

ESTIMATE

DATE-06-05-26

DINKAR AUTOMOBILES

CLAIM NO-.....

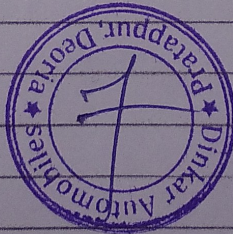
(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - punita kumari

REG NO-

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wisor			850
2	Mirror			235
3	Upper panel R			1575
4	Lower panel R			1875
5	Flower panel R			850
6	Opening and Fitting			700
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5585



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.	Purnima Kumari 7992321170
2	Vehicle No. / वाहन संख्या	BR28AJ2219
3	Policy No. / पालिसी संख्या	252400/31/2026/30782
4	Period of Insurance / बीमा अवधि	01-08-25 to 31-07-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04-05-2026 4 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	नौतन
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Purnima Kumari BR2820250017195
8	Estimated Loss / अनुमानित हानि	5585
09.	Cause of Accident / दुर्घटना का कारण: अन्यान्य मेरे गाड़ी के सामने एक साइकल वाला आ गया उस साइकल वाले के चक्के के चक्कर में एक सिपा जिससे मेरी गाड़ी डिमोल्शन होकर सड़क पर गिरकर डमेल हो गयी मैं Purnima Kumari मेरे से ही 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 / फ़ोन नं.	Dimkar Automobiles Pratapgarh Deoria UP M.NO - 9798753535

06-05-26

Date / दिनांक :
हस्ताक्षर

पुनीता कुमारी
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. 252400/31/2026/30782

Tel. No. _____

Period of Insurance 01-08-25 to 31-07-26
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 : _____
(b) Address for correspondence : _____
(c) Telephone : _____

Punita Kumari

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>08584</u> Chassis No. <u>08476</u>	Registration No. <u>BR28AJ</u> <u>2219</u>
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- (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 : _____

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Punita Kumari
- (b) Age : 20
- (c) Address : Ekdanga Bhagwanpur Mirganj
- (d) Is the Driver
1. Owner : Owner
 2. paid driver? : /NA
 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 : BR 28 20250017195
- (h) Issuing Authority : 19-08-25
- (i) Date of Expiry : 31-12-25
- (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 police? 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 : 04-05-26 04 बजे शाम
- (b) Place : मोहन
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : साइकिल वाले से बचने के चक्कर में
- (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? : _____
 (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 06-05-2006

पुनीता कुमारी
 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 गोपाल कुमार

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

General Manager
Authorized Signature



Indian Union Vehicle Registration Certificate
Issued by Government of Bihar



Regn No	Date of Regn.	Regn. Validity	Owner
BR28AJ2219	21-11-2025	20-11-2040	Serial ①
Chasis No: MBLJFN43XSGF08476			
Engine No: JF17EYSGF08584			
Owner Name PUNITA KUMARI			
Ownership INDIVIDUAL			
Fuel PETROL	Emission Norms: Con/Wife/Daughter of An case of Individual Owner)		
BHARAT STAGE VI	Address GANGA SAGAR PANDIT VILL+PO- BHAGWANPUR, EKDANGA GOPALGANJ, Gopalganj, BR, 841428		

BR-R280904406

Car Issue Date 22-12-2025



Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number BR28AJ2219	Maker Name: HERO MOTOCORP LTD
	Model Name: DESTINI PRIME
	Colour: / Body Type: METALLIC NEXUS BLUE SOLO WITH PILLION
Month-Year of Mfg. 06 - 2025	Seating(in all) / Standing / Sleeper Capacity 2 / 0 / 0
No. of Cylinders 1	Unladen / Laden /Gross Combination Weight (Kg) 115.00 / 245.00 / 0.00
Number of Axle	Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm) 124.60 8.98 1245.00
	Financer Name HERO FINCORP LTD

BR-R2809044061

Registration Authority
DTO- GOPALGANJ

Form 23A



Indian Union Driving Licence
Issued by Government of Bihar



BR28 20250017195

Issue Date Validity (NT) Validity (TR)
19/08/2025 31/12/2045



19082025

Name :
PUNITA KUMARI

Date Of Birth : 01/01/2006 Blood Group : O+
Son/Daughter/Wife of : GANGA SAGAR PANDIT

Holder's Signature
Organ Donor : NO

Address:
AT PO EKDANGA BHAGWANPUR
PS MIRGANJ
Hathua, Gopalganj, BR, 841243

BR-D2823034741

Date Of First Issue

DLNo: **BR28 20250017195**

BR-D2823034741



ADPVEH 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
	LMV	BR28	19/08/2025	NT			
	MCWG	BR28	19/08/2025	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Punita Kumari

Licencing Authority
DTO, GOPALGANJ



भारत सरकार
Government of India



Aadhaar no. Issued: 13/02/2018



पुनीता कुमारी
Punita Kumari
जन्म तिथि/DOB: 01/01/2006
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

7962 7026 7108

मेरा आधार, मेरी पहचान



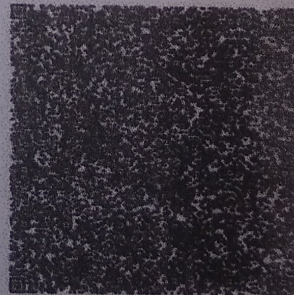
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 26/06/2025

पता:
आत्मजा: गंगा सागर पण्डित, गाँव-एकदंगा, पोस्ट-भगवानपुर,
एकदंगा, बी. पी. एकदरवासा, गोपालगंज,
बिहार - 841243

Address:
D/O: Ganga Sagar Pandit, vill-ekdanga, post-
bhagwanpur, Ekdanga, PO: B.p.ekderwsa, DIST:
Gopalganj,
Bihar - 841243



7962 7026 7108

VID : 9159 7298 7995 8647

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

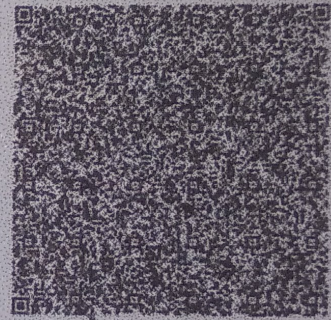


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

KEZPK1507P



नाम / Name
PUNITA KUMARI

पिता का नाम / Father's Name
GANGA SAGAR PANDIT

जन्म की तारीख /
Date of Birth
01/01/2006

Punita Kumari
हस्ताक्षर / Signature

22062025