

ESTIMATE

DATE-10-03-26

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Manjesh kumar

REG NO- BR 29 AU 3899

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wigors			1050
2	H/L			650
3	Front Fenders			1450
4	Eng. guard			650
5	Handle			560
6	R/Levers			100
7	Indicators R			220
8	Sailences New			7000
9	opening and fitting			850
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	12530



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.	Mamjesh Kumar 8872208249
2	Vehicle No. / वाहन संख्या	BR29AU3899
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46545/462059
4	Period of Insurance / बीमा अवधि	14-08-25 to 13-08-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5 अगस्त शाम
6	Place of Accident / दुर्घटना का स्थान	बंगडा मोड
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Aakash Mamzhi BR29 2023 0011935
8	Estimated Loss / अनुमानित हानि	12530
9	Cause of Accident / दुर्घटना का कारण	बंगडा मोड बाजार करने जा रहे थे तब एक सामने खूब खूब पडा जिससे अपनी गाडी क्षीरा किये तब तब फिट से तेज गति से आ रही खूब खूब वाईपर वाले ने मेरी गाडी को सलेंवार से टक्कर मार दिया जिससे मेरी गाडी सडक पर गिरकर डम्रेज हो गयी है। मे Mamjesh Kumar. Aakash Mamzhi को गाडी दिये थे जिनसे खूबसी डर 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.	Dimkar Automobiles Pootapur Deoria UP M.No - 9798753535

10-03-26

Date / दिनांक :
हस्ताक्षर

मंजेश 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. MS/2025/7001/0/46595/
 Tel. No. _____ Period of Insurance 14-08-25 to 13-08-26 462059
 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 : Manjesh Kumar
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>72368</u>	Registration No.
	Chassis No.	<u>37849</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 NA
 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 : Aakash Mangjhi
(b) Age : 25
(c) Address : Haripur Shahpur Nautan Siwan
(d) Is the Driver :
1. Owner : NA
2. paid driver? :
3. Owner's relative or friend? : HTS
(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 : TR 29 2023 CD 11935
(h) Issuing Authority : 07-11-2023
(i) Date of Expiry : 31-12-2039
(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 5 वजे शाम
(b) Place : HTS HTS
(c) Speed of vehicle at the time of accident : 20-30
(d) Give a short description of the accident :
(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 : B+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 10-03-2006

मंजुश्री केशरि
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

संजय कुमार
Signature

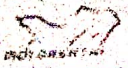
Occupation

Address

Bank Account Number

Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/462059

Motorsathi Care Private Limited

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

Contact us at

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	
Manjesh Kumar	2022-06-23	8872208279	Shivji Prasad	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF IE20	BR29AU3899	HA11EVNHE72368	MBLHAW111NHE37849	2022-06-23	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	1166.01	
Address			City / District	Pin Code	State	
Vill Harpur, Po Shahpur, Ps Nautan, Siwan, Bihar, 841243				841243	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
JHUMA KUMARI	Female	23 Years	WIFE	2025-08-14 00:00	Midnight of 2026-08-13	

Section A, VRC: 578.32 TCR: 339.84 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 918.16

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 GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 210.04 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 37.81 Total with GST(D): 247.85

Total(Section A+B+C+D) Offered Price After Discount: 1166

Package Period Covered	2025-08-14 To 2026-08-13	2026-08-14 To 2027-08-13	2027-08-14 To 2028-08-13	2028-08-14 To 2029-08-13	2029-08-14 To 2030-08-13
ADV	36000	NIL	NIL	NIL	NIL
MS 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 2027-05-25 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS 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 1lakh 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.1166.01 ON 2025-08-15 from Mr./Ms. Manjesh Kumar against the ARN No. INCP00462059
 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 Vehicle Registration Certificate
Issued by Government of Bihar



Regn. Number BR29AU3899	Date of Regn. 23-06-2022	Regn. Validity 22-06-2037
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Chassis Number MBLHAW111NHE37849	Owner Serial 1
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Engine / Motor Number
HA11EVNHE72368
Owner Name
MANJESH KUMAR
Son / Wife / Daughter of (In case of Individual Owner)
SHIVJI PRASAD

Fuel
PETROL
Emission Norms
BHARAT STAGE VI

Address
VILL HARPUR, PO SHAHPUR, PS NAUTAN, SIWAN, BR,
841243

Card Issue Date (08-07-2022)



Vehicle Class M-CYCLE/SCOOTER (2WN)

Regn. Number
BR29AU3899

Maker's Name
HERO MOTOCORP LTD



Model Name
SPLENDOR+ (SELF-DR-CST)SS

Colour
RED BLACK

Body Type
SOLO WITH PILLION

Seating (In all)	Standing	Sleeper Capacity
2	0	0

Month-Year of Mfg.	Unladen	Laden	Gross Combination	Weight (kg)
05 - 2022	111	241	0	0

Number of Cylinders	Cubic Capacity	Horse Power(BHP/Kw)	Wheel Base(mm)
1	97.2	7.91	1236

Number of Axle # **Financer Name** #

From 23A

Registration Authority
DTO - SIWAN

Indian Union Driving Licence
 Issued by Government of Bihar

BR29 20230011935

Issue Date: 07-11-2023 Validity(NT): 31-12-2039 Validity(TR):

Name: AAKASH MANJHI Date of Birth: 01-01-2000 Blood Group: AB+ Organ Donor: N

Son of: SOHAN MANJHI

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

Holder's Signature: *[Signature]*

Date of First Issue: 07-11-2023

DL No: BR29 20230011935

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
	MCV	BR29	07-11-2023	M1			
	LAV	BR29	07-11-2023	M1			

Emergency Contact Number

Licensing Authority
DIO - BR29

Form 7 Rule 16(2)



भारत सरकार

Government of India



मंजेश कुमार
Manjesh Kumar
जन्म तिथि/DOB: 13/07/1994
पुरुष/ MALE

4114 8504 6659

VID : 9184 1466 9372 1265

मेरा आधार, मेरी पहचान

Issue Date: 10/01/2018



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:
आत्मज: शिवजी प्रसाद, हरपुर, पोस्ट-शाहपुर, हरपुर, सिवान,
बिहार - 841243

Address:
S/O: Shivji Parshad, Harpur, Post-Shahpur,
Harpur, Siwan,
Bihar - 841243



Download Date: 22/11/2021

4114 8504 6659

VID : 9184 1466 9372 1265



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 Mamjesh kumar
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 : _____

Mamjesh 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.