Month Year of Mfg. Unladen / Laden<sup>#</sup> / Gross Combination<sup>#</sup> Weight (kg)  
12 - 2022 111 / 241 / 0

Number of Cylinders Cubic Capacity / Horse Power(BHP/Kw) Wheel Base(mm)  
1 97.2 / 7.91 1236

Number of Axle<sup>#</sup> Financer Name<sup>#</sup>

*(Signature)*  
 Registration Authority  
 D/O - SIWAN

From 23A



# Indian Union Driving Licence

Issued by Government of Bihar



BR29 20220003461

Issue Date 08-04-2024 Validity(NT) 31-12-2043 Validity(TR) 07-04-2029



Holder's Signature

Name: DIPPU KUMAR YADAV

Date of Birth: 01-01-2004

Blood Group: O+

Organ Donor: N

Son of: MAHESH YADAV

Address: VILLAGE SARHARWA MATHIA POST SARHARWA PS DARAULI  
SIWAN BIHAR 841239

Date of First Issue (06-04-2022)

DL No : BR29 20220003461



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	06-04-2022	NT			
	EMV	BR29	06-04-2022	NT			
	TRANS	BR28	08-04-2024	TR			
	OTH	BR28	08-04-2024	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
DTO - BR29



भारत सरकार  
Government of India



रिंकु देवी  
Rinku Devi  
जन तिथि/DOB: 01/01/1999  
लिंग/ FEMALE

9430 0566 7621  
VID : 9165 9549 9515 1519

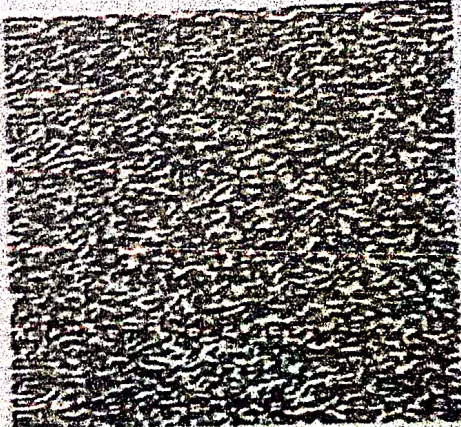
जोरा आधार, जोरी पहचान



भारत सरकार  
India Identification Authority of India



पता  
CO-2, Deepa Nagar, Vill-Sattana  
Muzaffarpur, Bihar-842239



9430 0566 7621  
VID : 9165 9549 9515 1519

**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 Rinku Kumari Yadav
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 : \_\_\_\_\_

Rinku Kumari  
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.