

ESTIMATE

DATE 02-04-2026

DINKAR AUTOMOBILES

CLAIM NO.....

(Malwa road pratappur, deoria, up 274705)

(GSTIN NO-09APJP12078R123)

CUSTOMER NAME - Haiji khawars

REG NO-UPS2CH4470

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	W/isor			1050
2	H/h			650
3	Front Fender			1450
4	Indicator R			220
5	Mirror R			150
6	Handle			580
7	B/Lever			100
8	Eng. gear			650
9	opening and fettleing			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5550



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.	Haipi Kharwar 6388502212
2	Vehicle No. / वाहन संख्या	UP52CH4470
3	Policy No. / पालिसी संख्या	252400/31/2026/30922
4	Period of Insurance / बीमा अवधि	03-08-25 to 02-08-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29-03-26 08 बजे रात
6	Place of Accident / दुर्घटना का स्थान	जगदीशपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Haipi Kharwar UP5220260203489
8	Estimated Loss / अनुमानित हानि	5550
9	Cause of Accident / दुर्घटना का कारण: अनजान में मेरी गाड़ी के सामने एक बूढ़ा व्यक्ति आ गया वह भी व्यक्ति के चलने के चलकर मैं ब्रेक लगा लिया जिससे मेरी गाड़ी डिलवैलेंस हो गयी और बसक पर गिरकर डमेज हो गयी / मेरे Haipi Kharwar मेरे बने ही रखसिड-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.	Dimkar Automobiles Pratapgarh Deoria UP M.NO- 9798753535

02-04-26

Date / दिनांक :
हस्ताक्षर

Haipi Kharwar

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. 252400/31/2026/3092

Tel. No. _____

Period of Insurance 02-08-25 to - 02-08-26
 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 : _____ Haiji Khanna
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>23301</u>	Registration No. <u>UP52CH</u> <u>4470</u>
	Chassis No. <u>79917</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 : Maepi Khamroo
(b) Age : 08-06-2004 (22)
(c) Address : Bhatpur Bani Deoria
(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 20260203489
(h) Issuing Authority : 16-02-2026
(i) Date of Expiry : 07-06-2044
(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 : 29-02-2026
(b) Place : जगदीशपुर
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : जानवर से ठक्कर मारने से 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 : FN 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? : _____
(f) Has theft been reported to Police? : _____ NA _____
(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 02-04-2016

Haipi Khawwar
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 *Heipi Khaywa*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PG18/928

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, (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	03-AUG-25	
Policy No	252400/31/2026/0922		Proposal No.& Date	R/252400/31/2026/23398 & 03-AUG-2025	
Agent/Broker Code	BA000H155144		Policy Period (OWN DAMAGE)	FROM 12:00 ON 03/08/2025 TO MIDNIGHT OF 02/08/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 12:00 ON 03/08/2025 TO MIDNIGHT OF 02/08/2026	
Insured Name	HAJPI KHARWAR (GSTIN:)				
Insured Address	C/O-HARISHANKAR KHARWAR, VILL-TOLA AHIBARAN RAL,PO-BANKUL,PS-SHREERAMPUR,,DEORLA,,NA,			Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	74448	
Model & Variant	SPLENDOR -SELF DRUM ALLOY FI 135 BSVI		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	74448	
Engine -Chassis No	HA11E7RHL83301 - MBLHAW225RHL79917		IME CONTRACT NO		
Cubic Capacity	100		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1247.75		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	1173.75		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-16)	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)	3551	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4150	
AAI Membership (IMT-8)	0		GST	748	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMPDUTY	0.00	
SIP Discount	1061		Swachh Bharat Cess@ 0.50%	0	
Sub -Total Deductibles	1061		Krishi Kalyan Cess@ 0.50%	0	
Add-On Coverages			Gross Premium Paid	4898	
Nil. Depreciation	186		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolated Stamp Duty paid via Challan No		
Consumables	0		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)		
Sub Total Add-on Coverages	186		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	299		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					
POS Name NA 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 insured 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.					
We warrant that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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 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.					
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 03-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 trails					
g) 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.					
For and on behalf of The Oriental Insurance Company Limited					
Approved By : 022137SMD					
Approved On : 03-AUG-25					
Place : MRT					
Printed On : 14-NOV-25					
General Manager Authorized Signature					

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH4470 Registration Date : 06-Aug-2025
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 : HAIFI KHARWAR Son/wife/daughter of : HARISHCHANDRA KHARWAR
Full Address: (Permanent) : VILL- TOLA AHIBARAN RAI, PO- BANKUL PS SHREERAMPUR, BHATPAR RANI DEORIA, DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL- TOLA AHIBARAN RAI, PO- BANKUL PS SHREERAMPUR, BHATPAR RANI DEORIA, DEORIA-UTTAR PRADESH-274703
Fitness UpTo : 05-Aug-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 MOTOGORP LTD
Front HSRP No : AA2133139063 Rear HSRP No : AA2133727336
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW225RHL79917
Engine No : HA11E7RHL83301 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ BLK STRIPE 13 Wheel base : 1236
S (DRS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
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 : 03-Aug-2025 Sale Amt : 78366/-
OTT Date : 03-Aug-2025 Amount/Rcpt No : 7837 / UP52D25080000571
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 07-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Aug-2025 to 05-Aug-2040

Date 27-Aug-2025 11:47:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 27-Aug-2025



Q 5149909



**Indian Union Driving Licence
Issued by Government of UTTAR PRADESH**

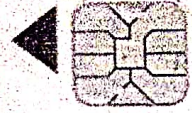


UP52 20260003489

Issue Date Validity(NT) Validity (TR)
16-03-2026 07-06-2044 00-00-0000



16-03-2026



Holder's Signature

Name: **HAIPI KHARWAR**
 Date of Birth: **08-06-2004** Blood Group: _____ Organ Donor: **N**
 Son / Daughter / Wife of: **HARISHCHANDRA KHARWAR**
 Address:
**Tola Ahiwaran Rai Bankul Tola Ahibamarai Bhatpar Rani Deoria Uttar Prades
 274703**

Date of First Issue

DL No : **UP52 20260003489**

DLUP00332012



Invalid Carriages (Regn. Numbers)
 Hazardous Validity' Hill Validity'
 00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP52	16-03-2026	NT		00-00-0000	
	LMV	UP52	16-03-2026	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
Deoria


 भारत सरकार
Government of India

 हैपी खरवार
Haipi Kharwar
जन्म तिथि / DOB : 08/06/2004
पुरुष / Male




9611 5910 0049


मेरा आधार, मेरी पहचान


 आभार
Unique Identification Authority of India

पता: आत्मज हरिशचन्द्र खरवार, टोला अहिवारन राय, टोला अहिबनारी, बंकुल, देवरिया, उत्तर प्रदेश, 274703
Address: S/O, Harishchandra Kharwar, Tola ahiwaran rai, Tola Ahibarnari, Bankul, Deoria, Uttar Pradesh, 274703

9611 5910 0049

 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 Maipi Kharwar
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 : _____

Maipi Kharwar
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.