

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

6937Date 12/12/25

Name

Rina

Add.

UP57 B2 5804

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Indicator (R)			220/-	
②	visor			1065/-	
③	Legurd			680/-	
④	mirror cover			680/-	
⑤	Break Pedal			1080/-	
⑥	Tanki			5500/-	
⑦	mirror (R)			140/-	
	labour charge			700/-	
TOTAL				10065/-	

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.	Rina 9161658058
2	Vehicle No. / वाहन संख्या	UP57B25804
3	Policy No. / पालिसी संख्या	252100/31/2026/40973
4	Period of Insurance / बीमा अवधि	5/10/2025 to 4/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/12/2025, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Dudahi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rahul Singh, UP57 2019 0013 9554505469 844
8	Estimated Loss / अनुमानित हानि	10065/-
9.	Cause of Accident / दुर्घटना का कारण:	मेरी वाइफ मेरे मोडस के राहुल सिंह टिम्बर मारकर जा रहे थे। तभी अचानक वाइफ सड़क से खल वाइफ वाला टक्कर मार दिया तो वाइफ मेरी ड्राइव 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 Gupto automobile Pucham

Date / दिनांक : 12/12/25
हस्ताक्षर

— रीना देवी
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. 252400/31/2026/4047

Tel. No. _____

Period of Insurance 5/10/2025 to 4/10/26
 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 : Rina
 (b) Address for correspondence : _____
 (c) Telephone : 9161656058

2. THE INSURED VEHICLE

Make & Year <u>H100/2025</u>	Engine No. <u>H11E8RHL26709</u> Chassis No. <u>MBLHAW230RHL49558</u>	Registration No. <u>UP57B2</u> <u>5804</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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rahul Singh
(b) Age : _____
(c) Address : _____
(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 : UP57 20190013844
(h) Issuing Authority : _____
(i) Date of Expiry : 2/06/2041
(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 : 9/12/2025, 2:00 P.M
(b) Place : Dudahi
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : _____
(e) If any third party was responsible for this accident give the name and address : मेरी पार्टनर मंडी साहिब हिल के कर मारकेट जा रहे थे।
वेचानम वाम साईड रूम बरूम वाला टकरा कर मर
दिकाने बरूम मेथ प्रमोवा
हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
(b) Estimated cost of repairs : 10065/-
(c) When and where can the damaged vehicle be inspected : Grupta automobile Padraun

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 : N/A
(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 12/12/2000

Signature of the insured श्रीना देवी

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 श्री. देवी
Occupation
Address
.....
.....

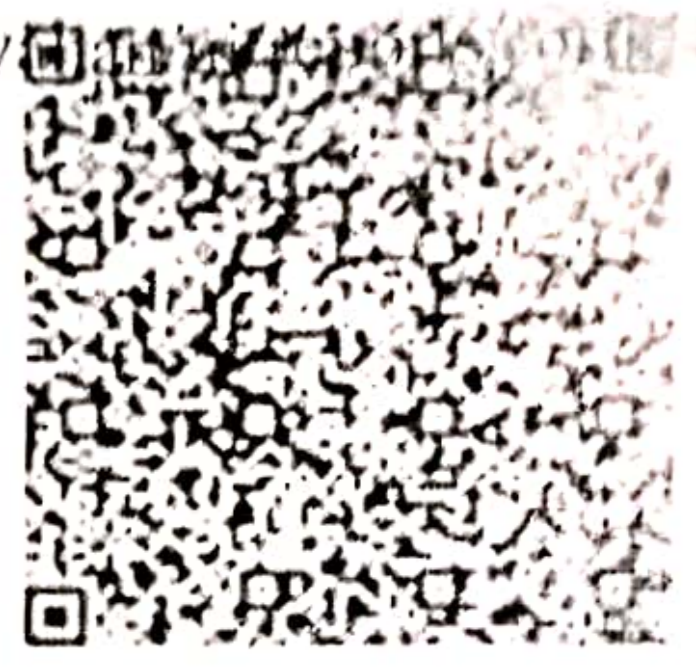
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ5804 Registration Date : 08-Oct-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 : RINA Son/wife/daughter of : HARKESH
 Full Address: (Permanent) : VILL- 01 NAGAR PANCHAYAT DUDAHI, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : VILL- 01 NAGAR PANCHAYAT DUDAHI, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274302

Fitness UpTo : 07-Oct-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : HARKESH
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI

Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2133086497 Rear HSRP No : AA2133719667
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW230RHL49555
 Engine No : HA11E8RHL26709 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 239
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 05-Oct-2025.

Purchase dt : 05-Oct-2025 Sale Amt : 72151/-
 OTT Date : 05-Oct-2025 Amount/Rcpt No : 7216 / UP57D25100001692
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 29-Oct-2025

Other State/Transfer/Conversion/Reassign Details

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

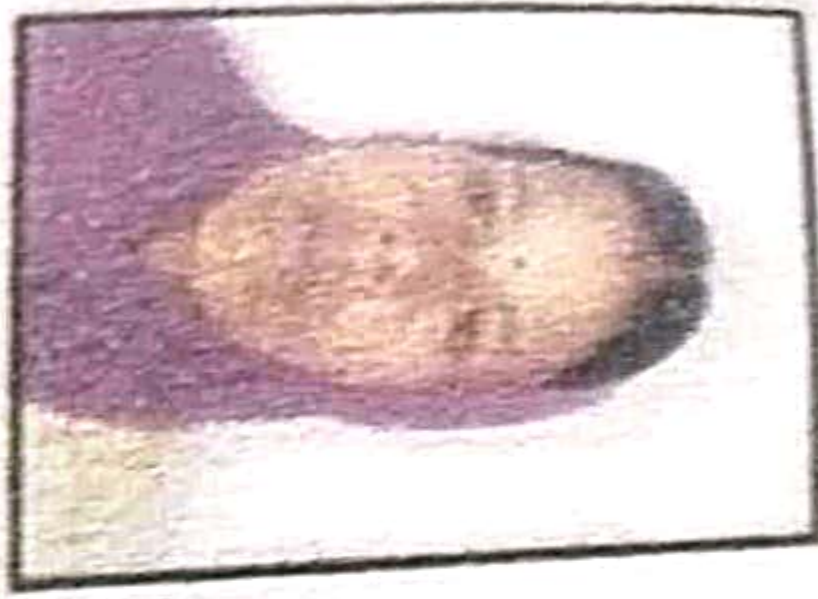
This certificate is valid from 08-Oct-2025 to 07-Oct-2040

Date : 17-Nov-2025 14:34:43

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 17-Nov-2025

Q 5752493



भारत सरकार
Government of India



श्री
Rina
पण दिना/DOB: 01/01/1983
शक्ति/ FEMALE

6620 4108 6267

श्री आरिण, श्री पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
हरकोश, 09, नगर पंचायत दुदाही, दुदाही, कुशीनगर,
उत्तर प्रदेश - 274302

Address:
HARKESH, 01, NAGAR PANCHAYAT DUDAHI,
DUDAHI, Dudhi, Kushinagar,
Uttar Pradesh - 274302



6620 4108 6267



1947



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

DGAPR2752H

नाम / Name
RINA

पिता का नाम / Father's Name
RAMNATH YADAV

जन्म की तारीख / Date of Birth
01/01/1983

रीना देवी
हस्ताक्षर / Signature



22122017