

**ESTIMATE**

DATE-02-02-26

**DINKAR AUTOMOBILES**

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJP2078R1Z3)

**CUSTOMER NAME -** Haregam Giri

**REG NO-**UP52BX6211

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Upper panel			1550
2	Lower panel			1450
3	Flower panel			950
4	Mirror			250
5	Inner Cover			550
6	opening and Fetting			650
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			<b>TOTAL</b>	<b>5400</b>



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.	Harsham Ganti 9235576988
2	Vehicle No. / वाहन संख्या	UP 52 BX 6211
3	Policy No. / पालिसी संख्या	MS/2025/7002/0/46575419423
4	Period of Insurance / बीमा अवधि	24-3-2025 to 23-3-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29-1-2026 / 5 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	दरौली
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Rajnish Ganti UP 52 20250021199
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	दरौली जा रहे थे तब तक अचानक मेरी गाड़ी के सामने एक ब्यूटिकल वाला आ गया उसने हाइकिल पुले को अचानक के पक्कर में घेक लिया जिससे मेरी गाड़ी इसबलेंस 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.	Dinker Automobiles Hero Agency Pratapnagar (U.P) mob no 9798753535

02.02.26  
Date / दिनांक :  
हस्ताक्षर

Harsham Ganti  
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/2025/7001/0/465754192

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

Period of Insurance 24-3-2025 to 23-3-2025  
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 : Hareeram Giri  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>11258</u>	Registration No.
	Chassis No. <u>10227</u>	<u>UP52BX</u> <u>6211</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  
2. Was a pillion rider carried / NO

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 : Ragnish Girsi  
(b) Age : 20  
(c) Address : Ahirauli Bagel Benichak  
(d) Is the Driver :  
1. Owner : /NA  
2. paid driver? :  
3. Owner's relative or friend? : वरि

(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 20250021199  
(h) Issuing Authority : 15-11-2025  
(i) Date of Expiry : 31-12-2025  
(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 : 29.07-2026  
(b) Place : दरौली  
(c) Speed of vehicle at the time of accident : 20  
(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+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

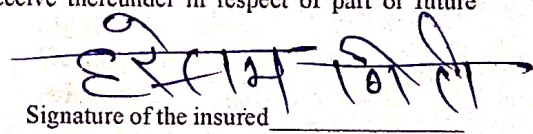
- (a) Give names and addresses of passengers/other  
Witness, if any : \_\_\_\_\_  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : NA  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_

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 02-02-2026

  
Signature of the insured \_\_\_\_\_

Bank Account Number  
Name of the bank

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/46575/419423

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
HARERAM GIRI	1980-04-01	9519504072	S/O-RAJDEV GIRI	Hero Motocorp	DESTINI
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity   Vehicle Tyre
PRIME	UP52BX6211	JF17EANGM11258	MBLFW24XNGM10227	2022	125   TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV
46500.00	NA	0.00	0.00	0.00	46500.00
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	1108.75
Address			City / District	Pin Code	State
ADD- BENICHAK, DEORIA, Deoria, Uttar Pradesh.				274702	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
CHANDANI GIRI	Female	18 Years	DAUGHTER	2025-03-24 00:17	Midnight of 2026-03-23

Section A, VRC: 622.49 TCR: 219.48 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 841.97  
 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: 226.08 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 40.70 Total with GST(D): 266.78

Total(Section A+B+C+D) Offered Price After Discount: 1109					
Package Period Covered	2025-03-24 To 2026-03-23	2026-03-24 To 2027-03-23	2027-03-24 To 2028-03-23	2028-03-24 To 2029-03-23	2029-03-24 To 2030-03-23
ADV	46500	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 2028-10-19 (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 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 Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Companys 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 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 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 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 with Thanks Rs 1108.75 ON 2025-03-24 from Mr./Ms. HARERAM GIRI against the ARN No. INCP00419423  
 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: DDA 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 : UP52BX6211 Registration Date : 22-Oct-2023  
 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 : HARERAM GIRI Son/wife/daughter of : RAJDEV GIRI  
 Full Address: (Permanent) : ADD- BENICHAK, DEORIA, , DEORIA, UTTAR PRADESH-274702  
 Full Address: (Temporary) : ADD- BENICHAK, DEORIA, , DEORIA-UTTAR PRADESH-274702  
 Fitness UpTo : 21-Oct-2038 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 : AA2078765036 Rear HSRP No : AA2082448240  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2022  
 No of Cylinders : 1 Chassis No : MBLJFW24XNGM10227  
 Engine No : JF17EANGM11258 Fuel : PETROL  
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60  
 Maker's Classification : DESTINI 125 (VX) Wheel base : 1245  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 114  
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 244  
 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)
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- 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. 22-Oct-2023.

Purchase dt : 18-Oct-2023 Sale Amt : 87088/-  
 OTT Date : 18-Oct-2023 Amount/Rcpt No : 8709 / UP52D23100001692  
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 26-Oct-2023

Other State/Transfer/Conversion Details

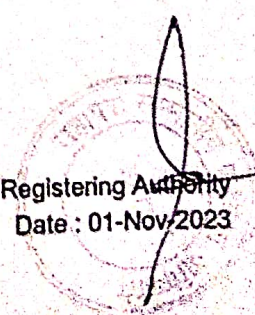
Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 22-Oct-2023 to 21-Oct-2038

Date : 01-Nov-2023 13:53:23

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 01-Nov-2023



P 4853665





भारत सरकार  
Government of India



हरे राम गिरी  
Hare Ram Giri  
जन्म तिथि/DOB: 01/04/1980  
पुरुष/ MALE

5734 9856 5740

VID : 9177 2625 8114 5799

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: हरेराम, बेनी चक, अहिरौली  
बघेल, देवरिया, भाटपार रानी, उत्तर  
प्रदेश, 274702

Address:

W/O: Hareram, Beni Chak,  
Ahirauli Baghel, Deoria, Bhatpar  
Rani, Uttar Pradesh, 274702

7491 7274 8241

1947  
1800 300 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 Hareram Giri
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)

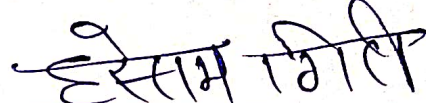
**Verification**

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 : \_\_\_\_\_

  
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.