

ESTIMATE

DATE...16-02-26

DINKAR AUTOMOBILES

CLAIM NO-.....

(Malrwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Muktimath Yadav REG NO-UP52CH9405

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			1050
2	H/L			650
3	Front Fender			1450
4	Indicator L			220
5	Mirror L			150
6	Handle			560
7	Fuel tank			6600
8	Eng. guard			650
9	opening and fitting			900
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	12230



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.	Muktimath Yadav 9129993261
2	Vehicle No. / वाहन संख्या	UP52 CH 9405
3	Policy No. / पालिसी संख्या	2524000/31/2026/39701
4	Period of Insurance / बीमा अवधि	02-10-25 to 01-10-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-02-2026 11 बजे AM
6	Place of Accident / दुर्घटना का स्थान	घरसिया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Abhishek Kumar Yadav UP52 2023 CD000207
8	Estimated Loss / अनुमानित हानि	12230
09.	Cause of Accident / दुर्घटना का कारण:	मैं वाइप, रबडी कर के अपना काम कर रहे थे तब एक कट्रेन से बन्दर खुद जाने के कारण ईट और कट्रेन मेरी गाडी से गिर गयी और मेरी गाडी ड्रेज के साथ यादव अपने बेटे को गाडी दियो से जिनसे मेरी गाडी को धरिणस्त हो गया 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 Automobiles Miyapur Deoria UP M.No - 9798753535

16-02-26

Date / दिनांक :
हस्ताक्षर

Muktimath Yadav
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. 252400/31/2026/3970
 Tel. No. _____ Period of Insurance 02-10-25 to 01-10-26
 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 : Muktimath yadav
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>46168</u>	Registration No.
	Chassis No.	<u>64669</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 : Abhishek kumar yadav
(b) Age : 22
(c) Address : khampur itshatpar kuni deoria
(d) Is the Driver
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : NA
(SON)
(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 : UP5220230220207
(h) Issuing Authority : _____
(i) Date of Expiry : 05-12-24
(j) Was the licence temporary/permanent : 31-12-42
(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 : 13-02-26
(b) Place : परमिया
(c) Speed of vehicle at the time of accident : 20
(d) Give a short description of the accident : धानवर से मेरी गाडी लगी
(e) If any third party was responsible for this accident give the name and address : व्यक्तिगत ही गयी है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRATL
(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 : _____
(e) Full details of property damaged : NA
(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 16-02-2006

Murli Nath Yadav
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 *Mukhtiar Nath Yadav*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH9405 Registration Date : 02-Oct-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 : MUKTINATH YADAV Son/wife/daughter of : BALDEV YADAV
 Full Address: (Permanent) : VILL- PRASIA CHHITNI SINGH, BHATPAR RANI DEORIA, , DEORIA, UTTAR PRADESH-274704
 Full Address: (Temporary) : VILL- PRASIA CHHITNI SINGH, BHATPAR RANI DEORIA, , DEORIA-UTTAR PRADESH-274704
 Fitness UpTo : 01-Oct-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 : AA2133088534 Rear HSRP No : AA2133721406
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW487SHE64669
 Engine No : HA11F7SHE46168 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Gray Laden/GV Wt (kgs) : 243
 Other Criteria : A.C Fitted : NO
 Vehicle Purchase As : Fully Bought

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 BAJAJ FINANCE LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 02-Oct-2025.

Purchase dt : 02-Oct-2025 Sale Amt : 73734/-
 OTT Date : 02-Oct-2025 Assesment/Rcpt No : 377 / U. 52D25100000401
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 02-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 10-Dec-2025 19:04:29

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 10-Dec-2025



Q 6300009

Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20230000207

Issue Date Validity (NT) Validity (TR)
05-12-2024 31-12-2042



Holder's Signature

Name: **ABHISHEK KUMAR YADAV**

Date of Birth: **01-01-2003** Blood Group:

Son/Daughter/Wife of: **MRUKTI YADAV**

Address:

**PARSIYA CHITANI SINGH PS KHAMPAR
BHATPAR RANI, DEORIA, UP 274704**

Date of First Issue: 07-01-2023

DL No: UP52 20230000207

UPDL000014725382



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	07-01-2023	NT				
LNV	UP52	07-01-2023	NT				
MVSD							

Emergency Contact Number

[Signature]
Issuing Authority
UP52 DEORIA

Form 7 Rule 16(2)

भारत सरकार
Government of India

मुक्तिनाथ यादव
Muktinath Yadav
जन्म तिथि/DOB: 05/03/1975
पुरुष/ MALE

Download Date: 27/08/2021

Issue Date: 07/08/2021

9910 2127 4190
VID : 9198 2367 6844 0069

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O बालदेव यादव, प्रसिया चितनी सिंह, भाटपार रानी,
देवरिया,
उत्तर प्रदेश - 274704

Address:
S/O Baldev Yadav, prasia chitni singh,
bhalpar rani, Deoria,
Uttar Pradesh - 274704



9910 2127 4190
VID : 9198 2367 6844 0069

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 Muktimath Yarden
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 : _____

Muktimath Yarden
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.