

ESTIMATE

DATE: 25/12/2025

DINKAR AUTOMOBILES

CLAIM NO:

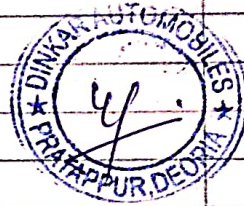
(Mairwa road pratappur, deoria, up 274703)

(GSTIN NO-09APJP12078R1Z3)

CUSTOMER NAME - Haipi Kharwar

REG NO- UP 52CH4470

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	Wiger			1050
2	H/L			650
3	Indicator R			220
4	Mirror R			150
5	Bl lever R			100
6	Handle			500
7	Fender Front			1450
8	Engine guard			600
9	Opning Fiting			700
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5420



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.	Haipi Kharwar 6388502212
2	Vehicle No. / वाहन संख्या	UP52CH4470
3	Policy No. / पालिसी संख्या	252400/31/2026/30922
4	Period of Insurance / बीमा अवधि	3/8/2025 - 2/8/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21-12-2025 - 8 बजे सुबह
6	Place of Accident / दुर्घटना का स्थान	हरराम चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Brijesh kumar UP5220240013951
8	Estimated Loss / अनुमानित हानि	5420
09.	Cause of Accident / दुर्घटना का कारण:	मे हरराम चौराहा जा रहा था दूनिंगपुर गाड़ी मुझे समय अज्ञानक एक लच्चा साइकिल लेकर आ गयी उसने लच्चा के चक्कर में ब्रेक लिया जिसके कारण गाड़ी डिस्बेलेस हो गई. और सड़क पर गिरकर डीएम हो गई। मैं Haipikharwar Brijesh kumar को हाडी दियाथा जिनसे स्क्रीडिन्ट हो गया है।
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.	Dinker Automobiles Pachappur Deoria U.P M.No - 9798753535

Date / दिनांक : 25/12/2025
हस्ताक्षर

Haipi Kharwar
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. 252400/31/2026/30922
Tel. No. _____ Period of Insurance 3-8-2025/ 2-8-2026
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 : Haipi Kharwar
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>83301</u> Chassis No. <u>79917</u>	Registration No. <u>UP52CH4470</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 /NA
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 : Brijesh Kumar
(b) Age : 20
(c) Address : Inguji bazar inguji Sabay bhalparani Doria UP
(d) Is the Driver
1. Owner : NA
2. paid driver? :
3. Owner's relative or friend? : Friend
(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 : UP59 20240013951
(h) Issuing Authority : 8-7-2024
(i) Date of Expiry : 31-12-2044
(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 : 27-12-2025 8 बजे सुबह
(b) Place : हरौम चौराहा
(c) Speed of vehicle at the time of accident : 35
(d) Give a short description of the accident : साइकिल वाले को बचाने के चक्कर में संकरीट्स
(e) If any third party was responsible for this accident give the name and address : ही गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : F+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? : _____
(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 25/12/2025 200

Signature of the insured Heipi Kharwar

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 HaiPi Rharwar
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : IGIR0928

Page No : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-01214063570, (GSTIN: 09AAACT0417R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	03-AUG-25
Policy No	25240031/2026/30922	Proposal No. & Date	R/25240031/2026-23398 & 03-AUG-2025
Agent/Broker Code	BA000155144	Policy Period (OWN DAMAGE)	FROM 12.09 ON 03/08/2025 TO MIDNIGHT OF 02/08/2026
Agent/Broker Name	ABHINAV DHATI	Policy Period (LIABILITY)	FROM 12.09 ON 03/08/2025 TO MIDNIGHT OF 02/08/2026
Insured Name	HAARI KHARWAR (GSTIN:)	Lead / Break In Insured State	UTTAR PRADESH
Insured Address	C/O - HARISHANKAR KHARWAR, VILL-TOLA AHIBARAN RAL, PO-BANKUL, PS-SHREEERAMPUR, DEORIA, NA.		
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTORCORP	Vehicle	74448
Model & Variant	SPLENDOR + SELF DRUM ALLOY FI BS BSVI	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74448
Engine - Chassis No	HA11E7RH183301 - MBL1AW225RH179917	TMF CONTRACT NO	
Cubic Capacity	100	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	1247.75	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
Basic Premium	1173.75	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 21A)	0	Net Liability Premium (B)	4150
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	748
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1061	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	1061	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4898
NIL Depreciation	186		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Insurance is the subject of the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	186	3. The Policy is subject to a compulsory Deductible of Rs (IMT-22)	
Net own Damage Premium(A)	299	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT.7.10.28.	
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
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 ab initio (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 03-AUG-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 MVA 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 (7) Any Purpose in connection with motor trade.			
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 there requirement of the motor vehicle act 1998. Under Section II-1 (ii) 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(s) as per the The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, 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, 1998.			
* This insurance excludes all pre-existing damages			
Approved By :	9221375MD	For and on behalf of	
Approved On :	03-AUG-25	The Oriental Insurance Company Limited	
Place :	MRT		
Printed On :	14-NOV-25	General Manager	
		Authorized Signature	

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH4470 Registration Date : 06-Aug-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 : HAIPi KHARWAR Son/wife/daughter of : HARISHCHANDRA KHARWAR
Full Address: (Permanent) : VILL- TOLA AHIBARAN RAI, PO- BANKUL PS SHREERAMPUR, BHATPAR RANI DEORIA, DEORIA, UTTAR PRADESH-274703
Full Address: (Temporary) : VILL- TOLA AHIBARAN RAI, PO- BANKUL PS SHREERAMPUR, BHATPAR RANI DEORIA, DEORIA-UTTAR PRADESH-274703
Fitness UpTo : 05-Aug-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 : AA2133139063 Rear HSRP No : AA2133727336
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW225RHL79917
Engine No : HA11E7RHL83301 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ BLK STRIPE 13Wheel base : 1236 S (DRS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepa Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
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 : 03-Aug-2025 Sale Amt : 78366/-
OTT Date : 03-Aug-2025 Amount/Rcpt No : 7837 / UP52D25080000571
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 07-Aug-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-Aug-2025 to 05-Aug-2040

Date 27-Aug-2025 11:47:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date 27-Aug-2025



Q 5149909

भारत सरकार
Government of India

Issue Date: 15/01/2015



Haini Kharwar
DOB: 08/06/2004
Male

9611 5910 0049

मेरा आधार, मेरी पहचान

1947

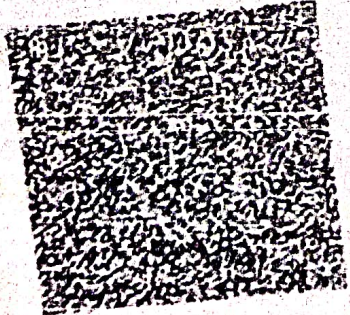
www.uidai.gov.in help@uidai.gov.in

9611 5910 0049

Print Date: 11/08/2023

Address: S/O: Harishchandra
Kharwar, Iola ahiwaran rai, Tola
Ahibarnarai, Deona, Ullar Pradesh,
274703

भारतीय पहचान प्रमाणिका
Unique Identification Authority of India





**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20240013951



Issue Date Validity (NT) Validity (TR)
09-07-2024 31-12-2044



ब्रजेश कुमार
Holder's Signature

Date of First Issue: 09-07-2024

Name: **BRJESH KUMAR**
 Date of Birth: **01-01-2005** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **RAJBALI PRASAD**
 Address:
**INGURI BAZAR INGURI SARAY BHATPAR RANI
 DEORIA UTTAR PRADESH 274704**

DL No: UP52 20240013951

UPDL000000794223



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	UP52	09-07-2024	NT				
LMV	UP52	09-07-2024	NT				
MVSD							

Emergency Contact Number

[Signature]
Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)

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 _____
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 : _____

Maipi Khawwey
Signature of the declarant

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.