

ESTIMATE

DATE: 20-04-26

DINKAR AUTOMOBILES

CLAIM NO:

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO- 05APJP2078R1Z3)

CUSTOMER NAME - Samdeep Kumar Yadav NO- UPS2CF6965

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	blisar			1050
2	H/h			650
3	Front fender			1250
4	Indicator h			220
5	Mirror L			150
6	Handle			520
7	C/Lever			100
8	Eng. guard			650
9	opening and fitting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5290



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.	Sandeep kumar yadav 9112540027
2	Vehicle No. / वाहन संख्या	UPS2CF6965
3	Policy No. / पालिसी संख्या	252400/31/2026/17532
4	Period of Insurance / बीमा अवधि	25-05-25 to 25-05-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14-04-2026 05 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	सिकरिथा बाजार
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Somy UPS2 20240010538
8	Estimated Loss / अनुमानित हानि	5290
09	Cause of Accident / दुर्घटना का कारण :	सिकरिथा बाजार करने जा रहे थे तब एक सामने बस बकरी आ गयी उस बकरी को बचाने के चक्कर में बस चिया जिससे मेरी गाड़ी डिस्कॉन्स हो गयी और सड़क पर गिरकर क्षतिग्रस्त हो गयी, मैं Sandeep kumar yadav. Somy को गाड़ी दिये थे जिनसे रजिस्ट्रेशन 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 / फोन नं.	Dinkar Automobiles Pratapgarh Deoria UP M.No- 9798753535

20-04-2026

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के
संदीप कुमार



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. 252400/31/2026/17532

Tel. No. _____

Period of Insurance 26-05-25 to 25-05-26
 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 : Sandeep Kumar Yadav
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>07530</u>	Registration No.
	Chassis No.	<u>03449</u>	<u>ups2 CF</u> <u>6965</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 : Sonu
(b) Age : 31
(c) Address : Sikatta Nayak Deoria
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : 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 : UPS2 2004 CD 10538
(h) Issuing Authority :
(i) Date of Expiry : 28-05-2024
(j) Was the licence temporary/permanent : 63-05-2035
(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 : 17-04-2026
(b) Place : सिकटिया बाजार
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : पानवर को बचाने के लिए
(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 : FH 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 :
(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? : _____
(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 20-04-2006

राजेश कुमार 20/2/06
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/-

संदीप कुमार शर्मा

Witness
Name
Signature
Address

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, 01214063570, (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))			Policy Issued On	26-MAY-25
Policy No	252400/31/2026/17532			Proposal No. & Date	R/252400/31/2026/12155 & 26-MAY-2025
Agent/Broker Code	BA0000155144			Policy Period (OWN DAMAGE)	FROM 11:05 ON 26/05/2025 TO MIDNIGHT OF 25/05/2026
Agent/Broker Name	ABHINAV BHATI			Policy Period (LIABILITY)	FROM 11:05 ON 26/05/2025 TO MIDNIGHT OF 25/05/2030
Insured Name	SANDEEP KUMAR YADAV (GSTIN: 0)				
Insured Address	C/O -RAMEKBAL, VILL-SIKTIA NAYAK,PO-KHURWASIYA,PS-SHREERAMPUR,,DISTT-DEORIA,DEORIA, , NA,			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	HA11E7SHA07530 - MBLHAW214SHA03449		TMF 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	1226.41		Basic Third Party Liability	3851	
Elec Accessories	0		Compulsory PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	1153.41		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-46)	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)	3851	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4145	
AAI Membership (IMT-8)	0		GST	746	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0.00	
SIP Discount	1042		Swachh Bharat Cess@0.50%	0	
Sub -Total Deductibles	1042		Krishi Kalyan Cess@0.50%	0	
Add-On Coverages			Gross Premium Paid	4891	
NIL Depreciation	183		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	183		3. The Policy is subject to a compulsory Deductible of Rs (0)(IMT-22)		
Sub Total Add-on Coverages	183		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	294		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
					4891
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 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 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 26-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					
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 (f) 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, 1998.					
* This insurance excludes all pre existing damages					
For and on behalf of					
The Oriental Insurance Company Limited					
Approved By : 65952SSMD					
Approved On : 26-MAY-25					
Place : MRT					
Printed On : 12-DEC-25					
General Manager Authorized Signature					

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF6965 Registration Date : 29-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 : SANDEEP KUMAR YADAV Son/wife/daughter of : RAMEKBAL
Full Address: (Permanent) : VILL- SIKTIA NAYAK, PO- KHURWASIYA PO- SHREERAMPUR, DEORIA, DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL- SIKTIA NAYAK, PO- KHURWASIYA PO- SHREERAMPUR, DEORIA, DEORIA-UTTAR PRADESH-274703

Fitness UpTo : 28-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 : AA1043204793 Rear HSRP No : AA1042387177
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
No of Cylinders : 1 Chassis No : MBLHAW214SHA03449
Engine No : HA11E7SHA07530 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
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. : 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 : 23-May-2025 Sale Amt : 81601/-
OTT Date : 23-May-2025 Amount/Rcpt No : 8161 / UP52D25050005479
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 31-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 29-May-2025 to 28-May-2040

Date : 13-Jun-2025 13:23:57

Signature of Registering Authority
Date: 13-Jun-2025

Taxation Particulars / Advance Registration Mark Fee Details

Q 3882400



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20240010538



Issue Date: 28-05-2024 Validity (NT): 03-05-2035 Validity (TR): _____



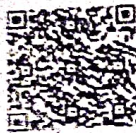
Holder's Signature

Name: **SONU**
 Date of Birth: **04-05-1995** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **ASHOK MADESHIYA**
 Address:
SIKATIYA DINACHAK Khurwasia Siktia
Nayak Bhatpar Rani Deoria Uttar Pradesh
274703

Date of First Issue: 28-05-2024

DL No: UP52 20240010538

UPDL000013490997



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	MCWG	UP52	28-05-2024	NT			
LMV	LMV	UP52	28-05-2024	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)

भारत सरकार
Government of India

सदीप कुमार यादव
Sandeep Kumar Yadav
पिता : रामेकबल
Father : Ramekbal
जन्म तिथि / DOB : 01/01/1999
पुरुष / Male

8627 6209 5270

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
संबंधित: रामेकबल, 172, सिकटिया
नायक, खुरवसिया, देवरिया, उत्तर
प्रदेश, 274703

Address:
S/O: Ramekbal, 172, Siktiya
Nayak, Khurwasia, Deoria, Uttar
Pradesh, 274703

8627 6209 5270

1947
1900 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 Sandeep kumara yadav
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 _____

Sandeep kumara yadav

Date : _____

Place : _____

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.