

ESTIMATE

DATE- 09-08-26

DINKAR AUTOMOBILES

CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Kavi

REG NO- UP52CH6668

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror R			368
2	Mirror L			368
3	H/L			3250
4	Mirror Headli			260.
5	Mirror Lower L			170.
6	Mirror Lower R			170.
7	Front fender			1200.
8	Mirror Assembly			4378
9	Mirror L			250.
10	C/Lever			135
11	Handle			570.
12	Handle End			60
13	Tanki Sides L			318
14	Tanki sides base			262
15	Tanki Sides upper !			850.
16	Tanki Cap L			765.
17	Footrest L			150.
18	Carriers L			686.
19	Tail peinal L			576.
20	Eng. guard			400.
21	Opening and Fetting			2000
22	H/L Base			1800.
23				18736
			TOTAL	



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.	Ravi 8130255970
2	Vehicle No. / वाहन संख्या	UP52CH6668
3	Policy No. / पालिसी संख्या	2524000/31/2020/33551
4	Period of Insurance / बीमा अवधि	19-08-25 to 18-08-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-03-2021 4 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	रामपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonu Sonkar MHUB 20230024257
8	Estimated Loss / अनुमानित हानि	18736
09.	Cause of Accident / दुर्घटना का कारण :	अज्ञान में मेरी गाड़ी के सामने एक नीलगाथ आ गया उस नीलगाथ से मेरी गाड़ी की टक्कर हो गयी जिससे मेरी गाड़ी अनियंत्रित हो गयी / मैं रावी. Sonu Sonkar को गाड़ी दिये थे जिनसे एक्सीडेंट हो गया है
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dimkar Automobiles Pratapuri Deoria UP M.No- 9798753535

09-08-26.

Date / दिनांक :
हस्ताक्षर

रवि शंकर
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. 252400/21/2026/33

Tel. No. _____

Period of Insurance 19-08-25 to 18-08-26 551
 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 : Ravi
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>24097</u>	Registration No.
	Chassis No.	<u>08951</u>	<u>UP52CH</u> <u>6668</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
 2. Was a pillion rider carried NA

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 : Somu Somkato
(b) Age : 25
(c) Address : Shigam Road Badli
(d) Is the Driver
1. Owner :
2. paid driver? : / NA
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 : MH 4B 2023024257
(h) Issuing Authority : 06-09-23
(i) Date of Expiry : 31-12-39
(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 : 06-03-2026
(b) Place : रायपुर
(c) Speed of vehicle at the time of accident : 30-घंटा
(d) Give a short description of the accident : पामवर के 2 वलराने से
(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 : नाक
(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? : _____ N/A _____
(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? : _____ N/A _____
(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? : _____ N/A _____
(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 09-08-2006

रवि शंकर
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 रविशंकर
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : FGIR0928

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	19-AUG-25
Policy No	252400/31/2026/33551	Proposal No. & Date	R/252400/31/2026/25975 & 19-AUG-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 13:57 ON 19/08/2025 TO MIDNIGHT OF 18/08/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 13:57 ON 19/08/2025 TO MIDNIGHT OF 18/08/2030
Insured Name	RAVI (GSTIN:)		
Insured Address	G/O - RAMASHANKAR,, ADD-NAIHA, PARATAPPUR, PO-RATASIYA KOTHI, RATSIYA, DEORIA,, RATSIYA,, NA,	Lead / Break In No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP		Vehicle	91519	
Model & Variant	XTREME 125R IBS		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	91519	
Engine - Chassis No	JA07AVRGK24097 - MBLJAW449RGK08951		TMF CONTRACT NO		
Cubic Capacity	124.7		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	INDIA	
Type Of Body	OTHERS	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1533.86	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	1533.86	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%)	NA
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)	4081
AAI Membership (IMT-8)	0	GST	734
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1304	Swachh Bharat Cess @ 0.50%	0
Sub -Total Deductibles	1304	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4815
NIL Depreciation		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	0	3. The Policy is subject to a compulsory Deductible of Rs (IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	230	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
			4815
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 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 this 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 19-AUG-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) 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 : 65952SSMD
 Approved On : 19-AUG-25
 Place : MRT
 Printed On : 20-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
 Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH6668 Registration Date : 02-Sep-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURNA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
 Owner Name : RAVI Son/wife/daughter of : RAMASHANKAR
 Full Address: (Permanent) : VILL- NAIHA PRATAPPUR, PO RATASIYA KOTHI DEORIA, DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL- NAIHA PRATAPPUR, PO RATASIYA KOTHI DEORIA, DEORIA-UTTAR PRADESH-274703

Fitness Up To : 01-Sep-2040

Owner Serial No

Detailed Description

Class of Vehicle	M-CYCLE/SCOOTER	Link Vehicle No	
Ownership	INDIVIDUAL	Norms	BHARAT STAGE VI
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA2133728435
Front HSRP No	AA2133164062	Month/Year of Manuf.	10/2024
Type of Body	SOLO WITH PILLION	Chassis No	MELJAW449RGK08951
No of Cylinders	1	Fuel	PETROL
Engine no	JA07AVRGK24097	Cubic Capacity	124.70
Horse Power(BHP)	11.39	Wheel base	1319
Maker's Classification	XTREME 125 R CBS	Standing Cap	0
Seating Cap(in all)	2	Unladen Wt (kgs)	137
Sleeper Cap	0	Laden/GV Wt (kgs)	267
Colour	BLACK	AC Fitted	NO
Other Criteria			
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. 29-Aug-2025

Purchase dt : 28-Aug-2025 Sale Amt : 96311/-
 OTT Date : 28-Aug-2025 Amount/Rcpt No : 9632 / UP52D25090000073
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Sep-2025


Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Sep-2025 to 01-Sep-2040

Date : 22-Sep-2025 16:04:28

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date: 22-Sep-2025

Q 5897568



**Indian Union Driving Licence
Issued by Government of Maharashtra**

MH48 20230024257

Issue Date: 06-09-2023 Validity(NT): 31-12-2039 Validity(TR): 05-09-2028



Date of First Issue: 06-09-2023

Name: SONU SONKAR

Holder's Signature

Date of Birth: 01-01-2000 Blood Group: Organ Donor: N

Son / Daughter / Wife of: LALLU SONKAR

Address: THAVAR PADA YADAV NAGAR SHIGAON RD Bolsar (CT) Palghar, MH 401501

DL No: MH48 20230024257



Invalid Carriages (Regn. Numbers)

MP000308075

Hazardous Validity Hill Validity

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	MH48	06-09-2023	NT			
	3W-GV	MH48	06-09-2023	TR			
	LHV-TR	MH48	06-09-2023	TR			

Form 7 (Rule 16 (2))

Emergency Contact Number

[MH48] Licensing Authority

भारत सरकार
Government of India

रवि
Ravi
पिता : रमाशंकर
Father : Ramashankar
जन्म तिथि / DOB : 09/09/2003
पुरुष / Male



4588 2643 6277

मेरा आधार, मेरी पहचान

आधार
Unique Identification Authority of India

पता:
आत्मज: रमाशंकर, नईहा, परतापपुर,
पीओ-रतसिया कोठी, रतसिया,
देवरिया, रतसिया, उत्तर प्रदेश,
274703

Address:
S/O: Ramashankar, Naiha,
paratappur, PO-Ratasiya Kothi,
Ratsiya, Deoria, Ratsia, Uttar
Pradesh, 274703

4588 2643 6277

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 TRINI
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 : _____

रवि शंकर
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.