

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6934

Date 12/12/25

Name

Suman Girja Patel

Add.

UP 57 B2 16 58

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	UPPER - (R)			850/-	
②	LOWER R+L			3650/-	
③	Floor panel (R)			890/-	
④	Body covers (R)			2850/-	
⑤	Chain covers			750/-	
	Labour charge			600/-	
			TOTAL	9390/-	

Authorised Signatory

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.	Kumari Girija Patel 7800193854
2	Vehicle No. / वाहन संख्या	UP57 BZ1658
3	Policy No. / पालिसी संख्या	252400/31/2026/34214
4	Period of Insurance / बीमा अवधि	25/08/2025 to 24/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/12/2025, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Ravind nagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Akhilesh chand mawry, UP5320 9559591200 290023922
8	Estimated Loss / अनुमानित हानि	9390/-
09.	Cause of Accident / दुर्घटना का कारण :	मैरी स्मूली मैरी मामा के लड़के लेकर ओरिविलेड। मैरिजा लेकर मार्केट जा रहे थे। तभी अचानक एक वाहन वाला बायें साइड से स्मूली मैरी बायें साइड गिरने से डैमिज 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./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	912519748 Aripta Automobile Padma

कुं गिरिजा पटेल

Signature of Insured / बीमाधारक के

Date / दिनांक : 12/12/2025
हस्ताक्षर

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Akhilesh chand Maurya
 (b) Age : _____
 (c) Address : R Ayodhya
 (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 : UP5320290023922
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29/06/2034
 (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 : 9/12/2025, 3:00 P.M
 (b) Place : Burind nagar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मरीचकाली में दे मटो की मशीन के चलते तेमर कारो के
 (e) If any third party was responsible for this accident give the name and address : जा रहे थे तेमो राम अलम वाला का नि सड़ से लकमर
मार फिका हा वागे सड़
वि से से मीमण दे मट

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 9390/-
 (c) When and where can the damaged vehicle be inspected : Crupta automobile Patna

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? : 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 Police 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 12/12/25 2000

Signature of the insured कृष्ण गिरिजा पटेल

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 कृष्ण गिरिजा पटेल

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20240023922

Issue Date	Validity (NT)	Validity (TR)*
25-06-2024	24-06-2034	



25-06-2024

Date of First Issue

Name: **AKHILESH CHAND MAURYA** Holder's Signature

Date of Birth: **01-01-1990** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **GIRISH CHAND MAURYA**

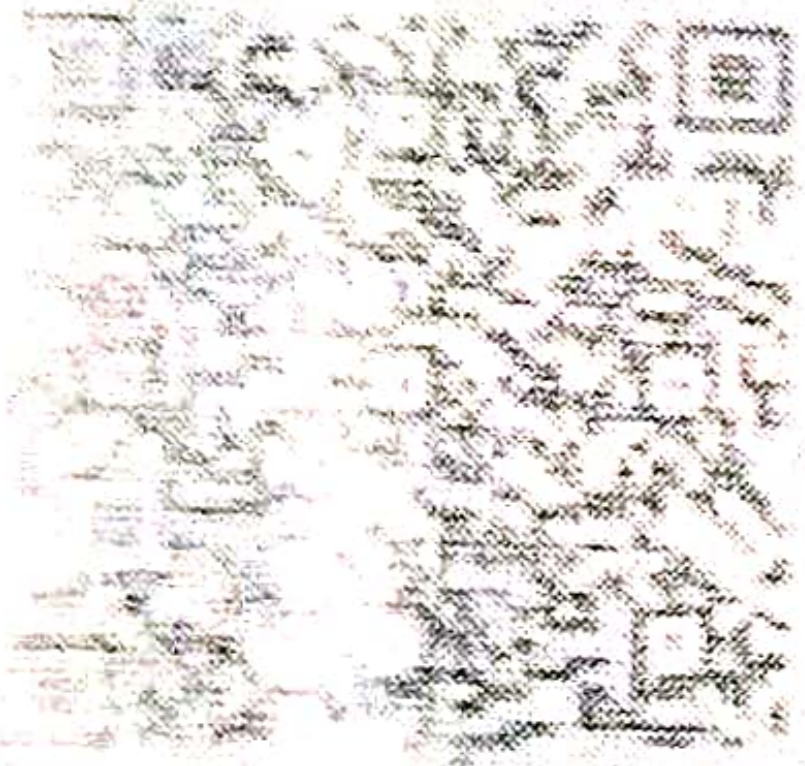
Address:
**JINGLI AYODHAYAY PRASAD JANGAL AYODHYA
PRASAD SAHJANWA GORAKHPUR UTTAR PR
273013**

DL No: UP53 20240023922

UP53 00240023922

Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*



Code of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP53	25-06-2024	NT			
	LMV	UP53	25-06-2024	NT			

Emergency Contact Number

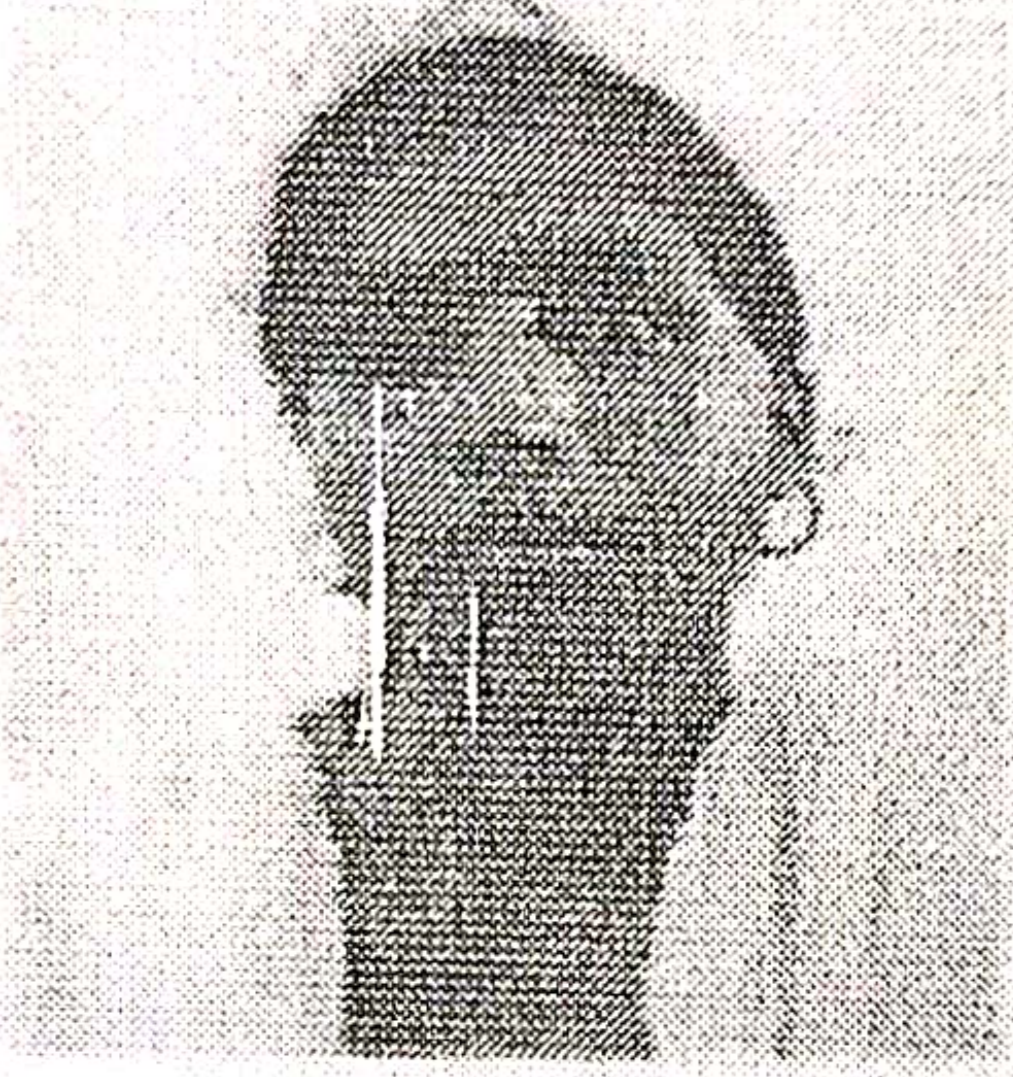
Issuing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)



भारत सरकार

Government of India

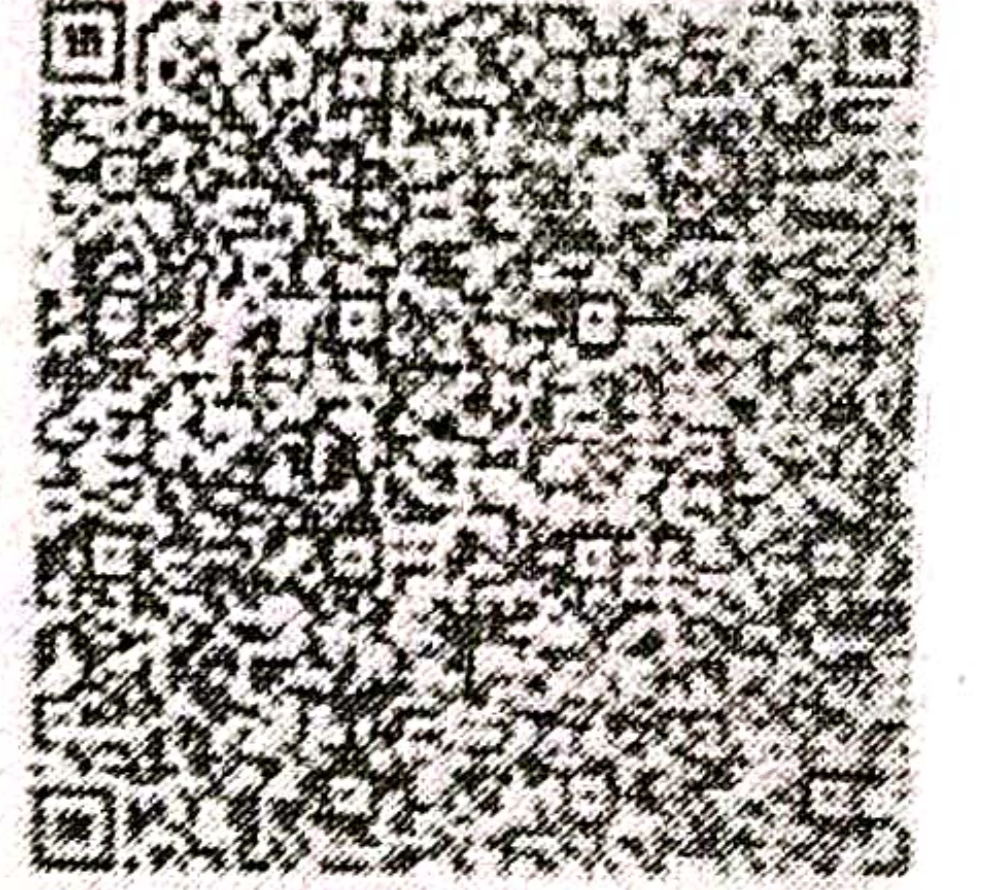


कुमारी गिरिजा पटेल

Kumari Girija Patel

जन्म तिथि/ DOB: 08/06/1996

महिला / FEMALE



9203 9100 8202

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

D/O गंगा पटेल, ग्राम जंगल पिपरासी,
पोस्ट पिपराजटामपुर, पिपरा जतानपुर,
कुशीनगर,
उत्तर प्रदेश - 274303

Address:

D/O Ganga Patel, gram jangal
piprasi, post piprajatampur,
Pipra Jatanpur, Kushinagar,
Uttar Pradesh - 274303

9203 9100 8202



help @ uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

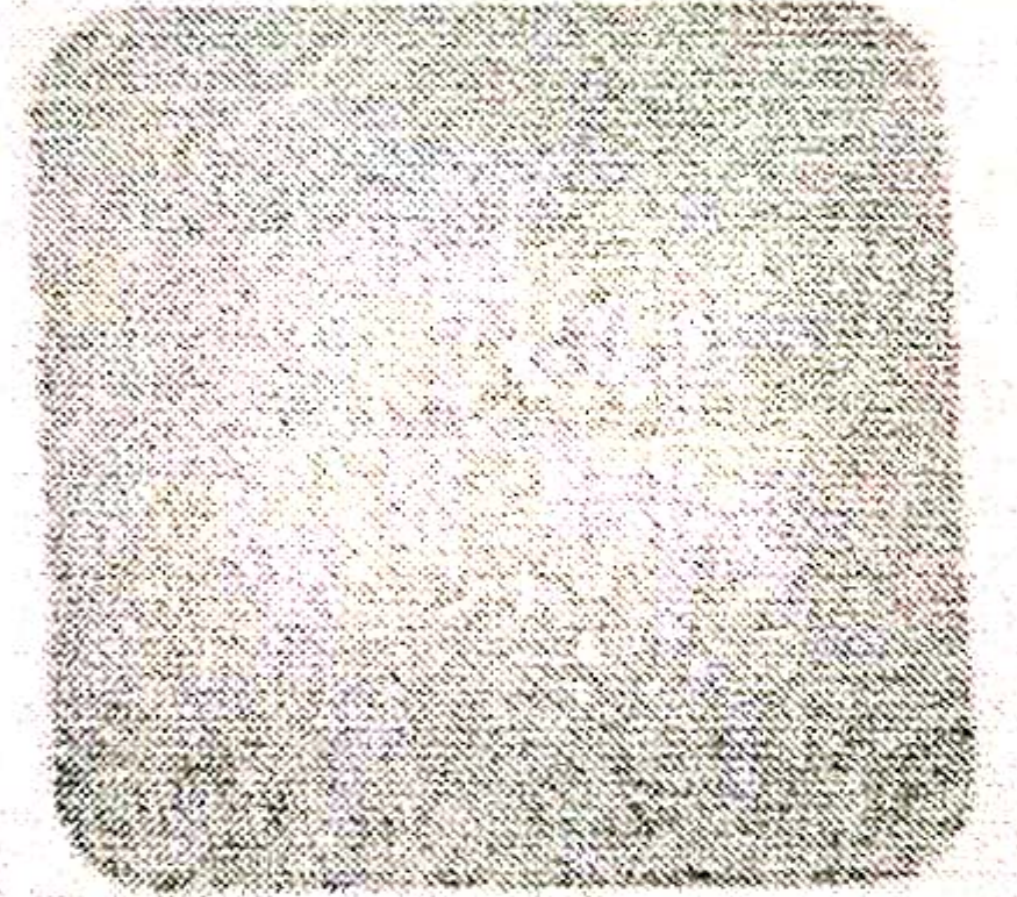


भारत सरकार
GOVT. OF INDIA



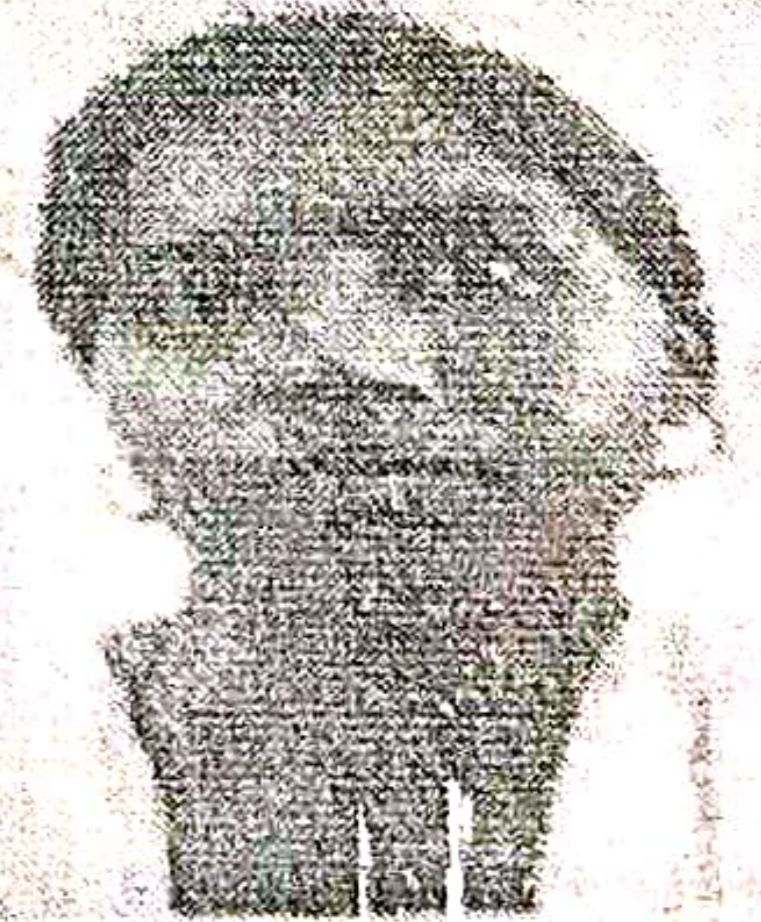
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DXDPP4915A



नाम / Name
GIRIJA KUMARI PATEL

पिता का नाम / Father's Name
GANGA PATEL



जन्म की तारीख / Date of Birth
08/06/1996

A PAN Application Digitally Signed, Card Not Valid unless Physically Signed

01082017