

ESTIMATE

DATE-.....

DINKAR AUTOMOBILES

CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - vivek singh

REG NO- 4PSQCE 3545

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	wiper			950
2	h/c			490
3	fender			1300
4	Indicator R			185
5	lever R			85
6	engine guard			660
7	connector			850
8	handle			490
9	opony and jitty			200
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5210



o / 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.	Vivek Singh 9031793068
2	Vehicle No. / वाहन संख्या	UP52CE 3545
3	Policy No. / पालिसी संख्या	252400/31/2025/91475
4	Period of Insurance / बीमा अवधि	3-3-2025 to 2-3-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16-2-2026 to 2 वज्र दोपहर
6	Place of Accident / दुर्घटना का स्थान	मैरवा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Niraj Kumar BR2920190011700
8	Estimated Loss / अनुमानित हानि	5710
09.	Cause of Accident / दुर्घटना का कारण :	अज्ञान गति के कारण वह ड्रेव का अच्छा आ गदा जिम्मेदार बचाने के लिए ब्रेक लिफ्टा जिम्मेदार गती फिल्टर गिरने से भी हो सका
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dinleak automobiles Mairwa Road Pratappur Deoria up.

Date / दिनांक :

हस्ताक्षर 17-02-26

Signature of Insured / बीमाधारक के

Vivek Singh



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. 252400/31/2025/91425
 Tel. No. _____ Period of Insurance 03-03-2025 to 02-03-2
 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 Virek Singh
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>76150</u> Chassis No. <u>2A264</u>	Registration No. <u>UP52CE 3545</u>
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(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 : Ashraj Kumar Sharma
(b) Age : 211 - Mardanya
(c) Address : Post - Seraiwan Siwan
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : 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 : BR292019 0011 700
(h) Issuing Authority : Siwan
(i) Date of Expiry : 14-04-2040
(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 : 16-02-2026
(b) Place : Mairwa
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : गाडी के सामने खड़ा बच्चा आसामि जिसे गाडी में
(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 : F + R
(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 : MA
(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? : NA
(c) Was accident reported to Police? If not, Why? : _____
(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 17-02- 2026

Signature of the insured Ujwal Singh

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 Vivek Singh.....
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

**Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION**

Registration No : UP52CE3545
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001
 Owner Name : VIVEK SINGH
 Full Address: (Permanent) : VILL- BARIGAHAVA PO- BALUA, PS- BANKATA BHATPAR RANI, DEORIA, DEORIA, UTTAR PRADESH-274704
 Full Address: (Temporary) : VILL- BARIGAHAVA PO- BALUA, PS- BANKATA BHATPAR RANI, DEORIA, DEORIA- UTTAR PRADESH-274704

Registration Date : 28-Feb-2025
 Purpose For Printing RC : NEW

Son/wife/daughter of : ABHIMANYU SINGH

Fitness UpTo : 27-Feb-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 : AA2120222378
 Rear HSRP No : AA2120672514
 Type of Body : SOLO WITH PILLION
 Month/Year of Manuf. : 12/2024
 No of Cylinders : 1
 Chassis No : MBLHAW221RHM74264
 Engine No : HA11E7RHM76150
 Fuel : PETROL
 Horse Power(BHP) : 7.91
 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE 13 Wheel base : 1236
 S (DRS)
 Seating Cap(in all) : 2
 Standing Cap : 0
 Sleeper Cap : 0
 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT
 Laden/GV Wt (kgs) : 241
 Other Criteria :
 AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

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 w.e.f. .

Purchase dt : 26-Feb-2025
 OTT Date : 26-Feb-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 07-Apr-2025
 Sale Amt : 78366/-
 Amount/Rcpt No : 7837 / UP52D25020003629
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 28-Feb-2025 to 27-Feb-2040

Date : 08-Apr-2025 13:07:43
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 08-Apr-2025

Q 2407877

Policy Schedule

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: 09AAACT0627R4Z1)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	03-MAR-25
Policy No	252400/31/2025/91475	Proposer No. & Date	R/252400/31/2025/97211685/15 & 03-MAR-2025
Agent/Broker Code	BAD009155144	Policy Period (OWN DAMAGE)	FROM 17:22 ON 03/03/2025 TO MIDNIGHT OF 02/03/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:22 ON 03/03/2025 TO MIDNIGHT OF 02/03/2026
Insured Name	VIVEK SINGH (GSTIN:)		
Insured Address	C/O - ABHIMANYU SINGH, RD VILL-BARIGAHVA PO-BALUA, PS-BANKATA, DEORIA, DEORIA, N.A.D	Lead /Breakh No Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	74448
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74448
Engine -Chassis No	HA11E7RHM76150 - MBLHAW221RHM74264	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1247.75	Basic Third Party Liability	3841
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	112.75	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
		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
		Net Liability Premium (B)	4150
		Total Premium (A+B)	748
		GST	0
		SERVICE TAX	0.00
		STAMP DUTY	0
		Swechh Bharat Cess@ 0.50%	0
		Krishi Kalyan Cess@ 0.50%	4898
		Gross Premium Paid	
		Net own Damage Premium(A)	299
		Sub-Total Deductibles	186
		Voluntary Deductibles (IMT-22A)	0
		Anti-Theft Device (IMT-18)	0
		AAI Membership (IMT-8)	0
		No Claim Bonus	0
		Discount for vehicle designed for handicapped	0
		SIP Discount	0
		Sub-Total Deductibles	0
		Add-On Coverages	
		Nil Depreciation	186
		Return to Invoice	0
		Key Replacement	0
		Consumables	186
		Sub Total Add-on Coverages	186
		Net own Damage Premium(A)	299

- Note:
1. Policy Insurance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT.7.10.28.

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4898
Financer Type	Financer Name	Cash	Financer Branch		
POS Name	NA	POS ID	NA	POS PAN NO./Aadhar No	NA

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.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, P.M.T. 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.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

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.

In witness whereof the undersigned being authorised by and on behalf of the company has hereunto set his hands at 252400 on 03-MAR-25

IMPORTANT NOTICE

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 MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

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) Liability trials

(7) Any Purpose in connection with motor trade.

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.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury 5Lac amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 Lakhs. P.A. Cover under section III for owner-Driver is RS 0.

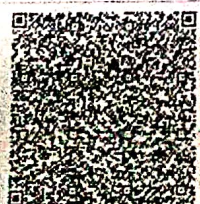
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding years (5) as per the. The preceding year/20% preceding two consecutive years/35% preceding three consecutive years/45% preceding four consecutive years/55% preceding five consecutive years/65% preceding six consecutive years/75% preceding seven consecutive years/85% preceding eight consecutive years/95% preceding nine consecutive years/100% preceding ten consecutive years.

No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

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 MV Act, 1998.

* This insurance excludes all pre-existing damages.

For and on behalf of
The Oriental Insurance Company Limited



Approved By : UNIV@252400
Approved On : 03 MAR 25
Place : MRT
Printed On : 03 MAR 25

General Manager
Authorized Signature

DL: BR29 2019D011700

Name: NIRAJ KUMAR SHARMA
 F.W.D of ANIL SHARMA
 RESIDENCE: VILLAGE MANDRANA
 POST SEVATAPUR
 PO NARWA BHAN BR 24133

Vehicle Till (Transfer): 12-04-2021
 Class Till (Non-Transfer): 12-04-2021

DOB: 15-04-2000 BG: A+

Signature of holder

Authorisation to drive the following vehicle
 CLASS THROUGHOUT INDIA
 TYPE OF VEHICLES: LMV MCWG only

DL: BR29 2019D011700

DL: BR29 2019D011700

Original LA : BR29
 Old DL No :
 Date of Issue : 12-12-2019

Class of Vehicles

Vehicle Class	Issue Date
LMV	12-12-2019
MCWG	12-12-2019



भारत सरकार
Government of India



Aadhaar no. issued: 16/04/2015



विवेक सिंह
Vivek Singh
जन्म तिथि/DOB: 12/01/2003
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वयूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

2600 4368 8015

मेरा आधार, मेरी पहचान



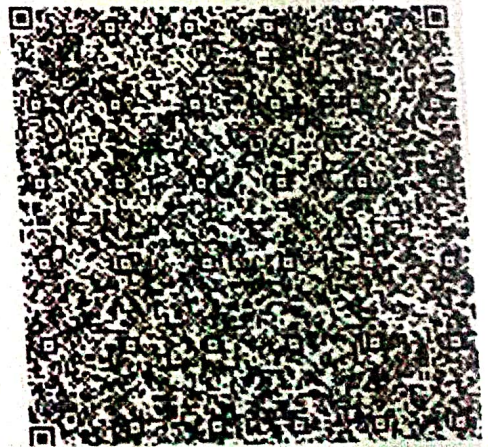
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: अभिमन्यु सिंह, छेरिहा, बलुआ, देवरिया,
उत्तर प्रदेश - 274704

Address:
S/O: Abhimanyu Singh, Chheriha, PO: Balua,
DIST: Deoria,
Uttar Pradesh - 274704

Details as on: 20/06/2024



2600 4368 8015

VID : 9113 3151 8906 6287



1947



help@uidai.gov.in



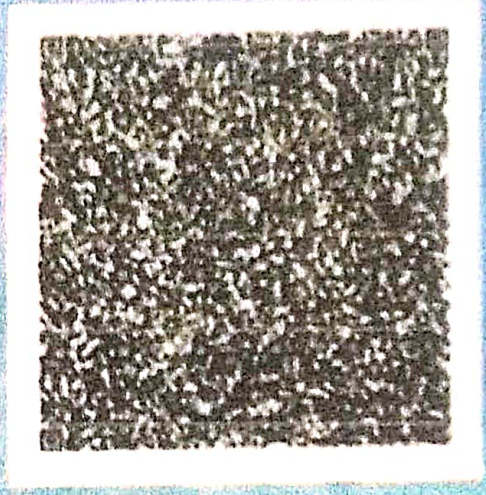
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
QWAPS7667P



नाम / Name
VIVEK SINGH

पिता का नाम / Father's Name
ABHIMANYU SINGH

जन्म की तिथि /
Date of Birth
12/01/2003

(Signature)
हस्ताक्षर / Signature