

ESTIMATE

DATE...19.02.26

DINKAR AUTOMOBILES

CLAIM NO.....

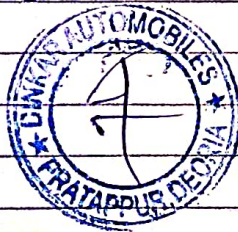
(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APJPI2078R1Z3)

CUSTOMER NAME - Ramdulare

REG NO-UP52EK2279

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			1050
2	H/L			850
3	Front fender			1250
4	Indicator R			220
5	Mirror R			150
6	Handle			560
7	Socor pipe R			1150
8	Socor pipe L			1150
9	Eng. guard			650
10	B/lever			100
11	opening and fitting			800
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	7730



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.	Ramdulare 8957482850
2	Vehicle No. / वाहन संख्या	UP52CF2279
3	Policy No. / पालिसी संख्या	252400/31/2026/8526
4	Period of Insurance / बीमा अवधि	30-04-25 to 29-04-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16-02-26 11 बजे AM
6	Place of Accident / दुर्घटना का स्थान	मशौलीराव
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vinay Kumar BR2920160079853
8	Estimated Loss / अनुमानित हानि	नरु 30
09.	Cause of Accident / दुर्घटना का कारण	अज्ञानक, मेरी गाडी के सामने वाहक वाला आ गया उस वाहक वाले से बचने के चक्कर में ब्रेक लिया जिससे मेरी गाडी डिस्कबलेंस होकर साइड में एक पैड संभाल चकुराई और डमरु हो गया मैं रामदुलार विनय कुमार की गाडी दिये थे जिससे स्क्वीडिंड हो गयी ।
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.	Dimkar Automobiles Pvt. Ltd. Deoria UP M. NO. 9798753535

19-02-26

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

रामदुलारे



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. 252400/31/2026/8526

Tel. No. _____

Period of Insurance 30-4-2025 to 29-4-2026
 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 : Ramdulare
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>01277</u>	Registration No.
	Chassis No. <u>01810</u>	<u>UP52CF</u> <u>22 79</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 : Vinay Kumar
(b) Age : 40
(c) Address : Gandhasapa PO-Kilpur
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : Relative
(e) If paid driver, how long has he been in your employment : 5
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : BR2920160079853
(h) Issuing Authority : 11-7-2016
(i) Date of Expiry : 31-12-2035
(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 : 16-2-2026, 11 बजे Am
(b) Place : मसौली चौक
(c) Speed of vehicle at the time of accident : 40
(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 : 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 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 19-02-2026

रमेश्वर चौहान
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/-

— रामकुमार चौहान

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: FGI90928

Page No: 1

This Document is Digitally Signed
Signed On: 11/04/2025 11:01:34 AM
Date: 11/04/2025 11:01:34 AM
Reason: Signing Process SCL

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-(5 Years))	Policy Issued On	30-APR-25
Policy No	252400/31/2026/R526	Proposal No. & Date	R/252400/31/2026/5852 & 30-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11:31 ON 30/04/2025 TO MIDNIGHT OF 29/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 11:31 ON 30/04/2025 TO MIDNIGHT OF 29/04/2030
Insured Name	RAMDULARE (GSTIN: 0)		
Insured Address	C/O -MOTILAL CHAUHAN,, VILL-BABU BAHORAN SINGH KA TOLA,,PO-MAJHAULI RAJ,PS-SALEMPUR,DISTT-DEORIA,,DEORIA, , NA,	Lead /BreakIn No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	60705
Model & Variant	HERO HF DELUXE SELF E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025				
Engine -Chassis No	HA11IECRHL01211 - MBLHAW140RHL01810			Total IDV	60705
Cubic Capacity	100			TMF CONTRACT NO	
Seating Capacity	1 + 1			Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL	Geographical Area	INDIA
RTO Location					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1017.42	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
		Legal Liability (WC)to driver (IMT-28)	0
Basic Premium	956.42	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3851
Deductibles		Total Premium (A+B)	4095
Voluntary Deductibles (IMT 22A)	0	GST	738
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	STAMP DUTY	0.00
No Claim Bonus	0	Swachh Bharat Cess@ 0.50%	0
Discount for vehicle designed for handicapped	0	Krishhi Kalyan Cess@ 0.50%	0
SIP Discount	864	Gross Premium Paid	4833
Sub-Total Deductibles	864		
Add-On Coverages			
NIL Depreciation	152		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	152		
Net own Damage Premium(A)	244		

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
POS Name		POS ID	POS PAN NO/Aadhar No	Amount

In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs.1 lac, 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, 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.

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

I/We hereby certify that the policy to which this 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/have herein to set his/their hands at 252400 on 30-APR-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 MVA 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) Reliability 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 (1) of the policy - Death of or body injury. Such amount is necessary to meet the 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

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.

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.

* This insurance excludes all pre-existing damages

Approved By : 69923SMID
Approved On : 30 APR-25
Place : MRT
Printed On : 23 DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52CF2279 Registration Date : 03-May-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 : RAMDULARE Son/wife/daughter of : MOTILAL CHAUHAN
 Full Address: (Permanent) : VILL- BABU BAHORAM SINGH KA TOLA, PO- MAJHAULI RAJ PS- SALEMPUR, DEORIA, DEORIA, UTTAR PRADESH-274506
 Full Address: (Temporary) : VILL- BABU BAHORAM SINGH KA TOLA, PO- MAJHAULI RAJ PS- SALEMPUR, DEORIA, DEORIA-UTTAR PRADESH-274506
 Fitness UpTo : 02-May-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 : AA2124556256 Rear HSRP No : AA2124114541
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW140RHL01810
 Engine No : HA11ECRHL01211 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 242
 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 w.e.f. .

Purchase dt : 30-Apr-2025 Sale Amt : 63900/-
 OTT Date : 30-Apr-2025 Amount/Rcpt No : 6390 / UP52D25050000483
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 03-May-2025 to 02-May-2040

Date : 20-May-2025 15:37:21

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 20-May-2025

देवरिया

Q 3491560



Indian Union Driving Licence

Issued by Government of Bihar

BR29 20160079853

Issue Date: 11/07/2016 Validity (NT): 31/12/2035 Validity (TR):



Name: **VINAY KUMAR**

Holder's Signature

Date Of Birth: 01/01/1986 Blood Group: A+

Organ Donor: NO

Son/Daughter/Wife of: **RAMDHAR CHAUHAN**

Address:
AT- GANDHARAPA, PO- KILPUR,
PC- NAUTAN,
NAUTAN, SIWAN, 841243

BR-D28/1504/147

DL No: **BR29 20160079853**

BR-D28/1504/147

ADPVEH No. (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
	LMV	BR29	11/07/2016	NT			
	MCWG	BR29	11/07/2016	NI			

Form 1 (Rev. 1987)

Emergency Contact Number

Nivedita Kumari
Licencing Authority



भारत सरकार
GOVERNMENT OF INDIA

एरमदुलारे
RAMDULARE
जन्म तिथि / DOB : 07/03/1998
पुरुष / MALE

7819 5384 0567

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: मोल्ले लाल चौहान, बा0. बहोरन सिंह का टोला, मझौलराज, सलेमपुर, थर्ड न012, कोलानी, देवरिया, उत्तर प्रदेश, 274506
Address: S/O: Moti Lal Chauhan, BA BAHORAN SINGH KA TOLA, MAJHAULIRAJ, SALEMPUR, ward no12, Kaulani, Deoria, Uttar Pradesh, 274506

7819 5384 0567

1847 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
EOSPR2153R

नाम / Name
RAMDULARE

पिता का नाम / Father's Name
MOTILAL CHAUHAN

जन्म की तिथि /
Date of Birth
07/03/1998

रामदुलारे जोषी
रामदुलारे जोषी
Signature