

ESTIMATE

DATE-16-02-26

DINKAR AUTOMOBILES

CLAIM NO-.....

(Malrwa road pratappur ,deoria ,up 274703)

(GSTIN NO-09APIPJ2078R1Z3)

CUSTOMER NAME - Chitramyram Gupta REG NO-UPS2CH9406

S.NO	PARTS NAME	PARTS NUMBER	QUANTITY	RATE
1	blis06			1050
2	Indicator B.L			220
3	Front Fender			1450
4	Handle			560
5	Back Fender			850
6	Eng. guard			650
7	opening and Fitting			700
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
			TOTAL	5480



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.	Chitwanjan Gupta 9648651042
2	Vehicle No. / वाहन संख्या	UPS2 CH9406
3	Policy No. / पालिसी संख्या	252400 / 31 / 2026 / 40981
4	Period of Insurance / बीमा अवधि	07-10-25 to 06-10-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12-02-26 10 बजे सुबह
6	Place of Accident / दुर्घटना का स्थान	Sigwanaya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Chitwanjan Gupta UPS2 20210002997
8	Estimated Loss / अनुमानित हानि	5480
09	Cause of Accident / दुर्घटना का कारण:	घर से निकलकर पड़री जा रहे थे तब एक बस के ड्राइवर ने अपनी गाड़ी (स्लो) धीरे धीरे रोक ली थी मैं आ रही बस का ड्राइवर ने मेरी गाड़ी में टक्कर मार दिया जिससे मेरी गाड़ी गड्ढे पर गिरकर ड्रेम हो गयी मैं Chitwanjan Gupta मेरे से रोकसिस्टम बिग 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 Pantapur Deoria UP M. No - 9798753535

16-02-26

Date / दिनांक :  
हस्ताक्षर

Signature of Insured / बीमाधारक के

Chitwanjan



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. 252400/31/2026/4098

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

Period of Insurance 07-10-25-40 06-10-26  
 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 : Chitranjan Gupta  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>40338</u>	Registration No.
	Chassis No. <u>38827</u>	<u>UP52CH</u>
		<u>9406</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
- 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 : Chitramanjam Gupta  
(b) Age : 30  
(c) Address : Sigwamiya Pipara Deoria  
(d) Is the Driver  
1. Owner : Owner  
2. paid driver? :  
3. Owner's relative or friend? : NA  
(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 : UPS 2 2021020 2977  
(h) Issuing Authority :  
(i) Date of Expiry : 08-02-21  
(j) Was the licence temporary/permanent : 24-03-35  
(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 : 12-02-26  
(b) Place : Sigwamiya  
(c) Speed of vehicle at the time of accident : 30  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address :  
वाहन वाले ने मेरी गाड़ी में  
टक्कर मार दिया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : B + L  
(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? : MA  
(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? : MA  
(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? : MA  
(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 16-02-2002

Chellayyan  
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/-

Witness  
Name .....  
Signature .....  
Address .....

*Chaitanya*  
Signature .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

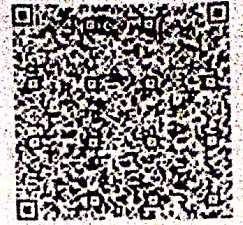


GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CH9406 Registration Date : 02-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 : CHITRANJAN GUPTA Son/wife/daughter of : DHRUP.JI GUPTA  
 Full Address: (Permanent) : VILL- SISWANIYA PO- PIPRA UTTAR, PATTI PS SHREERAMPUR DEORIA, , DEORIA,  
 UTTAR PRADESH-274702  
 Full Address: (Temporary) : VILL- SISWANIYA PO- PIPRA UTTAR, PATTI PS SHREERAMPUR DEORIA, , DEORIA-  
 UTTAR PRADESH-274702

Fitness UpTo : 01-Oct-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 : AA2133088535 Rear HSRP No : AA2133721407  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLHAW330SHF38827  
 Engine No : HA11FB SHF40338 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 Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Black Heavy Grey 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 w.e.f. .

Purchase dt : 29-Sep-2025 Sale Amt : 80517/-  
 OTT Date : 29-Sep-2025 Amount/Rcpt No : 8052 /UP52D25100000402  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 02-Dec-2025

Other State/Transfer/Conversion/Reassign Details

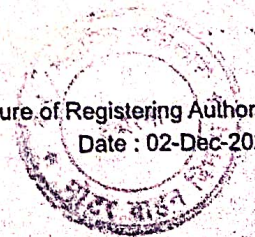
Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 02-Dec-2025 15:41:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 02-Dec-2025



Q 6302855

Indian Union Driving Licence  
Issued by Uttar Pradesh



UP52 20210002977

Issue Date 08-02-2021 Validity (NT) 24-03-2035 Validity (TR)\*



*Chitranjan Gupta*  
Licence Holder's Signature

Date of First Issue (08-02-2021)



Name: **CHITRANJAN GUPTA**  
Date of Birth: 25-03-1995 Blood Group:  
Son/Daughter/Wife of: **DHRUP GUPTA**  
Address:  
**SISWANIYA PIPRA UTTAR PATTI KHAMPAR  
BHATPAR RANI, DEORIA, UP 274702**

Organ Donor: Y

DL No: UP52 20210002977

UPDL000004992788



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	08-02-2021	NT				
LMV	UP52	08-02-2021	NT				
MVSD							

Emergency Contact Number

*[Signature]*  
Licencing Authority  
UP52 DEORIA



भारत सरकार

Government of India



चितरंजन गुप्ता  
Chitranshu Gupta

जन्म तिथि / DOB : 25/03/1995  
पुरुष / Male



3241 7718 6096

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: S/O: ध्रुप गुप्ता, 98,  
सिसवानिया, देवरिया, पिपरा बाबु  
पट्टी, देवरिया, पिपरा उत्तर पट्टी,  
उत्तर प्रदेश, 274702

Address: S/O: Dhrup Gupta, 98,  
Siswaniya, Deoria, Pipra Babu Patti,  
Deoria, Pipra Uttar Patti, Uttar Pradesh,  
274702

3241 7718 6096

1947  
1600 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

CHITRANJAN

DHRUP

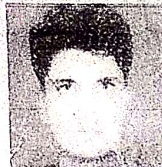
25/03/1995

Permanent Account Number

AZMPC3078M

*Chitranjan Gupta.*

Signature



28082013