

ESTIMATE

DATE 23-02-26

DINKAR AUTOMOBILES

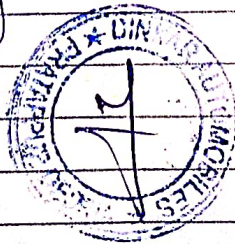
CLAIM NO.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Ramjeet Kumar Yadav REG NO- ups2ef7620

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	blisor			1050
2	H/L			650
3	Front Fender			1450
4	Indicator - R			220
5	Handle			560
6	Silencer New			6500
7	Career New			980
8	Meter C.			1250
9	Back panel R			450
10	Mirror R			150
11	Side cover			450
12	Eng. guard			650
13	opening and Fetting			1020
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	15360



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.	Ramjeet Kumar Yadav 7800926750
2	Vehicle No. / वाहन संख्या	UP52CF7620
3	Policy No. / पालिसी संख्या	252400/31/2026/19870
4	Period of Insurance / बीमा अवधि	02-06-25 to 01-06-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-02-26 12: बजे टैप एर
6	Place of Accident / दुर्घटना का स्थान	Rustam Bahari
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ravindra UP522022017524
8	Estimated Loss / अनुमानित हानि	15360
09.	Cause of Accident / दुर्घटना का कारण:	Rustam Bahari के लौट रहे थे जब लकड़ खामने रुक कर पडा तो अपना गाडी धीरा धीरे जब लकड़ पिछे से लेव गति से आ रही गाडी वाले ने मोरी गाडी में पिछे से रुक कर मार दिया जिससे मोरी गाडी सड़क पर गिरकर डैमेज हो गयी। मैं Ramjeet Kumar Yadav Ravindra को गाडी दिये थे जिनसे रुकनाइश हो गया है।
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.	Dinkar Automobiles Pratap pur Deoria UP M.No- 9798753535

23-02-26

Date / दिनांक :
हस्ताक्षर

रंजीत कुमार

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. 252400/31/2026/1987

Tel. No. _____

Period of Insurance 02-06-25 to 01-06-26
 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 Ramjeet Kumar Yadav
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>08158</u>	Registration No.
	Chassis No. <u>03275</u>	<u>UP52CA</u> <u>7620</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 NA
 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 : Ravindra
(b) Age : 29
(c) Address : Betua Deoria U.P.
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Relative
(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 : UP52202208017524
(h) Issuing Authority : 07-11-22
(i) Date of Expiry : 06-11-32
(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 : 23-02-26
(b) Place : Rustom Tzaiharoi
(c) Speed of vehicle at the time of accident : 20-40
(d) Give a short description of the accident : पीछे से वाहन चाले में टक्कर
(e) If any third party was responsible for this accident give the name and address : मार दिया है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : B+R+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 : 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? : N/A
(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? : N/A
(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? : N/A
(f) Has theft been reported to Police? : _____
(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 23-02-2006

Signature of the insured रंजीत कुमार

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 रंजीत कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

Page No: 1

This Document is digitally signed
Signature: CN=The Oriental Insurance Company Ltd., OU=The Oriental Insurance Company Ltd., O=The Oriental Insurance Company Ltd., C=IN
Date: 02/06/2025 14:28:34
Version: 1.0

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: 09AAACT0627R4ZL)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	02-JUN-25	
Policy No	252400/31/2026/19870		Proposal No.& Date	R/252400/31/2026/100319247/3 & 02-JUN-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 17:11 ON 02/06/2025 TO MIDNIGHT OF 01/06/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 17:11 ON 02/06/2025 TO MIDNIGHT OF 01/06/2030	
Insured Name	RANJEET KUMAR YADAV (GSTIN:)				
Insured Address	C/O -BABUNAND YADAV, R/O VILL-BALUA,PO-BALUA,PS-BANKATA,,DISTT-DEORIA,,DEORIA., NA.0			Lead /Breakin No	/
				Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)		
Make	HERO MOTOCORP		Vehicle	73175	
Model & Variant	HERO SPLENDOR PLUS E20		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	73175	
Engine -Chassis No	HA11E7SHA08158 - MBLHAW227SHA03275		FMF 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	1226.41		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	
Basic Premium	111.41		Legal Liability (WC)to driver (IMT-28)	0	
Geographical Area Extn (IMT -1)	0		Legal Liability to Employees (IMT-29)	0	
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%)	NA	
	Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4145	
AAI Membership (IMT-8)	0		GST	746	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMPDUTY	0.00	
SIP Discount	0		Swachh Bharat Cess@ 0.50%	0	
Sub -Total Deductibles	0		Krishl Kalyan Cess@ 0.50%	0	
	Add-On Coverages		Gross Premium Paid	4891	
NIL Depreciation	183		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	0		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)		
Sub Total Add-on Coverages	183		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	294		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
					4891
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 Rs1lac,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 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/have herein to set his/his hands at 252400 on 02-JUN-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 MVAct,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 (i)of the policy -Death of or body injury.Such 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 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 : UNIV@252400			For and on behalf of		
Approved On : 02-JUN-25			The Oriental Insurance Company Limited		
Place : MRT					
Printed On : 02-DEC-25			General Manager Authorized Signature		

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF7620 Registration Date : 31-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 : RANJEET KUMAR YADAV Son/wife/daughter of : BABUNAND YADAV
 Full Address: (Permanent) : VILL- BALUA PO- BALUA, PS BANKATA DEORIA, , DEORIA, UTTAR PRADESH-274704
 Full Address: (Temporary) : VILL- BALUA PO- BALUA, PS BANKATA DEORIA, , DEORIA-UTTAR PRADESH-274704
 Fitness Up To : 30-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 : AA1043205414 Rear HSRP No : AA1043035645
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBCHAWZ27SHA03275
 Engine No : HA11E7SHA08158 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : MATT GREY Laden/GV Wt (kgs) : 241
 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.	As Regd.	Description	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. : 29-May-2025 Sale Amt : 79866/-
 OTT Date : 29-May-2025 Amount/Rcpt No : 7987 / UP52D25050006157
 Vehicle is Govt./Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-May-2025 to 30-May-2040

Date : 25-Jun-2025 18:05:14

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 25-Jun-2025

Q 3900931

Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP52 20220017524

Issue Date: **07-11-2022** Validity (NT): **06-11-2032** Validity (TR): _____

RAVINDRA
 Date of Birth: **01-01-1977** Blood Group: **O+ VE** Organ Donor: **N**

Spouse/Partner/Wife of: **KASHI**

Holder's Signature: _____

Date of First Issue: **07-11-2022**

Uttar Pradesh Chertta Uttar
 Paschim 274304

DL No: UP52 20220017524

UPDL 000004/15755


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
Auto	MCBS	UP52	07-11-2022	NT			
Light	LAV	UP52	07-11-2022	NT			
Auto							

Emergency Contact Number: _____

Form 7 Rule 16(2)


 Issuing Authority
 UP52 DEORA



सर्वतंत्र शासन
Government of India



रंजीत कुमार यादव
Ranjeet Kumar Yadav
जन्म तिथि/DOB: 10/09/1999
पुरुष/ MALE
8948838009



4702 2024 6489

VID : 9157 5179 8345 9808

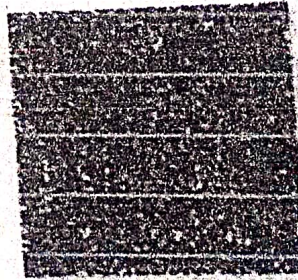
मेरा आधार, मेरी पहचान



सर्वतंत्र शासन प्राधिकरण
Unique Identification Authority of India

पता:
S/O Babunand Yadav, ... , Balua, Deoria,
उत्तर प्रदेश - 274704

Address:
S/O Babunand Yadav, ... , Balua, Deoria,
Uttar Pradesh - 274704



QR Code with Photograph

4702 2024 6489

VID : 9157 5179 8345 9808



12008183 000001 00000101

www.mca.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 Ranjeet Kumar Yadav
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 : _____

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.