

ESTIMATE

DATE-18-02-26

DINKAR AUTOMOBILES

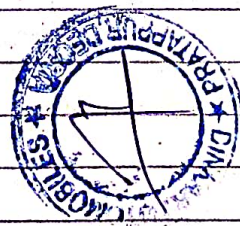
CLAIM NO-.....

(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APIPJ2078R123)

CUSTOMER NAME - Chandrama Ray REG NO- BR 28AA 4891

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front Fender			1450
4	Indicator R			220
5	Mirror R			150
6	Handle			560
7	Eng. guard			650
8	B/Mover			100
9	opening and Fitting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5530



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.	Chandrama Roy 7256870196
2	Vehicle No. / वाहन संख्या	BR28AA 4891
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/426744
4	Period of Insurance / बीमा अवधि	15-4-2025 to 14-4-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14-2-2026 सुबह 8 बजे
6	Place of Accident / दुर्घटना का स्थान	नीतन
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Chandan Kumar Thakur BR2820130039933
8	Estimated Loss / अनुमानित हानि	5530
9	Cause of Accident / दुर्घटना का कारण :	नीतन जा रहे थे तब तक मेरी गाड़ी के सामने से एक बकरी आ गयी उस बकरी से मेरी गाड़ी की टक्कर हो गयी जिससे मेरी गाड़ी सड़क पर गिरकर दुर्घटना गयी। चन्द्रमा राय चन्दन कुमार ठाकुर की गाड़ी दिये थे जिससे एक्सीडेंट हो गया।
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.	Dinkas Automobile Hero Agency Pratappur Mob-9798753537

18-02-26
Date / दिनांक :
हस्ताक्षर

चन्द्रमा राय
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/2025/7001/0/46575/426744
 Tel. No. _____ Period of Insurance 15-4-2025 to 14-4-2026
 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 : Chandrama Ray
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>17217</u>	Registration No. <u>BR28AA</u> <u>4891</u>
	Chassis No. <u>51026</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 / No
 1. Was a side-car attached
 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 : Chandan Kumar Thakur
(b) Age : 57
(c) Address : ATKabilashwa, PO-Panchfeza,
(d) Is the Driver :
1. Owner : /NA
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 : BR2820130039933
(h) Issuing Authority : 27-9-2013
(i) Date of Expiry : 26-9-2033
(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 : 14-3-2026 8 वजे सुबह
(b) Place : नौदन
(c) Speed of vehicle at the time of accident : 30-35
(d) Give a short description of the accident : वकरी
(e) If any third party was responsible for this accident give the name and address : को कचानेके चकर मे

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 : /NA

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? : _____ INA
(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 18-02-2026

चंद्रमा राय
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/-

यन्कमा राय

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/46575/426744

Motorsathi Care Private Limited
 B.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Contact us at: 79410 50643
 Email: info@motorsathi.com
 For the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
CHANDARMA RAY	1968-01-01	8527490589	RAMAGHAR RAY	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	BR28AA4891	HAIJEDNHAI7217	MBLHAW129NHA51026	2022-06-20	100	TW
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	1073.97	
Address			City / District	Pin Code	State	
VILL SURWANIYA, PO NAUTAN PACHPHERA, Gopalganj, Bihar.				841243	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KAJAL DEVI	Female	18 Years	DAUGHTER	2025-04-15 08:56	Midnight of 2026-04-14	

Section A, VRC: 546.52 TCR: 293.23 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 839.75
 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: 198.49 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 35.73 Total with GST(D): 234.22
 Total(Section A+B+C+D) Offered Price After Discount: 1074

Package Period Covered	2025-04-15 To 2026-04-14	2026-04-15 To 2027-04-14	2027-04-15 To 2028-04-14	2028-04-15 To 2029-04-14	2029-04-15 To 2030-04-14
DV	35500	NIL	NIL	NIL	NIL
IS 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 2027-04-24 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

IMITATIONS 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) 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 1 lakh 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 id: 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 Thanks Rs 1073.97 ON 2025-04-15 from Mr./Ms. CHANDARMA RAY against the ARN No. INCP00426744
 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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





Indian Union Vehicle Registration Certificate
Issued by Government of Bihar



Regn. Number BR2BAA4891 Date of Regn. 20-06-2022 Regn. Validity 19-06-2037

Chassis Number MBLHAW129NHAS1026

Owner Serial 1

Engine / Motor Number HA11EDNHA17217

Owner Name CHANDARMA RAY

Son / Wife / Daughter of (In case of Individual Owner) RAMAGHAR RAY

Fuel PETROL
Emission Norms BHARAT STAGE VI

Address VILL SURWANIYA, PO NAUTAN PACHPHERA, GOPALGANJ, BR, 841243

Card Issue Date (15-07-2022)



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

Regn. Number BR2BAA4891

Maker's Name HERO MOTOCORP LTD



Model Name SPLENDOR+ BLACK AND ACCENTSS

Colour BLACK AND ACCENT

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 112 / 242 / 0

Number of Cylinders Cubic Capacity / Horse Power(BHP/Kw) Wheel Base(mm)
1 97.2 / 7.91 1236

Number of Axle # Financer Name #
HERO FINCORP LTD

Form 23A

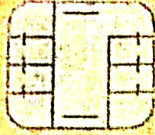
Registration Authority
DTO - GOPALGANJ

INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

DL - BR-2820130039933

FORM-7



Name : CHANDAN KR. THAKUR
S/W/D of : PARSHURAM THAKUR
Address : AT KABILASHWA, PO
PANCHFERA, PS MIRGANJ,
GOPALGANJ



Valid Till (Transport)

Valid Till (Non-Transport)
26-09-2033

DOB : 12-01-1989 SG : B+

Badge No :

Authorisation to drive the following vehicle
class throughout India.

Signature of Holder

Type of Vehicles : LMV NT MCWG Only

Handwritten signature

Office of Licensing Authority

Issue Date : 27-09-2013

B 1591726

DL - BR-2820130039933

Original LA : DTO, GOPALGANJ



Old DL No :


Date Of Issue : 27-09-2013

Class Of Vehicles :

Vehicle Class	Issue Date
LMV-NT	27-09-2013
MCWG	27-09-2013

भारत सरकार
Government of India





चन्द्रमा राय
Chandrama Ray
जन्म तिथि/DOB: 01/01/1968
पुरुष/ MALE

2917 1507 3475
VID : 9119 4921 5227 0748

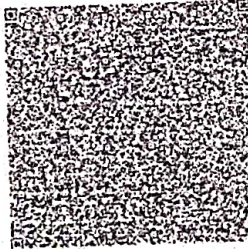
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आसमज: रामगधर राय, सुरवाणिया, पोस्ट-नातान, पक्षफेरा,
गोपालगंज,
बिहार - 841243


Address:
S/O: Ramaghar Ray, surwaniya, post-nautan,
Pachphera, Gopalganj,
Bihar - 841243



2917 1507 3475
VID : 9119 4921 5227 0748

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

CHANDRAMA RAY

RAMAGHAR RAY

01/01/1968
Permanent Account Number
CGWPR2242H

चन्द्रमा राय
Signature

