

ESTIMATE

DATE 24-02-24

DINKAR AUTOMOBILES

CLAIM NO.....

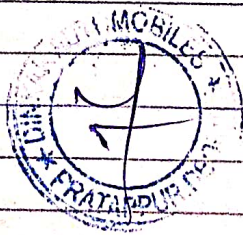
(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Anup Kumar

REG NO-UPS2CF 6576

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wahizer			1050
2	Front Fender			1250
3	Indicator R			220
4	Mirror R			150
5	Handle			560
6	B/Lever			1000
7	Eng. gaural			650
8	opening and feeding			700
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	4680



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.	Anup kumar 8417854380
2	Vehicle No. / वाहन संख्या	UP52CF6576
3	Policy No. / पालिसी संख्या	2524000/31/2026/17149
4	Period of Insurance / बीमा अवधि	24-05-25 to 23-05-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-02-26 10 बजे सुबह
6	Place of Accident / दुर्घटना का स्थान	हरैराम गौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sailesh UP5220150019132
8	Estimated Loss / अनुमानित हानि	4680
09.	Cause of Accident / दुर्घटना का कारण :	अज्ञान में गाड़ी के सामने चक्का के निचे गिरी पटने के कारण मेरी गाड़ी डिस्कब्रेक हो गयी और सड़क पर गिरकर डैमेज हो गया मैं Anup kumar. Sailesh को गाड़ी दिखे के बिना खरसीडर 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 Pratapnagar Deoria UP M.No. 9798753535

24-02-26

Date / दिनांक :
हस्ताक्षर

अनुप 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. 252400/31/2026/1714

Tel. No. _____

Period of Insurance 29-05-25 to 23-05-26

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 : Amup Kumar
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>05778</u>	Registration No.
	Chassis No. <u>58111</u>	<u>UP52CF</u> <u>6576</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 : NA
 (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 : Sailesh
(b) Age : 30
(c) Address : Bhopatpur khampas Deoria
(d) Is the Driver
1. Owner :
2. paid driver? : NA
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 : UP52 20150219132
(h) Issuing Authority : 05-11-2015
(i) Date of Expiry : 04-11-2035
(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 : 20.02.2016 10 बजे सुबह
(b) Place : हराम नौराह
(c) Speed of vehicle at the time of accident : 35
(d) Give a short description of the accident : चक्का फिसलने के कारण
(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 : HTA
(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 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 28-02-2026

अनुप कुमार
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 अनुप कुमार

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No: 1



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-45 Years)	Policy Issued On	24-MAY-25
Policy No	252400/31/2026/17149	Proposal No.& Date	R/252400/31/2026/11841 & 24-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:01 ON 24/05/2025 TO MIDNIGHT OF 23/05/2026
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 12:01 ON 24/05/2025 TO MIDNIGHT OF 23/05/2026
Insured Name	ANUP KUMAR (GSTIN: 0)		
Insured Address	CO - NANDLAL PRASAD, ADD-CHAKRWA URF BANKUL, DEORIA, U.P., DEORIA, NA,		Lead / Break In 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			Total IDV	60705
Engine - Chassis No	HA11F4S9E05778 - MBLHAW435S9E58111			IMT CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL		
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
Basic Premium	956.42	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%)	0
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)	4095
AAI Membership (IMT-8)	0	GST	738
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	864	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	864	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	4833
NIL Depreciation	152		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	152	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Net own Damage Premium (A)	244	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IM1,7,10,28.	

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4833
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch
POS Name	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, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.com 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 set his/their hands at 252-400 on 24-MAY-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) 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 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 :	9221378AID	For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature
	Approved On :	24-MAY-25	
	Place :	MRT	
	Printed On :	24-MAY-25	

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF6576 Registration Date : 27-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 : ANUP KUMAR Son/wife/daughter of : NANDLAL PRASAD
Full Address: (Permanent) : VILL- CHAKRWA URF BANKUL, DEORIA, , DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL- CHAKRWA URF BANKUL, DEORIA, , DEORIA-UTTAR PRADESH-274703
Fitness UpTo : 26-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 : AA2128977336 Rear HSRP No : AA1042386970
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
No of Cylinders : 1 Chassis No : MBLHAW435S9E58111
Engine No : HA11F4S9E05778 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : SPORTS RED BLACK 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 HERO FINCORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 27-May-2025.

Purchase dt	: 24-May-2025	Sale Amt	: 65000/-
OTT Date	: 24-May-2025	Amount/Rcpt No	: 6500 / UP52D25050005062
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 31-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 27-May-2025 to 26-May-2040

Date : 13-Jun-2025 13:21:29

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 13-Jun-2025

Q 3882313

UNION OF INDIA Driving Licence  

UP52 20150019132

 **वारी तारी आ तिथि**
Date of Issue 05/11/2015

वारी तारी आ तिथि
Date of Birth 10/08/1995


वारी तारी आ तिथि
Valid Until 04/11/2035


वारी तारी आ तिथि
Blood Group Unknown

www / Name
SAILESH

पिता / पिता का नाम / Son/Daughter/Wife of
VIJULI

UP52 20150019132 UP03228528MT


 **LMV**
05/11/2015

 **MCWG**
05/11/2015

UP Form 7 Rule 10(2)

पता / Address
KARJANTA, BHOPATPURA
KHAMPAR
DOERIA

SAILESH
Holder's Signature


आधिकारी / Issuing Authority Sign
DEORIA

भारत सरकार
Government of India

अनूप कुमार
Anup Kumar
जन्म तिथि/DOB: 05/06/2000
पुरुष/ MALE

Download Date: 01/10/2021

Issue Date: 27/09/2021

3333 2749 3599
VID : 9143 9645 2604 8832

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आलमज, नन्दलाल, बंकुल, चक्रवा उर्फ बंकुल, देवरिया,
उत्तर प्रदेश - 274703

Address:
S/O: Nandalal, bankul, Chakrwa Urf Bankul,
Deoria,
Uttar Pradesh - 274703

3333 2749 3599
VID : 9143 9645 2604 8832

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 Amur kumari
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)

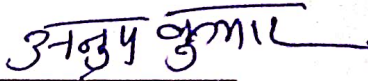
Verification

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.