

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.	BRIJESH GUPTA 7233090735,
2	Vehicle No. / वाहन संख्या	UP52CE1749,
3	Policy No. / पालिसी संख्या	252400/31/2025/84535
4	Period of Insurance / बीमा अवधि	10/02/2025 - To - 09/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/01/2026 Time - 9:30 AM
6	Place of Accident / दुर्घटना का स्थान	कौल हुआ गाव धर वे)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANJESH GUPTA UP5220150011828, 723309735,
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण: कौल हुआ गाव में मेरे घर पर मेरी गाड़ी खड़ी थी। और मेरी गाड़ी में चूहा जा कर वाइरिंग तार को काट दिया 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 / फ़ोन नं.	GUPTA AUTO. MOBILE DEORIA

Date / दिनांक
हस्ताक्षर

23/01/2026
बृजेश गुप्ता

Signature of Insured / बीमाधारक के

बृजेश गुप्ता





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 252900/31/2025/84535

Tel. No. _____

Period of Insurance 10/02/2025 To - 09/02/2026
 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 BRIJESH. GUPTA.
 (b) Address for correspondence KOLHUA. PEORIA (U.P.)
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. * <u>12703</u> Chassis No * <u>09901</u>	Registration No. <u>UP52CE</u> <u>1749.</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? PERSONAL 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 : ANJESH. GUPTA.
 (b) Age : 01/01/1991
 (c) Address : KOTWALA DEORIA (U.P.)
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : RELATIVE.
 (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 : UP5220150011825
 (h) Issuing Authority :
 (i) Date of Expiry : 16/03/2032.
 (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 policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

Time - 9:30 AM.

(a) Date and Time : 23/01/2026
 (b) Place : कोलहडा गांव धरका
 (c) Speed of vehicle at the time of accident : कोलहडा गांव में मेरे घर पर मेरी गाड़ी रक्की थी और गाड़ी में घुस लाकर वाइपों को तार काट दिया है।
 (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 :
 (c) When and where can the damaged vehicle be inspected : JIANPATI AUTO-MOBILE. DEORIA. (U.P.)

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? :

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (b) If yes, give full details _____

N/A

Issuing Office

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? _____
- (e) Date and Diary No. _____



N/A

The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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 Police Station? _____
- (i) C.R. diary Number _____

N/A

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 29/01/2026 200

Signature of the insured [Signature]

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 ... वज्रेश्वर
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52CE1749	Registration Date	: 15-Feb-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	Son/wife/daughter of	: CHHANGUR GUPTA
Owner Name	: BRIJESH GUPTA	Full Address: (Permanent)	: VILL- KOLHUA, PO+PS- DEORIA, . DEORIA, UTTAR PRADESH-274001
Full Address: (Permanent)	: VILL- KOLHUA, PO+PS- DEORIA, . DEORIA, UTTAR PRADESH-274001	Full Address: (Temporary)	: VILL- KOLHUA, PO+PS- DEORIA, . DEORIA, UTTAR PRADESH-274001
Full Address: (Temporary)	: VILL- KOLHUA, PO+PS- DEORIA, . DEORIA, UTTAR PRADESH-274001	Fitness Up To	: 14-Feb-2040
Fitness Up To	: 14-Feb-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	Rear HSRP No	: AA2118217796
Front HSRP No	: AA2120215414	Month/Year of Manuf.	: 11/2024
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLJAW404R9L09901
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: JA07AMR9L12703	Cubic Capacity	: 124.70
Horse Power(BHP)	: 10.72	Wheel base	: 1267
Maker's Classification	: SUPER SPLENDOR XTEC D	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 122
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 252
Colour	: BLACK	AC Fitted	: NO
Other Criteria	:		
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	: 10-Feb-2025	Sale Amt	: 82461/-
OTT Date	: 10-Feb-2025	Amount/Rcpt No	: 8247 / UP52D25020001679
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 17-Feb-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Feb-2025 to 14-Feb-2040

Date 04-Mar-2025 17:01:59

Taxation Particulars / Advance Registration Mark Fee Details

कर/गं विभाग अधिकारी

Signature of Registering Authority

Date : 04-Mar-2025

Q 2013059



2025-02-10

Mr./Ms. BIRJESH GUPTA
VILL - KOLHUA
DEORUA, Uttar Pradesh, 274001

Dear Mr./Ms. BIRJESH GUPTA,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your transcript of proposal is attached and your policy is getting issued with insurer. please feel free to contact us if you have any comments or queries.

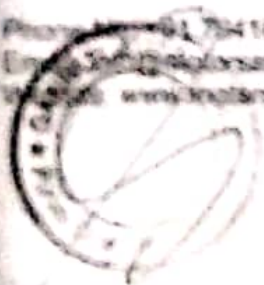
We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

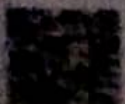
Mr./Ms. BIRJESH GUPTA, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org



मोटरसथी प्रा. लि.
एन.ए. रोड, देवरा, उत्तर प्रदेश-274001
फोन नं. +91 7941050643



Please scan the QR for details.





2025-02-10

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VILL- KOLHUA
DEORIA, Uttar Pradesh, 274001

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यह बीमा पॉलिसी का प्रमाण है
(00) एक साल का एक ही क्लेम बंध
गैर सल के लिए है अन्य है



Please scan the QR for details.





Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00404543

For Assistance, Please contact us at: Toll Free Number: 79410506431 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00404543

Name of Certificate Holder: BRIJESH GUPTA

Mobile: 7233090735

Address: VILL- KOLHUA, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 78337.95

Vehicle Registration Number: New

Model: SUPER SPLENDOR

Engine Number: JA07AMR9L12703

Acknowledgement No: MS/2025/E404543

Period of Coverage(MS): 2025-02-10 - 2026-02-09 MIDNIGHT
DOB: 1998-07-10

Period of Coverage(I): 2025-02-10 - 2030-02-09 MIDNIGHT
City / District: DEORIA

Pincode: 274001

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: XTEC DRUM SELF

Chassis Number: MBLJAW404R9L09901

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the Insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

AHDC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	706.19	63.56	63.56	-	833

Personal Accident Cover Details

Name of Certificate Holder: BRIJESH GUPTA

Nominee Name: SAPANA GUPTA

Nominee Gender: Female

Period of Insurance: 2025-02-10 (16:31 HRS) - 2026-02-09 MIDNIGHT

Nominee Relationship: WIFE

Nominee Age: 25 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. B) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.





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Drive Assure

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Maximum Number of days - 10

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Allied Services	706.19	63.56	63.56	-	833

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Nominee Name: SAPANA GUPTA

Nominee Gender: Female

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Nominee Relationship: WIFE

Nominee Age: 25 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. B) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.



आयकर विभाग
INCOME TAX DEPARTMENT

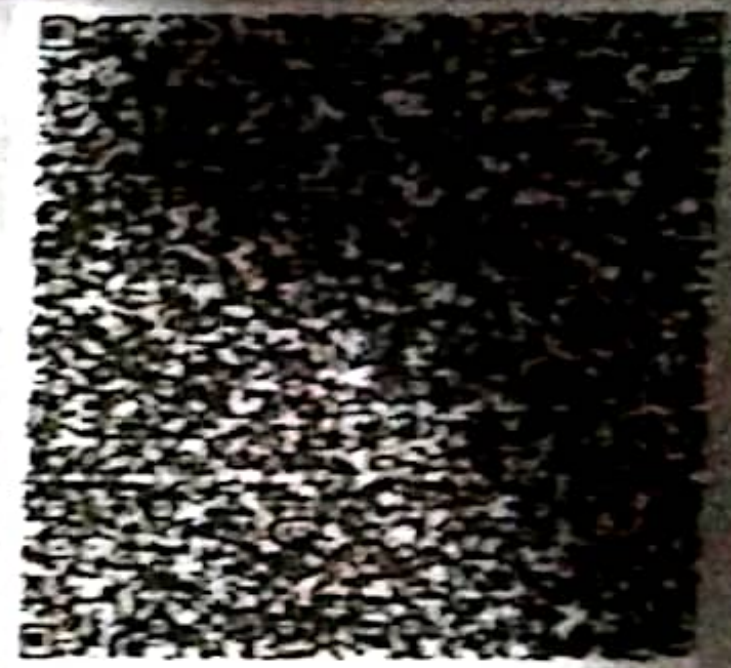


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EOKPG3589C



नाम / Name

BRIJESH GUPTA

पिता का नाम / Father's Name

CHHANGUR GUPTA

जन्म की तारीख /

Date of Birth

10/07/1998

बृजेश गुप्ता

हस्ताक्षर / Signature

DUPLICATE



भारत सरकार
Government of India



Aadhaar no. issued: 10/03/2017



बृजेश गुप्ता
Brijesh Gupta
जन्म तिथि/DOB: 10/07/1998
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
आधार जन्म का प्रमाण (ऑनलाइन प्रमाणीकरण, ऑनलाइन कोड/ऑनलाइन सत्यापन की सहायता से) के साथ ही का प्रमाण है।
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 Kiosk.)

8573 0962 5255

मेरा आधार, मेरी पहचान



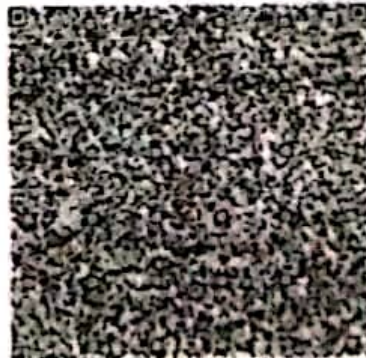
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: छांगुर गुप्ता, ग्राम- कोल्हूआँ, पोस्ट- देवरिया, देवरिया,
देवरिया, देवरिया,
उत्तर प्रदेश - 274001

Address:
S/O: Chhangur Gupta, Gram- Kolhua, Post-
Deoria, Deoria, PO: Deoria, DIST: Deoria,
Uttar Pradesh - 274001

Details as on: 01/04/2024



8573 0962 5255

VID : 9139 8674 5028 5176



1047



help@uidai.gov.in



www.uidai.gov.in



UNION OF INDIA **Driving Licence** (UP) (NT)


UP52 20150011828

कार्य जारी की तिथि / Date of Issue: 16/03/2018

जन्म तिथि / Date of Birth: 01/01/1991

नाम / Name: ANJESH GUPTA

पिता/पति का नाम / Son/Daughter/Wife of: LT CHHANGUR GUPTA



UP52 20180003756

LMV 17/03/2018

MCWG 17/03/2018

पता / Address: KOLHOUWA KOTWALI DEORIA -

जारीकर्ता / Issuing Authority Sign: DEORIA

UP

Form 7 Rule 15(1)

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria

Mob. - 9415383539, 9336531189 7704980058

ESTIMATE

Owner's Name: BRIJESH. LAUPTA

Address: DEORIA

Phone: 7233090735

Job No.

Date: 30.11.2026

Chasis No.

Engine No.

Key No. 4PS2CE1745

Regn. No.

Speedmeter Redg.

Insurance No.

Model: SCIPER. SP1

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	HARNES wire. (ताम्र का तार)	15	3295	3295	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16	1 Axle			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL					

- Note: 1. If required, labour for above material shall be charged extra.
 2. Price of parts are subject to change without notice.
 3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
 4. All Disputes Subject to Deoria Jurisdiction only.

38217
 Ganpati Automobiles
 Gorakhpur Road
 OPP. G. N. Guest
 DEORIA
 7704002735
 For - Ganpati Automobiles

- We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory