

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AhWPG0569P1ZE

AUTHORISED DEALER



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 9307236635

No. **3052**

Date 01-05-2026

Name Rajkumari Devi

Add. CP57BZ0598

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT | |
|-------|------------------|------|--------------|----------------|----|
| | | | | Rs. | P. |
| | Fork pipe - Both | | | 2300 | |
| | meets | | | 1400 | |
| | meets pins | | | 400 | |
| | Vishes | | | 1250 | |
| | H/L | | | 500 | |
| | H/L stay | | | 300 | |
| | Handle | | | 500 | |
| | mirror - (L) | | | 250 | |
| | Leve - (L) | | | 150 | |
| | Front fenders | | | 1450 | |
| | Handle - T | | | 1050 | |
| | No. stand | | | 250 | |
| | Footrest | | | 280 | |
| | Fuel Tank | | | 5500 | |
| | chassis repair | | | 2500 | |
| | cegang | | | 680 | |
| | Locic set | | | 1000 | |
| | labour charge | | | 1800 | |
| | | | TOTAL | 21740/- | |

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
द्वि 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. | Rajkumari Devi 7307105567 |
| 2 | Vehicle No. / वाहन संख्या | UP57B20598 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026 / 32289 |
| 4 | Period of Insurance / बीमा अवधि | 11-08-2025 - 10-08-2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 28-04-2026 8:PM |
| 6 | Place of Accident / दुर्घटना का स्थान | Bolichhapra |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Rochan Kumar Gupta 900092472 |
| 8 | Estimated Loss / अनुमानित हानि | 21.740/- |
| 9. | Cause of Accident / दुर्घटना का कारण: | मेरी गाड़ी मेरे बड़े पापा के लड़के रात में काम से आ रहे थे कि रात में रात के समय रोड़ क्रॉस करके अपनी गाड़ी में जाकर उसमें जाकर मेरी गाड़ी और टकराने बाद गाड़ी अचानक गिर कर डूब गई। |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम | N/A |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No. | N/A |
| 12 | Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं. | 9125197148 Gupta Automobile Padrauna |

राजकुमारी

Date / दिनांक : 01-05-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

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 Assessed
Exceeds Rs. 5000/-

राजकमारी

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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. 252400/31/2026/32269

Tel. No. _____

Period of Insurance 10-08-2026

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 : Rajkumari Devi
 (b) Address for correspondence : _____
 (c) Telephone : 8808892472

2. THE INSURED VEHICLE

| | | |
|----------------------------|--|---------------------------------------|
| Make & Year <u>2025</u> | Engine No. <u>H11078424500</u> Chassis No. <u>M3LHAW2225HCA5700</u> | Registration No. <u>UP57BZ0598</u> |
|----------------------------|--|---------------------------------------|

- (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? no
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? no
 2. Was a pillion rider carried? no

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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Roshan Kumar Gupta
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : related
 (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 : UP5720110014890
 (h) Issuing Authority : _____
 (i) Date of Expiry : 20-12-2031
 (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 : 28-04-2026 8:00P.M
 (b) Place : Bodichhapra
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : रात के समय रोड क्रॉस करके भागी नीलगाँव
 (e) If any third party was responsible for this accident give the name and address : दुकानदार उभमे जा एकवार मेरी गाड़ी और एकवारे के बाद भागी गया तरफ गिर कर डेजेक हो गया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Rock pipe with fuel tank etc.
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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 : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____

N/A

8. INJURY TO DRIVER/OCCUPANT

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

~~N/A~~

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~~

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 : _____

~~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.

राजकुमारी

Date 01-05-2002

Signature of the insured _____



भारतीय प्रजासत्ताक सरकार
UNION GOVERNMENT OF INDIA

पता:

Address:

V/O: Umeshi, Chhiteuni, Chhiteuni
Jungai, Kuchinagar,
Uttar Pradesh - 274801

राजकीयता: उमेश, चितौनी,
चितौनी जंगल, कुशिनगर,

उत्तर प्रदेश - 274801

3736 3462 4175

Aadhaar-Aam Admi ka Adhikar



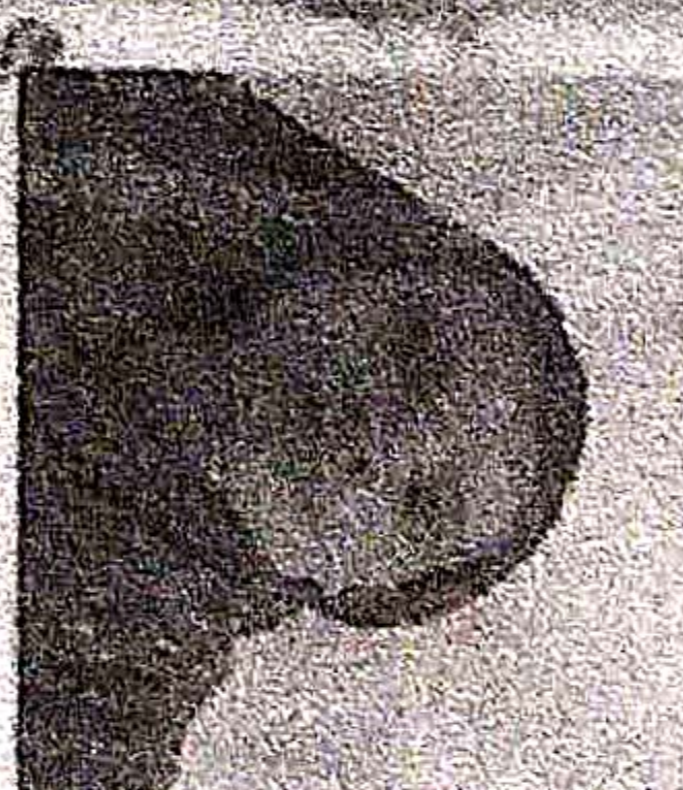
भारत सरकार
GOVERNMENT OF INDIA

राजकुमारी देवी

Rajkumari Devi

जन्म तिथि/ DOB: 01/10/1982

महिला / FEMALE

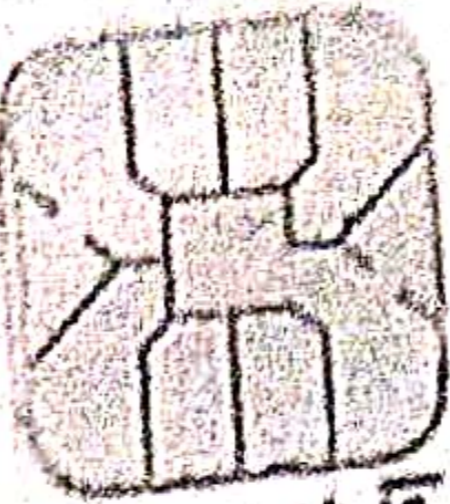


3736 3462 4175

आधार-आम आदमी का अधिकार

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20110014890



Issue Date
11-02-2022

Validity (NT)
20-12-2031

Validity (TR)
10-02-2027



Holder's Signature

Roshan Kumar Gupta

Date of First Issue (21-12-2011)

Name: ROSHAN KUMAR GUPTA

Date of Birth: 19-07-1998 Blood Group:

Son/Daughter/Wife of: RAMCHANDAR GUPTA

Organ Donor: M

Address:
R/O-CHHITALUNI PS-HAVUMANGANJ
PADRAUNA KUSHINAGAR 274801

DL No: UP57 20110014890

UPDL 00007565130



Invalid Carriage (Pregn Numbers)

Hazardous Validity

High Validity

| Class of Vehicle | Code | Issued By | Date of Issue | Vehicle Category | Badge | Issued By | Badge |
|------------------|-------|-----------|---------------|------------------|-------|-----------|-------|
| Car | MC09C | UP57 | 21-12-2011 | MC | | | |
| Car | LMW | UP57 | 21-12-2011 | MC | | | |
| RVSD | | UP57 | 11-02-2022 | | | | |

Emergency Contact Number

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



राजीव गंधी संज्ञा संकेत

Permanent Account Number Card

H01PD3837K

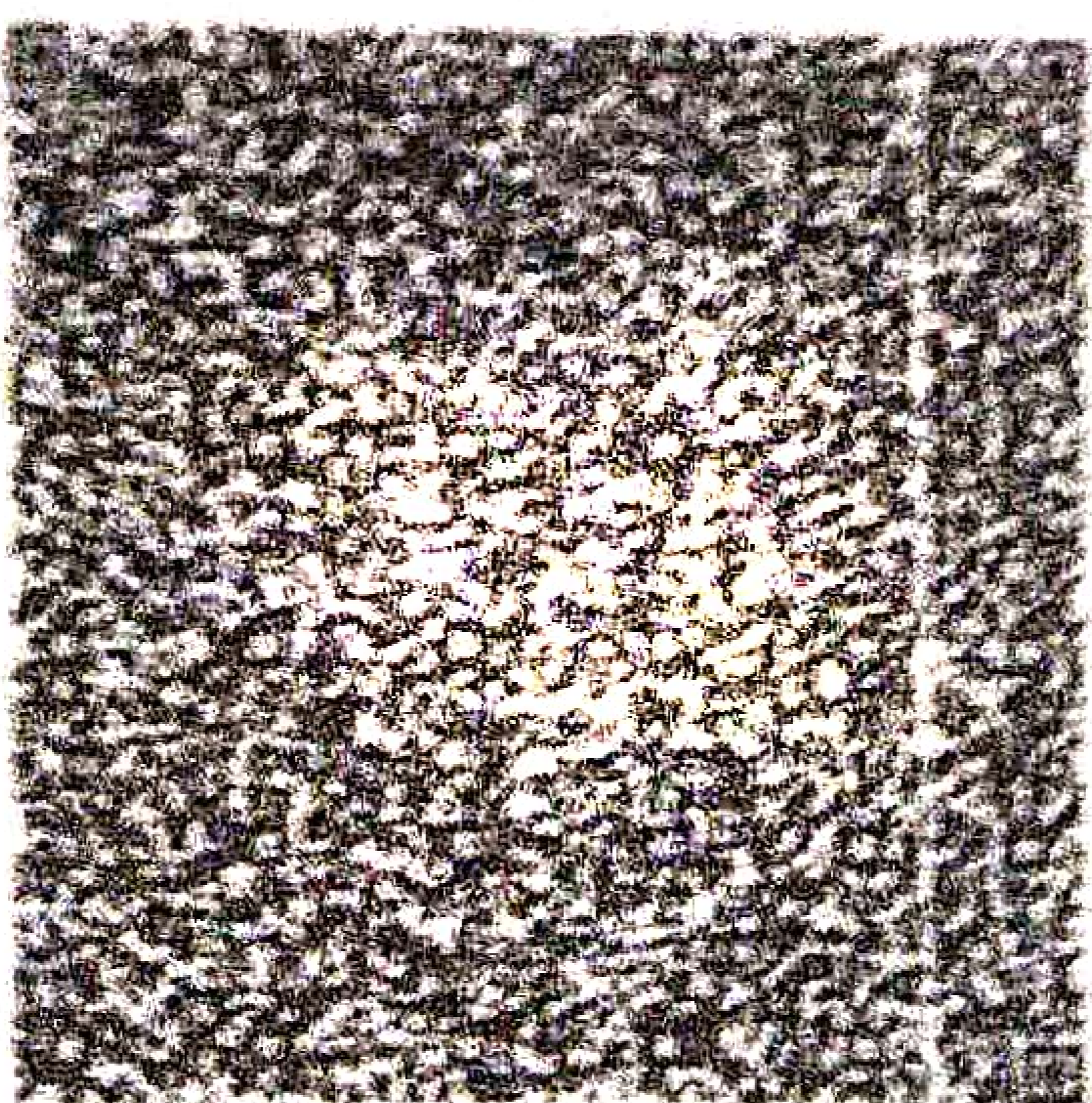
पति/पत्नी
RAJESH/DEVI

पति का पता / पत्नी का पता
PRAHLAD

पता संकेत
Date of Birth
01/01/1982

सह

सहस्र / सहस्र

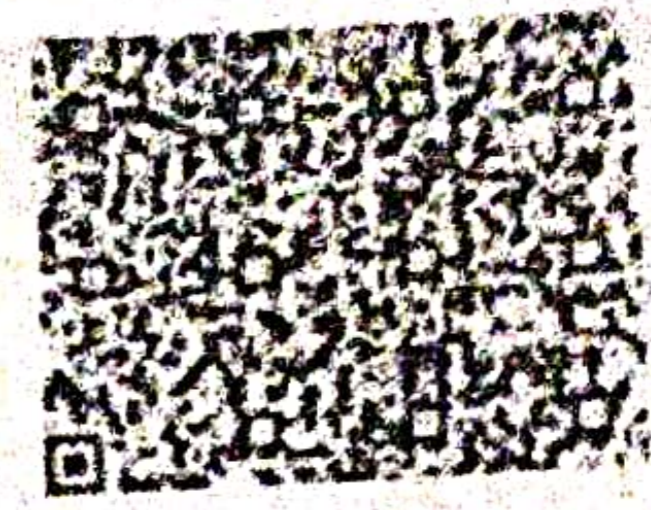


18012022

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ0598 Registration Date : 19-Aug-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 : RAJKUMARI DEVI Son/wife/daughter of : UMESH
 Full Address: (Permanent) : CHHITAUNI, HANUMANGANJ, , KUSHINAGAR, UTTAR PRADESH-274801
 Full Address: (Temporary) : CHHITAUNI, HANUMANGANJ, , KUSHINAGAR-UTTAR PRADESH-274801
 Fitness UpTo : 18-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 : AA2132849459 Rear HSRP No : AA1043834427
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW222SHCA5730
 Engine No : HA11E7SHC24538 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper 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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 15-Aug-2025.

Purchase dt : 11-Aug-2025 Sale Amt : 78366/-
 OTT Date : 11-Aug-2025 Amount/Rcpt No : 7837 / UP57D25080001787
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 25-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 19-Aug-2025 to 18-Aug-2040

Date : 08-Sep-2025 11:29:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 08-Sep-2025

Q 5079560



The Oriental Insurance Company Ltd.
Policy Schedule

Report By: P0088928

Page No: 1

TAX INVOICE/CERTIFICATE CLM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MFERUT, 01214003570, (GSTIN: 09AAACT0627R4Z1)

| | | | |
|-------------------|--|----------------------------|--|
| Policy Type | BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years)) | Policy Issued On | 11-AUG-25 |
| Policy No | 25240031202632269 | Proposal No. & Date | RJ252400312026324699 & 11-AUG-2025 |
| Agent/Broker Code | LC000000000 | Policy Period (OWN DAMAGE) | FROM 12:45 ON 11/08/2025 TO MIDNIGHT OF 10/08/2026 |
| Agent/Broker Name | M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED | Policy Period (LIABILITY) | FROM 12:45 ON 11/08/2025 TO MIDNIGHT OF 10/08/2026 |
| Insured Name | RAJKUMARI DEVI (GSTIN:) | Lead / Branch No | |
| Insured Address | C/O UMESH, CHHITAUNI, HANUMANGANI KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA, | Insured State | UTTAR PRADESH |

| INSURED MOTOR VEHICLE DETAILS | | INSURED DECLARED VALUE (IDV) (in Rs.) | |
|-------------------------------|------------------------------------|---------------------------------------|------------------------|
| Make | HERO MOTOCORP | Vehicle | 74823 |
| Model & Variant | HERO SPLENDOR PLUS 135 BLA 120 | Electrical Accessories | 0 |
| Registration No | NEW | Non Electrical Accessories | 0 |
| Year Of Manufacture | 2025 | Total IDV | 74823 |
| Engine - Chassis No | HA11E7SHC24538 - MBLHAW222SHCA5730 | TNF 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 |

| Schedule Of Premium (Amount in Rs.) | | | |
|---|---------|--|------|
| OWN DAMAGE SECTION(A) | | LIABILITY SECTION (B) | |
| Vehicle | 1255.71 | 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 | 1255.71 | Legal Liability (WC) to driver (IMT-28) | 0 |
| Geographical Area Extn (IMT -1) | 0 | Legal Liability to EmployeEs (IMT-29) | 0 |
| 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%) | NA |
| Deductibles | | PA Paid Driver, Conductor, Cleaner-GR36B3 | 0 |
| Voluntary Deductibles (IMT 22A) | 0 | Net Liability Premium (B) | 3851 |
| Anti-Theft Device (IMT-10) | 0 | Total Premium (A+B) | 4039 |
| AAI Membership (IMT-8) | 0 | GST | 0 |
| No Claim Bonus | 0 | SERVICE TAX | 0 |
| Discount for vehicle designed for handicapped | 0 | STAMP DUTY | 0.00 |
| SIP Discount | 1068 | Swachh Bharat Cess@ 0.50% | 0 |
| Sub-Total Deductibles | 1068 | Krishi Kalyan Cess@ 0.50% | 0 |
| Add-On Coverages | | Gross Premium Paid | 4767 |
| Nil Depreciation | | Note: | |
| Return to Invoice | 0 | 1. Policy Issuance is the subject to the realisation of cheque | |
| Key Replacement | 0 | 2. Consulted and Searched and satisfied by the Insured | |
| Consumables | 0 | 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22) | |
| Sub-Total Add-on Coverages | 0 | 4. Voluntary excess Rs 0 | |
| Net own Damage Premium(A) | 188 | 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 |
| | | | 4767 |
| 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 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.

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 hereunto set his/her hands at 252400 on 11-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 M.V 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 the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. 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

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 : 6592588MD
Approved On : 11-AUG-25
Place : MRT
Printed On : 11-AUG-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature