

**ESTIMATE**

DATE 26-02-25

**DINKAR AUTOMOBILES**

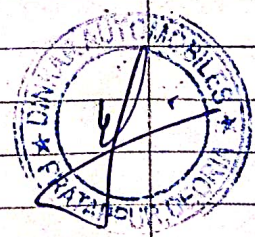
CLAIM NO.....

( Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIJ2078R1Z3)

**CUSTOMER NAME** - Mohish Kumar Thakur **REG NO** - BR 29 BE 53 977

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			850
3	Front Fender			1450
4	Indicator L			220
5	Mirror L			150
6	Handle			560
7	C/Lever			1000
8	Eng. general			650
9	opening and Fitting			750
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			<b>TOTAL</b>	<b>5580</b>



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.	Manish Kumar Thakur न 761984372
2	Vehicle No. / वाहन संख्या	BR29 BE 5397
3	Policy No. / पालिसी संख्या	252400/31/2025/91020
4	Period of Insurance / बीमा अवधि	2-3-2025 to 1-3-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-2-2026 - 6 वज्र शाम
6	Place of Accident / दुर्घटना का स्थान	भैरवा
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rupesh Prasad ML 0820170200228
8	Estimated Loss / अनुमानित हानि	95580
09.	Cause of Accident / दुर्घटना का कारण :	भैरवा में एक मोड़ पर मोड़ रहे थे तब तक सामने से एक गाड़ी ब्रामा आकर मेरी गाड़ी में टक्कर मार दिया. जिससे मेरी गाड़ी सड़क पर गिरकर डमक हो गयी। मैं Manish Kumar Thakur. Rupesh Prasad का गाड़ी दिग्ग य जिससे अक्सीडेंट 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 / फोन नं.	Dinkar Automobile Hero Agency Pratappur mob- 979875 3535

26-02-26  
Date / दिनांक :  
हस्ताक्षर

मनिष 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. 252900/31/2025/91020  
 Tel. No. \_\_\_\_\_ Period of Insurance 8-3-2025-1-3-2026  
 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 : Manish Kumar & Thakur  
 (b) Address for correspondence :  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>L-08913</u> Chassis No. <u>L-05035</u>	Registration No. <u>BR 29BE</u> <u>5397</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 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 : \_\_\_\_\_

NO

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rupes prasad  
 (b) Age : 26  
 (c) Address : Tura Beladapa  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver?  
 3. Owner's relative or friend? : दोस्त  
 (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 : mLOB 228  
 (h) Issuing Authority : 6-4-2017  
 (i) Date of Expiry : 5-4-2017  
 (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 : 23-2-2026 6:30 PM  
 (b) Place : मरुत  
 (c) Speed of vehicle at the time of accident : 30 km/h  
 (d) Give a short description of the accident : गाड़ी वाद से खतर हो गया है  
 (e) If any third party is responsible for this accident give the name and address :

6. DAMAGE TO INJURED VEHICLE

- (a) Full details of damage : /NA  
 (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? : \_\_\_\_\_ 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? : \_\_\_\_\_ 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 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 26-02-2026

मनिष 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 मनिष कुमार .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Page No: 1

This document is digitally signed  
Signed: 04/11/2025 12:14:02 IST  
Company: THE ORIENTAL INSURANCE COMPANY LIMITED  
Date: Thu Dec 25 2025 12:14:02 IST  
Reason: Signing Policy for OIC

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	02-MAR-25
Policy No	252400/31/2025/91020	Proposal No. & Date	R/252400/31/2025/68302 & 02-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11:53 ON 02/03/2025 TO MIDNIGHT OF 01/03/2026
Agent/Broker Name	ABHINAV BIHATI	Policy Period (LIABILITY)	FROM 11:53 ON 02/03/2025 TO MIDNIGHT OF 01/03/2030
Insured Name	MANISH KUMAR THAKUR (GSTIN: 0)		
Insured Address	C/O -MAINEJAR THAKUR, VILL-KILPUR,PO-KILPUR,PS-NAUTAN,,DIST-SIWAN,BIHAR, , NA,	Lead /Breakin No	/
		Insured State	BIHAR

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	77521
Engine -Chassis No	HA11E7RHL08913 - MBLHAW219RHL05035		TMF 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	1299.25	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	1221.25	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%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3851
Deductibles		Total Premium (A+B)	4162
Voluntary Deductibles (IMT 22A)	0	GST	749
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	Krishi Kalyan Cess@ 0.50%	0
SIP Discount	1104	Gross Premium Paid	4911
Sub-Total Deductibles	1104		
Add-On Coverages			
NIL Depreciation	194		
Return to Invoice	0		
Key Replacement	0		
Consumables	194		
Sub Total Add-on Coverages	311		
Net own Damage Premium(A)			

- Note:
1. Policy Issuance 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	Relation	Amount
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name	4911
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/their hands at 252400 on 02-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 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) Race Making (5) Speed testing (6)Reliability trails  
(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 a 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  
**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 four 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

For and on behalf of  
**The Oriental Insurance Company Limited**

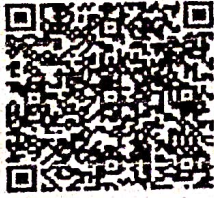
Approved By : 2550925MDI  
Approved On : 02-MAR-25  
Place : MRI  
Printed On : 25-DEC-25

General Manager  
Authorized Signature



Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number  
BR29BE5397



Maker Name:  
HERO MOTOCORP LTD

Model Name:  
SPLENDOR+ XTEC (DRS)

Colour: / Body Type:  
BLACK TORNADO GREY SOLO WITH PILLION  
Seating(in all) / Standing / Sleeper Capacity  
2 / 0 / 0

Month-Year of Mfg.  
11 - 2024

Unladen / Laden /Gross Combination Weight (Kg)  
112.00 / 242.00 / 0.00

No. of Cylinders  
1

Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm)  
97.20 7.91 1235.00

Number of Axle

Financer Name

Form 23A

Registration Authority  
DTO-SIWAN

BR-R2919035772



Indian Union Vehicle Registration Certificate  
Issued by Government of Bihar



Regn No Date of Regn. Regn. Validity Owner  
BR29BE5397 08-04-2025 07-04-2040 Serial

1

Chasis No:  
MBLHAW219RHL05035

Engine No:  
HA11E7RHL08913

Owner Name  
MANISH KUMAR THAKUR

Fuel  
PETROL

Ownership  
INDIVIDUAL

Emission Norms  
BHARAT STAGE  
VI

Son/Wife/Daughter of (In case of Individual Owner)  
MAINEJAR THAKUR  
Address

VILL KILPUR, PO KILPUR, PS NAUTAN, Siwan, BR, 641226

Card Issue Date 02-05-2025

BR R2919035772

**UNION OF INDIA DRIVING LICENSE**

ML 144


ML08 2017 0000228


Date of Issue: 06-04-2017      Validity: 05-04-2037

Name: RUPESH PRASAD

S/o: HARI NARAYAN PRASAD

DOB: 11-11-2000      Blood Group: A+









11

ML08 2017 0000228

Mobile No. \*\*\*\*\*8763

 LMV 21-09-2020     
  MCWOG 06-04-2017     
  MCWG 21-09-2020


Endorsement Date: 21-09-2020

Endorsement No: ML08 /AED/0000257/2020

Hazardous Validity

Present Address: TURA BELDARPARA, WEST GARO HILLS, ML, 794001

Holder's Signature

  
 District Transport Officer  
 Issuing Authority  
 West Garo Hills, India



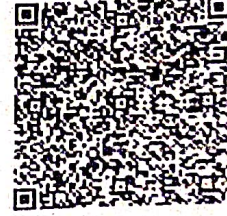
भारत सरकार

Government of India



मनिष कुमार ठाकुर  
Manish Kumar Thakur

जन्म तिथि / DOB : 21/05/1996  
पुरुष / Male



8060 4326 5077

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: मैनेजर ठाकुर,  
किलपुर, सिवान, कीलपुर, बिहार,  
841243

Address: S/O: Mainekar Thakur, Kilpur,  
Siwan, Keelpur, Bihar, 841243

8060 4326 5077



1947  
1800 300 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 Manish Kumar Thakur
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 : \_\_\_\_\_

Manish Kumar  
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.