

ESTIMATE

DATE.....

DINKAR AUTOMOBILES

CLAIM NO.....

(Malwa road pratappur, deoria, up 274703)

(GSTIN NO-09APJP12078R1Z3)

CUSTOMER NAME - Rubi Kumari

REG NO- BR29 AT0593

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Rear fender			850
2	Rear Caserion			950
3	Back light set			600
4	Tail panel left			470
5	Tail panel right			470
6	Tail panel Centre			250
7	Rear alloy wheel			4890
8	wiper			1050
9	H/L			490
10	fender			1430
11	Indicator Right			180
12	Chassis Repair			1900
13	Handle			490
14	Shock repair			500
15	opend Joty			900
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	15920

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.	Rubi Kumari & 9654433441
2	Vehicle No. / वाहन संख्या	BR 29 AT 0593
3	Policy No. / पालिसी संख्या	MS/2025/2001/0/46525
4	Period of Insurance / बीमा अवधि	30/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/06/2026 शाम 8 बजे
6	Place of Accident / दुर्घटना का स्थान	लक्ष्मीपुर बाला के कर्म
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Chandan Gupta BR 29 2023 0605168
8	Estimated Loss / अनुमानित हानि	15920
09.	Cause of Accident / दुर्घटना का कारण:	दिनांक 05-06-26 को कोटे पत्रे च-पत्रे मुद्रा गोपी गैरवा प्रारंभ में कि शाम 8 बजे कचेव लक्ष्मीपुर बाला के कर्म पीछे के आगे लक्ष्मीपुर वाले ने हर्ष गयी मे पीछे के टक्का गार किया जिससे गोपी गैरवा मुद्रा च-पत्रे
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	—
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	—
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dincau Automobiles, Main Road, Jharkhand, Dhanbad U.P. 9298253535

Date / दिनांक : 08/06/2026
हस्ताक्षर


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. MS/2025/2001/0/

Tel. No. _____

Period of Insurance 01-10-25 to 30-09-26

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 : Rubi Iymani
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. - <u>63098</u> Chassis No. - <u>90825</u>	Registration No. <u>DR29 AT 0593</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
 1. Was a side-car attached No
 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 : Chandan Gupta
 (b) Age : 26
 (c) Address : Karchhwi po - Belagay mairwa Suan 8412
 (d) Is the Driver
 1. Owner :
 2. paid driver? : N/A
 3. Owner's relative or friend? : Relative
 (e) If paid driver, how long has he been in your employment :
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : BR29 9023 0005168
 (h) Issuing Authority : D To BR29
 (i) Date of Expiry : 22-03-2040
 (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 : 05-06-2026
 (b) Place : मन्नापुरा टोल
 (c) Speed of vehicle at the time of accident : 40 km
 (d) Give a short description of the accident : गाड़ी के टकराव से टाली में टकरा
 (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 : Rear + L+R+ /
 (b) Estimated cost of repairs : N/A
 (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 : N/A
 (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 : _____ **/ NA**
(b) Did a Police Constable take particulars of
The accident? : _____
(c) Was accident reported to Police? If not, Why? : _____
(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 08-06-2026

Signature of the insured **रुत**

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

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/470767

Motorsathi Care Private Limited
 Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Rubi Kumari	2002-01-01	7654433441	HARILAL SAH	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Ty
DRUM SELF E20	BR29AT0593	HA11EVNHA63098	MBLHAW114NHA90825	2022-03-02	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
35500.00	NA	0.00	0.00	0.00	15500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1326.40	
Address			City / District	Pin Code	State	
VILL-SINGAHA TOLA BASDILA,PO-HATHUA,PS-MIRGANJ,DISTI-GOPALGANJ,				841436	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
CHANDAN GUPTA	Male	26 Years	HUSBAND	2025-10-01 21:05	Midnight of 2026-09-30	

Section A. VRC: 605.93 TCR: 460.79 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1066.72
 Section B. EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C. MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D. Drive Assure: 220.07 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 39.61 Total with GST(D): 259.68

Package Period Covered	2025-10-01 To 2026-09-30	2026-10-01 To 2027-09-30	2027-10-01 To 2028-09-30	2028-10-01 To 2029-09-30	2029-10-01 To 2030-09-30
ADV	35500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-01-26 (DETAILS ARE PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companies accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. N The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com Motorsathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of if misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care Toll Free Phone No. 7941054 email: info@motorsathi.com



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Received with Thanks Rs 1326.4 ON 2025-10-01 from Mr./Ms. Rubi Kumari against the ARN No. INCP00470767
 The acknowledgement is subject to a compulsory excess of Rs. 100 - & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Indian Union Vehicle Registration Certificate

Issued by Government of Bihar



Regn. Number BR29A10S93 **Date of Regn.** 02-03-2022 **Regn. Validity** 01-03-2037
Chassis Number MBLHAW114NH490825 **Owner Serial** 1
Engine / Motor Number HA11EVNH463098
Owner Name RUBI KUMARI
Son / Wife / Daughter of (In case of Individual Owner) HARILAL SAH
Address SINGAHA TOLA BASDILA, HAITHUA, MIRGANI, GOPALGANJ, BR, 841436
Fuel PETROL
Emission Norms BHARAT STAGE VI

Card Issue Date: (16-03-2022)



Vehicle Class: M-CYCLE/SCOOTER (2WV)

Regn. Number BR29A10S93

Manufacturer's Name HERD MOTOCORP LTD

Model Name SPLENDOR+ (SELF-DR-CTRS)

Colour BLACK-SILVER-STR

Body Type SOLD WITH PILLION

Seating (In all) / **Standing** * / **Sleeper Capacity** *
 2 / 0 / 0

Month-Year of Reg. 01 - 2022

Unladen / Laden * / **Gross Combination** * **Weight (kg)**
 111 / 241 / 9

Number of Cylinders 1

Cubic Capacity / **Motor Power(BHP/Kw)** **Wheel Base(mm)**
 97.2 / 2.91 / 1236

Number of Axle * 1

Finance Name *

Registration Authority
 DTO - SURINA



Indian Union Driving Licence

Issued by Government of Bihar



BR29 20230005168

Issue Date 10-05-2023 Validity(NT) 22-03-2040 Validity(TR)



Handwritten signature

Holder's Signature

Date of First Issue (10-05-2023)

Name: CHANDAN GUPTA

Date of Birth: 23-03-2000

Blood Group: AB+

Organ Donor: N

Son of : VIJAY GUPTA

Address: VILL KARCHHUI PO BELASPUR PS MAIRWA SIWAN, BIHAR 841239

DL No : BR29 20230005168



Invalid Carriages (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	BR29	10-05-2023	NT			
	LMV	BR29	10-05-2023	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
DTO-BR29



भारत सरकार

Government of India



Issue Date: 15/01/2016



रुबी देवी

Rubi Devi

जन्म तिथि / DOB: 01/01/2002

लिंग / Gender

8841 6567 2907

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

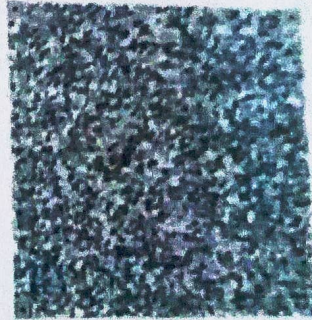
Unique Identification Authority of India



Print Date: 20/04/2022

पता: चन्दन गुप्ता, पुखरोडा, सिवान, बिहार, 841239

Address: W/F Chandan Gupta, Pokhrera,
Siwan, Bihar, 841239



8841 6567 2907



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या
Permanent Account Number
LDVPK8919D



नाम / Name
Rubi Kumari

जन्म तिथि / Date of Birth
01/01/2002

हस्ताक्षर / Signature
Rubi Kumari