

ESTIMATE

DATE-...12-02-26

DINKAR AUTOMOBILES

CLAIM NO-.....

..(Malwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Rajaram Chauhan

REG NO- UP52CH 2963

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	blissor			1050
2	H/h			650
3	Front Fender			1450
4	Indicator L			220
5	Handle			550
6	Mirror L			150
7	Eng. general			650
8	opening and fitting			650
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.	Rajaram Chauhan 6361668028
2	Vehicle No. / वाहन संख्या	UP52CH2963
3	Policy No. / पालिसी संख्या	252400/31/2026/28034
4	Period of Insurance / बीमा अवधि	15-7-2025 to 14-7-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10-2-2026 4 वजे 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	Rakesh Chauhan UP5220180013656
8	Estimated Loss / अनुमानित हानि	5370
09.	Cause of Accident / दुर्घटना का कारण:	रामपुर वापस करने जा रहे थे तब तक अचानक मेरे वाडी के सामने एक स्नाइकिल वाला आ गया उस स्नाइकिल वाला के अचानक चक्कर में ब्रेक लिया तब तक मेरी गाडी डिसेबलन्स होकर सडक पर गिरकर उमपही गयी। मैं राजराम चौहान, रakesh chauhan को गाडी दिये थे जो ड्राइवर रखवाइन्ट हो गया है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/N/A
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 Automobile Head Agency post appur Mob- 9798753535

12-02-26
Date / दिनांक :
हस्ताक्षर

राजराम चौहान
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. 252400/31/2026/28034
 Tel. No. _____ Period of Insurance 15-7-2025 to 14-7-2026
 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 : Rajaram Chauhan
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>24603</u>	Registration No.
	Chassis No. <u>E 5834</u>	<u>UP52 CH</u> <u>2963</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 / No
 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 : Rajaram Chauhan
(b) Age : 28
(c) Address : Baikunthpur Rampur padappur
(d) Is the Driver
1. Owner : NA
2. paid driver? : पडीसी
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 : UP52 20180013656
(h) Issuing Authority : 28-12-2018
(i) Date of Expiry : 27-12-2038
(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 : 10-2-2026 4 बजे शाम
(b) Place : रामपुर
(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 : खाई फिल वाले जो वचन के चक्कर में रुवसी दे-2 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 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 12-02-2026

राजाराम चौधरी
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 राजेश चौरा

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



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-45 Years)		Policy Issued On	15-JUL-25	
Policy No	252400/31/2026/28034		Proposal No. & Date	R/252400/31/2026/20560 & 15-JUL-2025	
Agent/Broker Code	LC000000660		Policy Period (OWN DAMAGE)	FROM 16:45 ON 15/07/2025 TO MIDNIGHT OF 14/07/2026	
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED		Policy Period (LIABILITY)	FROM 16:45 ON 15/07/2025 TO MIDNIGHT OF 14/07/2026	
Insured Name	RAJARAM CHAUHAN (GSTIN:)				
Insured Address	C/O MANGRU CHAUHAN, ADD-POST-PRATAPPUR,BAIKUNTHPUR,,DEORIA,PARATAPPUR,UP,DEORIA, N.A.			Lead/Breakin No	/
				Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)		
Make	HERO MOTOCORP		Vehicle	75873	
Model & Variant	HERO SPLENDOR PLUS FI		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	75873	
Engine -Chassis No	HA11F65HF24603 - MBLHAW4725HFC3834		EMF 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	1271.63		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	1195.63		Legal Liability (WC) to driver (IMT-28)	0	
Geographical Area Extn (IMT-1)	0		Legal Liability to Employees (IMT-29)	NA	
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	3851	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	4156	
Anti-Theft Device (IMT-10)	0		Total Premium (A+B)	748	
AAI Membership (IMT-8)	0		GST	0	
No Claim Bonus	0		SERVICE TAX	0.00	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0	
SIP Discount	1081		Swachh Bharat Cess@ 0.50%	0	
Sub -Total Deductibles	1081		Krishi Kalyan Cess@ 0.50%	0	
Add-On Coverages			Gross Premium Paid	4904	
NIL Depreciation	190		Note:		
Return to Invoice	0		1. Policy Insurance is the subject to the restoration of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	190		3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)		
Sub Total Add-on Coverages	305		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	305		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		
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA	
<p>In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs.1lac, 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.</p> <p>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 or on demand from the policy issuing office.</p> <p>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).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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.</p> <p>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 15-JUL-25</p> <p>IMPORTANT NOTICE</p> <p>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 MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".</p> <p>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 trials</p> <p>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</p> <p>Limits of Liability Clause: Under section II-1 (i) of the policy - Death or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (i) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS</p> <p>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 year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy</p> <p>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, 1988.</p> <p>* This insurance excludes all pre-existing damages</p>					
Approved By : 65925SMID		For and on behalf of			
Approved On : 15-JUL-25		The Oriental Insurance Company Limited			
Place : MRT					
Printed On : 15-JUL-25		General Manager			
		Authorized Signature			

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH2963 Registration Date : 21-Jul-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 : RAJARAM CHAUHAN Son/wife/daughter of : MANGRU CHAUHAN
 Full Address: (Permanent) : VILL+PO-PRATAPPUR, BAIKUNTHPUR, , DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL+PO-PRATAPPUR, BAIKUNTHPUR, , DEORIA-UTTAR PRADESH-274703
 Fitness UpTo : 20-Jul-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 : AA2131930300 Rear HSRP No : AA2131508927
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW472SHFC5834
 Engine No : HA11F6SHF24603 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235
 RS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : MATT GREY Laden/GV Wt (kgs) : 243
 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, Uttar Pradesh-274001 w.e.f. 19-Jul-2025.

Purchase dt : 15-Jul-2025 Sale Amt : 80116/-
 OTT Date : 15-Jul-2025 Amount/Rcpt No : 8012 / UP52D25070001948
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Jul-2025 to 20-Jul-2040

Date : 12-Aug-2025 17:13:36

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 12-Aug-2025

Q 1368612

UNION OF INDIA Driving Licence (UP) (NT)

UP52-20180013656



दिनांक / Date of issue
28/12/2018

व्यक्ति का / Date of Birth
12/05/1998

नाम / Name
RAKESH CHAUHAN


प्राप्त करने वाला / Son/Daughter/Wife of
HIRA CHAUHAN

वैधता / Validity
27/12/2038


रक्त समूह / Blood Group
Unknown




UP52-20180013656



LMV
28/12/2018




MCWG
28/12/2018



पता / Address:
**BAIKUNTHPUR
 RAMPUR PARATAPPUR
 BHATPAR RANI DEORIA, UP - 274703**

Holder's Signature

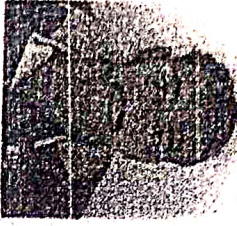


जारीकर्ता / Issuing Authority Sign
DEORIA

Form 7 (Rule 10(2))



भारत सरकार
Government of India



राजाराम चौहान
Rajaram Chauhan
जन्म तिथि / DOB : 01/01/1987
पुरुष / Male

9566 1038 9388



मेरा आधार, मेरी पहचान



उत्तराखण्ड निर्वाचन आयोग
Uttarakhand Election Authority of India

पता:
आत्मान शर्मा चौहान, पोस्ट
प्रतापपुर, बैकुण्ठपुर, देवरिया, प्रतापपुर,
उत्तर प्रदेश, 274703
Address
S/O: Mangru Chauhan, Post
Pratapour, Baikunthpur, De
Paratapour, Utar Pradesh,
274703

9566 1038 9388



1947



help@udel.gov.in



www.udel.g

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 Rajaram Chauhan
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 : _____

99
3/10/14 2/12/14
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.