

ESTIMATE

DATE..19-05-26

DINKAR AUTOMOBILES

CLAIM NO.....

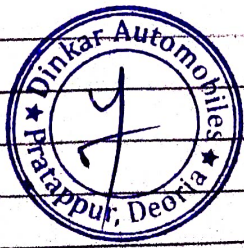
.(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME -Manisha Kumari

REG NO-UP52CF6573

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirror			1050
2	H/h			2500
3	Front Fender			1250
4	Indicator R			210
5	Mirror R			200
6	Handle			580
7	B/Lever			100
8	opening and Fitting			700
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	7590



सेवा में,
The Oriental Insurance Co Ltd /
द 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.	Mamisha Kumari 7651991064
2	Vehicle No. / वाहन संख्या	UPS2CF6573
3	Policy No. / पालिसी संख्या	252400/31/2026/17297
4	Period of Insurance / बीमा अवधि	24-05-2025 to 23-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-05-26 5 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	माली हापर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jitendra Prasad UPS220140005336
8	Estimated Loss / अनुमानित हानि	₹590
09.	Cause of Accident / दुर्घटना का कारण : अनचाहने से मेरी गाड़ी के सामने रखे बड़े आकार के पत्थर से मेरी गाड़ी की स्टेयर को गंभीर क्षति के कारण मेरी गाड़ी सड़क पर गिरकर डेमेज हो गयी। मैं Mamisha Kumari Jitendra Prasad को गाड़ी दिखाने के लिए रजिस्टर्ड सर्वेयर के साथ मिलकर जा रहा हूँ।	
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 Pratapgarh Deoria UP M.NO- 9798753535

19-05-2026
Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के
मनीषा कुमारी



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. 2524000/31/2026/17297

Tel. No. _____

Period of Insurance 24-05-25 to 23-05-26
 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 : Manisha Kumari
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>01322</u>	Registration No.
	Chassis No. <u>01373</u>	<u>UP52CF</u> <u>6573</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 : Jitendra Prasad
(b) Age : 34
(c) Address : Bhatpur Rami Khambar Deoria
(d) Is the Driver :
1. Owner : /NA
2. paid driver? :
3. Owner's relative or friend? : 275
(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 : UP52 20140005326
(h) Issuing Authority : 16-04-2014
(i) Date of Expiry : 15-04-2024
(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 : 17-05-26
(b) Place : माजी बापर
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : जानवर 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 : R+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? : NA
(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 19-05-2006

Signature of the insured मनीषा कुमारी

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 सनीषा कुमारी

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, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	24-MAY-25
Policy No	252400/31/2026/17297	Proposal No.& Date	R/252400/31/2026/11954 & 24-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:44 ON 24/05/2025 TO MIDNIGHT OF 23/05/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:44 ON 24/05/2025 TO MIDNIGHT OF 23/05/2030
Insured Name	MANTISHA KUMARI (GSTIN: 0)		
Insured Address	C/O -SHAILESH KUMAR, VILL-MALI CHHAPAR,PO-BHATPARRANI,PS-KHAMPAR,DEORIA,DEORIA, .		Lead /Breakin No / Insured State
	NA.		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			Total IDV	76236
Engine -Chassis No	JA07AMS9B01322 - MBLJAW405S9B01378			FMF CONTRACT NO	
Cubic Capacity	125			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL		
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)	NA
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Deductibles		Net Liability Premium (B)	4158
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	748
Anti- Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMP DUTY	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	1086	Krishi Kalyan Cess@0.50%	4906
Sub -Total Deductibles	1086	Gross Premium Paid	
Add-On Coverages		Note:	
NIL Depreciation	191	1. Policy Issuance is the subject to the realisation of cheque	
Return to Invoice	0	2. Consolidated Stamp Duty paid via Challan No	
Key Replacement	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Consumables	191	4. Voluntary excess Rs(0)	
Sub Total Add-on Coverages	307	5. Subject to Endorsements IMT,7,10,28,	
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4906
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				NA

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.

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.

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 abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

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 24-MAY-25

IMPORTANT NOTICE

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".

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) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

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

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

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/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

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, 1988.

* This insurance excludes all pre existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By : 9221375MD

Approved On : 24-MAY-25

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 : UP52CF6573 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 : MANISHA KUMARI Son/wife/daughter of : SHAILESH KUMAR
Full Address: (Permanent) : VILL- MALI CHHAPAR, PO- BHATPAR RANI PS KHAMPAR, DEORIA, DEORIA, UTTAR PRADESH-274702
Full Address: (Temporary) : VILL- MALI CHHAPAR, PO- BHATPAR RANI PS KHAMPAR, 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 : AA2128977333 Rear HSRP No : AA1042386967
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLJAW405S9B01373
Engine No : JA07AMS9B01322 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)

By Manuf.	Description	As Regd.	Weight(in kgs)
-----------	-------------	----------	----------------

- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

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

Purchase dt : 24-May-2025 Sale Amt : 82461/-
OTT Date : 24-May-2025 Amount/Rcpt No : 8247 / UP52D25050005059
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

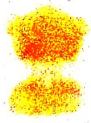
Date : 13-Jun-2025 13:21:29

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 13-Jun-2025

3882312



UNION OF INDIA Driving Licence



UP52 20140005336

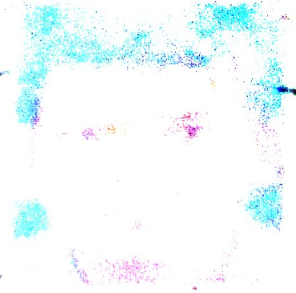


जारी करने की तिथि
Date of Issue
16/04/2014

वैधता तिथि
Validity
15/04/2034

जन्म तिथि
Date of Birth
11/05/1992

Blood Group
Unknown



नाम / Name

JITENDRA PRASAD

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

ANESH PRASAD

UP52 20140005336

UP52 20140005336



16/04/2014

16/04/2014

पता / Address

**MALI CHHAPAR
PO-BHATPAR RANI PS-KHAMPAR
DEORIA**



UP52 20140005336

Holder's Signature

जारीकर्ता / Issuing Authority Sign
DEORIA

21



भारत सरकार
Government of India



Aadhaar no. issued: 16/09/2016



मनिषा कुमारी
Manisha Kumari
जन्म तिथि/DOB: 10/10/2006
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन 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).

3134 3893 6972

मेरा आधार, मेरी पहचान



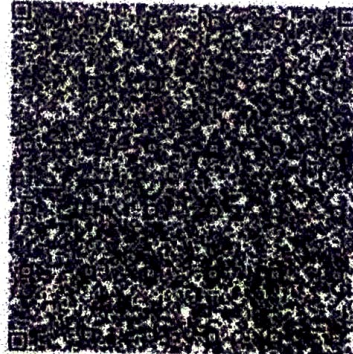
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 09/03/2026

पता:
C/O शैलेश कुमार, मालिचपर, भाटपार रानी **, भाटपार रानी,
देवरिया,
उत्तर प्रदेश - 274702

Address:
C/O Shailesh Kumar, malichhpar, Bhatpar Rani **,
PO: Bhatpar Rani, DIST: Deoria,
Uttar Pradesh - 274702



3134 3893 6972

VID : 9152 5099 7520 6803

1947

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 Manisha Kumari
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

मनीषा कुमारी

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.