

ESTIMATE

DATE-08-03-26

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO- 09APJPJ2078R1Z3)

CUSTOMER NAME - Nibha kumari

REG NO- UP52CF6568

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front Fender			1250
4	Indicator R			220
5	Mirror R			150
6	Handle			560
7	B/Lever			1000
8	Engi guard			650
9	opening and fitting			750
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5380



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.	Nibha Kumari 9794166996
2	Vehicle No. / वाहन संख्या	UP52CF6568
3	Policy No. / पालिसी संख्या	252400/31/2026/17306
4	Period of Insurance / बीमा अवधि	24-5-2024 to 23-5-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5-3-2026 4 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	बावना बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tajbuddin Ansari BR 2920120020487
8	Estimated Loss / अनुमानित हानि	53800
9	Cause of Accident / दुर्घटना का कारण :	बूचानक मेरी गाडी के सामने एक पकरी का बच्चा आ गया इस पकरी के बच्चे को बूचाने के युक्त में ब्रेक लिये जिससे मेरी गाडी डिस्कबलिस हो गयी और सड़क पर गिरकर डैमज हो गयी। मैं Nibha Kumari, Tajbuddin Ansari को गाडी दिये थे जिनसे रॉबरीड-2 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 Automobile Heron Agency patappur Mob - 9798753535

08-03-26

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

निभा कुमारी



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. 252100/31/2026/17306
 Tel. No. _____ Period of Insurance 24-5-2026 to 23-05-2026
 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 : Nibha Kumari
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>67531</u>	Registration No.
	Chassis No. <u>04651</u>	<u>UPS2CF</u> <u>6568</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 : Tajbuddin
(b) Age : 35
(c) Address : Uma Nagar Kotwadi Deoria
(d) Is the Driver :
1. Owner : NA
2. paid driver? :
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 : BR 29 2012 02 0437
(h) Issuing Authority : 16-05-12
(i) Date of Expiry : 15-05-32
(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 : 05-03-26
(b) Place : बनारस बनारस
(c) Speed of vehicle at the time of accident : 25-30
(d) Give a short description of the accident : जानवर को अचाने 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 + 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? : 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? : 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 08-03-2006

निमा कुमारी
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 *निमा कुमारी*
Occupation
Address
.....
.....

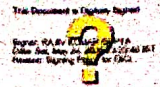
Bank Account Number
Name of the Bank




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-(5 Years))		Policy Issued On	24-MAY-25	
Policy No	252400/31/2026/17306		Proposal No. & Date	R/252400/31/2026/9998282R/3 & 24-MAY-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 23:10 ON 24/05/2025 TO MIDNIGHT OF 23/05/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 23:10 ON 24/05/2025 TO MIDNIGHT OF 23/05/2030	
Insured Name	NIBHA KUMARI (GSTIN: 0)		Lead /Break In No	0	
Insured Address	D/O-SAMPATI PRASAD, VILL-KISHORI CHHAPAR,PO-RATSIYA KOTHL,PS-BANKATA,,DISTT-DEORIA,,DEORIA, , NA.		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	HAJ1E1RHJ67531 - MBLJAW138RHJ04651		TMF CONTRACT NO		
Cubic Capacity	100		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	IND	
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		Compulsory PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	107.42		Legal Liability (WC) to driver (IMT-28)	0	
Geographical Area Extn (IMT-1)	0		Legal Liability to Employees (IMT-29)	NA	
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	3851	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	4110	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	740	
AAI Membership (IMT-8)	0		GST	0	
No Claim Bonus	0		SERVICE TAX	0.00	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0	
SIF Discount	0		Swachh Bharat Cess@ 0.50%	0	
Sub -Total Deductibles	0		Krishi Kalyan Cess@ 0.50%	4850	
Add-On Coverages			Gross Premium Paid		
NIL Depreciation	152		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	152		3. The Policy is subject to a compulsory Deductible of Rs (IMT-22)		
Sub Total Add-on Coverages	259		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	259		5. Subject to Endorsements IMT,7,10,28.		
Nominee Details : Nominee Name, Age, Relation					
Payment Details : Payment Method, Cheque No./Transaction No., Bank Name, Amount					
Financer Type, Financer Name, Financer Branch, POS Name, NA, POS ID, NA, POS PAN NO/Aadhar No, NA					
<p>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.</p> <p>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.</p> <p>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).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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.</p> <p>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 24-MAY-25</p> <p>IMPORTANT NOTICE</p> <p>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".</p>					
<p>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 trails</p> <p>g)Any Purpose in connection with motor trade.</p> <p>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</p> <p>Limits of Liability Clause:Under section 11-1 (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 11-1 (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</p> <p>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</p> <p>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,1998.</p> <p>* This insurance excludes all pre existing damages</p>					
		Approved By : UNIV@252400 Approved On : 24-MAY-25 Place : MRT Printed On : 24-MAY-25		For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature	

Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52CF6500 Registration Date : 27-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Owner's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURANA GKP ROAD, DEORIA, . . . 195-274603
 Owner Name : NIBHA KUMARI Son/wife/daughter of : GANPATI PRASAD
 Full Address: (Permanent) : VILL- KISHORI CHHAPAR, PO- RATSIYA KOTHI PS BANKATA, DEORIA, DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL- KISHORI CHHAPAR, PO- RATSIYA KOTHI PS BANKATA, DEORIA, DEORIA-UTTAR PRADESH-274703
 Fitness Up To : 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 : AA2128977328 Rear HSRP No : AA1042326962
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2024
 No of Cylinders : 1 Chassis No : MBLHAW138RHJ04651
 Engine No : HA11E1RHJ67531 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE CANVAS Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK AND ACCENT 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 : 23-May-2025 Sale Amt : 65630/-
 OTT Date : 23-May-2025 Amount/Rcpt No : 6563 / UP52D25050005054
 Vehicle Is Govt/ Pvl : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 31-May-2025

Other State/Transfer/Conversion/Reassignn 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 13:23:43


फर/पजीव/अभिपत्ति
 गोर बाइलगा
 Signature of Registration Authority
 Date : 13-Jun-2025

Taxation Particulars / Advance Registration Mark Fee Details

Q 3882461

UNION OF INDIA Driving Licence (UP) (INT+T)

BR29 20120020437




वर्ग / Class / Code
Date of Issue
16/05/2012

वर्ग / Class / Code
Date of Birth
16/11/1991

वैधता / Validity
16/12/2017

वैधता / Validity
15/05/2032


रक्त समूह / Blood Group
Unknown





TAJBUDDIN ANSARI
 Pitya / Son / Son/Daughter/Wife of
MARHUM RAJA ANSARI


DUPLICATE

BR29 20120020437


LMV
16/05/2012



MCWG
16/05/2012


TRANS
17/12/2014


UP

व्यक्ति / Address
**UMA NAGAR
 KOTWALI
 DEORIA**

Holder's Signature


 Issuing Authority Sign
DEORIA

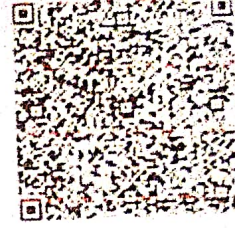
Form 7 Rule 10C



भारत सरकार
Government of India



निभा कुमारी
Nibha Kumari
जन्म तिथि / DOB 01/01/2002
सहिला / Female



3952 4715 4851

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मजा: सम्पति प्रसाद, किशोरी
छापर, किशोरी छापर, देवरिया,
रतसिया, उत्तर प्रदेश, 274703

Address:
D/O: Sampati Prasad, KISHORI
CHHAPAR, Kishori Chhapar,
Deoria, Ratsia, Uttar Pradesh,
274703

3952 4715 4851



1947



help@uidai.gov.in

WWW

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 Nibha 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 : _____

निभा कुमारी
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.