

ESTIMATE

DATE: 10.05.26

DINKAR AUTOMOBILES

CLAIM NO: _____

(Malwa road pratappur ,deoria ,up 274703)

(GSTIN NO- 09APJP12078RLZ3)

CUSTOMER NAME

Praduman kumar Yadav

REG NO-

UP52CF6563

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	wisoo			1050
2	blind screen			250
3	Coome			150
4	H/h			3500
5	Front Fender			1250
6	Indicator R			220
7	Mirror R			150
8	Handle			550
9	opening and fitting			700
10	B/Lever			100
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
TOTAL				8020



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.	Praduman kumar yadav 9984178393
2	Vehicle No. / वाहन संख्या	UP52CF6563
3	Policy No. / पालिसी संख्या	252400/31/2026/17533
4	Period of Insurance / बीमा अवधि	26-05-25 to 25-05-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12-05-26 12:30 में
6	Place of Accident / दुर्घटना का स्थान	भाटपार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Surenendra kumar UP5220260003615
8	Estimated Loss / अनुमानित हानि	8020
09	Cause of Accident / दुर्घटना का कारण: भाटपार जा रहे थे तब तब एक मोड मोड पडा उस मोड पे मोडने की लौसिसु थिये तब तब शामने से एक वाइल वाले ने मेरी गाडी मे चक्कर मार दिया जिसके मेरी गाडी सड़क पर गिरकर हेमेल हो गया। मे Praduman kumar yadav. Surenendra kumar को गाडी दिये थे जिनसे एकसाइड 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.	Dinkar Automobiles Pratapur Deoria UP M.No. - 9798753535

14-05-26

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

Praduman kumar yadav



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. 252400/31/2026/17522

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 _____
- (b) Address for correspondence _____
- (c) Telephone _____

Praduman Kumar Yadav

2. THE INSURED VEHICLE

Make & Year	Engine No.	<u>01421</u>	Registration No.
	Chassis No.	<u>01382</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 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 : Surenendra kumar
(b) Age : 43
(c) Address : Bhatpara Rani Deoria
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : चाचा
(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 : UP5220250003615
(h) Issuing Authority : 24-02-25
(i) Date of Expiry : 23-02-35
(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 : 12-05-26
(b) Place : भटपार
(c) Speed of vehicle at the time of accident : 20-40
(d) Give a short description of the accident : मोटर 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 : F7R
(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? : NA
(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 13-05-2024

Signature of the insured _____

Praduman Kumar Yadav

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 *Prardiman Kumar Yadav*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE					
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)					
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 0121463578, (GSTIN: 09AAACT9627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	26-MAY-25	
Policy No	252400/31/2026/17533		Proposal No. & Date	R/252400/31/2026/12156 & 26-MAY-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 11:06 ON 26/05/2025 TO MIDNIGHT OF 25/05/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 11:06 ON 26/05/2025 TO MIDNIGHT OF 25/05/2030	
Insured Name	PRADUMAN KUMAR YADAV (GSTIN: 0)				
Insured Address	C/O -RADHAKRISHNA YADAV, VILL-KATAI TIKAR,PO-BHATPAR RANI,PS-BHATPAR RANI,DISTT-DEORIA,,DEORIA, , NA,			Lead /Branch No	/
			Insured State	UTTAR PRADESH	
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	76236	
Model & Variant	HERO SUPER SPLENDOR DRS E20		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025				
Engine -Chassis No	JA07AMS9B01421 - MBL1AW406S9B01382		Total IDV	76236	
Cubic Capacity	125		TMF CONTRACT NO		
Seating Capacity	1 + 1		Policy Type	Zone B - Rest of India	
Type Of Body	SOLO	Type Of Fuel	PETROL	Geographical Area	INDIA
RTO Location					
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1277.72		Basic Third Party Liability	3851	
Elec Accessories	0		Compulsary PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
			Legal Liability (WC)to driver (IMT-28)	0	
Basic Premium	1201.72		Legal Liability to Employees (IMT-29)	0	
Geographical Area Extn (IMT -1)	0		Legal Liability to Passenger (IMT-46)	NA	
			Driving Tuition Loading On TP Premium (60%)	NA	
Driving Tuition Loading On OD Premium (60%)	0		PA Paid Driver, Conductor, Cleaner-GR36B3	0	
Sub-Total Additions	0		Net Liability Premium (B)	3851	
			Total Premium (A+B)	4158	
Deductibles			GST	748	
Voluntary Deductibles (IMT 22A)	0		SERVICE TAX	0	
Anti- Theft Device (IMT-10)	0		STAMPDUTY	0.00	
AAI Membership (IMT-8)	0		Swachh Bharat Cess@0.50%	0	
No Claim Bonus	0		Krishti Kalyan Cess@0.50%	0	
Discount for vehicle designed for handicapped	0		Gross Premium Paid	4906	
SIP Discount	1086				
Sub -Total Deductibles	1086				
Add-On Coverages					
NIL Depreciation	191				
Return to Invoice	0				
Key Replacement	0				
Consumables	0				
Sub Total Add-on Coverages	191				
Net own Damage Premium(A)	307				
Nominee Details :	Nominee Name		Age	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	
				4906	
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA
<p>In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac,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.</p> <p>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.</p> <p>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 ab initio (from inception).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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</p> <p>IMPORTANT NOTICE</p> <p>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 MVAct,1988 is recoverable from the insured.See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".</p>					
<p>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) Organised racing (4) Price Making (5) Speed testing (6)Reliability trials (7)AAI Purpose in connection with motor trade.</p> <p>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</p> <p>Limits of Liability Clause:Under section II-1 (i)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</p> <p>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</p> <p>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.</p> <p>* This insurance excludes all pre existing damages</p>					
Approved By : 659525SMD			For and on behalf of		
Approved On : 26-MAY-25			The Oriental Insurance Company Limited		
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 : UP52CF6563 Registration Date : 27-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 : PRADUMAN KUMAR YADAV Son/wife/daughter of : RADHAKRISHNA YADAV
Full Address: (Permanent) : VILL- KATAI TIKAR, PO BHATPAR RANI PS- BHATPAR RANI, DEORIA, DEORIA, UTTAR PRADESH-274702
Full Address: (Temporary) : VILL- KATAI TIKAR, PO BHATPAR RANI PS- BHATPAR RANI, DEORIA, DEORIA-UTTAR PRADESH-274702
Fitness UpTo : 26-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 : AA2128977327 Rear HSRP No : AA1042386961
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLJAW406S9B01382
Engine No : JA07AMS9B01421 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
R
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : BLACK Laden/GV Wt (kgs) : 252
Other 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., Description, As Regd., Weight(in kgs). Rows include Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 23-May-2025 Sale Amt : 82461/-
OTT Date : 23-May-2025 Amount/Rcpt No : 8247 / UP52D25050005050
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 27-May-2025 to 26-May-2040

Date : 13-Jun-2025 13:23:43

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 13-Jun-2025

Q 3882486



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP52 20250003615

Issue Date Validity (NT) Validity(TR)*
24-02-2025 23-02-2035



Holder's Signature

Name:

SURENDRA KUMAR

Date of Birth: **19-02-1982**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

RAMBAHADUR YADAV

Address:

**KATAI TIKAR BHATPAR RANI ** BHATPAR
RANI DEORIA UTTAR PRADESH 274702**

Date of First Issue 24-02-2025

DL No: UP52 20250003615

UPDLS210000006190



Invalid Carriage (Regn Numbers)*

Hazardous Validity*

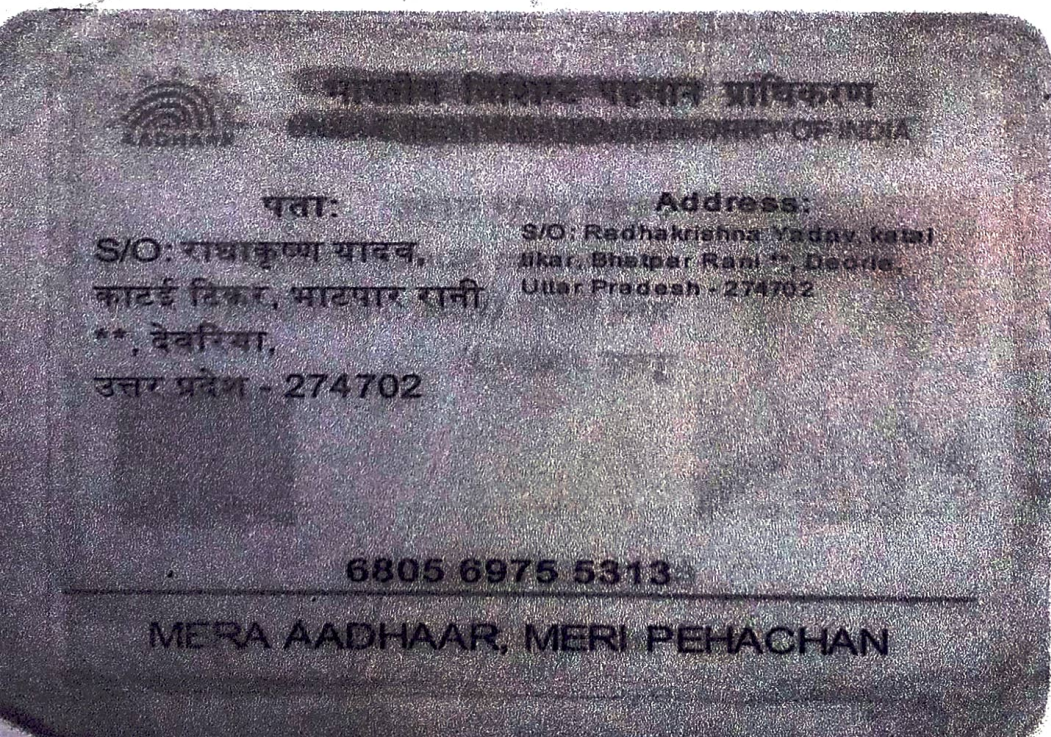
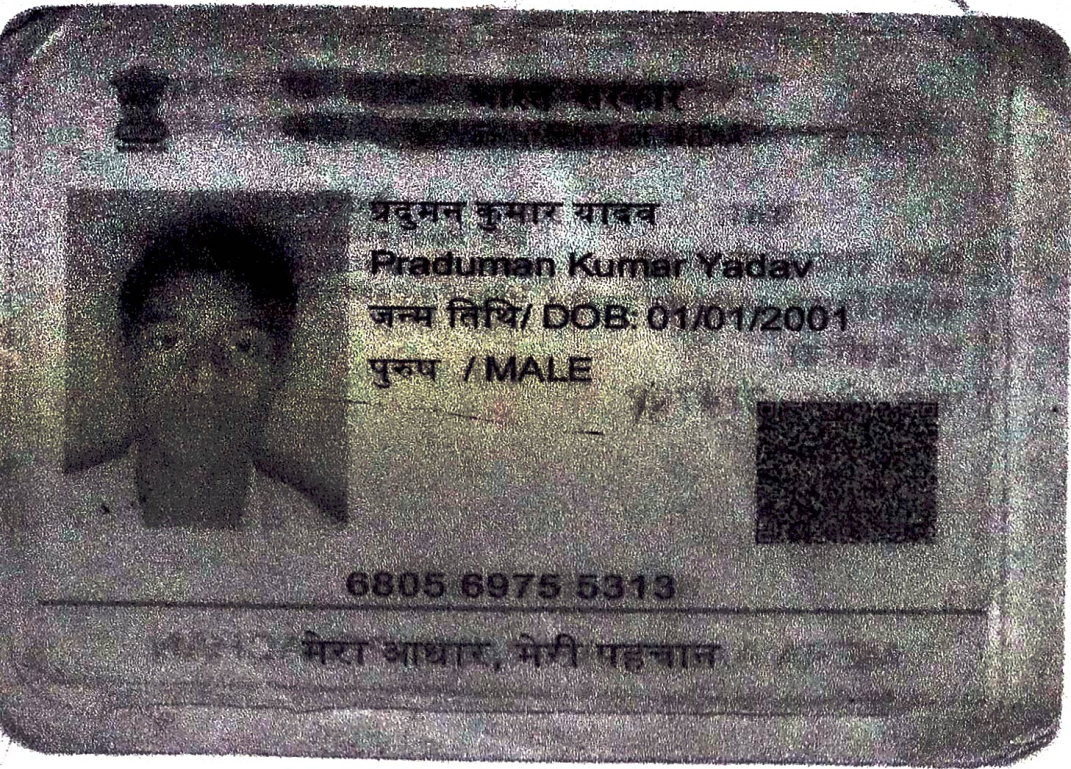
Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	MCWG	UP52	24-02-2025	NT			
LMV	LMV	UP52	24-02-2025	NT			
MVSD							

Emergency Contact Number

[Signature]
Issuing Authority
UP52 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 Roademan kumar 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 _____

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.

Roademan kumar yadav