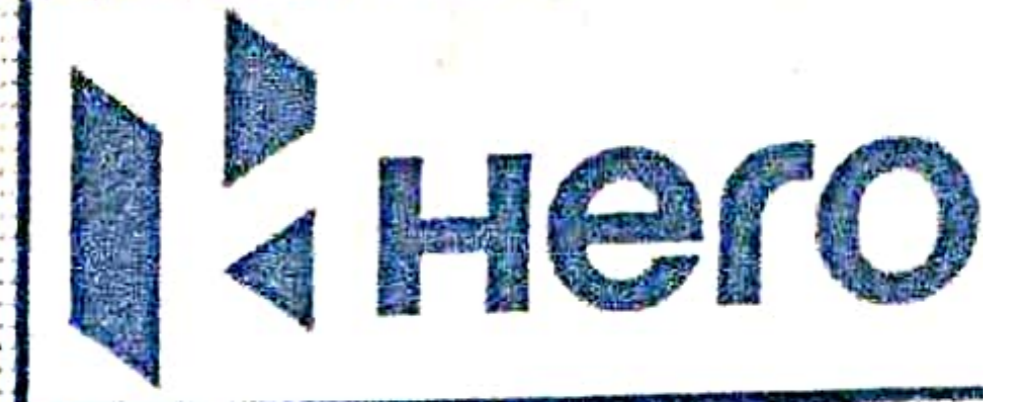


Gupta

AUTOMOBILES

ESTIMATE
AUTHORISED DEALER

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

No.

6950

Date 13/12/25

Name

Adityo Yadav

Add.

UP 57 B 2 4613

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			1200/-	
②	Indicators			220/-	
③	Sokos complete			2600/-	
④	Fender			1450/-	
⑤	Handli			510/-	
⑥	Handli			980/-	
⑦	Leguod			680/-	
⑧	Rim Front			4800/-	
⑨	EXCEL ROD			80/-	
⑩	EXCEL ROD			280/-	
	Mirror R+L			800/-	
	Labour charge				
			TOTAL	13665/-	

Authorised Signatory

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.	Aditya Yadav 9450979273
2	Vehicle No. / वाहन संख्या	UP57 BZ 4613
3	Policy No. / पालिसी संख्या	252100/31/2026/39254
4	Period of Insurance / बीमा अवधि	30/09/2025 to 29/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025, 1:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Balwaniya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Abhay Yadav, UP57 20170002908 7525922728
8	Estimated Loss / अनुमानित हानि	13665/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी कार में अचानक सामने एक गाड़ी आ रही थी जो मुझे रोकने के लिए ब्रेक लगाई। उसी क्षण मैंने भी ब्रेक लगाया और कार रुक 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 Automobiles Panchsaran

Date / दिनांक : 13/12/2025
हस्ताक्षर

Aditya Yadav
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. 252400/31/2026/39254

Tel. No. _____

Period of Insurance 30/09/2025 to 29/09/2026
 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 : Aditya Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 9450979273

2. THE INSURED VEHICLE

Make & Year <u>Hino/2025</u>	Engine No. <u>H11FB5HJ56900</u> Chassis No. <u>MBLHAW337SHJ56B1</u>	Registration No. <u>UP57B2</u> <u>4613</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?
 (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? : _____
- (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? : _____
- (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 : _____

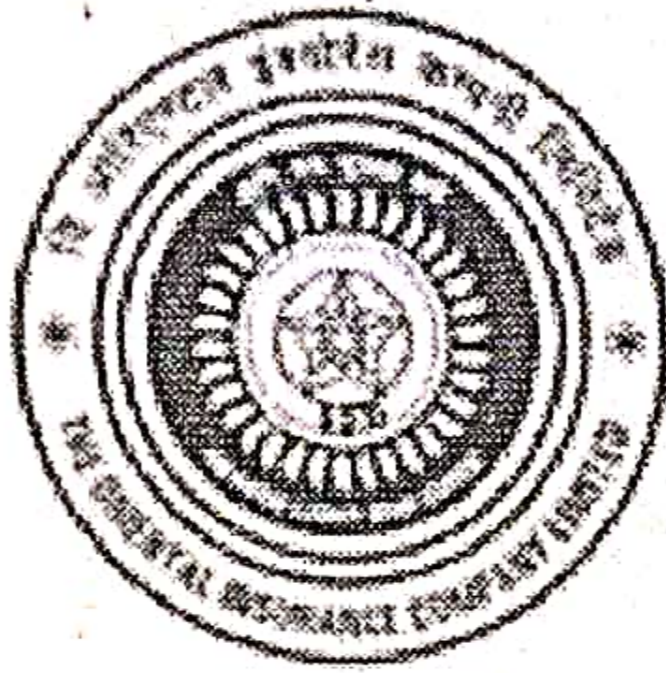
I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 13/12/25 200

Signature of the insured Aditya Yadav

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 *Prithvi Yadav*
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 Aditya Yadav
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 : 130/02/2025
Place : Padyauno

Aditya Yadav
Signature of the declarant

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 : UP57BZ4613 Registration Date : 02-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 : ADITYA YADAV Son/wife/daughter of : SURESH YADAV
 Full Address: (Permanent) : VILL-KHAJURI BAZAR, POST-KHAJURI BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-KHAJURI BAZAR, POST-KHAJURI BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 01-Oct-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2133086096 Rear HSRP No : AA2133719266
 Type of Body : SOLO WITH PILLION Month/Year of Manu. : 09/2025
 No. of Cylinders : 1 Chassis No : MBLHAW337SHJ56131
 Engine No : HA11FBSHJ56988 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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 w.e.f. .

Purchase dt : 30-Sep-2025 Sale Amt : 80517/-
 CT Date : 30-Sep-2025 Amount/Rcpt No : 8052 / UP57D25100000378
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-Oct-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Signature of Registering Authority
Date : 11-Nov-2025

Date : 11-Nov-2025 13:25:06

Particulars / Advance Registration Mark Fee Details

0710002

UP ३७ २०१७०००२९०८

UP03650852RS



MCWG

22/06/2017



Form 7 Rule 16(2)

पता / Address

VILL+PO-KHAJURI BAZAR
PS-NEBUA NAURANGIYA
KUSHINAGAR

Abhay

Holder's Signature

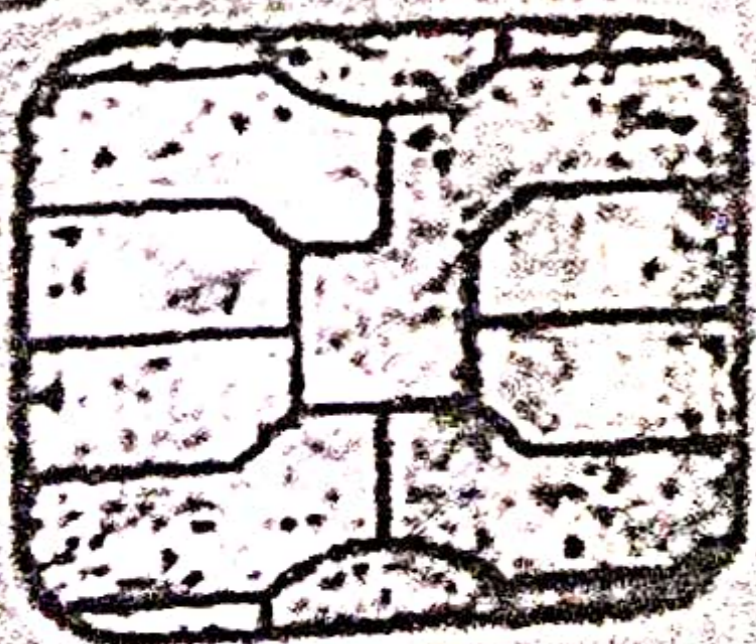
जारीकर्ता / Issuing Authority Sign

MILL HEAD

UNION OF INDIA Driving Licence



UP ३७ २०१७०००२९०८



जारी करने की तिथि
Date of Issue

22/06/2017

वैधता / Validity

21/05/2037

जन्म तिथि
Date of Birth

07/07/1996

Blood Group

UNKNOWN



नाम / Name

ABHAY YADAV

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

MEHARAJA YADAV

भारत सरकार

GOVERNMENT OF INDIA

आदित्य यादव

Aditya Yadav

जन्म तिथि/ DOB: 06/06/2003

पुरुष / MALE



6149 6149 4764

आधार-आम आदमी का अधिकार



भारतीय जनता पार्टी

भारत सरकार, नई दिल्ली

पता:

आत्मज: सुरेश यादव, खजुरी
बाजार, खजुरी, कुशीनगर,
उत्तर प्रदेश - 274305

Address:

S/O: Suresh Yadav, Khajuri Bazar
Khajuri, Kushinagar,
Uttar Pradesh - 274305

6148 6149 4764

आधार-Aam Admi ka Adhikar