

ESTIMATE

DATE 11-03-26

DINKAR AUTOMOBILES

CLAIM NO.....

(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-05AIPFJ2076R1Z3)

CUSTOMER NAME - Mumkeshvar

REG NO- UP52CC2175

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	Wiper Haddi			350
3	H/L			650
4	Indicator R			220
5	Indicator L			220
6	Handle			560
7	Handle T			750
8	Socor pipe R			1150
9	Socor pipe L			1150
10	Front fender			1450
11	Fuel tank New			7500
12	Motor Assembly New			3500
13	Eng. guard			650
14	opening and Fetting			1000
15				
16				
17				
18				
19				
20				
21				
22				
23				
			<b>TOTAL</b>	<b>20,200</b>



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

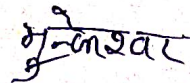
Sir / महोदय,

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.	Mumkeshwar 6354337157
2	Vehicle No. / वाहन संख्या	UP52CC2175
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/46952
4	Period of Insurance / बीमा अवधि	29-09-25 - 28-09-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11-03-2026 11:00 बजे AM
6	Place of Accident / दुर्घटना का स्थान	ठाकुरपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mumkeshwar UP52 20250206024
8	Estimated Loss / अनुमानित हानि	20,200
09	Cause of Accident / दुर्घटना का कारण:	ठाकुरपुर के रूठ मोड़ पे मोड़ रहे थे जब रूठ अचानक मेरी गाड़ी के सामने रूठ जाई वाला भा गया एक बाईक वाले से मेरी गाड़ी की सुकर हो गयी जिससे मेरी गाडी रुड़ पर गिरकर डिसेज हो गयी / मैं Mumkeshwar मेरे से हो रूठ मोड़ 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 Automobiles Pivartapur Deoria UP M.No - 9798753535

11-03-26

Date / दिनांक :  
हस्ताक्षर

  
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/2025/7001/0/46575

Tel. No. \_\_\_\_\_

Period of Insurance 29-09-25 to 28-09-26 469525  
 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 : Munkekhara  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>51008</u>	Registration No.
	Chassis No. <u>B-1077</u>	<u>UP52CC</u> <u>2175</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 : Mumkeshvar  
(b) Age : 40  
(c) Address : Bhatapur Chapara Buzurg  
(d) Is the Driver :  
1. Owner : Owner  
2. paid driver? : NA  
3. Owner's relative or 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 : UP52 20250206024  
(h) Issuing Authority : 04-04-25  
(i) Date of Expiry : 03-04-35  
(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 : 11-03-26 11:00 AM  
(b) Place : 2100 RGR  
(c) Speed of vehicle at the time of accident : 70-45  
(d) Give a short description of the accident : वाइल वाहन से टक्करने 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 : F+R+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? : 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 11-03-2006

गुलशन कौर  
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 .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/469527

**Motorsathi Care Private Limited**  
D-27, Shastri Nagar, Meerut, Uttar Pradesh. (250004) India  
Contact us at:  
Phone: +91 79410 50643  
Email: info@motorsathi.com  
Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Munkeshvar	1984-01-01	6354337157	MODNARAYAN	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52CC2175	HA11ESRHE51008	MBLHAW237RHEB1077	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
46500.00	NA	0.00	0.00	0.00	46500.00	
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	1208.09	
Address			City / District	Pin Code	State	
Vill- Chhapra Buzurg, Po- Pratappur, Ps- Shreerampur Bhatpar Rani, Deoria, Uttar Pradesh.				274703	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MODNARAYAN	Female	60 Years	FATHER	2025-09-29 00:41	Midnight of 2026-09-28	

Section A, VRC: 653.62 TCR: 274.35 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0<sup>th</sup>): 0.00 Total with GST(A) 927.97  
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: 237.39 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 42.73 Total with GST(D): 280.12

Package Period Covered	2025-09-29 To 2026-09-28	2026-09-29 To 2027-09-28	2027-09-29 To 2028-09-28	2028-09-29 To 2029-09-28	2029-09-29 To 2030-09-28
ADV	46500	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 2029-10-11 (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](http://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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:7941050643  
Email: 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 Meerut.

# Received with Thanks Rs 1208.09 ON 2025-09-29 from Mr./Ms. Munkeshvar against the ARN No. INCP00469527  
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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

# GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CC2175 Registration Date : 17-Oct-2024  
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 : MUNKESHVAR Son/wife/daughter of : MODNARAYAN  
Full Address: (Permanent) : VILL- CHHAPRA BUZURG, PO- PRATAPPUR, PS- SHREERAMPUR BHATPAR RANI,  
DEORIA, UTTAR PRADESH-274703  
Full Address: (Temporary) : VILL- CHHAPRA BUZURG, PO- PRATAPPUR, PS- SHREERAMPUR BHATPAR RANI,  
DEORIA-UTTAR PRADESH-274703  
Fitness UpTo : 16-Oct-2039 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 : AA2113570877 Rear HSRP No : AA2110024459  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2024  
No of Cylinders : 1 Chassis No : MBLHAW237RHEB1077  
Engine No : HA11E8RHE51008 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
Seating Cap(In all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 109  
Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239  
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)
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- 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	: 12-Oct-2024	Sale Amt	: 76526/-
OTT Date	: 12-Oct-2024	Amount/Rcpt No	: 7653 / UP52D24100002496
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 18-Oct-2024		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 17-Oct-2024 to 16-Oct-2039

Date : 08-Nov-2024 16:44:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 08-Nov-2024

Q 0091417



**Indian Union Driving Licence**  
Issued by **Uttar Pradesh**



**UP52 20250006024**

Issue Date: **04-04-2025**    Validity (NT): **03-04-2035**    Validity (TR):



Holder's Signature

Name: **MUNKESHVAR**  
Date of Birth: **01-01-1984**    Blood Group:  
Son/Daughter/Wife of: **MODHARAYAN**    Organ Donor: **N**

Address:  
**CHHAPRA BUZURG PARATAPPUR CHAPRA BUZURG  
BHATPAR RANI DEORIA UTTAR PRADESH 274703**

Date of First Issue **04-04-2025**

DL No: **UP52 20250006024**

**UPDL521000010452**



Invalid Carriage (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	UP52	04-04-2025	NT			
	LMV	UP52	04-04-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP52 DEORIA**


 भारत सरकार  
Government of India

 मुनकेश्वर  
Munkeshvar  
जन्म तिथि / DOB : 01/01/1984  
पुरुष / Male



3225 7693 6729

मेरा आधार, मेरी पहचान


 आधर


भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India


पता:  
आत्मज: मोदनारायण, छपरा बुजुर्ग,  
चपरा बुजुर्ग, देवरिया, परतापपुर,  
उत्तर प्रदेश, 274703

Address:  
S/O: Modnarayan, chhapra  
buzurg, Chapra Buzurg, Deoria,  
Paratappur, Uttar Pradesh,  
274703

3225 7693 6729

 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 Munakeshvar
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 : \_\_\_\_\_

Munakeshvar  
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.