

ESTIMATE

DATE-05-02-26

DINKAR AUTOMOBILES

CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Arun Kumari Yadav REG NO-UP52CF-1399

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Bligor			1050
2	H/L			650
3	Front Fender			1450
4	Indicator L			920
5	Handle			550
6	C/Lever			100
7	Eng. guard			650
8	opening and Fitting			700
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5370



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.	अरुण कुमार यादव 7033975436
2	Vehicle No. / वाहन संख्या	UP52CF 1399
3	Policy No. / पालिसी संख्या	252400/31/2026/6755
4	Period of Insurance / बीमा अवधि	24-4-2025 to 23-4-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	1-2-2026 - 1 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	रामपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Harshendra Yadav BR2920200015034
8	Estimated Loss / अनुमानित हानि	5770
9	Cause of Accident / दुर्घटना का कारण	रामपुर बाजार के जाने जा रहा था। तभी एक मोड पर मोड रहे थे तब तक अचानक ब्रेक दबने के कारण सूरी गाड़ी सड़क पर फिसलकर गिरकर डैमेज हो गयी। मैं अरुण कुमार यादव हेल्डर थादव को गाड़ी दिये थे मिनर्स खरसी हुई हो गयी 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.	Dinkar Automobile Mech Agency Pratappur (U.P) Mob-9798753535

05-02-26

Date / दिनांक :
हस्ताक्षर

अरुण कुमार
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. 252400/31/2026/6755

Tel. No. _____

Period of Insurance 24-4-2025 to 23-4-2026

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 : Asun Kumar Yadav
- (b) Address for correspondence : _____
- (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>80456</u>	Registration No.
	Chassis No. <u>1285</u>	<u>UP52CF</u>
		<u>1399</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 / 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 : _____
- (g) If Lorry/Jeeep/Tractor, was trailer attached? : _____
- (h) Number of passengers carried : _____
- (i) Number of Passenger permitted : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mansendra Yadav
(b) Age : 37
(c) Address : Kabirpur Pachim Tala Mauwara Silwan
(d) Is the Driver
1. Owner : NA
2. paid driver? : NA
3. Owner's relative or friend? : Relative
(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 : BR2920200015034
(h) Issuing Authority : 10-11-2020
(i) Date of Expiry : 09-11-2030
(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 : 04-02-26 04 बजे शाम
(b) Place : Kabirpur
(c) Speed of vehicle at the time of accident : 45
(d) Give a short description of the accident : सुबका किसने के कारण गड़ी
(e) If any third party was responsible for this accident give the name and address : उसे पता हो गया है

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? : _____ 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 05-02-2006

31207 05/12
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 अरुण कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF1399 Registration Date : 29-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 : ARUN KUMAR YADAV Son/wife/daughter of : AKSHAYLAL YADAV
 Full Address: (Permanent) : VILL- SHAHPUR MISHRAULI, SAHPUR SIWAN, SIWAN, BIHAR-841243
 Full Address: (Temporary) : VILL- MAIRWA ROAD PRATAPPUR, DEORIA, DEORIA-UTTAR PRADESH-274703
 Fitness Up To : 28-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 : AA2124555812 Rear HSRP No : AA2124883446
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW226SHCC1235
 Engine No : HA11E8SHC80456 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 241
 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)
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. 29-Apr-2025.

Purchase dt : 24-Apr-2025 Sale Amt : 78366/-
 OTT Date : 24-Apr-2025 Amount/Rcpt No : 7837 / UP52D25040004407
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Apr-2025 to 28-Apr-2040

Date : 15-May-2025 13:49:47

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority :
 Date : 15-May-2025

सौर नाथ अधिकारी
 डी.टी. विभाग

Q 3463496



INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

FORM-7

DL: BR29 20200015034



Name: HARENDRA YADAV
 S/W/D of: RAMNATH YADAV
 Address: VILLAGE KABIRPUR PASCHIM TOLA
 PO KABIRPUR PASCHIM TOLA
 PS MAIRWA SIWAN BR 841243



Valid Till (Transport) 09-11-2030

DOB: 10-01-1988 BG: B+

Valid Till (Non-Transport) 09-11-2030

Badge No:

Authorisation to drive the following vehicle
 class throughout india.
 Type of Vehicles: LMV MCWG only

Signature of holder

Sign. Of Licensing Authority
S. Wast

Issued on: 10-11-2020

DL: BR29 20200015034

Original LA: BR29
Old DL No:

Date of Issue: 10-11-2020

Class of Vehicles

Vehicle Class	Issue Date
LMV	10-11-2020
MCWG	10-11-2020

BR10DL02184689



भारत सरकार

Government of India



अरुण कुमार यादव
Arun Kumar Yadav

जन्म तिथि / DOB 01/01/2003
पुरुष / Male



3923 8935 7146

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता: आत्मज अक्षयलाल यादव,
शाहपुर मिसरीली, सिवान, सहपुर,
बिहार, 841243

Address: SiO: Akshaylal Yadav, Shahpur
Mistrauli, Siwan, Sahpur, Bihar, 841243

3923 8935 7146

1847
1600 300 1947

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 Asum Kumar 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 : _____

Asum Kumar Yadav

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.