

ESTIMATE

DATE: 23-03-2026

DINKAR AUTOMOBILES

CLAIM NO:

(Malwa road pratappur, deoria, up 274793)

(GSTIN NO-09APJP2078R123)

CUSTOMER NAME - Satish kumar sharma NO- BR29BFU147

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Washer			1150
2	Wind Screen			390
3	Coome			250
4	H/L			3500
5	Front Fender			1250
6	Indicator L			220
7	Mirror L			150
8	Handle			580
9	Opening and Fitting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	8190



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.	Satish Kumar Sharma 7492823437
2	Vehicle No. / वाहन संख्या	BR29BF4147
3	Policy No. / पालिसी संख्या	252400/31/2026/4351
4	Period of Insurance / बीमा अवधि	17-04-25 to 16-04-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-03-2026 01 बजे दोपहर
6	Place of Accident / दुर्घटना का स्थान	बंगारा
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Karum Kumar Sharma BR2920210221728
8	Estimated Loss / अनुमानित हानि	8190
09.	Cause of Accident / दुर्घटना का कारण:	घे-2 का बर-सी हॉटेल में फरन जाने के कारण मेरी गाडी डिम्बर ऑटोमोबाइल हो गयी और सड़क पर गिरकर डैमेज हो गयी / मे Satish Kumar Sharma. Karum Kumar Sharma को गाडी देये थे जिन्से 20वर्नाडे-2 हो गया है
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/N/A
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 Pratapnagar Deoria. U.P M.No - 9798753535

23-03-26

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. 252400/31/2026/4351

Tel. No. _____

Period of Insurance 17-04-25 to 16-04-26
 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 : Satish Kumar Sharma
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>01007</u>	Registration No. <u>BR29BF</u>
	Chassis No. <u>00821</u>	<u>4147</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 : Karun Kumar Sharma
(b) Age : 24
(c) Address : Mahiya Sehpara Givan
(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 : RR29 20210201728
(h) Issuing Authority : _____
(i) Date of Expiry : 27-01-2021
(j) Was the licence temporary/permanent : 10-03-2042
(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 : 20-03-26 01 बजे रोपड़
(b) Place : बगरा
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : बसनी हिल्ल में जासने के कारण
(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 : hit
(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 : _____
(e) Full details of property damaged : NA
(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

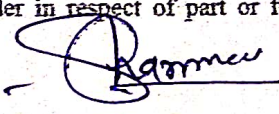
- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : _____
(c) Was accident reported to Police? If not, Why? : NA
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____
-

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 23-03-2026

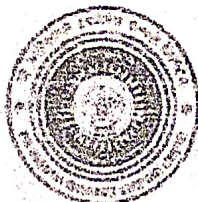
Signature of the insured 

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

Indian Union Vehicle Registration Certificate
Issued by Government of Bihar



Regn No	Date of Regn.	Regn. Validity	Owner Serial
BR29BF4147	29-05-2025	28-05-2040	1

Chassis No:
MBLJAW401R9M00821

Engine No:
JA07AMR9M01007

Owner Name
SATISH KUMAR SHARMA

Ownership
INDIVIDUAL

Emission Norms Son/Wife/Daughter of (In case of Individual Owner)

BHARAT STAGE VI GULAB CHAND SHARMA

Address
VILL- BANGRA TITRA, BANGRA SIWAN, Siwan, BR,
841245

Fuel
PETROL

Card Issue Date 12-06-2025

BR-R2919043991

Vehicle Class: M-Cycle/Scooter (200W)



Regn. Number
BR29BF4147



Maker Name:
HERO MOTOCORP LTD

Model Name:
SUPER SPLENDOR XTEC DR

Colour: BLACK / Body Type: SOLO WITH PILLION

Seating(in all) / Standing / Sleeper Capacity
2 / 0 / 0

Month-Year of Mfg.
12 - 2024

Unladen / Laden /Gross Combination Weight (Kg)
122.00 / 252.00 / 0.00

No. of Cylinders
1

Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm)
124.70 10.72 1267.00

Number of Axle

Financer Name
HERO FINCORP LTD

Registration Authority
DTO-SIWAN

BR-R2919043991

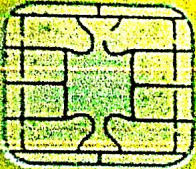


INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

FORM-7

DL: BR29 20210001728



Name : KARUN KUMAR SHARMA
S/W/D of : UDAY KUMAR SHARMA
Address : AT MATHIYA PO SHAHPUR
PS NAUTAN DIST SIWAN
NAUTAN,SIWAN,BR 841243



Valid Till (Transport) 0000000

DOB : 11-03-2002 BG : AB+

Valid Till (Non-Transport) 10-03-2042

Badge No :

*Authorisation to drive the following vehicle class throughout India

Signature of Holder

Type of Vehicles LMV MCWG only

Sign of Licencing Authority
Siwan

Issued on 27-01-2021

DL: BR29 20210001728

Original LA : BR29

Old DL No :

Date of Issue 27-01-2021

Class of Vehicles

Vehicle Class	Issue Date
LMV	27-01-2021
MCWG	27-01-2021



भारत सरकार
Government of India


सतीश कुमार शर्मा
Satish Kumar Sharma
जन्म तिथि / DOB : 25/11/1981
पुरुष / Male



3596 0048 3752


आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता:
संबोधित: गुलाब चंद शर्मा, 69, बंगरा, तितरा, सिवान, बंगरा, सिवान, रुइयाबंगरा, बिहार, 841245

Address:
S/O: Gulab Chand Sharma, 69, bangra, titra, siwan, Bangra, Siwan, Ruiyabangra, Bihar, 841245


3596 0048 3752

 1947
1800 300 1947


 help@uidai.gov.in

 www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT


भारत सरकार
GOVT. OF INDIA

SATISH KUMAR SHARMA
GULAB CHAND SHARMA
25/11/1981
Permanent Account Number
EEPPS8971R


Signature

