

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6933** Date 12/12/25
Name Ramprit
Add. UP 57 BY 3495

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Rim			4800/-	
②	Fender			1450/-	
③	Fork pipe			2300/-	
④	Handle			510/-	
⑤	Handle			980/-	
⑥	Chassis Repair			2000/-	
	Labour charge			700/-	
TOTAL				12740/-	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Rampant 6394526850
2	Vehicle No. / वाहन संख्या	UP57BY3495
3	Policy No. / पालिसी संख्या	252400/31/2026/19166
4	Period of Insurance / बीमा अवधि	30/05/2025 to 29/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025, 12:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Sorahawad
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sumant Kushwaha, UP5720 7800643577 2100080044
8	Estimated Loss / अनुमानित हानि	12740/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरी लाईम मैरी दावाग सुमान मुझदादा लैमर जिला भर दावा मराने जा रहे थे तभी अचानक सामने से मोड़ मर कम लाईम चलता लैमर मर दिना ले लाईम मैरी डमेण 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.	9125197140

Date / दिनांक : 12/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के



सामयित



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. 252400/31/2026/19/66

Tel. No. _____

Period of Insurance 30/05/2025 to 29/05/2026
 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 : Rampit
 (b) Address for correspondence : _____
 (c) Telephone : 6394526850

2. THE INSURED VEHICLE

Make & Year <u>H100/2025</u>	Engine No. <u>HA11E7RHM13044</u> Chassis No. <u>MBLHAW212RHMO7924</u>	Registration No. <u>UP57BY3495</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 : 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 : Sumant Kushwaha
(b) Age : _____
(c) Address : Kushnagar
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : _____
(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 : UP5720710008079
(h) Issuing Authority : _____
(i) Date of Expiry : 18/08/2036
(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 : 10/12/2025, 12:30 PM
(b) Place : Sorahawa
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी कार में काम (दुर्घटना) करीत जा रहे थे।
(e) If any third party was responsible for this accident give the name and address : वही अचानक सामने से रोड पर खण्डित कारवाला एक मात्र दिना तो धक्का मारी प्रमक ही २६

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
(b) Estimated cost of repairs : 12740/-
(c) When and where can the damaged vehicle be inspected : crupta 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 : 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. : _____

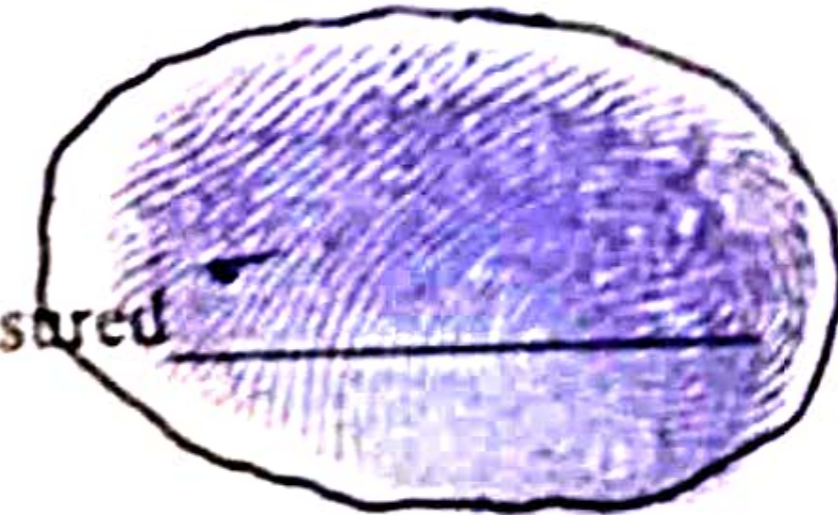
10. THEFT

- (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? : N/A
(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 12/12/25 200

Signature of the insured



रामपति

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



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and enters into any transaction specified in rule 114B

1. Full name and address of the declarant Rampuri
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 12/12/25
Place : Padana


Signature of the declarant Rampuri

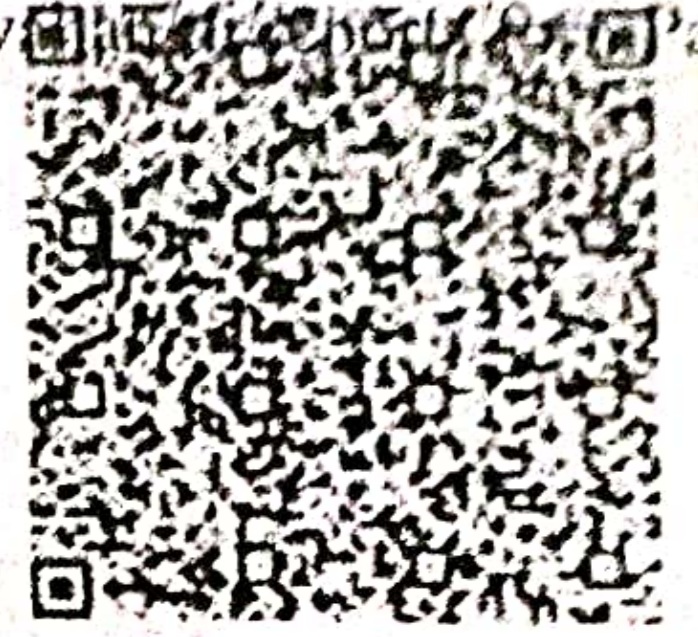
- Instructions :** Documents which can be produced in support of the address are :-
- (a) Ration Card
 - (b) Passport
 - (c) Driving licence
 - (d) Identity Card issued by any institution
 - (e) Copy of the electricity bill or telephone bill showing residential address
 - (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
 - (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY3495
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : RAMPRIT
 Full Address: (Permanent) : PANCHAYAT SHAHPUR, POST-DUDAHI, THANA-BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : PANCHAYAT SHAHPUR, POST-DUDAHI, THANA-BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 11-Jun-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1043240318
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E7RHM13844
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ XTEC (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK TORNADO GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 12-Jun-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : BHOLA
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1043058534
 Month/Year of Manuf. : 12/2024
 Chassis No : MBLHAW212RHM07924
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

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 : 12-Jun-2025
 OTT Date : 12-Jun-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 21-Jun-2025

Sale Amt : 81601/-
 Amount/Rcpt No : 8161 / UP57D25060001631
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Jun-2025 to 11-Jun-2040

Date : 01-Jul-2025 16:44:50

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 01 Jul-2025

Q 3740750



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20210008079

Issue Date 08-07-2021 Validity (NT) 18-08-2036 Validity (TR) *



Holder's Signature

Name: SUMANT KUSHWAHA
Date of Birth: 19-08-1996 Blood Group: _____
Son/Daughter/Wife of: KEDAR KUSHWAHA
Address: _____
Organ Donor: Y

VILL - MISHRAULLI POST - DUDAHII PS
VISHUNIPURA KUSHINAGAR, UP 274302

Date of First Issue (08-07-2021)

DL No: UP57 20210008079

UPDL 0000058688712

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
Auto	MENG	UP57	08-07-2021	NT			
Light	LMV	UP57	08-07-2021	NT			
Heavy	MVSD						

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR



भारत सरकार
Government of India



रामप्रित
Ramprit
जन्म तिथि / DOB : 10/04/1908
पुरुष / Male



8488 4067 3134

आधार - आम आदमी का अधिकार



भारत विश्व पर्यायन प्राधिकरण
Unique Identification Authority of India

पता: S/O: भोला, 13, पंचायत
भवन, शाहपुर खलवापत्ती, दूधि,
दुधई, कुशीनगर, उत्तर प्रदेश,
274302

Address: S/O: Bhola, 13, panchayat
bhawan, shahpur khawapatti, Dudhi,
Dudhai, Kushinagar, Uttar Pradesh,
274302

8488 4067 3134

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in