

## ESTIMATE

DATE-15-02-26

DINKAR AUTOMOBILES

CLAIM NO-.....

.( Malwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJP2078R1Z3)

CUSTOMER NAME - Rajesh kumar chauhania REG NO- BR29AB6032

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			4050
2	Wind screen			350
3	Front fender			1250
4	Indicator - L			220
5	Mirror L			200
6	Handle			560
7	Back light			500
8	H/L			600
9	opening and fitting			650
10	Eng guard			650
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	6030



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.	Rajesh Kumar Chauhan 90067 29191
2	Vehicle No. / वाहन संख्या	BR 29AB 6032
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/413945
4	Period of Insurance / बीमा अवधि	9-3-2025 to 8-3-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-2-2026 - 3 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	मेरवा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajesh Kumar Chauhan BR 2920140055717
8	Estimated Loss / अनुमानित हानि	6030
09.	Cause of Accident / दुर्घटना का कारण :	मेरवा जा रहे थे तब एक अज्ञानक सूरेक बाइक वाले ने मेरी गाड़ी में सामान से टकरा कर मार दिया जिससे मेरी गाड़ी बाइक पर गिरकर डमक हो गई। मैं Rajesh Kumar Chauhan मेरे को ही रजिस्ट्रेशन हो गया है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/ NA
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.	Dinkar Automobile New Agency Pratappur mob-9798753535

15-02-26

Date / दिनांक :  
हस्ताक्षर

राजेश 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. MB/2025/1001/0/46575/1/399

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

Period of Insurance 9-3-2025 to 8-3-2026

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 : Rajesh Kumar Chauhan  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>05521</u>	Registration No.
	Chassis No. <u>65468</u>	<u>BR29AB</u> <u>6032</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 : \_\_\_\_\_
- NA

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajesh kumar Chauhan  
(b) Age : 47  
(c) Address : AT- kaithauli PO- maiswa Siwan Siwan  
(d) Is the Driver :  
1. Owner : NA  
2. paid driver? :  
3. Owner's relative or friend? : owner  
(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 2920140055717  
(h) Issuing Authority : 10-12-2014  
(i) Date of Expiry : 24-7-2027  
(j) Was the licence temporary/permanent :  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before? : NA  
(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 : 13-2-2026 - 3 बजे शाम  
(b) Place : मैरवा  
(c) Speed of vehicle at the time of accident : 25  
(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 : R+L  
(b) Estimated cost of repairs : NA  
(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? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_ NA  
(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 15-02-2008

Signature of the insured \_\_\_\_\_  
रिवाज राय

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/-

*रविशंकर शर्मा*

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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

# Program Proposal Two-Wheeler Package Contract - Bundled

MS/2025/7001/O/46575/413945

Private Limited

Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

410 50643

motorsathi.com

ip section of www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RAJESH KUMAR CHHAURASIYA	1977-07-25	9006729191	S/O -SHIVNATH CHHAURASIYA	Hero Motocorp	PASSION	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ION PLUS 155 SELF	BR29AB6032	HA10ACHHE05521	MBLHAR18-IIIIE65468	2017-08-28	113	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
21000.00	NA	0.00	0.00	0.00	21000.00	
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	1363.37	
Address			City / District	Pin Code	State	
AT-KAITHAULI, PO/PS-MAIRWA, SIWAN, Bihar, 841239				841239	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANGITA KUMARI	Female	46 Years	WIFE	2025-03-09 08:56	Midnight of 2026-03-08	

A, VRC: 379.52 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 80.32 Total with GST(A) 299.20

B, EC: 664.09 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @ 9% + SGST @ 9%) (B): 137.37 with GST(B): 901.52

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

D, Drive Assure: 137.84 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 24.81 Total with GST(D): 162.65

Section A+B+C+D Offered Price After Discount: 1363

Period Covered	2025-03-09 To 2026-03-08	2026-03-09 To 2027-03-08	2027-03-09 To 2028-03-08	2028-03-09 To 2029-03-08	2029-03-09 To 2030-03-08
	21000	NIL	NIL	NIL	NIL
Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

Vehicle covered in this contract have a valid TP coverage from 2025-03-09 until 2026-03-08.

**RESTRICTIONS 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 luggage) c) Racing d) Professional Testing e) Reliability Trials f) 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 using 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 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: 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.

**CANCELLATION:** 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.

**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 be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**FOR MORE INFORMATION:** GUSTOMER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care : Toll Free Phone No.: 7941650643 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 Aligarh.

Received with Thank Rs. 1363.37 ON 2025-03-07 from Mr./Ms. RAJESH KUMAR CHHAURASIYA against the ARN No. INCP00413945. This acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\* (turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18. Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

**CERTIFICATE OF REGISTRATION**  
**DEPARTMENT OF TRANSPORT**  
**GOVERNMENT OF BIHAR**



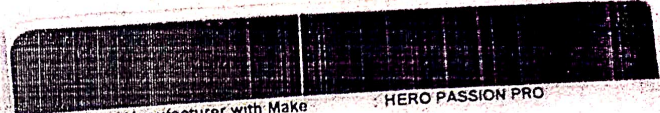
Regd. No: BR29AB6032

Name : RAJESH KUMAR CHHAURASIYA  
S/W/D of : S/O - SHIVNATH CHAURASIYA  
Address : AT-KAITHAULI PO/PS-MAIRWA SIWAN  
SIWAN 841239



Vehicle Class : MCY  
Chasis No. : MBLHAR184HHE65468  
Engine No. : 4A10AC4HE05621  
Registration Date : 28-Aug-2017  
Fitness Validity : 20-Jun-2032  
Purpose Code : New  
Tax Paid Upto : 21-May-2032

Signature of Issuing Authority  
DTC - SIWAN



Manufacturer with Make : HERO PASSION PRO  
Date of Manufacture : 05/2017  
Colour : SBK  
Fuel : PETROL  
Body Type : SOLO  
Seating Capacity : 2  
Standing Capacity : 00  
Wheel base : 1235  
No. of Cylinders : 1  
Unladen Weight : 000117  
Registered Laden Weight : 130  
Gross Vehicle Weight : 000247  
Cubic Capacity : 97  
Owner Serial no. : 01

**INDIAN DRIVING LICENCE**

GOVERNMENT OF BIHAR

DL: BR-2920140055717

Name RAJESH KR CHAURASIA

SA/D of SHIV NATH CHAURASHIA

Address AT: KAITHAULI  
PO&PS: MAIRWA, SIWAN



DOB 25/07/1977 BG B+

Badge No

Authorisation to drive the following vehicle class throughout India  
Type of Vehicles LMV-NT, MCWG only

Signature of Holder

Issued on 10/12/2014

Vaid Thi (Transport)

Vaid Thi (Non-Transport)

24/07/2027

Sign of Licensing Authority  
SIWAN

DL: BR-2920140055717

Original LA : DTO, SIWAN

Old DL No :

Date Of Issue: 10/12/2014

Class Of Vehicles

Vehicle Class	Issue Date
LMV-NT	10/12/2014
MCWG	10/12/2014

BR10DL00333000

भारत सरकार  
Government of India



राजेश कुमार चौरसिया  
Rajesh Kumar Chaurasiya  
जन्म तिथि/DOB: 25/07/1977  
पुरुष/ MALE

Issue Date: 04/03/2015

3795 3128 8843

VID : 9197 8512 8501 6405

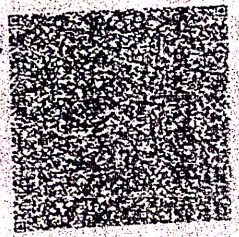
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O शिव नाथ चौरसिया, ... , कैथवती, मैरवा, सिवान,  
बिहार-बिहार - 841239

Address:  
S/O Shiv Nath Chaurasiya, ... , kaithauli,  
Mairwa, Siwan,  
Bihar - 841239



3795 3128 8843

VID : 9197 8512 8501 6405

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 Rajesh Chaurasiya
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 : \_\_\_\_\_

Rajesh Chaurasiya  
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.