

ESTIMATE

DATE-10-02-26

DINKAR AUTOMOBILES

CLAIM NO-.....

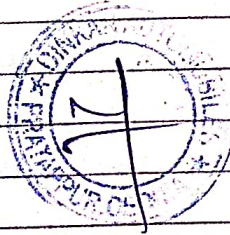
(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Rubi Devi

REG NO- BR29AT0593

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wagon			1050
2	H/L			650
3	Front Fender			1450
4	Indicator R			220
5	Meter Cover			290
6	B/Lever			100
7	FR गेट			100
8	Eng. gaurd			650
9	opening and fitting			400
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5210



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Rubi Kumari 7654433441
2	Vehicle No. / वाहन संख्या	BR 29 AT 0593
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/47075
4	Period of Insurance / बीमा अवधि	01-10-25 to 30-09-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-02-2026 10 बजे AM
6	Place of Accident / दुर्घटना का स्थान	वासोपट्टी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Chandram Gupta BR 29 20230805168
8	Estimated Loss / अनुमानित हानि	5210
09.	Cause of Accident / दुर्घटना का कारण : वासोपट्टी कूप वाग से जा रहे थे जब लख लख मोड पे मोड रहे थे तब लख भन्वानक मेरी गाडी के सामने लख बर्डिन वाला अमान लोडिन कर के आ रहा था लभी मोड के कारण मेरी गाडी उस गाडी के ट्रिबल में टक्करा गई और डिमबैजेंस होकर रुक कर गिरकर डमैज हो गयी / मैं Rubi Devi. Chandram Ji को गाडी दिये थे जिनसे रुबि देवी-2 हो गया है।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	1 NIA
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 Automobiles Pratapgarh Deoria UP M. No- 9798953535

10-02-26

Date / दिनांक :
हस्ताक्षर

रुबी देवी

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/2025/7001/0/46575

Tel. No. _____

Period of Insurance 01-10-25 to 30-09-26

Claim No. 470767

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 : Rubi Devi
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>63098</u>	Registration No.
	Chassis No. <u>90825</u>	<u>BR 29 AT</u> <u>0593</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 NA

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 : Chandan Gupta
(b) Age : 25
(c) Address : Belaspur Main Road Sigan
(d) Is the Driver :
1. Owner :
2. paid driver? : N/A
3. Owner's relative or friend? : PFA
(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 : BR 29 2023 2205168
(h) Issuing Authority : 10-05-2023
(i) Date of Expiry : 22-03-2040
(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 : 06-02-26
(b) Place : वासो पट्टी
(c) Speed of vehicle at the time of accident : 35
(d) Give a short description of the accident : ग्रास के कारण खवसिरेर ए
(e) If any third party was responsible for this accident give the name and address : गमा ए

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FTR
(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 : N/A
(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 10-02-26
200

रवि देव
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
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/470767

Care Private Limited

Shri Nagar, Meerut, Uttar Pradesh, (250004) India

As at:

+91 79410 50643

info@motorsathi.com

the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Rubi Kumari	2002-01-01	7054433441	HARILAL SAH	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	BR29AT0593	HA11EVNHA63098	MBLHAW114NHA90825	2022-03-02	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
35500.00	NA	0.00	0.00	0.00	35500.00	
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	1326.40	
Address			City / District	Pin Code	State	
VILL-SINGAHA TOLA BASDILA,PO-HATHUA,PS-MIRGANJ,DISTT-GOPALGANJ,				841436	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
CHANDAN GUPTA	Male	26 Years	HUSBAND	2025-10-01 21:05	Midnight of 2026-09-30	

Section A. VRC: 605.93 TCR: 460.79 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1066.72

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: 220.07 AHDC, DOC & Additional External Type Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 39.61 Total with GST(D): 259.68

Total(Section A+B+C+D) Offered Price After Discount: 1326

Package Period Covered	2025-10-01 To 2026-09-30	2026-10-01 To 2027-09-30	2027-10-01 To 2028-09-30	2028-10-01 To 2029-09-30	2029-10-01 To 2030-09-30
ADV	35500	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 2027-01-26 (DETAILS ARE AS 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 baggage) 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 Note: 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 will 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: 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 Meerut.

#: Received With Thanks Rs 1326.4 ON 2025-10-01 from Mr./Ms. Rubi Kumari against the ARN No. INCP00470767
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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

Indian Union Vehicle Registration Certificate
 Issued by Government of Bihar



Regn. Number	Date of Regn.	Regn. Validity
BR29AT0593	02-03-2022	01-03-2037

Chassis Number
 MBLHAW114NH49G825

Owner
 Serial (1)

Engine / Motor Number
 HA11EVNHA63098

Owner Name
 RUBI KUMARI

Son / Wife / Daughter of (In case of individual Owner)
 HARILAL SAH

Address
 SINGAHA TOLA BASDILA, HATHUA, MIRGANJ,
 GOPALGANJ, BR, 841436

Card Issue Date (16-03-2022)

Fuel
 PETROL
 Emission Norms
 BHARAT STAGE VI



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

Regn. Number
 BR29AT0593

Maker's Name
 HERO MOTOCORP LTD



Model Name
 SPLENDOR+ (SELF-DR-CDISS)

Colour
 BLACK-SILVER STR

Body Type
 SOLO WITH PILLION

Seating (in all) / Standing / Sleeper Capacity
 2 / 0 / 0

Month-Year of Mfg. Unladen / Laden / Gross Combination Weight (kg)
 01 - 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 / Financer Name

From 21A

Registration Authority
 DTO - SMAM



Indian Union Driving Licence
Issued by Government of Bihar



BR29 20230005168

Issue Date Validity(NT) Validity(TR)
10-05-2023 22-03-2040



Holder's Signature

Name: CHANDAN GUPTA

Date of Birth: 23-03-2000

Blood Group: AB+

Organ Donor: N

Son of : VIJAY GUPTA

Address: VILL KARCHHUI PO BELASPUR PS MAIRWA SIWAN, BIHAR 841239

Date of First Issue (10-05-2023)

DL No : BR29 20230005168



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	10-05-2023	NT			
	LMV	BR29	10-05-2023	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
DTO-BR29



भारत सरकार
Government of India



Issue Date: 15/01/2016



रुबी देवी
Rubi Devi
जन्म तिथि / DOB: 01/01/2002
महिला / Female

8841 6567 2907

मेरा आधार, मेरी पहचान



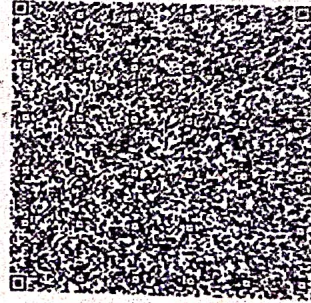
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 20/04/2022

पता: चन्दन गुप्ता, पुखरेडा, सिवान, बिहार, 841239

Address: W/F Chandan Gupta, Pokhrera,
Siwan, Bihar, 841239



8841 6567 2907



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

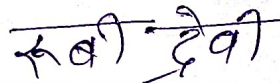
1. Full name and address of the declarant Rubi Devi
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax ? _____ Yes /No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account 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.