

ESTIMATE

DATE: 02-03-26

DINKAR AUTOMOBILES

CLAIM NO:

(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APJP12078R123)

CUSTOMER NAME - Jaynarayan Kushwaha REG NO- BR29AX6439

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front fender			1250
4	Indicator L			220
5	Mirror L			150
6	Socor pipe L New			1150
7	Socor pipe R New			1150
8	Handle			850
9	Handle T New			850
10	Eng. guard			650
11	opening and Fitting			800
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	8470



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.	Jaynarayan Kushwaha 9576060348
2	Vehicle No. / वाहन संख्या	BR29AX6439
3	Policy No. / पालिसी संख्या	MB/2025/7001/0/46575/425414
4	Period of Insurance / बीमा अवधि	5-5-2025 to 4-5-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	1-3-2026 - 3 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	किलपुर मोड़
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jaynarayan Kushwaha BR2920090035667
8	Estimated Loss / अनुमानित हानि	8470
9	Cause of Accident / दुर्घटना का कारण :	किलपुर में वाइक खड़ा करके समान जखीर रंजन से तब तक सामन से तेज गति से धाक रही वाइक वाल ने मेरी गाडी में टकरा मार दिया जिससे मेरी गाडी क्षतिग्रस्त हो गई / मैं Jay narayan kushwaha मेरे से ही रिपोर्टिंग हो गया
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 Automobile Head Agency Pratappur Mob-9798753535

02-03-26
Date / दिनांक :
हस्ताक्षर

जयनारायण कुशवाहा
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. MS/2025/7007/0/46575/2541

Tel. No. _____

Period of Insurance 5-5-2025 to 4-5-2026
 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 : Jaynarayan Kushwaha
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>00 979</u>	Registration No. <u>BR 29AX</u> <u>64 89</u>
	Chassis No. <u>00 936</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 : Jaynarayan Kushwaha
(b) Age : 43
(c) Address : Mishischaik PO - Shahpur
(d) Is the Driver :
1. Owner : Owner
2. paid driver? :
3. Owner's relative or friend? : Owner
(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 : BR2920090035667
(h) Issuing Authority : 17-10-2023
(i) Date of Expiry : 16-10-2033
(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 : 1-3-2026 - 3:45 PM
(b) Place : किलपुर मीस
(c) Speed of vehicle at the time of accident : 85-40
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : / NA

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 : / 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? : _____ 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 02-03-2008

गणेशराज ठाकुर
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 गणेशचंद्र शर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/425414

Motorsathi Care Private Limited

Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
JAY NARAYAN KUSHWAHA	1983-09-05	9576060348	LT RAMNATH KUSHWAHA	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	BR29AX6439	HA11ECPHC00979	MBLHAW14XPHC00936	2023-05-26	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
36000.00	NA	0.00	0.00	0.00	36000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1142.30	
Address			City / District	Pin Code	State	
VILL-MISIRCHAK,PO-SHAHPUR,PS-NAUTAN,DISTT-SIWAN,				841243	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
BRIJESH KUSHWAHA	Male	23 Years	SON	2025-05-05 00:08	Midnight of 2026-05-04	

Section A, VRC: 518.08 TCR: 254.88 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 137.69 Total with GST(A) 635.27
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with ST(B): 0.00
 Section C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00
 Section D, Drive Assure: 188.16 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 33.87 Total with GST(D): 222.03

Total(Section A+B+C+D) Offered Price After Discount: 1142					
Package Period Covered	2025-05-05 To 2026-05-04	2026-05-05 To 2027-05-04	2027-05-05 To 2028-05-04	2028-05-05 To 2029-05-04	2029-05-05 To 2030-05-04
DV	36000	NIL	NIL	NIL	NIL
IS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-05-04 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

RESTRICTIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000 Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643 Email id: info@motorsathi.com

IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1142.29 ON 2025-04-11 from Mr./Ms. JAY NARAYAN KUSHWAHA against the ARN No. INCP00425414

The acknowledgement is subject to a compulsory excess of Rs. 100% & Depreciation is applicable as per terms & conditions*

(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Indian Union Driving Licence
Issued by Government of Bihar



BR29 20090035667

Issue Date: 17-10-2023 Validity(NT): 16-10-2033



Holder's Signature

Organ Donor: N

Date of First Issue: 28-10-2009

Name: JAI NARAYAN KUSHWAHA

Date of Birth: 05-09-1983

Blood Group: B+

Son of: RAM NATH KUSHWAHA

Address: AT MISHIRCHAK PO SHAHPUR PS NAUTAN DIST SIWAN BIHAR 841243

DL No: BR29 20090035667



Invalid Carriages (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
	MCWG	BR29	28-10-2009	NT	-	-	-
	LMV	BR29	28-10-2009	NT	-	-	-

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
DTO - BR-29



Indian Union Vehicle Registration Certificate
 Issued by Government of Bihar



Regn. Number	BR29AX6439	Date of Regn.	26-05-2023	Regn. Validity	25-05-2038
Chassis Number	MBLHAW14XPHC00936	Owner Serial	1		
Engine / Motor Number	HA11ECPHC00979				
Owner Name	JAY NARAYAN KUSHWAHA				
Son / Wife / Daughter of (in case of Individual Owner)	LT RAMNATH KUSHWAHA				
Fuel	PETROL				
Emission Norms	BHARAT STAGE V				
Address	VILL MISIRCHAK, PO SHAHPUR, PS NAUTAN, SIWAN, BR, 841243				

Card Issue Date: 10/07/2023



Vehicle Class: M-CYCLE/SCOOTER (2WN)

Regn. Number
BR29AX6439



Maker's Name	HERO MOTOCORP LTD		
Model Name	HF DELUXE (DRS)		
Colour	BLACK NEXUS BLUE		
Body Type	SOLO WITH PILLION		
Seating (in all) / Standing # / Sleeper Capacity #	2 / 0 / 0		
Month-Year of Mfg.	Unladen / Laden # / Gross Combination # Weight (kg)	03 - 2023 / 112 / 242 / 0	
Number of Cylinders	Cubic Capacity / Horse Power(BHP/Kw)	1 / 97.2 / 7.91	
Number of Axle #	Financer Name #	1 /	
		Wheel Base(mm) 1235	

Form 23A

Signature
 Registration Authority
 DTO - SIWAN


भारत सरकार
Government of India



जयनारायण कुशवाहा
Jaynarayan Kushwaha

जन्म तिथि / DOB: 05/09/1983
पुरुष / Male

9449 2498 5158



आधार - आम आदमी का अधिकार


आधार


भारत सरकार
Unique Identification Authority of India


पता: S/O: रामनाथ कुशवाहा, मिसिरचक
शाहपुर, सवपुर, सिवान, बिहार, 841243

Address: S/O: Ramnath
Kushwaha, misirchak,
Shahpur, Sahpur, Siwan,
Nautan, Bihar, 841243

9449 2498 5158

1847
1800 000 1847


help@uidai.gov.in


www.aaicare.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 Jaynarayan kushwaha
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 : _____

Jaynarayan kushwaha
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.