

ESTIMATE

DATE...06-04-2026

DINKAR AUTOMOBILES

CLAIM NO.....

(Malwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIP12078R1Z3)

CUSTOMER NAME - Amar Chauhan REG NO-UP52CB8592

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wipers			1050
2	H/h			650
3	Front Fender			1250
4	Indicator R			220
5	Indicator L			220
6	Handle			580
7	Socax pipe R			1050
8	Socax pipe L			1050
9	Handle T			850
10	B/Lever			100
11	Drum plate			610
12	Eng. guard			650
13	Opening and Fitting			1000
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	9280



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.	Amar Chauhan 9628685388
2	Vehicle No. / वाहन संख्या	UP52CF8592
3	Policy No. / पालिसी संख्या	252400/31/2026/2272
4	Period of Insurance / बीमा अवधि	10-04-25 to 09-04-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03-04-2026 12 बजे दोपहर
6	Place of Accident / दुर्घटना का स्थान	पिपरा बटौर
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arvind Kumar Patel UP5220170200154
8	Estimated Loss / अनुमानित हानि	9280
9	Cause of Accident / दुर्घटना का कारण:	पिपरा बटौर में एक मोटर गाड़ी से एक गाड़ी के सामने एक वाइक चला आ गया और मोटर गाड़ी में Left Bottom में टक्कर मार दिया जिससे मोटर गाड़ी Right Side गिरकर डमेज हो गयी। मैं Amar Chauhan Arvind Kumar Patel को गाड़ी दिये थे प्लिन से रजिस्ट्री-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.	Dinkar Automobiles Pratapgarh Deoria UP M. NO - 9798753535

06-04-2026

Date / दिनांक :
हस्ताक्षर

Amar Chauhan
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. 252400/31/2026/2272

Tel. No. _____

Period of Insurance 10.04.25 to 09.04.26
 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 : Amar Chakram
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>87512</u>	Registration No.
	Chassis No. <u>C-8123</u>	<u>UPS2CE</u> <u>8592</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 : Arvind Kumar Patel
(b) Age : 45
(c) Address : Pipra Dakhin patti
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : पत्नी (पत्नी)
(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 2017/02822154
(h) Issuing Authority :
(i) Date of Expiry : 04-01-2017
(j) Was the licence temporary/permanent : 16-08-2020
(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 : 03-04-2026
(b) Place : 79421 - गलेच
(c) Speed of vehicle at the time of accident : 20 - 40
(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 : 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? : _____ 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 Police 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 06-04-2026

Amardeep Singh
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 Amr Chahar
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

This Document is Property of the Insured
It is to be used only for the purpose of the policy
It is not to be used for any other purpose
It is not to be used for any other purpose
It is not to be used for any other purpose

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	10-APR-25
Policy No	252400/31/2026/2272	Proposal No. & Date	R/252400/31/2026/98425109/38 & 10-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11:51 ON 10/04/2025 TO MIDNIGHT OF 09/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 11:51 ON 10/04/2025 TO MIDNIGHT OF 09/04/2030
Insured Name	AMAR CHAUHAN (GSTIN:)		
Insured Address	C/O -MOTILAL CHAUHAN, R/O ADD-PIPRA DAKSHIN PATTI, PIPRA UTTAR PATTI, DEORIA, BHATPAR RANL, DEORIA, DEORIA, NA,0	Lead /Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	73175
Engine -Chassis No	HA11E8RHL87512 - MBLHAW234RHLC8123			IMF CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1226.41		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
			Legal Liability (WC) to driver (IMT-28)		0
Basic Premium	74.41		Legal Liability to Employees (IMT-29)		0
Geographical Area Extn (IMT-1)	0		Legal Liability to Passenger (IMT-46)		NA
Driving Tuition Loading On OD Premium (60%)	0		Driving Tuition Loading On TP Premium (60%)		NA
Sub-Total Additions	0		PA Paid Driver, Conductor, Cleaner-GR36B3		0
			Net Liability Premium (B)		3851
Deductibles			Total Premium (A+B)		4108
Voluntary Deductibles (IMT 22A)	0		GST		740
Anti- Theft Device (IMT-10)	0		SERVICE TAX		0
AAI Membership (IMT-8)	0		STAMP DUTY		0.00
No Claim Bonus	0		Swachh Bharat Cess@ 0.50%		0
Discount for vehicle designed for handicapped	0		Krishn Kalyan Cess@ 0.50%		0
SIP Discount	0		Gross Premium Paid		4848
Sub -Total Deductibles	0				
Add-On Coverages					
NIL Depreciation	183				
Return to Invoice	0				
Key Replacement	0				
Consumables	183				
Sub Total Add-on Coverages					
Net own Damage Premium(A)	257				

Note:
1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
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
Financer Type	Financer Name	HERO FINCORP LTD .	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			DEORIA
			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 10-APR-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

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 (3) 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 0

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 : UNIV@252400

Approved On : 10-APR-25

Place : MRT

Printed On : 20-DEC-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 : UP52CE8592 Registration Date : 11-Apr-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 : AMAR CHAUHAN Son/wife/daughter of : MOTILAL CHAUHAN
Full Address: (Permanent) : VILL- PIPRA DAKHIN PATTI, PIPRA UTTAR PATTI DEORIA, BHATPAR RANI DEORIA,
DEORIA, UTTAR PRADESH-274702
Full Address: (Temporary) : VILL- PIPRA DAKHIN PATTI, PIPRA UTTAR PATTI DEORIA, BHATPAR RANI DEORIA,
DEORIA-UTTAR PRADESH-274702

Fitness Up To : 10-Apr-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 MOTOCORP LTD
Front HSRP No : AA1039727839 Rear HSRP No : AA2121565123
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW234RHLC8123
Engine No : HA11E8RHL87512 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 cars (Gross Vehicle Weight)

By Manuf. : As Regd.
Description 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, Uttar Pradesh-274001 w.e.f. 11-Apr-2025.

Purchase dt : 09-Apr-2025 Sale Amt : 77026/-
OTT Date : 09-Apr-2025 Amount/Rcpt No : 7703 / UP52D25040001485
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 19-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Apr-2025 to 10-Apr-2040


Date : 02-May-2025 15:56:22

Signature of Registering Authority


Taxation Particulars / Advance Registration Mark Fee Details

Date : 02-May-2025

Q 2660210

UNION OF INDIA **Driving Licence** 

UP52 20170000154

 जारी करने की तिथि / Date of issue: 04/01/2017


वैधता / Validity: 16/08/2030

जन्म तिथि / Date of Birth: 17/08/1980



Blood Group:

नाम / Name: **ARVIND KUMAR PATEL**

पिता/पति का नाम / Son/Daughter/Wife of: **RAM LAL PATEL**

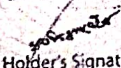



UP52 20170000154 UP04883127MT

LMV 04/01/2017 MCWG 04/01/2017

पता / Address: **PIPRA DAKHIN PATTI
KHAMPAR
DEORIA**

Holder's Signature: 

जारीकर्ता / Issuing Authority Sign: 
DEORIA

Form 7 Rule 16(2)


 भारत सरकार
Government of India


अमर चौहान
Amar Chauhan
जन्म तिथि / DOB : 01/01/2007
पुरुष / Male



2325 7901 3315


आधार - आम आदमी का अधिकार


 भारतीय विधिकृत प्रशासन प्राधिकरण
Unique Identification Authority of India


पता:
आत्मज: मोती लाल चौहान, पिपरा
दखिन पट्टी, पिपरा उत्तर पट्टी,
देवरिया, भाटपार रानी, उत्तर प्रदेश,
274702

Address:
S/O: Moti Lal Chauhan, Pipra
Dakhin Patti, Pipra Uttar Patti,
Deoria, Bhatpar Rani, Uttar
Pradesh, 274702

2325 7901 3315

 1947
1800 300 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 Amar Chauhan
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 : _____

Amar Chauhan
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.