

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6935** Date 12/12/25

Name Nusruddin

Add. UP 5713W 6852

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Tanki			6000/-	
②	Rear fenders			1170/-	
	labour charge			500/-	
TOTAL				7670/-	

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.	Nuruddin 9971565086
2	Vehicle No. / वाहन संख्या	UP57BW6855
3	Policy No. / पालिसी संख्या	25/02/2025 to 24/02/2026
4	Period of Insurance / बीमा अवधि	252400/31/2025/89541
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/2025, 4:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Nubuu mod
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Riyaj Ansari, UP57201400 6307332738 25423
8	Estimated Loss / अनुमानित हानि	7670/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे मझासी रिवाज अंसारी लिमिटर रिक्रियारी जा रहे थे। तभी अचानक पिछे से एक वाहन आया वक्कर मार दिया तो वाहन मे दाहिने साईड ईट मर गिरने से डामेज 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.	9125197148 Gupta automobile Padrauna

Date / दिनांक : 18/12/25
हस्ताक्षर

Nuruddin
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. 252402/31/2025/09541

Tel. No. _____

Period of Insurance 25/02/2025 to 24/02/2026
 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 : Nuruddin
 (b) Address for correspondence : _____
 (c) Telephone : 9971562086

2. THE INSURED VEHICLE

Make & Year <u>Huay/2025</u>	Engine No. <u>HAIIEFRHR72136</u> Chassis No. <u>MBLHAW226RHK73</u> <u>623</u>	Registration No. <u>UP57BW</u> <u>6855</u>
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(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? _____
 (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 : _____

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? : N/A
(c) Was accident reported to Police? If not, Why? : _____
(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 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 12/12/25 200

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

UNION OF INDIA Driving Licence  

UP57 20140025423



जारी करने की तिथि
Date of Issue
20/12/2014

क्षेत्र / Validity
 19/12/2034

जन्म तिथि
Date of Birth
14/07/1990

Blood Group
UNKNOWN



नाम / Name
RIZAJ ANSARI

पिता/पति का नाम / Son/Daughter/Wife of
SAINULLAH ANSARI


UP57 20140025423

LMV
20/12/2014 20/12/2014

MCMG

पता / Address
VILL. KATAI BHARPURWA ADRASH CHOWK
PO- KATAI BHARPURWA, PS- JATAHA BAZAR
KUSHINAGAR

Holder's Signature

अधिकारी / Issuing Authority Sign

KUSHINAGAR



UP02318585RS

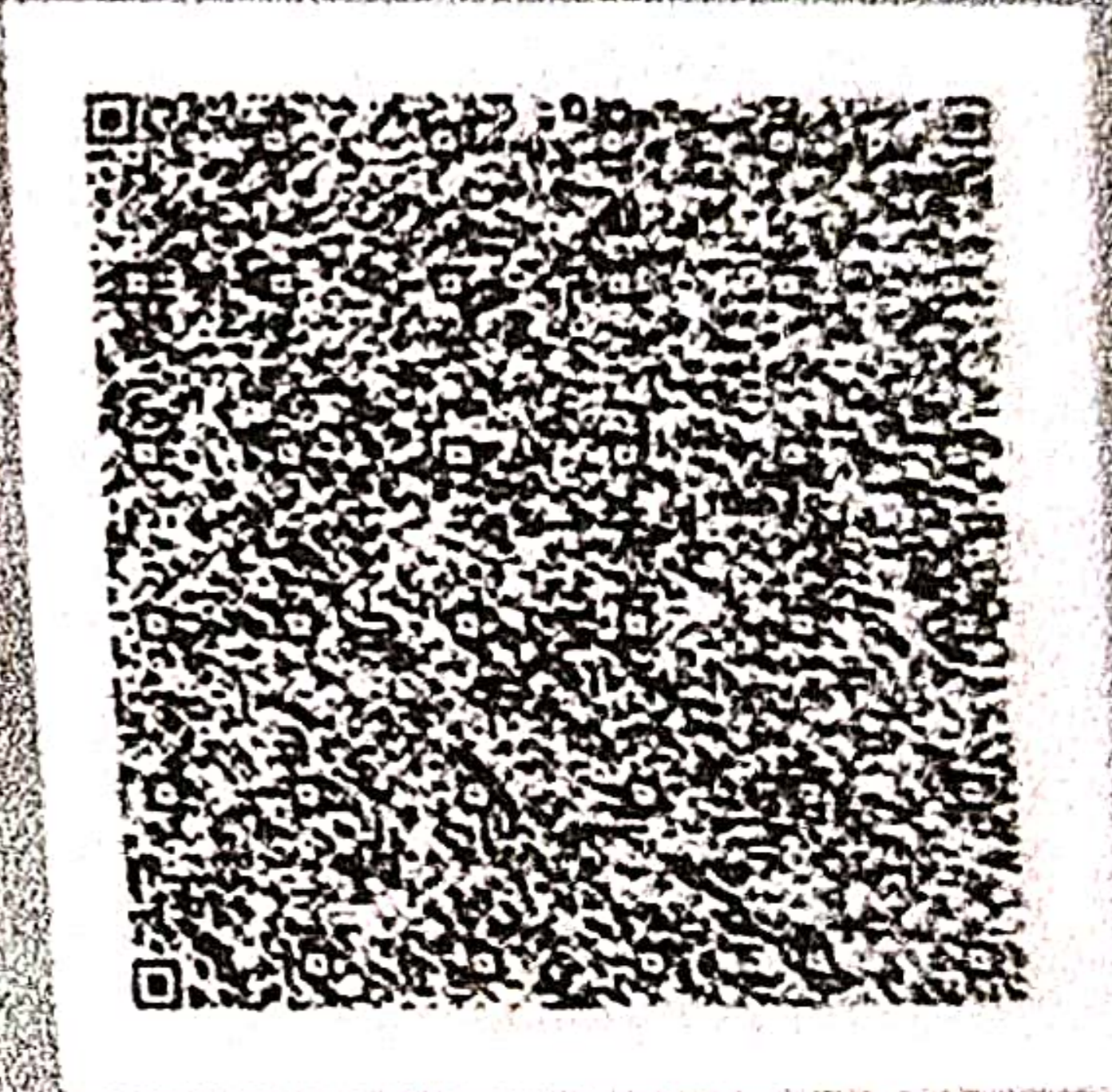
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CKAPN2237C



नाम / Name
NURUDDIN

पिता का नाम / Father's Name
TASADDU

जन्म की तारीख / Date of Birth
25/07/1977


हस्ताक्षर / Signature

14107

भारत सरकार
GOVERNMENT OF INDIA

नुरुद्दीन
Nuruddin
जन्म तिथि/ DOB: 25/07/1977
पुरुष / MALE



7780 7132 6144

भारत -आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आसमज: तमदु, सोनवाल,
सोनवाल, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

S/O: Tamadu, sonwal, Sonwal,
Kushinagar,
Uttar Pradesh - 274304

7780 7132 6144

Aadhaar-Aam Admi ka Adhikar