

# Gupta

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6930**

Date **9/12/25**

Name **Indraason Gupta**

Add. **UP 57 BW 6077**

| S.NO. | PARTICULARS              | QTY. | RATE         | AMOUNT<br>Rs.     | P. |
|-------|--------------------------|------|--------------|-------------------|----|
| ①     | <del>VIBOX</del>         |      |              | <del>1265/-</del> |    |
| ②     | <del>H/L</del>           |      |              | <del>3500/-</del> |    |
| ③     | <del>Handle</del>        |      |              | <del>510/-</del>  |    |
| ④     | <del>Mirror (R)</del>    |      |              | <del>140/-</del>  |    |
| ⑤     | <del>lever (R)</del>     |      |              | <del>105/-</del>  |    |
|       | <del>Labour charge</del> |      |              | <del>500/-</del>  |    |
|       |                          |      | <b>TOTAL</b> | <b>6020/-</b>     |    |

Authorised Signatory

*[Signature]*

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

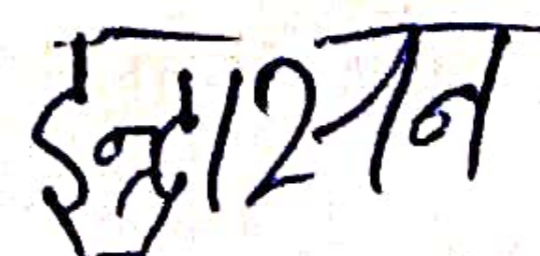
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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./<br>बीमाधारक का नाम & मोबाइल नं.                       | Indraaxan Gupta<br>9877131102  |
| 2   | Vehicle No. / वाहन संख्या   | UP57 BW6077  |
| 3   | Policy No. / पालिसी संख्या  | 252400/31/2025/88025   |
| 4   | Period of Insurance / बीमा अवधि   | 20/02/2025 to 19/02/2026   |
| 5   | Date of loss & Time / दुर्घटना का दिनांक &<br>समय                                       | 08/12/2025, 06.00 A.M.   |
| 6   | Place of Accident / दुर्घटना का स्थान   | Kasia Road   |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं      | Dinoh, UP57 202500128<br>9877131102  |
| 8   | Estimated Loss / अनुमानित हानि  | 6020/-   |
| 09. | Cause of Accident / दुर्घटना का कारण :  | मेरे चान्चा का लड़का किनेश अईक लेकर बांसी के मैला जा रहा तभी अचानक अईक के सामने कुत्ता आ गया उसी को बचाते हुये मेरी अईक स्लीप होकर दाये साईड गिरने से क्षतिग्रस्त हो 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./<br>वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं. | Accepta automobile Pad-rane,   |

Date / दिनांक : 9/12/25  
हस्ताक्षर

  
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. 252400/31/2025/80025

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

Period of Insurance 20/02/2025 to 19/02/2026

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 : Indrasan Gupta
- (b) Address for correspondence : \_\_\_\_\_
- (c) Telephone : 9877131102

2. THE INSURED VEHICLE

|                                 |  |  |
|---------------------------------|--|--|
| Make & Year<br><u>Hu80/2025</u> | Engine No. <u>HAIIFISH B02859</u><br>Chassis No. <u>MBHAW402SHB02600</u> | Registration No.<br><u>UP57BW</u><br><u>6077</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 NO
  - 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 : N/A
- (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_
- (h) Number of passengers carried : \_\_\_\_\_
- (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Dinush  
 (b) Age : \_\_\_\_\_  
 (c) Address : Kushinagar  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend?  : Relative  
 (e) If paid driver, how long has he been in your employment : \_\_\_\_\_  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UD5720250012824  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31/12/2041  
 (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 : 8/12/2025, 06:00 AM  
 (b) Place : Kashid Road  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी गाड़ी चाना काला रंग की बिकरणा स्ट्रा आ तमी सामने  
 (e) If any third party was responsible for this accident give the name and address : अचानक काला रंग की गाड़ी ने मेरी गाड़ी को ठोका व बकत करी  
बाईक ड्राइव साइड मिशन  
प्रमोड हाइड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 6000/-  
 (c) When and where can the damaged vehicle be inspected : Crupiv automobile Parkrana

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 : N/A  
 (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? : \_\_\_\_\_
- (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.

Date 9/12/25200

Signature of the insured [Signature]

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 .....  
Occupation .....  
Address .....  
.....  
.....

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

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW6077 Registration Date : 21-Feb-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 : INDRASAN GUPTA Son/wife/daughter of : RAMPRIT GUPTA  
 Full Address: (Permanent) : VILL-BASDILA, POST -DANDOPUR, THANA -NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-BASDILA, POST -DANDOPUR, THANA -NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 20-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  
 Front HSRP No : AA2120213859 Rear HSRP No : AA2118215825  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1 Chassis No : MBLHAW402SHB02808  
 Engine No : HA11F1SHB02659 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper 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 : 20-Feb-2025 Sale Amt : 84351/-  
 OTT Date : 20-Feb-2025 Amount/Rcpt No : 8436 / UP57D25020002915  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 19-Mar-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 21-Feb-2025 to 20-Feb-2040

Date : 27-Mar-2025 11:54:58

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 27-Mar-2025  
 KUSHINAGAR



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20250012824

Issue Date 16-07-2025  
Validity (NT) 31-12-2041  
Validity (TR)



Holder's Signature

Organ Donor: N

Date of First Issue 16-07-2025

Name: DINESH  
Date of Birth: 01-01-2002

Blood Group: AADHAR GUPTA

Son/Daughter/Wife of:  
Address: VILL. BASDILA DANDOPUR DANDOPUR  
PADRAUNA KUSHINAGAR UTTAR PRADESH 274304

DL No: UP57 20250012824

UPDL571000020773



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             |      | UP57      | 16-07-2025    | NT               |              |                   |                 |
| LMV              |      | UP57      | 16-07-2025    | NT               |              |                   |                 |
| MVSD             |      |           |               |                  |              |                   |                 |

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

आयकर विभाग  
INCOME TAX DEPARTMENT

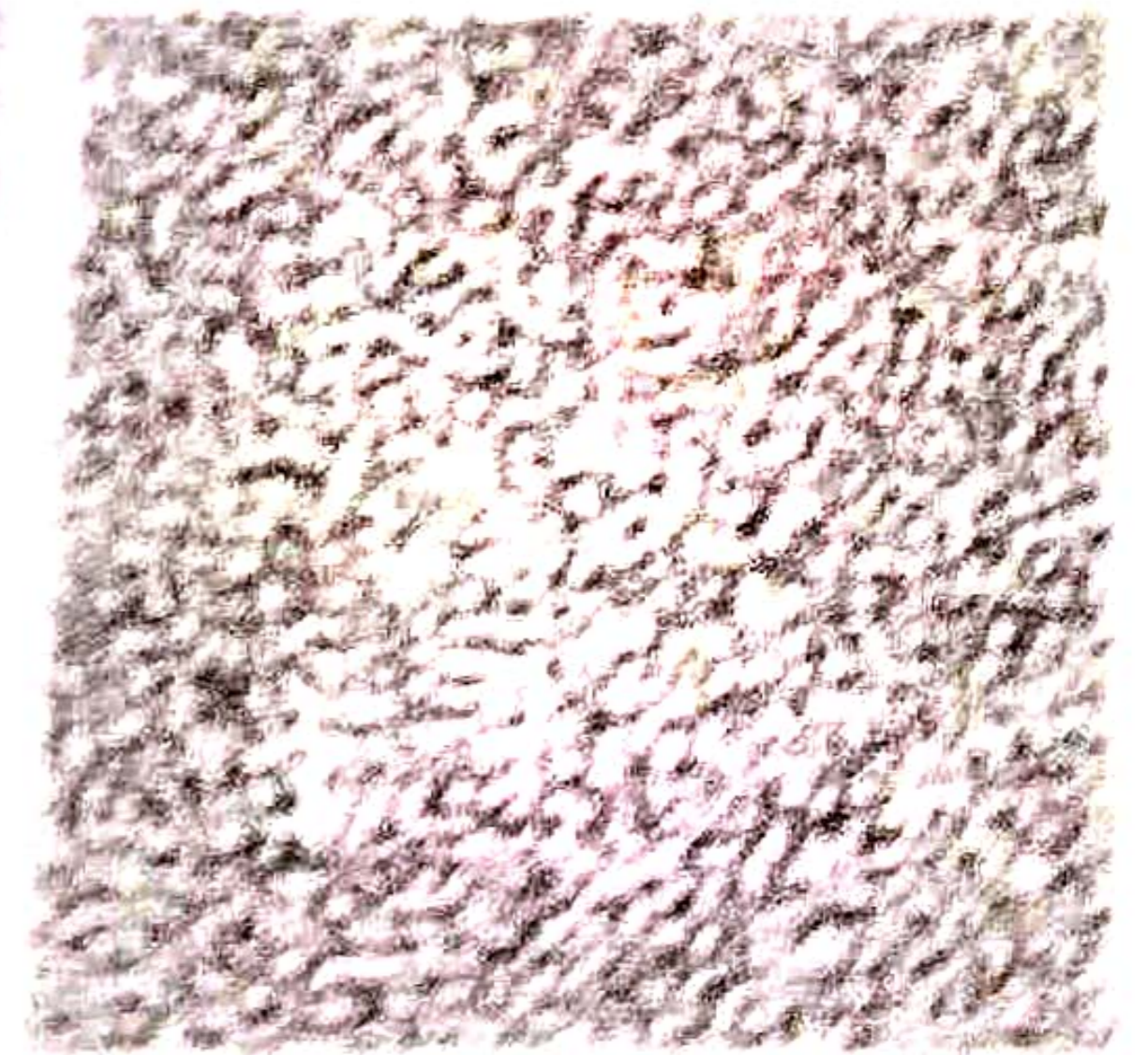


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CZYPG4182L



नाम / Name  
INDRASAN GUPTA

पिता का नाम / Father's Name  
RAMPRIT GUPTA

जन्म की तारीख /  
Date of Birth  
01/03/2003

  
हस्ताक्षर / Signature



सिद्ध सरकार

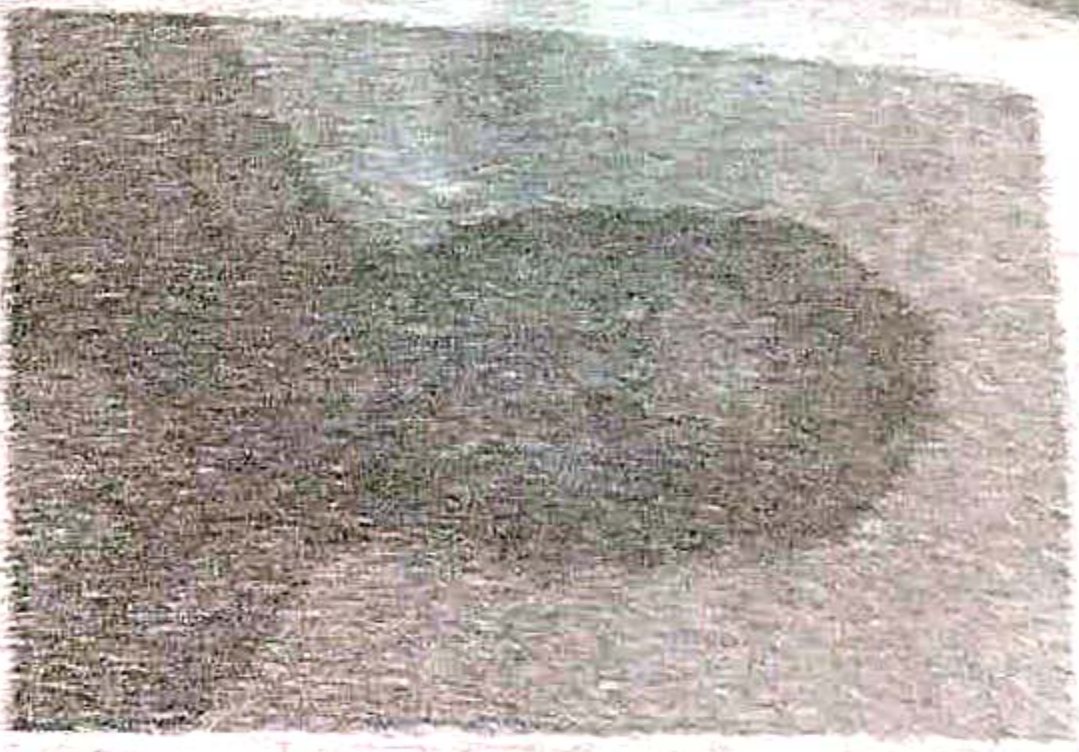
Government of India

संरक्षित गुप्ता

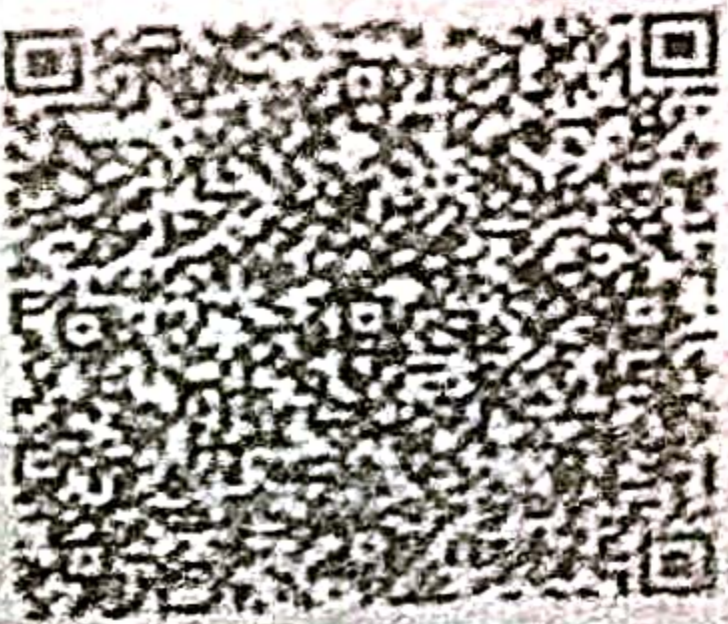
Indrasan Gupta

जन्म तिथि / DOB : 01/03/2003

पुंस / Male



2764 5093 9435



आधार - आधार आदर्शी का अधिका



Unique Identification Authority of India

पता:

S/O: रामश्री गुप्ता, बरशीला,  
कशीनगर, पदराणा, उत्तर प्रदेश,  
274304

Address:

S/O: Rampri Gupta, Basdila  
Kushinagar, Padrauna, U.P.  
Pradesh, 274304

2764 5093 9435

1947  
1001 303 1947



help@uidai.gov.in

www