

ESTIMATE

DATE- 22-04-2024

DINKAR AUTOMOBILES

CLAIM NO-.....

(Malwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJP2078R1Z3)

CUSTOMER NAME - Amitanand Tiwari REG NO- BR29AE 7573

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1050
2	H/L			650
3	Front Fender			1250
4	Indicator R			220
5	Handle			580
6	Mirror R			150
7	Eng. gaurd			650
8	opening and fitting			700
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5265

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.	Amritanand Tiwari 8789384599
2	Vehicle No. / वाहन संख्या	BR29AE7573
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/43/661
4	Period of Insurance / बीमा अवधि	28/4/2025 - 27/4/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/4/2026 7 PM शाम
6	Place of Accident / दुर्घटना का स्थान	मौती कूपर
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Maanandan Mishra BR2920190013110
8	Estimated Loss / अनुमानित हानि	52659
09	Cause of Accident / दुर्घटना का कारण :	अचानक मेरी गाडी के चक्कर के निचे पत्थर पडने के कारण मेरी गाडी डिसेबलिस हो गयी और सडक पर गिरकर डैमेज हो गयी / मैं Maanandan Tiwari की गाडी दिखे की जिन्हे रिवरसिडे-2 हो गया है /
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	/NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	Dinkar Automobiles Pratapnagar Meerut UP M.No - 9798753535

22-04-26

Date / दिनांक :
हस्ताक्षर

Amritanand Tiwari
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. MS/2025/7001/0/46575/43166/

Tel. No. _____

Period of Insurance 28-4-2025/27-4-2026

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 : Amidanand Tiwari
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>11680</u>	Registration No.
	Chassis No. <u>09582</u>	<u>BR29AE</u> <u>7573</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

NO

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 : Masut nandan mishra
(b) Age : 49
(c) Address : Tikania Sishuwa Mahara
(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 : BR29 20190013110
(h) Issuing Authority : 31-12-2019
(i) Date of Expiry : 30-12-2029
(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 : 19-4-26 मीती हापर
(b) Place : मीती हापर
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : पत्थर चरने 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 : 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 : NA
(d) Name and address of any person/hospital giving medical attention to injured person :
(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 22-04-2006

Amitamarnad Tiwari
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 *Amidananand Tiwari*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Age Contract No.: MS/2025/7001(C)/46575/431661

Motorsathi Care Private Limited

Das, Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
AMITA NAND TIWARI	1982-01-01	8789384599	LATE RAMBAHADUR TIWARI	Hero Motocorp	HF DELU
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
100 DRUM KICK START (HF 100)	BR29AE7573	HA11ENJHD11680	MBLHAR230JHD09582	2018-05-19	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total AV
15500.00	NA	0.00	0.00	0.00	15500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment
	Solo			2	1554.33
Address			City / District	Pin Code	State
LANGARPURA, LANGARPURA, MAIRWA, Srwan-841239				841239	Bihar
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End
MANISHA DEVI	Female	35 Years	WIFE	2025-04-28 12:49	Midnight of 202

Section A. VRC: 500.87 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 300.87

Section B. EC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @9% + SGST @9%) Total with GST(B): 901.52

Section C. MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D. Drive Assure: 109.27 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 19.67 Total with GST(D)

Total(Section A+B+C+D) Offered Price After Discount: 1331

Package Period Covered	2025-04-28 To 2026-04-27	2026-04-28 To 2027-04-27	2027-04-28 To 2028-04-27	2028-04-28 To 2029-04-27	2029-04-28 To
ADV	15500	NIL	NIL	NIL	NI
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NI

* The vehicle covered in this contract have a valid TP coverage from 2025-04-28 until 2026-04-27.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual. Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of B Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 10. The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motor Motorsathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the account comply with the provisions of AML package of the company. The AMI package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care Toll Free Phone No.: 79410 50643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment to the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

* Received with Thanks Rs 1331.34 ON 2025-04-28 from Mr./Ms. AMITA NAND TIWARI against the ARN No. INCP00431661

The acknowledgement is subject to a compulsory excess of Rs. 100.- & Depreciation is applicable as per terms & conditions*

(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18.

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001)



CERTIFICATE OF REGISTRATION
DEPARTMENT OF TRANSPORT
GOVERNMENT OF BIHAR



FORM 23A

Regd. No.: **BR29AE7573**



Name : **AMITA NAND TIWARI**
 SWID of : **LATE RAM BAHADUR TIWARI**
 Address : **LANGARPURA LANGARPURA MAIRWA Siwan**
BR 841239

[Handwritten Signature]

Vehicle Class : **M-Cycle/Scooter**
 Chasis No : **MBLHAR230JHD09582**
 Engine No : **HA11ENJHD11680**
 Registration Date : **19-May-2018**
 Fitness Validity : **18-May-2033**
 Purpose Code : **NEW /**

Signature of Issuing Authority
DTO - SIWAN

Tax Paid Upto : **One Time Tax**

VEHICLE SPECIFICATIONS

Manufacturer with Make	: HF DELUXE (13S-SELF-DRUM-CAST)
Date of Manufacture	: 04/2018
Colour	: PBK
Fuel	: PETROL
Body Type	: SOLO WITH PILLION
Seating Capacity	: 002
Standing Capacity	: 00
Wheel Base	: 001235
No. of Cylinders	: 01
Unladen Weight	: 000109
Registered Laden Weight	: 130
Gross Vehicle Weight	: 000239
Cubic Capacity	: 000097
Owner Serial no.	: 01

INDIAN DRIVING LICENCE
REPUBLIC OF INDIA

DL: BR29 20190013110

Name: **MARUT NANDAN MISHRA**

S/W/D of: **UDAYNARAYAN MISHRA**

Address: **AT TEKANIA PO BISHWAP PS MAIRNA DIST. SIWAH BIHAR 861238**

Valid Till (Transport): **00000000**

Valid Till (Non-Transport): **30-12-2029**

DOB: **01-01-1977** BG: **B+**

Badge No: _____

Authorisation to drive the following vehicle class throughout India

Type of Vehicles: **LMV MCWG only**

Signature of Holder: _____

Sign of Licensing Authority: _____

Issued on: **31-12-2019**

DL: BR29 20190013110

Original LA : **BR29**

Old DL No : _____

Date of issue : **31-12-2019**

Class of Vehicles

Vehicle Class	Issue Date
LMV	31-12-2019
MCWG	31-12-2019

BR1001 02382063

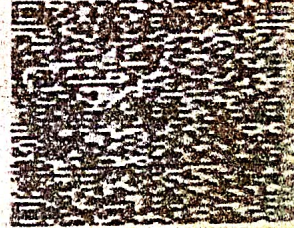


अमितानंद तिवारी

Amitanand Tiwari

जन्म तिथि/ DOB: 01/01/1982

पुरुष / MALE



2664 9637 8312

मेरा आधार, मेरी पहचान



राज्य सरकार
GOVERNMENT OF BIHAR

पता:

S/O: रामबहादुर तिवारी,
जंगडपुरा, मेरवा, सिवान,
बिहार - 841239

Address:

S/O: Rambahadur Tiwari,
Jangadpura, Mairwa, Siwan,
Bihar - 841239

2664 9637 8312



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 Amithamand Tiwari
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 : _____

Amithamand Tiwari
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.