

ESTIMATE

DATE: 26-04-20

DINKAR AUTOMOBILES

CLAIM NO.....

(Malwa road pratappur, deoria, up 274703)

(GSTIN NO-08APJP2078R123)

CUSTOMER NAME - Birbal chausisiya REG NO-UP52CH 6439

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			1050
2	Mirror Haddle			350
3	H/L			650
4	Front Fender			1250
5	Indicator L			220
6	Mirror L			150
7	Handle			580
8	Handle T			850
9	Socor pipe R			1150
10	Socor pipe L			1150
11	Meter Assembly			1500
12	Alloy wheel			4600
13	opening and Fitting			1000
14	Eng. guard			650
15	C/lever			100
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	15250



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.	Birbal Chauhan Siya 9572878230
2	Vehicle No. / वाहन संख्या	UPS2CH6439
3	Policy No. / पालिसी संख्या	252400/31/2026/33554
4	Period of Insurance / बीमा अवधि	19-08-25 to 18-08-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26-04-26 11 बजे AM
6	Place of Accident / दुर्घटना का स्थान	परोहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Kundan Kumar Chauhan Siya BR 28 20220203421
8	Estimated Loss / अनुमानित हानि	15250
09.	Cause of Accident / दुर्घटना का कारण:	परोहा मोड़ पे मोड़ रहे थे एक एक सामने से आ रही मिकप गाड़ी वाले ने मेरी गाड़ी में खरार मार दिया जिससे मेरी गाड़ी सड़क पर गिरकर खरारत हो गयी / मैं Birbal Chauhan Siya. अपने बेटे को गाड़ी दिये थे जिनसे दुर्घटना 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 Pattapur Deoria UP M. No - 9798753535

26-04-2026
Date / दिनांक :
हस्ताक्षर

विरबल चौहान सिधा
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. 0-52400/31/2026/33554

Tel. No. _____

Period of Insurance 19-08-25 to 18-08-26
 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 : Birbal Chaurisija
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>02582</u>	Registration No.
	Chassis No. <u>02694</u>	<u>UP52CH</u> <u>6439</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

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 : Kundan Kumar Chauhan
(b) Age : 22
(c) Address : Jagdali Gopalganj Bihar
(d) Is the Driver
1. Owner :
2. paid driver? : /NA
3. Owner's relative or friend? : बेटा
(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 : TRR 28 20220203421
(h) Issuing Authority :
(i) Date of Expiry : 29-03-2022
(j) Was the licence temporary/permanent : 22-04-2023
(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 : 26-04-2026 11 बजे AM
(b) Place : पराहा
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : पिछव गाडी चक्कराने से
(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+L+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? : 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 26-04-2008

विरवल चौरसिया
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

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

विरबल पौरसिधा

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CH6439 Registration Date : 29-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 : BIRBAL CHAURISIYA Son/wife/daughter of : LT BISUNI CHAURASIYA
 Full Address: (Permanent) : VILL- KAVE PO- JAGTAULI, PS BHORE GOPALGANJ, , GOPALGANJ, BIHAR-841426
 Full Address: (Temporary) : VILL- MAIRWA ROAD PRATAPPUR, DEORIA, , DEORIA-UTTAR PRADESH-274703
 Fitness UpTo : 28-Aug-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI
 Ownership : INDIVIDUAL Norms :
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2133728420
 Front HSRP No : AA2133164047 Month/Year of Manuf. : 08/2024
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW13XRHH02694
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11E1RHH02582 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1235
 Maker's Classification : HF DELUXE CANVAS Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : BLACK AND ACCENT AC Fitted : NO
 Other Criteria : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 29-Aug-2025.

Purchase dt : 23-Aug-2025 Sale Amt : 65630/-
 OTT Date : 23-Aug-2025 Amount/Rcpt No : 6563 / UP52D25080002958
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-Sep-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-Aug-2025 to 28-Aug-2040

Date : 09-Oct-2025 12:10:22

Signature of Registering Authority
 Date : 09-Oct-2025

Taxation Particulars / Advance Registration Mark Fee Details

Q 5898721



Indian Union Driving Licence
 Issued by Government of Bihar



BR28 20220003421

Issue Date: 29/03/2022 Validity (NT): 22/04/2043 Validity (TR)



Date of First Issue: 29/03/2022

Name: **KUNDAN KUMAR CHAURASIA**

Date Of Birth: 23/04/2003 Blood Group: O+
 Son/Daughter/Wife of: BIRBAL CHAURASIA
 Address:
 VILL-KABE
 JAGTAULI
 GOPALGANJ BIHAR, 841426

Holder's Signature
 Organ Donor: NO

BR-D2809002678

DL No: BR28 20220003421

BR-D2809002677



AD/VEH No (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
Car	ACTAG	BR28	15/06/2024	NT			
Car	LAD	BR28	15/06/2024	NT			
Car	CRAME	BR28	29/03/2022	NT			

Form T (Bills 10/2)

Emergency Contact Number

Licencing Authority
 DTO, GOPALGANJ



भारत सरकार

Government of India



बीरबल चौरीसिया
Birbal Chaurisiya

जन्म तिथि / DOB: 01/01/1979
पुरुष / Male



8771 9642 1375

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता: संबोधित: बिसुनी चौरीसिया
काबे, जन्तौली, गोपालगंज, बिहार
841426

Address: S/O: Bisuni
Chaurisiya, Kabe,
Gopalganj, Jagtauli, Bihar.
841426

8771 9642 1375



1847
1800 305 1547



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 Birbal Chaudhary
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 : _____

बिर्बल चौरसिया
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.