

Mob.: 9598622327

ESTIMATE

AUTHORISED DEALER

RAJ AUTO MOBILES



NATIONAL HIGHWAY ROAD FAZILNAGAR KUSHINAGAR 274401

SI. No. UPS7BW4039 Date. 08/12/2025

Name. NEHA PRATAPALLI

Service Type. Accessories. Mec.

Sl.	PARTICULAR'S	Qty.	Rate	Amount
①	Fuel Tank	①		7000
②	visor	①		700
③	Head light cap	②		500
④	Headin pipe	①		490
⑤	stay mech.	①		200
⑥	Leg guard	①		670
⑦	meter Em.	①		270
⑧	सिस्टम 415 ए पीपी	②		500
⑨	winkor	②		320
⑩	L.C			600
			TOTAL	

Goods once sold will not be taken back
E&O.E.



Authorised Signatory

Cust. Sing.

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To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
..... (Mumbai) v. No. 1

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.	MEENA PRADIPANI 91740396390
2	Vehicle No. / वाहन संख्या	UP55AR3WU039
3	Policy No. / पालिसी संख्या	252400/31/2025/02359
4	Period of Insurance / बीमा अवधि	03/02/2025 to 2/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/12/2025 @ 1:30 PM
6	Place of Accident / दुर्घटना का स्थान	(दुर्घटना स्थान)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JAYU08AUT - Yadav 95067 21140
8	Estimated Loss / अनुमानित हानि	12000/-
9	Cause of Accident / दुर्घटना का कारण : एक से जखलिया जा रहे थे रास्ते में दुर्घटना एक कार का चक्र जाई	जाड़ी जायकेत भादव यका रहे थे जाड़ी जायकेत भादव यका रहे थे
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Raf Auto Panelworks UP - Kashinath Mishra 9651400245

Date / दिनांक : 08/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

मेना प्रदीपानी



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 _____
 Tel. No. _____

Certificate/Policy No. 252400/02/2025/02859
 Period of Insurance 03.10.2025 to 02.10.2026
 Claim No. 750240242026

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

(a) Name : INSURED
 (b) Address for correspondence : MEHA PRATAPALI
 (c) Telephone : 9190396390

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. Chassis No. <u>09772</u> <u>0202904</u>	Registration No. <u>UPST7B0</u> <u>4089</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? PERSON USE
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NA
 1. Was a side-car attached NA
 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 Jayaramf Yadav
(b) Age 25
(c) Address 103/20 Bk
(d) Is the Driver SHAWNS
1. Owner NA
2. paid driver? NA
3. Owner's relative or friend? YES

(e) If paid driver, how long has he been in your employment NA

(f) Was he under the influence of intoxication liquor or drugs? NA

(g) Driving Licence Number UPSP20240023468
(h) Issuing Authority KUSHINMATH
(i) Date of Expiry 28/03/2026
(j) Was the licence temporary/permanent PERMANENT
(k) Details of endorsement/suspension, if any NA
(l) Has he been involved in any accident before? NA
(m) Has he been charged by the police? If so, Why? NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time 5/12/2025 11:30 pm.
(b) Place DELHI
(c) Speed of vehicle at the time of accident 40 km
(d) Give a short description of the accident
(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 AS PER ESTIMATE
(b) Estimated cost of repairs FORCED
(c) When and where can the damaged vehicle be inspected at 40 km

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name NA
(b) Address NA
(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

NO

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?
- (d) If yes, to which Police Station? Date and Diary No.
- (e)

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? When?
- (g)
- (h) Which Policy Station? •
- (i) C.R. diary Number

NO

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 said accident shall be forfeited.

Date 08/12/2025
200

Signature of the insured

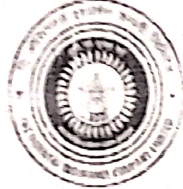
HEI Prasad

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 ने. व. प्रजापति
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank





Registration No : UP57BW4039 Registration Date : 06-Feb-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : NEHA PRAJAPATI Son/wife/daughter of : DURGA PRAJAPATI
 Full Address: (Permanent) : VILL- SOHANG, PO- SOHANG, PS- TURKPATTI, KUSHINAGAR, UTTAR
 PRADESH-274401
 Full Address: (Temporary) : VILL- SOHANG, PO- SOHANG, PS- TURKPATTI, KUSHINAGAR-UTTAR
 PRADESH-274401

Fitness UpTo : 05-Feb-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : DINESHWAR
 Relationship with the : Spouse Norms : BHARAT STAGE VI
 Nominee
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1038983377 Rear HSRP No : AA1039322193
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW141RHM02984
 Engine No : HA11ECRHL09772 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 242
 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 HERO FINCORP LTD, NEW DELHI, , , New Delhi, Delhi-110057 w.e.f. 03-Feb-2025.

Purchase dt : 03-Feb-2025 Sale Amt : 63900/-
 OTT Date : 03-Feb-2025 Amount/Rcpt No : 6390 / UP57D25020000621
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 26-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Feb-2025 to 05-Feb-2040

Date : 04-Apr-2025 14:23:52

Taxation Particulars / Advance Registration Mark Fee Details

Q 2678508

कर/पंजीयन अधिकारी
 मोटर वाहन विभाग
 Signature of Registering Authority
 Date : 04-Apr-2025



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: FGR0924

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KIAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS(45 Years))	Policy Issued On	03-FEB-25
Policy No	252400/31/2025/82359	Proposal No. & Date	R/252400/31/2025/62222 & 03-FEB-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13:22 ON 03/02/2025 TO MIDNIGHT OF 02/02/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13:22 ON 03/02/2025 TO MIDNIGHT OF 02/02/2026
Insured Name	NEHA PRAJAPATI (GSTIN: 0)		
Insured Address	C/O DURGA PRAJAPATI, VPO- SOHANG, PS- TURKPATTI, PADRAUNA (KUSHINAGAR), NA,	Lead / Break In Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	60705
Model & Variant	HERO HI DELUXE SELF E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine/Chassis No	HA11LCRHL09772 - MBLHAW141RHM02984	Total IDV	60705
Cubic Capacity	100	TMF CONTRACT NO	
Seating Capacity	1+1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Geographical Area	INDIA
Type Of Fuel	PETROL		
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1017.42	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory 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	956.42	Legal Liability to Employees (IMT-29)	0
Geographical Area Fxn (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	2853
		Net Liability Premium (B)	4252
		Total Premium (A+B)	759
		GST	0
Voluntary Deductibles (IMT 22A)	0	SERVICE TAX	0
Anti-Theft Device (IMT-10)	0	STAMP DUTY	0
AAI Membership (IMT-8)	0	Swachh Bharat Cess@0.50%	0
No Claim Bonus	0	Krishi Kalyan Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Gross Premium Paid	4853
SIP Discount	864		
Sub-Total Deductibles	864		
		Note	
NIL Depreciation	152	1. Policy Issuance is subject to the presentation of cheque	
		2. Compulsory Stamp Duty paid via Chitron No	
Return to Invoice	0	3. The Policy is subject to a compulsory Deductible of Rs. 10 (IMT-22)	
Key Replacement	0	4. Voluntary excess Rs(0)	
Consumables	152	5. Subject to Endorsements IMT-10, 28.	
Sub-Total Add-on Coverages	244		
Net own Damage Premium(A)			

Nominee Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4833
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch	
POS Name	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 at the operating Offices as well as company's website

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and O/C endorsements mentioned herein above which are available on company's website

www.orientalinsurance.org or as per demand from the policy issuing office

It is 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 in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988

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 provisions 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 hereunto set his/hand at 252400 on 03-FEB-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 MV Act, 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, 1988

Limits of Liability (Clause) (under section II-1) of the policy: The limit of bodily injury Such amount is necessary to meet there requirement of the motor vehicle act 1988 Under Section II-1 (a) of the policy-Damage to third party property is Rs. 7.5 lakhs PA 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/years per the preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding five consecutive years 45% preceding five consecutive years SIP and NCB on OD premium No Claim Bonus will be allowed provided the insured is covered 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 damage.



Approved By: 2559/25MD
Approved On: 03-FEB-25
Place: MEERUT
Printed On: 03-FEB-25

आवश्यक सूचना-
इस नई मोटर साइकिल की चोरी एवं टूट-टूट का दायित्व बीमा अगले साल समाप्त हो जायेगा।
सम्पर्क करें-राज आर्टोमोबाइल्स फर्निचर

For and on behalf of
The Oriental Insurance Company Ltd.
Raj Automobiles
NH-28 Fazl nagar,
Kushinagar (U.P.)
General Manager
Authorized Signature

7081415

भारत सरकार
Government of India

नेहा प्रजापति
Neha Prajapati
जन्म तिथि / DOB : 01/01/2004
महिला / Female



3108 8499 0770

भेरा आधार, भेरी पहचान

भारत सरकार
Unique Identification Authority of India

पता:
आम्नाजा: दुर्गा प्रजापति सोहंगा,
सोहंगा, कुशीनगर, सोहंगा, उत्तर
प्रदेश, 274401

Address:
D/O: Durga Prajapati, sohang,
Sohang, Kushinagar, Sohang,
Uttar Pradesh, 274401

1947

help@uidai.gov.in

3108 8499 0770

www.uidai.gov.in



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

MINOR

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

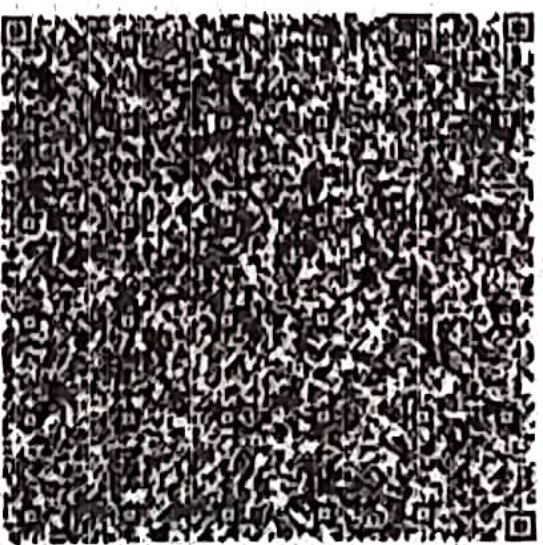
FUNPP4433A

नाम / Name
NEHA PRAJAPATI

पिता का नाम / Father's Name
DURGA PRAJAPATI

जन्म की तारीख /
Date of Birth
01/01/2004

हस्ताक्षर / Signature



25072020





Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20240023466

Issue Date: 27-12-2024
Validity (NT): 24-03-2046

Validity (TR)*



Holder's Signature

Date of First Issue: 27-12-2024

Name:

JAYWANT YADAV

Date of Birth: 25-03-2006

Blood Group:

Son/Daughter/Wife of:

HARENDRA YADAV

Organ Donor: **N**

Address:

**SOHANG SOHANG KASYA KUSHINAGAR UTTAR
PRADESH 274401**

DL No: **UP57 20240023466**

UPDL000014926773



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	UP57	27-12-2024	NT			
	LMV	UP57	27-12-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

