

ESTIMATE

DATE-02-03-2026

DINKAR AUTOMOBILES

CLAIM NO-.....

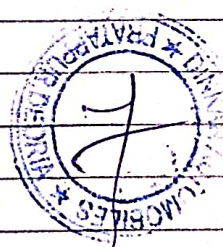
(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Bebi Devi

REG NO- UPS2CH1152

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	blisox			1050
2	Front fender			1450
3	Indicator L			220
4	Handle			580
5	Eng. gaurid			650
6	C/lever			100
7	opening and fitting			700
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	4750



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.	Tzebi Devi 8953509357
2	Vehicle No. / वाहन संख्या	UP52CH1152
3	Policy No. / पालिसी संख्या	252400/31/2026/24599
4	Period of Insurance / बीमा अवधि	25-06-25 to 24-06-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27-02-2026 03 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	सबसर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajjan kumar BR 28 20250022154
8	Estimated Loss / अनुमानित हानि	4750
9.	Cause of Accident / दुर्घटना का कारण:	अन्यानक मेरी गाडी के सामने एक व्यक्ति भा रामे एक व्यक्ति के बचाने के कारन मे एक लिथे जिसने मेरी गाडी डिब्रैलेशन हो गयी और असल पर गिरकर डमक हो गयी / मे Tzebi Devi. Rajjan kumar को गाडी दिथे के जिन्से रजिस्ट्रिड हो गमा 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 Pratapur Deoria UP M.No

02-03-26

Date / दिनांक :
हस्ताक्षर

वेबी देवी

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. 252400/31/2026/24595

Tel. No. _____

Period of Insurance 25-06-25 to 24-06-26
 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

- (a) Name : Bebi Devi
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>11576</u>	Registration No.
	Chassis No. <u>11377</u>	<u>UP52CH</u>
		<u>1152</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 : _____
 (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 : Rajam Kumar
(b) Age : 20
(c) Address : Jagannath Mangunj
(d) Is the Driver :
1. Owner : NA
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 : TR28 20250022154
(h) Issuing Authority : 19-11-25
(i) Date of Expiry : 31-12-44
(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 : 27-02-2026
(b) Place : सरसर
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : व्यक्ति को बचाने के चक्कर में
(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+L
(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? : 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 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 02-03-2026

वेवी देवी
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 खेवी देवी
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH1152 Registration Date : 30-Jun-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 : BEBI DEVI Son/wife/daughter of : RAMPUKAR PAL
 Full Address: (Permanent) : VILL- RAMPUR BRAHMCHARI TOLA, PO- PRATAPPUR PS- SHREERAMPUR, BHATPAR RANI DEORIA, DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL- RAMPUR BRAHMCHARI TOLA, PO- PRATAPPUR PS- SHREERAMPUR, BHATPAR RANI DEORIA, DEORIA-UTTAR PRADESH-274703

Fitness UpTo : 29-Jun-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 : AA1043239648 Rear HSRP No : AA1043057774
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW333SHF11377
 Engine No : HA11FBSHF11576 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey 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 : 25-Jun-2025 Sale Amt : 86101/-
 OTT Date : 25-Jun-2025 Amount/Rcpt No : 8611 / UP52D25060003751
 Vehicle Is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 30-Jun-2025 to 29-Jun-2040

Date : 23-Jul-2025 15:30:21

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority



Q. 4505540



Indian Origin Driving Licence
Issued by Government of Bihar

BR28-20250022154

Issue Date: 19/11/2025 Validity (NT): 11/12/2044 Validity (TR):



Date of issue: 19/11/2025

Name: **RAJAN KUMAR**

Holder's Signature: _____
 Organ Donor: NO

Date Of Birth: 01/01/2005 Blood Group: O+
 Son/Daughter/Wife of: HIRDIYA SAIH

Address:
 AT JGANA JAGANNATH PO MORGANJ
 PS MORGANJ
 Hathua, Gopalganj, BR, 841438

BR-D2823042807

DLNo: BR28-20250022154

BR-D2823042807



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
	LDHXCV	BR28	19/11/2025	NI			
	LMV	BR28	19/11/2025	NT			
	MCWG	BR28	19/11/2025	NI			

Form 7 Rule 16(2)

Emergency Contact Number

Licencing Authority
 DTO, GOPALGANJ



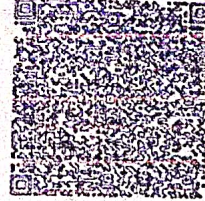
भारत सरकार

Government of India



बेबी देवी
Bebi Devi

जन्म तिथि / DOB : 01/01/1984
महिला / Female



4653 3736 2691

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: W/O: रामपुकर प्राल, रामपुर
ब्रह्मचारी टोला, रामपुर, देवरिया,
प्रतापपुर, उत्तर प्रदेश, 274703

Address: W/O: Rampukar Pal, rampur
brahmchari tola, Rampur, Deoria,
Paratappur, Uttar Pradesh, 274703

4653 3736 2691

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 Bebi Devi
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)

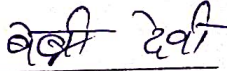
Verification

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.