

ESTIMATE

DATE... 04-02-26

DINKAR AUTOMOBILES

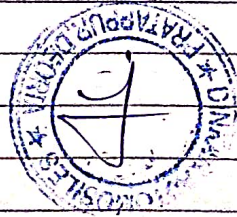
CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Sajjuddin Anseroi REG NO- UPSCE3561

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			950
2	Animal Screen			350
3	Coame			200
4	Handle			500
5	Mirror R			150
6	Fender			1450
7	Indicator - R			220
8	opening and Fitting			700
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	4520



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

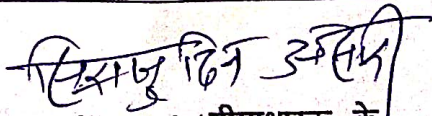
Sir / महोदय ,

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.	Sirajuddin Anjari 838297, 20 99
2	Vehicle No. / वाहन संख्या	UP52CE 35 61
3	Policy No. / पालिसी संख्या	252400/31/2025/88685
4	Period of Insurance / बीमा अवधि	23-2-2025 to 22-2-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2-2-2026 to 5 वर्ष काम 9 99
6	Place of Accident / दुर्घटना का स्थान	हरराम चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shoaib Akhtar UP5220210020215
8	Estimated Loss / अनुमानित हानि	4500
09.	Cause of Accident / दुर्घटना का कारण :	हरराम चौराहा वापार करने जा रहे थे तब तक अचानक गैरी गाड़ी के सामने एक साइकिल वाला आ गया इस साइकिल वाले को बचाने के चक्कर में ब्रेक लिये जिससे गैरी गाड़ी डिस्ब्रेक होकर सड़क पर गिरकर डैमज हो गयी। मैं शिराजुद्दीन अंसारी Shoaib Akhtar को गाड़ी दिये थे जिनसे एक्सीडेंट हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	/ NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dinker Automobile Hexo Agency Pootappur (U.P) Mob-9798753535

04-02-26

Date / दिनांक :
हस्ताक्षर


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. 25240/31/2025/88685
 Tel. No. _____ Period of Insurance 23-2-2025 to 22-2-2026
 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 : Sirajuddin Ansari
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>12713</u>	Registration No.
	Chassis No. <u>09902</u>	<u>UP52CE</u>
		<u>3561</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 : Shoaib Akhtar
(b) Age : 24
(c) Address : Misooli, Phatpasa, Rani.
(d) Is the Driver :
1. Owner : /NA
2. paid driver? :
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 : UP5220210020215
(h) Issuing Authority : 30-12-2022
(i) Date of Expiry : 31-1-2023
(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 : 02-2-2026
(b) Place : छेत्री राम चौराहा
(c) Speed of vehicle at the time of accident : 30-40
(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 : /NA

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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : /NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

NA

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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

NA

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? : _____
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

NA

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 04-02-2006

Signature of the insured विश्वजीत ठोसरी

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 *विनायक विजय शर्मा*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE3561 Registration Date : 28-Feb-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 : SIRAJUDDIN ANSARI Son/wife/daughter of : MAHMUD ANSARI
 Full Address: (Permanent) : VILL- MISHRAULI JAMANTOLA, PO- BANKUL MISOU LI DEORIA, , DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL- MISHRAULI JAMANTOLA, PO- BANKUL MISOU LI DEORIA, , DEORIA-UTTAR PRADESH-274703

Fitness UpTo : 27-Feb-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 : AA2120222499 Rear HSRP No : AA2120572635
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLJAW408R9L09902
 Engine No : JA07AMR9L12713 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

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 WHEELS EMI PVT LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 27-Feb-2025.

Purchase dt : 23-Feb-2025 Sale Amt : 82461/-
 OTT Date : 23-Feb-2025 Amount/Rcpt No : 82477-UP52D25020003644
 Vehicle Is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 03-Mar-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-Feb-2025 to 27-Feb-2040

Date : 29-Mar-2025 12:12:58

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 मोदशेराम मन्त्रा
 डेवरिमा

Q 2509534

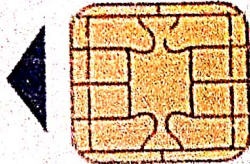
Government of Uttar Pradesh Government of Uttar Pradesh
Government of Uttar Pradesh Government of Uttar Pradesh



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



UP52 20210020215



Issue Date Validity (NT) Validity (TR)*
30-12-2021 31-01-2043 _____



Licence holder signature

Date of First Issue
(30-12-2021)

Name: **SHOAIB AKHTAR**
Date of Birth: **01-02-2003** Blood Group: _____ Organ Donor: **N**
Son/Daughter/Wife of: **RIYAJUDDIN ANSARI**
Address:
**318 Misrouli Bhatpar
Rani, Deoria, UP 274703**

DL No: UP52 20210020215

UPDL.000007 17 9754



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	30-12-2021	NT			
	LMV	UP52	30-12-2021	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licence Authority
UP52 DEORIA



भारत सरकार
Government of India



Issue Date: 28/04/2015



सिराजुद्दीन अंसारी
Sirajuddin Ansari
जन्म तिथि/DOB: 20/12/1989
पुरुष/ MALE

5406 6247 1475

VID : 9150 5121 6910 6181

मेरा आधार, मेरी पहचान

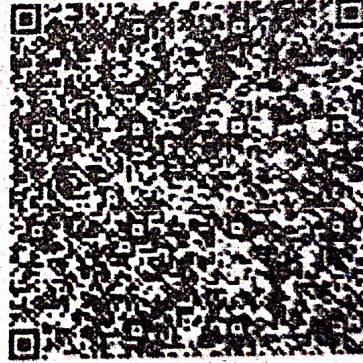


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
महमूद अंसारी, मिश्रौली जनतोल्ला, पोस्ट बन्कुल,
मिसौली, देरिया,
उत्तर प्रदेश - 274703

Address:
C/O: Mahmud Ansari, mishrauli jamantola,
post bankul, Misouli, Deoria,
Uttar Pradesh - 274703



5406 6247 1475

VID : 9150 5121 6910 6181



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ATZPA6863B



नाम / Name
SIRAJUDDIN ANSARI

पिता का नाम / Father's Name
MAHMUD ANSARI

जन्म की तारीख /
Date of Birth
20/12/1989

PAN Application Digitally Signed. Card Not
Valid unless Physically Signed