

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6949** Date 13/12/25  
Name Virendra  
Add. VP57CA9317

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
①	Visor			1065/-	
②	meter			3800/-	
③	meter inner			410/-	
④	H/L			8500/-	
⑤	H/L stand			210/-	
⑥	Indicator (R)			220/-	
⑦	Fenders			1450/-	
⑧	tonki			5500/-	
⑨	Handle			510/-	
⑩	Handle			980/-	
⑪	Liquid			680/-	
⑫	Solar pipe			2300/-	
⑬	Mirror R+L			280/-	
⑭	chassis Repair			2000/-	
	Labour charge			1000/-	
			<b>TOTAL</b>	<b>20905/-</b>	

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.	Vixandra 9005129771
2	Vehicle No. / वाहन संख्या	UP57CA 9317
3	Policy No. / पालिसी संख्या	252400/31/2026/55400
4	Period of Insurance / बीमा अवधि	3/11/2025 to 2/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025, 8:00 PM
6	Place of Accident / दुर्घटना का स्थान	Kafkanya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manish Kumar, UP57 2024000 7355102613 3681
8	Estimated Loss / अनुमानित हानि	20905/-
09.	Cause of Accident / दुर्घटना का कारण : मेरी कार्डम मेरे दादा मनीष कुमार लेजर मशीन से घर जा रहे थे तभी अचानक सामने लालगाड़ी आ गई। तो उसी में मेरी कार्डम लक्करा कर कार्ड से मिला किसे 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 Padmaune

Date / दिनांक : 13/12/25  
हस्ताक्षर

Signature of Insured / बीमाधारक के

  
विरेड



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. 252400/31/2026/5540

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

Period of Insurance 3/11/2025 to 2/11/2026  
 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 : Vikendra  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9005129771

2. THE INSURED VEHICLE

Make & Year <u>M120/2025</u>	Engine No. <u>HA11F6SHJ41479</u> Chassis No. <u>MBLHAW464SHJA5502</u>	Registration No. <u>UP57CA</u> <u>9317</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? 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 : Manish Kumar  
(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 : UP5720240003681  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 19/04/2042  
(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 : 11/12/2025. 8:00 P.M  
(b) Place : Katkiya  
(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 : श्री वरुण मेरी वासाहेकर घर आ रहे थे लकी साम लालबाय आ गई। तो उसी लड़कन वामे साईस मिले सो प्रमिज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side  
(b) Estimated cost of repairs : 20905  
(c) When and where can the damaged vehicle be inspected : crupto automobile Pool wana

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 13/12/25 200

Signature of the insured



Tax-s

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing  
Office

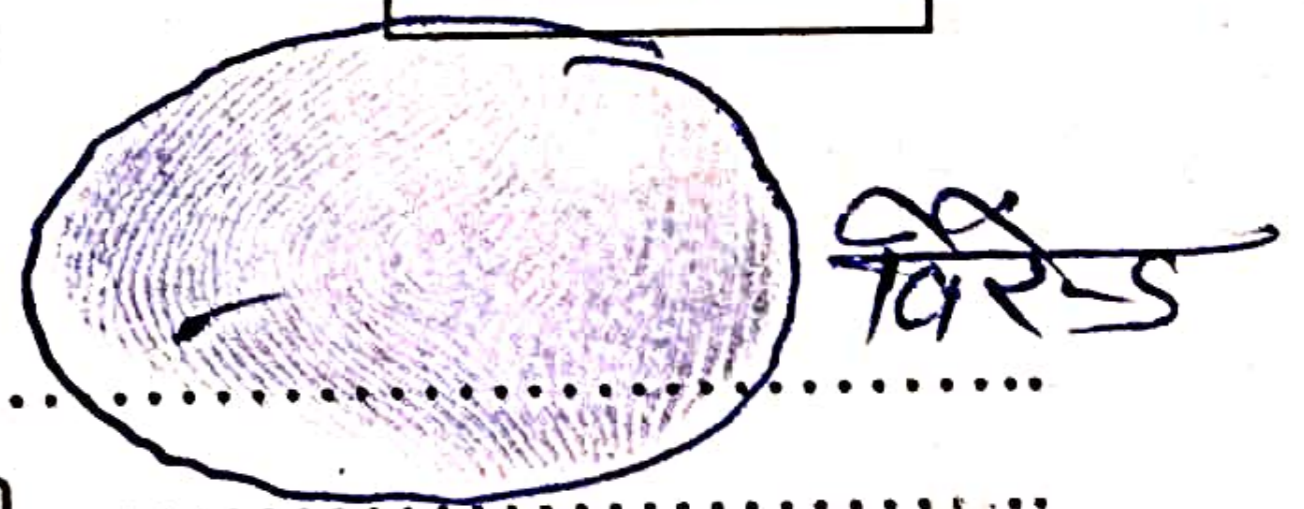


The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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** : UP57CA9317 **Registration Date** : 10-Nov-2025  
**Description of Vehicle** : M-CYCLE/SCOOTER **Purpose For Printing RC** : NEW  
**Dealer's Name & Address** : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR, , 189-274403  
**Owner Name** : VIRENDRA **Son/wife/daughter of** : GYANI  
**Full Address: (Permanent)** : VILL- BADAHARA DUBEY, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302  
**Full Address: (Temporary)** : VILL- BADAHARA DUBEY, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR- UTTAR PRADESH-274302  
**Fitness UpTo** : 09-Nov-2040 **Owner Serial No** : 1  
**Detailed Description**  
**Class of Vehicle** : M-CYCLE/SCOOTER **Link Vehicle No** :  
**Ownership** : INDIVIDUAL **Nominee Name** : BACHIYA DEVI  
**Relationship with the Nominee** : Spouse **Norms** : BHARAT STAGE VI  
**Maker's Name** : HERO MOTOCORP LTD  
**Front HSRP No** : AA2142496431 **Rear HSRP No** : AA2141829978  
**Type of Body** : SOLO WITH PILLION **Month/Year of Manuf.** : 09/2025  
**No of Cylinders** : 1 **Chassis No** : MBLHAW464SHJ45502  
**Engine No** : HA11F6SHJ41479 **Fuel** : PETROL  
**Horse Power(BHP)** : 8.17 **Cubic Capacity** : 97.20  
**Maker's Classification** : SPLENDOR+ XTEC (DRS) **Wheel base** : 1235  
**Seating Cap(in all)** : 2 **Standing Cap** : 0  
**Sleeper Cap** : 0 **Unladen Wt (kgs)** : 113  
**Colour** : BLACK TORNADO GREY **Laden/GV Wt (kgs)** : 243  
**Other Criteria** :  
**Vehicle Purchase As** : Fully Built **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 HERO FINCORP LIMITED DELHI, BASANT LOK BASANT VIHAR, BASANT LOK BASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 03-Nov-2025.

**Purchase dt** : 03-Nov-2025 **Sale Amt** : 77982/-  
**OTT Date** : 03-Nov-2025 **Amount/Rcpt No** : 7799 / UP57D25110003567  
**Vehicle Is Govt./ Pvt.** : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED  
**Date of Approval** : 01-Dec-2025  
**Other State/Transfer/Conversion/Reassign Details**  
**Previous Owner** : **Previous RegNo** :  
**Old State** : **Entry Date** :  
**Transfer Date** : **Conversion Date** :

This certificate is valid from 10-Nov-2025 to 09-Nov-2040

Q Date : 09-Dec-2025 17:04:22  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 A.R.T.O. (A)  
 KushiNagar (U P)

DL No: UP57 20240003681

UPDL000012898014



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*
Car	MCNG	UP57	01-03-2024	NT			
LTV	LTV	UP57	01-03-2024	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number  
0554283

Licensing Authority  
UP57 KUSHNAGAR



# Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20240003681

Issue Date	Validity (NT)	Validity (TR)*
01-03-2024	19-04-2042	



Holder's Signature

Name: **MAJISH KUMAR**

Date of Birth: **20-04-2002** Blood Group: \_\_\_\_\_ Organ Donor: **N**

Son/Daughter/Wife of: **BHRIGURASHAN**

Address:  
Dubey Kushnagar  
Pin 274302

01-03-2024



भारत सरकार  
Government of India



वीरेंदर  
Virendar  
जन्म तिथि / DOB : 01/01/1970  
पुरुष / Male



3843 1764 9864

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: आत्मज: ज्ञानी, बडहरा दुबे,  
दुधि, कुशीनगर, दुधई, उत्तर प्रदेश,  
274302

Address: S/O: Gyani, badahara dubey,  
Dudhi, Kushinagar, Dudhai, Uttar Pradesh,  
274302

3843 1764 9864

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

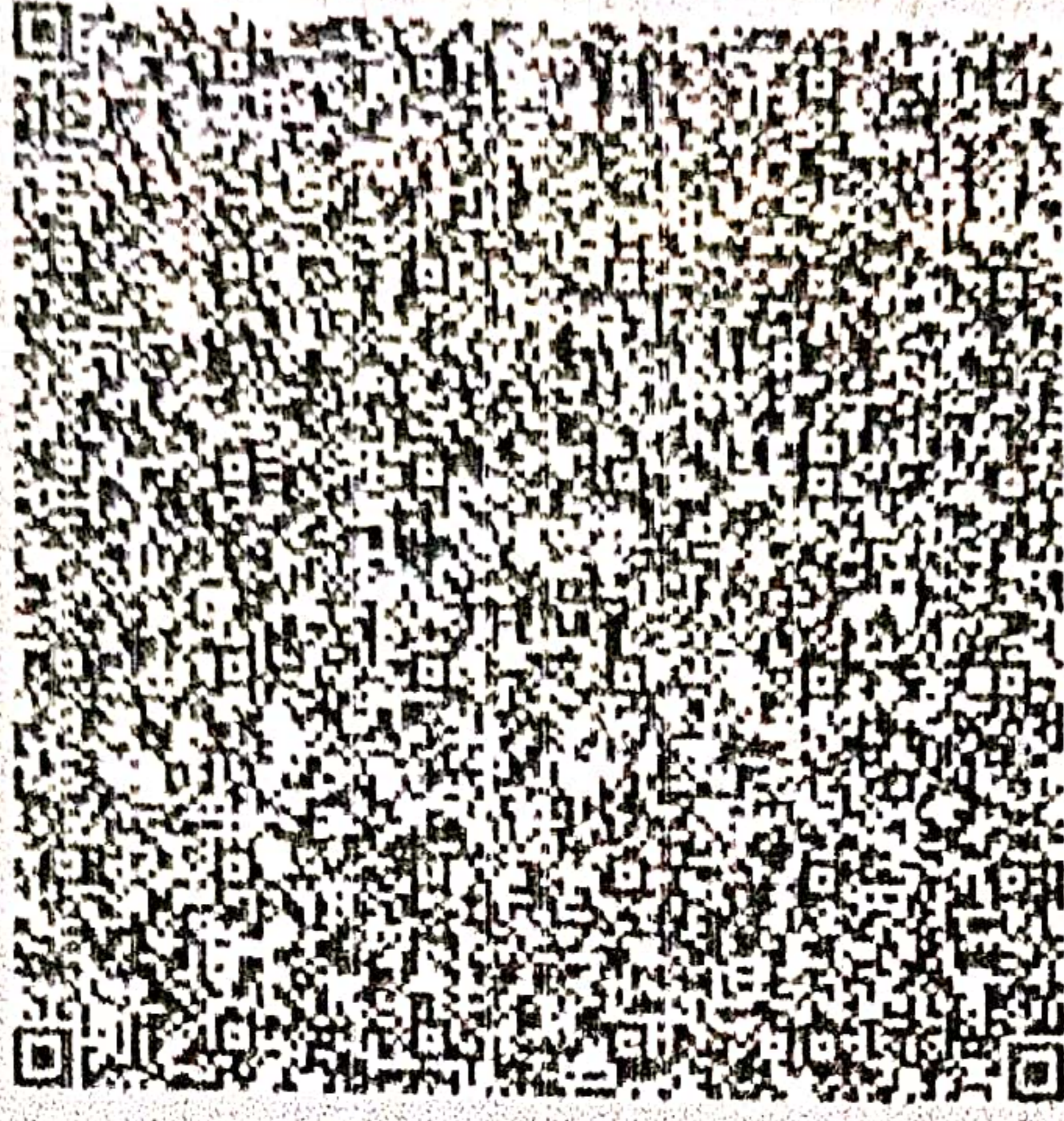
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



व्यक्तिगत आयकर  
Permanent Account Number Card  
DCYPV6218L



नाम / Name

VIRENDAR

पिता का नाम / Father's Name

GYANI

जन्म की तारीख /

Date of Birth

01/01/1970

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

Electronically issued and Digitally signed ePAN is a valid mode of issue of Perma