

GSTIN NO-09APJPJ2078R1Z3

ESTIMATE

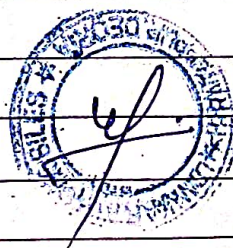
**DINKAR AUTOMOBILES**

(MAIRWA ROAD, PRATAPPUR, DEORIA, U.P. 274703)

CLAIM NO-.....

DATE 11-11-2025CUSTOMER NAME Sanjeet Dubey REG NO UPS2BU5452

S.No.	Parts Name	Parts Number	Qty.	Rate
1	Visor			1250
2	Wind Screen			370
3	Crome			180
4	H/L			600
5	Indicator R			165
6	Mirror R			235
7	Front Fender			1280
8	Mirror Cover			250
9	Eng. guard			450
10	B-lever			92
11	opening and Fetting			700
12	Back light			550
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
			TOTAL	6122



AMOUNT IN WORDS.....



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.	Sanjeet Dubey 8542920720
2	Vehicle No. / वाहन संख्या	UP52BU5452
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/402107
4	Period of Insurance / बीमा अवधि	03-02-2025 to 02-02-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09-11-2025 12 बजे दोपहर
6	Place of Accident / दुर्घटना का स्थान	मैरवा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Alokesh Dubey UP5220230202793
8	Estimated Loss / अनुमानित हानि	6122
09.	Cause of Accident / दुर्घटना का कारण :	मैरवा में एक मोड़ पे मोड़ उहे थो लव लव सामने से आ रही एक बाईक वाले ने मेरी गाडी मे टक्कर मार दिया जिससे मेरा गाडी सड़क पर गिरकर डेमेज हो गयी / मे Sanjeet Dubey Alokesh Dubey को गाडी दिथे थे जिनसे खर्चसीस्ट हो गया है
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Sanjkar Automobiles Pratapgarh Deoria UP M.No - 9798753535

11-11-25  
Date / दिनांक :  
हस्ताक्षर

Sanjeet Dubey  
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/2025/70001/0/46575/

Tel. No. \_\_\_\_\_

Period of Insurance 03-02-25 to 02-02-26  
Claim No. 402107

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

1. INSURED Sanjeet Dubey  
(a) Name :  
(b) Address for correspondence :  
(c) Telephone :

### 2. THE INSURED VEHICLE

Make & Year	Engine No. <u>01052</u>	Registration No.
	Chassis No. <u>51072</u>	<u>UP52BU</u>
		<u>5452</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 NA  
1. Was a side-car attached  
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 : Aakash Dubey  
 (b) Age : 21  
 (c) Address : Rampur Deoria U.P.  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? : NA  
 3. Owner's relative or friend? : 22  
 (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 : UP52 20230202793  
 (h) Issuing Authority : 16-02-2023  
 (i) Date of Expiry : 21-07-2024  
 (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 : 09-11-25 12 बजे दोपहर  
 (b) Place : मेरवा  
 (c) Speed of vehicle at the time of accident : 40  
 (d) Give a short description of the accident : एक वाहन वाले से टक्कर हो  
 (e) If any third party was responsible for this accident give the name and address : गयी है फिलम डमेज हो गयी है माफ

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FN-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? : N/A  
 (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? : N/A  
 (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.

Sangeet Dubey

Date 11-11-2005

Signature of the insured \_\_\_\_\_



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/-

*Sangeet Dubey*

Witness

Name .....

Signature .....

Address .....

Signature .....

Occupation .....

Address .....

.....

.....

Bank Account Number .....

Name of the Bank .....



# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/402107

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANJEET DUBEY	1974-01-05	8572920720	BHAGWATI SHARAN DUBEY	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST BLA	UP52BU5452	JA07ABN9L01052	MBLJAW179N9L51072	2022	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
43500.00	NA	0.00	0.00	0.00	43500.00	
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	1157.67	
Address			City / District	Pin Code	State	
VILL- RAMPUR PO- PRATAPPUR, RAMPUR DEORIA, DEORIA, Deoria, Uttar Pradesh, 274703				274703	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MADHU DEVI	Female	43 Years	WIFE	2025-02-03 16:38	Midnight of 2026-02-02	

Section A, VRC: 269.71 TCR: 307.98 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 577.69

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: 393.55 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 70.84 Total with GST(D): 579.98

Total(Section A+B+C+D) Offered Price After Discount: 1158

Package Period Covered	2025-02-03 To 2026-02-02	2026-02-03 To 2027-02-02	2027-02-03 To 2028-02-02	2028-02-03 To 2029-02-02	2029-02-03 To 2030-02-02
ADV	43500	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 2028-01-18 (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](http://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 1lakh 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](http://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 1157.66 ON 2025-02-03 from Mr./Ms. SANJEET DUBEY against the ARN No. INCP00402107

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



# GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaper

## Transport Department DEORIA

### FORM 28

### CERTIFICATE OF REGISTRATION

Registration No : UP52BU5452 Registration Date : 25-Jan-2023  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing NO : NEW  
Dealer's Name & Address : LAXMI MOTORS, OPPOSITE SAVITRI NARSING HOME, SALEMPUR DEORIA, ...  
Owner Name : SANJEET DUBEY Son/wife/daughter of : BHAGWATI SHARAN DUBEY

Full Address: (Permanent) : VILL- RAMPUR PO- PRATAPPUR, RAMPUR DEORIA, DEORIA, DEORIA, UTTAR PRADESH-274703

Full Address: (Temporary) : VILL- RAMPUR PO- PRATAPPUR, RAMPUR DEORIA, DEORIA, DEORIA-UTTAR PRADESH-274703

Fitness UpTo : 24-Jan-2038

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 : AA2068639703 Rear HSRP No : AA2068691524  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2022  
No of Cylinders : 1 Chassis No : MBLJAW179N9L51072  
Engine No : JA07ABN9L01052 Fuel : PETROL  
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
Maker's Classification : SUPER SPLENDOR-DR-SLF Wheel base : 1265  
-CST

Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 122  
Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 252  
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 : 19-Jan-2023 Sale Amt : 78518/-  
OTT Date : 19-Jan-2023 Amount/Rcpt No : 7852 / UP52D23010001909  
Vehicle Is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 27-Jan-2023

#### Other State/Transfer/Conversion Details

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

This certificate is valid from 25-Jan-2023 to 24-Jan-2038

Date : 10-Feb-2023 14:12:38

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 10-Feb-2023

P 1164798





Indian Union Driving Licence  
Issued by Uttar Pradesh



UP52 20230002793



Issue Date 16-02-2023 Validity (NT) 26-07-2044 Validity (TR) \_\_\_\_\_



Holder's Signature

Name: ADARSH DUBEY

Date of Birth: 27-07-2004 Blood Group: \_\_\_\_\_ Organ Donor: N

Son/Daughter/Wife of: SANJEET DUBEY

Address:  
Rampur Deoria Uttar Pradesh  
274703

(16-02-2023)  
Date of First Issue

DL No: UP52 20230002793

UPDL 0000 10275567



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	MCWG	UP52	16-02-2023	NT			
LMV	LMV	UP52	16-02-2023	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP52 DEORIA


Form 7 Rule 16(2)



भारत सरकार  
Government of India

आधार

Issue Date : 13/01/2016



संजीत कुमार दुबे  
Sanjeel Kumar Dubey  
जन्म तिथि / DOB : 05/01/1974  
पुरुष / Male

2059 3847 1673

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार

Print Date : 17/05/2023

पता: आत्मज: भगवती शरण दुबे, गांव-रामपुर,  
पो0-प्रतापपुर, रामपुर, देवरिया, उत्तर प्रदेश,  
274703

Address: S/O: Bhagwati Sharan Dubey,  
VILL-RAMPUR, PO-PRATAPPUR,  
Rampur, Deoria, Uttar Pradesh, 274703



2059 3847 1673

1947 help@uidai.gov.in www.uidai.gov.in



## 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 Sanjeet Dubey
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 : \_\_\_\_\_

Sanjeet Dubey

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.