

ESTIMATE

DATE-.....

DINKAR AUTOMOBILES

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APJPJ2078R1Z3)

CUSTOMER NAME - Shunna Singh

REG NO- UP52BP2792

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiper			1100
2	N/L			490
3	Indicator			1430
4	Indicator left			190
5	mirror left			140
6	Handle			490
7	engine guard			665
8	Seat			85
9	Rear Indicator			850
10	Fair Panel left			420
11	Fair Panel Right			420
12	opcy and ply			900
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	6430



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

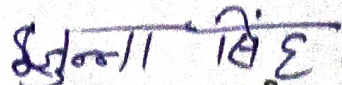
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Jhanna Singh / 8423 395491
2	Vehicle No. / वाहन संख्या	UP52BP2792
3	Policy No. / पालिसी संख्या	MS/2025/2002/0/46525/ 463453
4	Period of Insurance / बीमा अवधि	22-08-25 to 21-08-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-06-2026 / शाम 7 बजे
6	Place of Accident / दुर्घटना का स्थान	रामपुर खोटा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Agendhya Yadav 8423395491
8	Estimated Loss / अनुमानित हानि	6430
09.	Cause of Accident / दुर्घटना का कारण:	मेरे बिल ड्राइवर प्राकृतिक रूप से लेकर धारा का रहे थे कि रामपुर खोटा के दक्षिण पीछे के झाड़ी मोटा मजकूर लगी ने गड़ी लगी ने पीछे के वल माए की लिकने गरी गरी वल पर लिफ्ट ड्राइव करी
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 / फोन नं.	Dinleav automobiles Main Road Pruthiyan Daria up 224203 / 9298253535

Date / दिनांक : 15-06-2026
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/2025/2002/0/

Tel. No. _____

Period of Insurance 2-08-25 to 21-08-26 46575/4134
 Claim No. 53

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED Jhanna Singh
 (a) Name _____
 (b) Address for correspondence Basopatti Dewari
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>Moto motorcapp</u>	Engine No. - <u>E 47497</u> Chassis No. <u>E-26696</u>	Registration No. <u>MP52BP2791</u>
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- (a) Was the vehicle in proper working condition?
 (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
 2. Was a pillion rider carried
- NA

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 : Agendya yadav
 (b) Age : 27
 (c) Address : Bajopath Dewa
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? : 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? : No
 (g) Driving Licence Number : UPJ2 2019 000 6563
 (h) Issuing Authority : UPJ2 Dewa
 (i) Date of Expiry : 27-06-2039
 (j) Was the licence temporary/permanent :
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before? : NA
 (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 : 13-06-26 शाम 7 बजे
 (b) Place : सानु रोड
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : गाड़ी में अचानक ब्रेक मारने से हादसा
 (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 :
 (b) Estimated cost of repairs : Rs 10000 / NA
 (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? _____
- (b) If yes, give full details _____ NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any _____
- (b) Did a Police Constable take particulars of The accident? _____ NA
- (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 15-06-2021

Signature of the insured [Signature]

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

Motorsathi Care Private Limited
 Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 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	
Jhanna Singh	1983-08-12	8423395491	BALISTER SINGH	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BP2791	HA11EVMHE47497	MBLHAW118MHE62696	2022-02-07	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	35500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1149.82	
Address			City / District	Pin Code	State	
BASOPATTLRAMPUR,DEORIA				274703	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
PRIYANKA DEVI	Female	30 Years	WIFE	2025-08-22 00:03	Midnight of 2026-08-21	

Section A, VRC: 570.29 TCR: 335.12 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 905.41

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 IAC: 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: 207.13 AHDC, DOC & Additional External Tyre Covert(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 37.28 Total with GST(D): 244.41

Total(Section A+B+C+D) Offered Price After Discount: 1150

Package Period Covered	2025-08-22 To 2026-08-21	2026-08-22 To 2027-08-21	2027-08-22 To 2028-08-21	2028-08-22 To 2029-08-21	2029-08-22 To 2030-08-21
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 2027-02-01 (DETAILS ARE AS 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) c) 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 or 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 the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. Note: 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 or 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 fraud, 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 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will 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.: 7941050643 email id: 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 the 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 Aligarh.

Received with Thanks Rs 1149.82 ON 2025-08-23 from Mr./Ms. Jhanna Singh against the ARN No. INCP00463453
 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
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



**Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION**

Registration No : UP52BP2791
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
 Owner Name : JHUNNA SINGH
 Full Address: (Permanent) : VILL-BASOPATTI, RAMPUR, DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL-BASOPATTI, RAMPUR, DEORIA-UTTAR PRADESH-274703
 Fitness UpTo : 06-Feb-2037
 Owner Serial No : 1
 Registration Date : 07-Feb-2022
 Purpose For Printing RC : NEW
 Son/wife/daughter of : BALISTAR SINGH
 Tax UpTo : One Time

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2050270804
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11EVMHE47497
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR + (SELF-DRUM- Wheel base CAST)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK-SILVER STR
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2050132411
 Month/Year of Manuf. : 05/2021
 Chassis No : MBLHAW118MHE62696
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 111
 Laden/GV Wt (kgs) : 241
 AC Fitted : NO

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 HERO FINCORP LTD. ...
 Deoria, Uttar Pradesh-274001 w.e.f. 02-Feb-2022.

Purchase dt : 02-Feb-2022
 OTT Date : 02-Feb-2022
 TaxUpTo : One Time
 Tax Exempted or Not : NOT EXEMPTED
 Sale Amt : 67795/-
 Amount/Rcpt No : 6780 / UP52D22020000886
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 08-Feb-2022

Other State/Transfer/Conversion Details

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

This certificate is valid from 07-Feb-2022 to 06-Feb-2037

Date : 22-Feb-2022 10:38:29

Taxation Particulars Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 22-Feb-2022



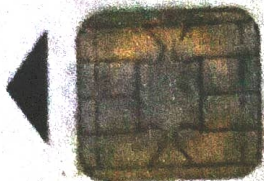
N 1743706



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP52 20190006563



Issue Date 28-06-2019 Validity (NT) 27-06-2039 Validity (TR)

Holder's Signature

Name: AJENDRA YADAV
Date of Birth: 03-04-1999 Blood Group:
Son/Daughter/Wife of: NAND LAL YADAV

Organ Donor: N

Address:
12 Basupatti Bhatpar
Rani, Deoria, UP 274703

Date of First Issue (28-06-2019)

DL No: UP52 20190006563

UPDL000000527945



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
car	MC39	UP52	28-06-2019	NY			
MVSD							

Emergency Contact Number

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)



भारत सरकार
Government of India



Issue Date: 09/11/2014



झुना सिंह
Jhunna Singh
जन्म तिथि/DOB: 12/08/1983
पुरुष/ MALE

7647 7227 2146

VID : 9155 5664 0396 9191

मेरा आधार, मेरी पहचान



भारतीय विहित प्रमाण प्रणाली

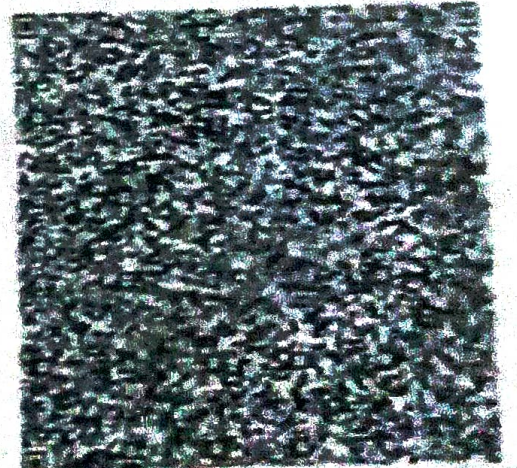
Government of India



श्री
श्रीमान् बलिम्बर सिंह बसोपाठी, रामपुर, देवरिया,
उत्तर प्रदेश - 274703

Address:
S/O Balistar Singh, basopathi, Rampur,
Deoria
Uttar Pradesh - 274703

Expiry Date: 18/08/2017



7647 7227 2146

VID : 9155 5664 0396 9191



1647



help@uidai.gov.in



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