

ESTIMATE

DATE-16-06-2026

DINKAR AUTOMOBILES

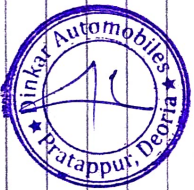
CLAIM NO-.....

(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APJP12078R1Z3)

CUSTOMER NAME - Imama Hussain REG NO-UP52CJ1541

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Mirrors			1050
2	H/L			3500
3	Front Fender			1450
4	Indicator R			220
5	Mirror R			150
6	B/lever			100
7	Handle			550
8	Emp. panel			650
9	opening and fitting			750
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
TOTAL				8370





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. 0502400/01/0026/4229

Tel. No. _____

Period of Insurance 12-10-25 to 11-10-26

Claim No. (93)

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

2. THE INSURED VEHICLE

Make & Year	Engine No. Chassis No.	Registration No.
	<u>07002</u> <u>07036</u>	<u>UP5205</u> <u>1541</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
1. Was a side-car attached
2. Was a pillion rider carried N/A

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 N/A
- (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: Kabul kumar Rai
(b) Age: 26
(c) Address: Sikaha Deora Chak Deoria
(d) Is the Driver:
1. Owner: NA
2. paid driver?
3. Owner's relative or friend? YES

(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: UPCZ 00157092020
(h) Issuing Authority: 21-12-20
(i) Date of Expiry: 20-12-20
(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: 16-06-24
(b) Place: सिहा देवरा चक
(c) Speed of vehicle at the time of accident: 20-40
(d) Give a short description of the accident: सिहा देवरा चक
(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: FR
(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
(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? _____
(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? NA
(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 past or future accident shall be forfeited.

Date 16-06-2008

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
Stamp
Witness
Exceeds Rs. 5000/-

Witness

Name

Signature

Address

Signature

Occupation

Address

.....

Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CJ1541 Registration Date : 14-Oct-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 : IMAMA HUSSAIN Son/Write/daughter of : JALIL MIYAN
 Full Address: (Permanent) : VILL- SUKATIYA DINNAGHAK, PO- KHURWASIA DEORIA, DEORIA, UTTAR PRADESH-274703
 Full Address: (Temporary) : VILL- SUKATIYA DINNAGHAK, PO- KHURWASIA DEORIA, DEORIA-UTTAR PRADESH-274703
 Fitness Up To : 13-Oct-2040 Owner Serial No : 1

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI
 Ownership : INDIVIDUAL Norms :
 Maker's Name : HERO MOTORCORP LTD
 Front HSRP No : AA2134071738 Rear HSRP No : AA2133722033
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW331SHF07036
 Engine No : HA41FBSHF07022 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 S)

Seating Cap(in all) : 2 Standing Gap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 142
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)
 By Manuf. : 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 FINGORP LTD, DEORIA,
 ... Deoria, Uttar Pradesh-274001 w.e.f. 14-Oct-2025.
 Purchase dt : 14-Oct-2025 Sale Amt : 80517/-
 OTT Date : 14-Oct-2025 Amount/Rcpt No : 8052 / UPSZD25100002922
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-Oct-2025

Other State/Transfer/Conversion/Reassign Details
 Previous RegNo :
 Old State :
 Transfer Date :
 This certificate is valid from 14-Oct-2025 to 13-Oct-2040

Date : 29-Oct-2025 14:41:23
 Taxation Particulars / Advance Registration Mark Fee Details

Q 5360559



Signature of Registering Authority
 Date: 29 Oct 2025



भारत सरकार
Government of India



Aadhaar no. issued: 22/11/2011



Imrana Hussain
Date of Birth/DOB: 01/01/1963
Male/ MALE

आधार पत्रिका ही प्रमाण है, पहचानने की आवश्यकता की नहीं ।
प्रमाण पत्रिका प्रमाणित (ऑनलाइन प्रमाणित, या ऑनलाइन सेवा/
ऑनलाइन प्रमाणित के माध्यम से) होना 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).

6449 3978 9161
भारत सरकार, नई दिल्ली

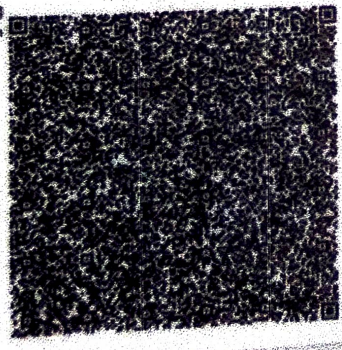
Details as on: 05/08/2026



भारत सरकार
Unique Identification Authority of India



Address:
Sikariva Dhaudak, Sikarva Nayak, PO: Khurvesia,
DIST: Deoria,
Uttar Pradesh - 2746703



6449 3978 9161
VID : 9136 0699 3637 7585

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



व्यक्ति विवरण पत्र

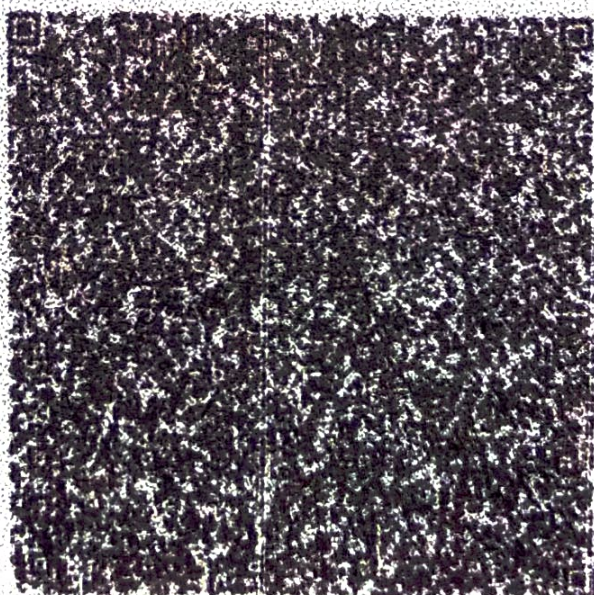
Permanent Account Number Card

BTLPH6867F

नाम / Name
IMAMA HUSSAIN

पिता का नाम / Father's Name
JALLEL

जन्म की तिथि /
Date of Birth
01/01/1963



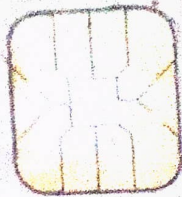
21072023

Part Application Digitally Signed, Card Not
Valid unless Physically Signed

UNION OF INDIA **Driving Licence**



UP 52 00157092020



राज्य/वर्ग की श्रेणी

Date of Issue

31/12/2020

वैधता/validity

30/12/2040

Blood Group

Unknown

वर्ष/Year

19/07/2000

RAHUL KUMAR RAI

Signature of the Licenseholder/Wife of

SHRIRAM RAI



UP 52 00157092020

UP04637511



LMV



MCWG



TPT

31/12/2020

31/12/2020

30/12/2040

पता / Address

श्री-शिकटिया देना चक
प्लॉट- खुमवासीया देोरिया,
उत्तर प्रदेश-274702

राज्य/गुण/श्रेणी
राज्य/गुण/श्रेणी

Licenseholder's Signature

राज्य/गुण/श्रेणी
Issuing Authority Sign
DEORIA



Form 7 Rule 16(2)