

ESTIMATE

DATE-15-04-2026

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Dharamendra Kumar, Dwivedi REG NO- UP52CF2254

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	latinal Screen			350
2	Coome			250
3	Front Fender			1250
4	Indicator R			220
5	Mirror R			150
6	B/Lever			100
7	Handle			580
8	Cony. gaural			650
9	opening and fitting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	4250



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.	Dharmendra kumar Dwivedi 9450886226
2	Vehicle No. / वाहन संख्या	UP52CF2254
3	Policy No. / पालिसी संख्या	252400/31/2026/9207
4	Period of Insurance / बीमा अवधि	01-05-2025 to 30-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11-04-2026 04 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	बड़वा गाँव
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dharmendra kumar Dwivedi UP5220220012179
8	Estimated Loss / अनुमानित हानि	4250
09.	Cause of Accident / दुर्घटना का कारण:	बड़वा गाँव में रजक पुल पे चढ़ते समय सामने से आ रही रजक वाइक वाले ने मेरी गाड़ी में सामने से टक्कर मार दिया जिससे मेरी गाड़ी सड़क पर गिरकर डायम हो गयी। मेरी Dharmendra kumar Dwivedi ने से ही रजकरी-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.	Dinkar Automobiles Pratapuri Deoria UP M.No. - 9798753535

15-04-26

Date / दिनांक :
हस्ताक्षर

Dwivedi

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/

Tel. No. _____

Period of Insurance 01.05.25 to 30.04.26

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 : Dharmendra Kumar Dwivedi
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>06176</u>	Registration No. <u>UPS2CF</u>
	Chassis No.	<u>05073</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Dharmendra Kumar Desivedi
(b) Age : 42
(c) Address : Sikarhya Pinachakk Aesola
(d) Is the Driver
1. Owner : Owner
2. paid driver? :
3. Owner's relative or friend? : /NA
(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 : UPS 2 2022 CD 12179
(h) Issuing Authority : 14-02-2023
(i) Date of Expiry : 01-08-2032
(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 : 11-04-2021
(b) Place : at road side
(c) Speed of vehicle at the time of accident : 70-40
(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
(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 15-04-2006

(Signature) miredi
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 [Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : PGIR0928

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, 0121463578, (GSTIN: 09AAACT0637R4ZU)

Table with 2 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (In Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes sub-sections like Basic Premium, Deductibles, Add-On Coverages, and various liability items like Basic Third Party Liability, Compulsory PA Cover Premium, etc.

- 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,

Table with 2 columns: Nominee Details (Name, Age, Relation) and Payment Details (Method, Cheque No./Transaction No., Bank Name, Amount).

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs.1lac, 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, IMT 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 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 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/ave herein in set his/their hands at 25/04/2025 on 01-MAY-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 (7) 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 if 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 (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 (b) of the policy - Damage to third party property is Rs. 7.5 lacs. 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 following year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/50% of NCB on OD premium. NCB 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 this certificate of insurance are issued in accordance with the provisions of chapter X and XI of Motor Vehicles Act, 1988. * This insurance excludes all pre existing damages.



Approved By : 6595258MD
Approved On : 01-MAY-25
Place : MRT
Printed On : 01-MAY-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 : UP52CF2254 Registration Date : 03-May-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 : DHARMENDRA KUMAR Son/wife/daughter of : BACHCHA DWIVEDI
DWIVEDI
Full Address: (Permanent) : VILL- SIKATIA DEENA CHAK, PO KHURWASIA PS- SRIRAMPUR, BHATPAR RANI
DEORIA, DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL- SIKATIA DEENA CHAK, PO KHURWASIA PS- SRIRAMPUR, BHATPAR RANI
DEORIA, DEORIA, UTTAR, PRADESH-274703
Fitness UpTo : 02-May-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 : AA2124556475 Rear HSRP No : AA2124114760
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
No of Cylinders : 1 Chassis No : MBLJAW525S9D05073
Engine No : JA07AZS9D06176 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263
R
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 252
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 : 01-May-2025 Sale Amt : 84461/-
OTT Date : 01-May-2025 Amount/Rcpt No : 8447 / UP52D25050000461
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 06-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 03-May-2025 to 02-May-2040

Date : 23-Jun-2025 17:23:25

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 23-Jun-2025

Q 1368137

Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20220012179

Issue Date: **14-03-2023** Validity (NT): **01-08-2032** Validity (TR): _____

Name: **DHARMENDRA KUMAR DWIVEDI**

Date of Birth: **23-06-1983** Blood Group: _____ Organ Donor: **N**

Son/Daughter/Wife of: **BACHCHA DWIVEDI**

Address:
**SIKATTYA DEENACHAK KHURWASIA PS BANKATA
 BHATPAR RANI, DEORIA, UP 274703**

Holder's Signature: _____

Date of First Issue: **02-08-2022**

DL No: UP52 20220012179 UPDL000010454290

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	02-08-2022	NT				
LMV	UP52	02-08-2022	NT				
MVSO							

Emergency Contact Number _____

Licensed Authority
UP52 DEORIA

Form 7 Rule 16(2)

भारत सरकार
Government of India

धर्मेन्द्र कुमार द्विवेदी
Dharmendra Kumar Dwivedi
जन्म तिथि / DOB : 23/06/1983
पुरुष / Male

8971 9272 2621

आधार - आम आदमी का अधिकार



भारतीय पहचान प्रणाली अधिकरण
Unique Identification Authority of India

पता:
आत्मज बच्चु द्विवेदी, सिकटिया
दीनाचक, सिकटिया दीनाचक,
बनकाटा, सिकटिया नायक, देवरिया,
खुरवासिया, उत्तर प्रदेश, 274703

Address:
S/O. Bachcha Dwivedi, SIKATIA
DEENACHAK, SIKATIA
DEENACHAK, BANAKATA, Siktia
Nayak, Deoria, Khurwasia, Uttar
Pradesh, 274703

8971 9272 2621

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

अयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVERNMENT OF INDIA

DHARMENDRA KUMAR DWIVEDI

BACHCHA DWIVEDI

23/06/1983

Permanent Account Number

AKSPD3248F



Signature



10/2/07