

## ESTIMATE

DATE- 04-02-20

DINKAR AUTOMOBILES

CLAIM NO-.....

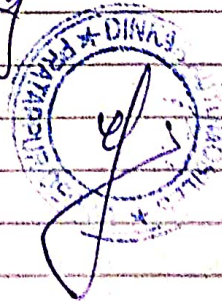
, (Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO- 09APJPJ2078R1Z3)

CUSTOMER NAME - Dipak

REG NO- UP52CE8586

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front Fender			1450
4	Indicator R			220
5	Indicator L			220
6	Mirror R			150
7	Handle			500
8	Handle T			750
9	Socapipe R			1150
10	Socapipe L			1150
11	Eng. guard			650
12	H/L Stand R			200
13	H/L Stand L			200
14	Wiper Handle			250
15	Opening and Fitting			950
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	9540



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

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

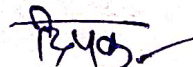
Sir / महोदय ,

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.	Dipak kumar 7991300183
2	Vehicle No. / वाहन संख्या	UP52CE 85 86
3	Policy No. / पालिसी संख्या	252400/31/2026/2060
4	Period of Insurance / बीमा अवधि	9-4-2025 to 8-4-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/1/2026 8 बजे रात में
6	Place of Accident / दुर्घटना का स्थान	मदन चौक हाता
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jayshankar Singh
8	Estimated Loss / अनुमानित हानि	₹ 500
9	Cause of Accident / दुर्घटना का कारण	अचानक मेरी गाडी के ब्रैक निलगाया गइ उस नीलगाय से मेरी गाडी को टक्कर हो गयी जिससे मेरी गाडी सड़क पर गिरकर डैमेज हो गयी। मैं Dipak. Jayshankar Singh को गाडी दिये थे जिससे ब्रैकसीटिंग 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.	Dinkar Automobile Hero Agency Pratapur (U.P)

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. 252400/31/2026/2060

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

Period of Insurance 09-04-25 to 08-04-26  
 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 : Dipak  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>07283</u>	Registration No.
	Chassis No. <u>03986</u>	<u>UP52CF</u> <u>8586</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 / NA  
 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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Jayshankar Singh  
(b) Age : 24  
(c) Address : Sirasia powder 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 202 SCBD 6979  
(h) Issuing Authority : 19-04-25  
(i) Date of Expiry : 24-08-41  
(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 : 31-01-26  
(b) Place : महन चौक हाता  
(c) Speed of vehicle at the time of accident : 45  
(d) Give a short description of the accident : जानवर को टक्कराने से रजबसीडर  
(e) If any third party was responsible for this accident give the name and address : हा गयी है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FTRth  
(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 04-02-2026

Signature of the insured Dipak = 1645

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 ..... *[Handwritten Signature]* .....  
Occupation .....  
Address .....  
.....  
.....

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Page No: 1

The Document is Digitally Signed  
Signer: SA/P/18/001/2024  
Date: Wed, Apr 9, 2025 at 11:34 AM  
Reason: Signing

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE					
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)					
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))			Policy Issued On	09-APR-25
Policy No	252400/31/2026/2060			Proposal No.& Date	R/252400/31/2026/1521 & 09-APR-2025
Agent/Broker Code	BA0000155144			Policy Period (OWN DAMAGE)	FROM 16:14 ON 09/04/2025 TO MIDNIGHT OF 08/04/2026
Agent/Broker Name	ABHINAV BHATI			Policy Period (LIABILITY)	FROM 16:14 ON 09/04/2025 TO MIDNIGHT OF 08/04/2030
Insured Name	DIPAK (GSTIN: 0)			Lead /Breakin No	/
Insured Address	C/O -SADHU,, ADD-SIRSIA PAVAR,PO-BHAWANI CHAPAR,DIST-DEORIA,,DEORIA,DEORIA,, NA,			Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)		
Make	HERO MOTOCORP		Vehicle	77521	
Model & Variant	HERO SPLENDOR PLUS XTÉCH E20		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	77521	
Engine -Chassis No	HA11E7RHL07283 - MBLHAW218RHL03986		TMF CONTRACT NO		
Cubic Capacity	100		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1299.25		Basic Third Party Liability	3851	
Elec Accessories	0		Compulsary PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	1221.25		Legal Liability (WC)to driver (IMT-28)	0	
Geographical Area Extn (IMT -1)	0		Legal Liability to Employees (IMT-29)	0	
Driving Tuition Loading On OD Premium (60%)	0		Legal Liability to Passenger (IMT-46)	NA	
Sub-Total Additions	0		Driving Tuition Loading On TP Premium (60%)	0	
Deductibles			PA Paid Driver, Conductor, Cleaner-GR36B3	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4162	
AAI Membership (IMT-8)	0		GST	750	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMPDUTY	0	
SIP Discount	1104		Swachh Bharat Cess@0.50%	0	
Sub -Total Deductibles	1104		Krishi Kalyan Cess@0.50%	0	
Add-On Coverages			Gross Premium Paid	4912	
NIL Depreciation	194		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	0		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)		
Sub Total Add-on Coverages	194		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	311		5. Subject to Endorsements IMT,7,10,28,		
Nominee Details :	Nominee Name	Age	Relation		
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	
Financer Type	Financer Name	HERO FINCORP LTD .	Financer Branch	4912	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA	

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions,clauses,warranties,exclusions,IMTs and OIC endorsements mentioned herein above which are available on company's website:  
[www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act,1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 09-APR-25

**IMPORTANT NOTICE**  
The Insured 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 in order to comply with the MVAAct,1988 is recoverable from the insured.See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations as to use:**Use only for social domestic and pleasure purposes and the Insured's business.The Policy does not cover the use for : (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6)Reliability trails  
(7)Any Purpose in connection with motor trade.

**Driver's Clause:**Any person including the insured: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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules,1989

**Limits of Liability Clause:**Under section II-1 (i)of the policy -Death of or body injury.Such amount is necessary to meet (here requirement of the motor vehicle act 1988.Under Section II-1 (ii)of the policy-Damage to third party property is Rs.7.5 lakhs. P.A.Cover under section III for owner-Driver is RS

**No Claim bonus:**The insured is entitled for a No Claim Bonus (NCB)on the own damage section of the policy,if no claim is made or pending during the preceding year(s),as per the The preceding year20%,preceding two consecutive years25%,preceding three consecutive years35%,preceding five consecutive years45%,preceding five consecutive years50%of NCB on OD premium.No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V.Act,1998.

\* This insurance excludes all pre existing damages

For and on behalf of  
The Oriental Insurance Company Limited

Approved By : 659525SMID  
Approved On : 09-APR-25  
Place : MRT  
Printed On : 09-APR-25

General Manager  
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE8586 Registration Date : 11-Apr-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 : DIPAK Son/wife/daughter of : SADHU
Full Address: (Permanent) : VILL- SIRSIA PAVAR, PO BHAWANI CHAPAR DEORIA, , DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL- SIRSIA PAVAR, PO BHAWANI CHAPAR DEORIA, , DEORIA-UTTAR PRADESH-274703

Fitness Up To : 10-Apr-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 : AA1039727834 Rear HSRP No : AA2121565118
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW218RHL03986
Engine No : HA11E7RHL07283 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK SPARKING 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)

- 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. 11-Apr-2025.

Purchase dt : 09-Apr-2025 Sale Amt : 81601/-
OTT Date : 09-Apr-2025 Amount/Rcpt No : 8161 /UP52D25040001479
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 19-Apr-2025

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

This certificate is valid from 11-Apr-2025 to 10-Apr-2040

कर/पंजीयन अधिकारी
मोटर वाहन विभाग
Signature of Registering Authority
Deoria 02-May-2025

Date : 02-May-2025 15:56:49
Taxation Particulars / Advance Registration Mark Fee Details

Q 2660215



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



**UP52 20250006979**



Issue Date: 19-04-2025    Validity (NT): 24-08-2041    Validity (TR):



Holder's Signature

Date of First Issue: 19-04-2025

Name: **JAYSHANKAR SINGH**  
 Date of Birth: **25-08-2001**    Blood Group: **O+ VE**    Organ Donor: **N**  
 Son/Daughter/Wife of: **RAMPRAKASH SINGH**

Address:  
**BHAWANI CHAPAR SIRSIA PAVAR BHATPAR  
 RANI DEORIA UTTAR PRADESH 274703**

**DL No: UP52 20250006979**

**UPDL521000012084**



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	19-04-2025	NT			
	LMV	UP52	19-04-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UPS2 DEORIA**


  
भारत सरकार  
Government of India

  
दीपक  
Dipak  
पिता : साधु  
Father : Sadhu  
जन्म तिथि / DOB : 01/01/2004  
पुरुष / Male



**6610 4137 4148**


**आधार - आम आदमी का अधिकार**


  
आधार  
भारतीय विधिक प्रशासन प्राधिकरण  
Unique Identification Authority of India


पता:  
संबोधित: साधु, सिरसिया पवार,  
भवानी चपर, देवरिया, उत्तर प्रदेश,  
274703

Address:  
S/O: Sadhu, Sirsia Pavar,  
Bhawani Chapar, Deoria, Uttar  
Pradesh, 274703

**6610 4137 4148**

 1947  
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

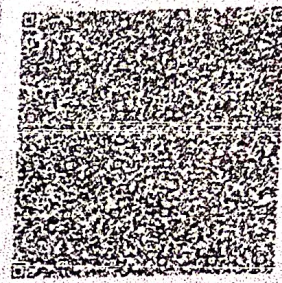
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
ICNPD1768K



नाम / Name  
DIPAK

पिता का नाम / Father's Name  
SADHU

05092022

जन्म की तारीख /  
Date of Birth  
01/01/2004

DIPAK  
हस्ताक्षर / signature