

ESTIMATE

DATE- 04-05-2026

DINKAR AUTOMOBILES

CLAIM NO-.....

.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJP12078R1Z3)

CUSTOMER NAME - Mesajuddin

REG NO- UPS2CH4463

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	lalisor			1050
2	Front fender			1450
3	Indicators 1			220
4	Mirror			200
5	Handle			900
6	Handle T			900
7	Socor pipe R			1150
8	Socor pipe L			1150
9	Fuel tank			5500
10	opening and fetting			1000
11	Eng. journal			650
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	13350

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.	Mensajuddin 9648035574
2	Vehicle No. / वाहन संख्या	UP52CH4463
3	Policy No. / पालिसी संख्या	252400/31/2026/30826
4	Period of Insurance / बीमा अवधि	02-08-25 to 01-08-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03-05-2026 11:00 बजे AM
6	Place of Accident / दुर्घटना का स्थान	परसौनी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mensajuddin UP5220170004363
8	Estimated Loss / अनुमानित हानि	13 नन 0
09.	Cause of Accident / दुर्घटना का कारण:	परसौनी के रण्ड मोड पे मोड रहे थे जब एक सामने से आ रही रण्ड वाईक वाले ने मेरे गाड़ी में इक्कर मार दिया जिससे मेरी गाड़ी सड़क पर गिरकर क्षतिग्रस्त हो गयी मे Mensajuddin मेरे से ही रण्डसीड-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 / फोन नं.	Dinkar Automobiles Pratapgarh Georgia UP M. No-9798953535

04-05-26

Date / दिनांक :
हस्ताक्षर

Mensajuddin
Signature of Insured / बीमाधारक के
1

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name: Morajudain
(b) Age: 45
(c) Address: Bankul Khampar Deoria
(d) Is the Driver
1. Owner: Owner
2. paid driver?: /NA
3. Owner's relative or 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: UPSD 20170204363
(h) Issuing Authority: 03-05-2017
(i) Date of Expiry: 31-01-2030
(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: 03-05-26 11:00 बजे AM
(b) Place: परसीना
(c) Speed of vehicle at the time of accident: 70-40
(d) Give a short description of the accident: वाइक से इक्लराने 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+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
(e) Full details of property damaged
(f) Has notice of any claim been given to you? NA

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 04-05-2008

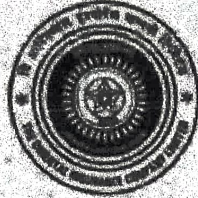
हरियु दत्त
Signature of the insured

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 मरायुदीन
Occupation
Address
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH4463 Registration Date : 06-Aug-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAH GKP ROAD, DEORIA, 190-274001
Owner Name : MERAJUDDIN Son/wife/daughter of : SAJJAB HUSAIN
Full Address: (Permanent) : VILL- PARSOUNI DIXIT, PRATAPPUR DEORIA, DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL- PARSOUNI DIXIT, PRATAPPUR DEORIA, DEORIA-UTTAR PRADESH-274703
Valid Up To : 05-Aug-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
Frame HSRP No : AA2133139060 Rear HSRP No : AA2133727333
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
No. of Cylinders : 1 Chassis No : MBLHAW33XSHFD5753
Engine No : HA11FBSHF57830 Fuel : PETROL
Gross Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
S)
Seating Cap(in all) : 2 Standing Cap : 0
Sleeping Cap : 0 Unladen Wt (kgs) : 112
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
Registration Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with 3 columns: By Manuf., As Regd., Weight(in kgs). Rows include Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 06-Aug-2025.

Purchase dt : 02-Aug-2025 Sale Amt : 86601/-
OTT Date : 02-Aug-2025 Amount/Rcpt No : 8661 / UP52D25080000565
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 13-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

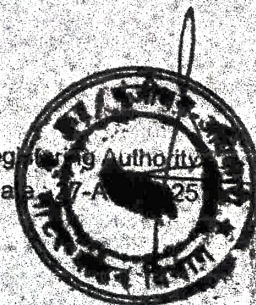
This certificate is valid from 06-Aug-2025 to 05-Aug-2040

Date: 07-Aug-2025 11:47:32

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 07-Aug-2025



5149906

मेराजुद्दीन
Merajuddin
जन्म तिथि / DOB : 01/02/1980
पुरुष / Male

2414 1620 1431

मेरा आधार, मेरी पहचान



पता:
आबुलक़ासम साहब हुसैन, परसौनी
दक्षिण, परतापपुर, देवरिया, उत्तर
प्रदेश, 274703

Address:
S/O: Sahab Husain, Parsouni
Dixit, Paratappur, Deoria, Uttar
Pradesh, 274703

2414 1620 1431



1947



help@uidai.gov.in



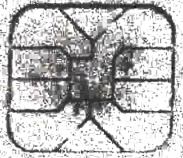
www.uidai.gov.in



UNION OF INDIA Driving Licence



UP52 20170004363



जारी करने की तिथि
Date of Issue
03/05/2017

वैधता / Validity
31/01/2030

जन्म तिथि
Date of Birth
01/02/1980

Blood Group
Unknown



नाम / Name

MERAJUDDIN

पिता/पति का नाम / Son/Daughter/Wife of

SAHAB HUSAIN

UP52 20170004363

UP02248078M



LMV
03/05/2017



MCWG
03/05/2017

पता / Address

**PARSOUNI DIXIT
BANKUL KHAMPAR
DEORIA**

Holder's Signature

जारीकर्ता / Issuing Authority Sign
DEORIA



Form 7 Rule 16(2)

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 Masajuddin
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 : _____

Masajuddin

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.