

Gupta

ESTIMATE

GSTIN: 05ATWF00505F122

AUTHORISED DEALER

AUTOMOBILES



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

No. **6938** Date 12/12/25
Name Hasina
Add. UP57BZ7283

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5000/-	
②	Side panel R+L			1700/-	
③	Sariki guard			400/-	
④	Swing axam			1000/-	
⑤	chain cover			800/-	
⑥	Handlu			500/-	
⑦	Man stand			550/-	
	labour charge			600/-	
			TOTAL	10710/-	

Authorised Signatory
Raj

सेवा में,
Oriental Insurance Co Ltd /
ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

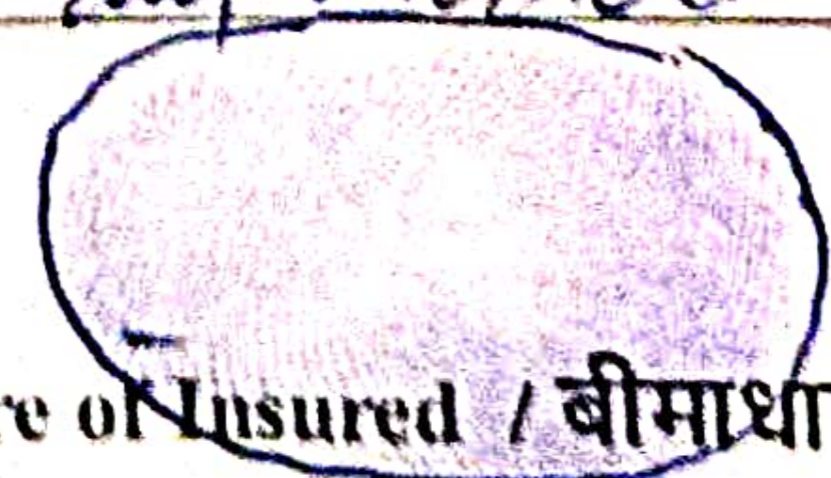
महोदय .

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.	Husina 8604079177
2 Vehicle No. / वाहन संख्या	UP57B27283
3 Policy No. / पालिसी संख्या	252400/31/2026/42697
4 Period of Insurance / बीमा अवधि	13/10/2025 to 12/10/2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	9/12/25 to 1:00 P.M
6 Place of Accident / दुर्घटना का स्थान	Amwa Forum
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Sajjad, UP57 20210001051 9324153737
8 Estimated Loss / अनुमानित हानि	10710/-
9. Cause of Accident / दुर्घटना का कारण:	मेरी कार में तड़का लगा जिससे सब्सिडेंस टूट गयी और तब मैंने कार को समान से रोक दिया और तब मैंने कार को ठोका जिससे सब्सिडेंस टूट गया और मैंने डायग्नोसिस करवायी
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 Pachwara

Date / दिनांक : 12/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के


हसिना



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. 252402/31/2026/12697

Tel. No. _____

Period of Insurance 13/10/2025 to 12/10/2026
 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 : Hosino
 (b) Address for correspondence : _____
 (c) Telephone : 0604079177

2. THE INSURED VEHICLE

Make & Year <u>H100/2025</u>	Engine No. <u>HA11F7S0J05584</u> Chassis No. <u>MBLHAW40550714</u> <u>377</u>	Registration No. <u>UP57B2</u> <u>7203</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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sajjad
 (b) Age :
 (c) Address : Kushiwaga
 (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 : UP5720210001051
 (h) Issuing Authority :
 (i) Date of Expiry : 8/06/2036
 (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 : 9/12/2025, 1:00 PM
 (b) Place : Amwa Forum
 (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 :
 मरी, बाइम लडमा का दोस्त सुमर जा रहा था (मरी)
 बाइम राम, मिना साव ती पुरा - बाला बागे सड
 एक मर मरी ती बागे
 बाइम मिनी साव ती
 सिमर ए

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 10910/-
 (c) When and where can the damaged vehicle be inspected : Gupta 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. : _____

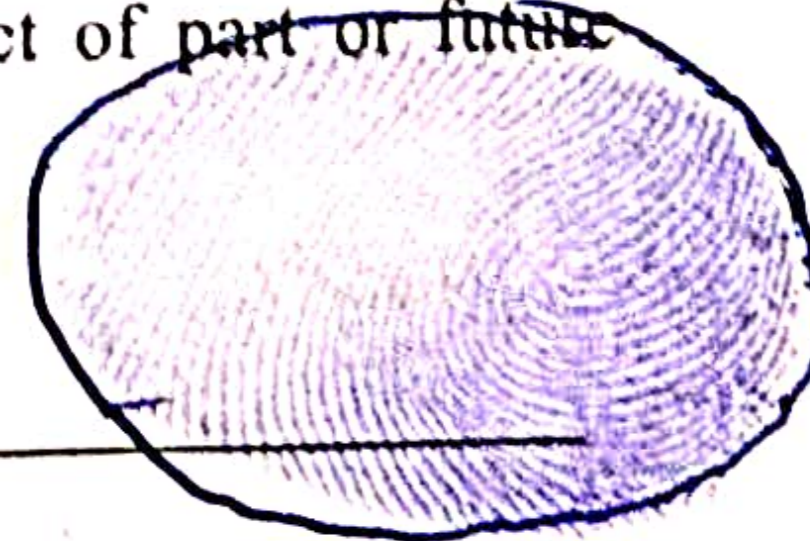
10. THEFT

- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : N/A
- (f) Has theft been reported to Police? : _____
- (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 _____



हसिम

Issuing
Office



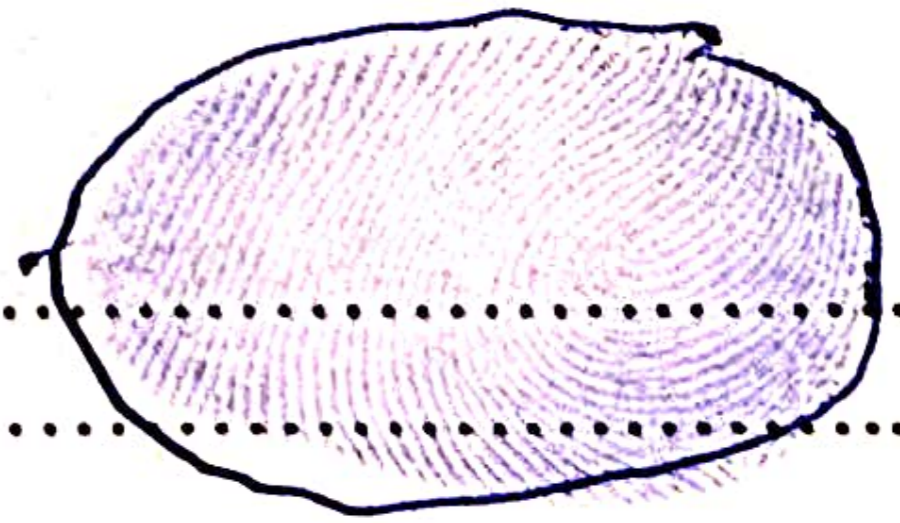
The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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
.....
.....

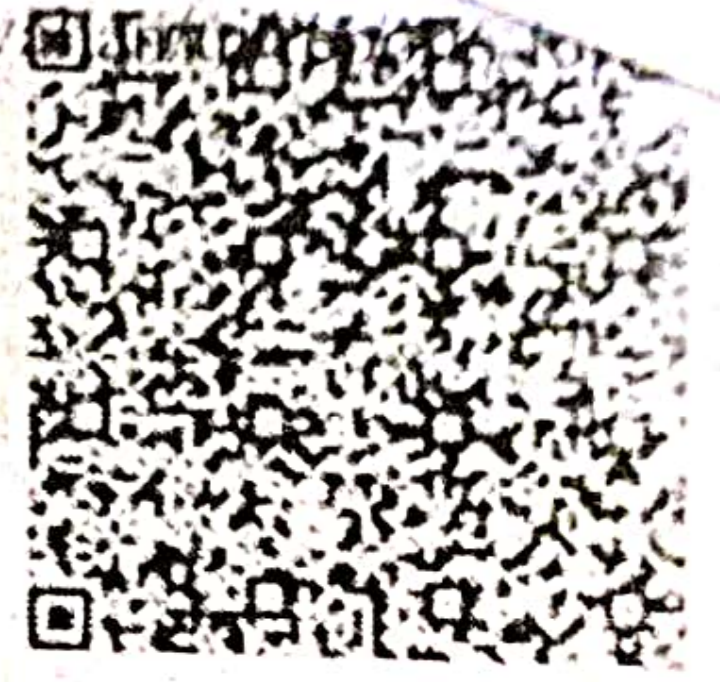
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ7283
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : HASINA
 Full Address: (Permanent) : VILL-PURNAHA BUZURG, POST-KINNER PATTI, THANA-JATAHA.BAZAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-PURNAHA BUZURG, POST-KINNER PATTI, THANA-JATAHA BAZAR, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 13-Oct-2040
 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2133167058
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F7SGJ05584
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : Black Heavy Grey
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2134818881
 Month/Year of Manuf. : 09/2025
 Chassis No : MBLHAW485SGJ14377
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kgs) : 243
 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, DELHI, , , New Delhi, Delhi-110057 w.e.f. 14-Oct-2025.

Purchase dt : 13-Oct-2025
 Sale Amt : 73764/-
 OTT Date : 13-Oct-2025
 Amount/Rcpt No : 7377 / UP57D25100003415
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 05-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 14-Oct-2025 to 13-Oct-2040



UP57 20210001051

UPDL00000047943337

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	ACVS	UP57	18-01-2021	MT			
Auto	LAW	UP57	18-01-2021	MT			
RVSD							

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR

Form 7 Rule 16(2)



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20210001051

Issue Date 18-01-2021 Validity (NT) 08-06-2026 Validity (TR)*



Name:

SALAD

Date of Birth: 09-06-1996

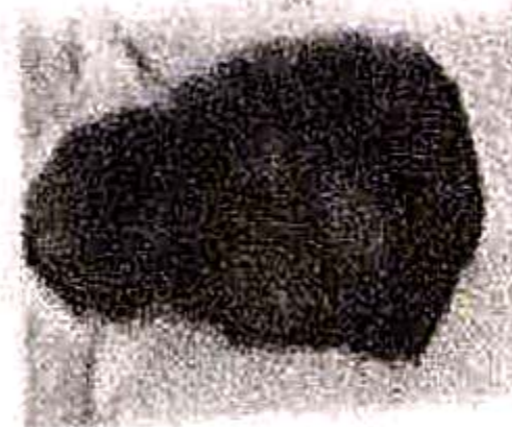
Blood Group:

Organ Donor:

Son/Daughter/Wife of: JAFAN

Address:

VILL-NADEGAWA POST-GORAKHA PS
VISHNUPURA TAWARA BAJJESWARANAGAR, UP
274303



Holder's Signature

Date of First Issue (18-01-2021)

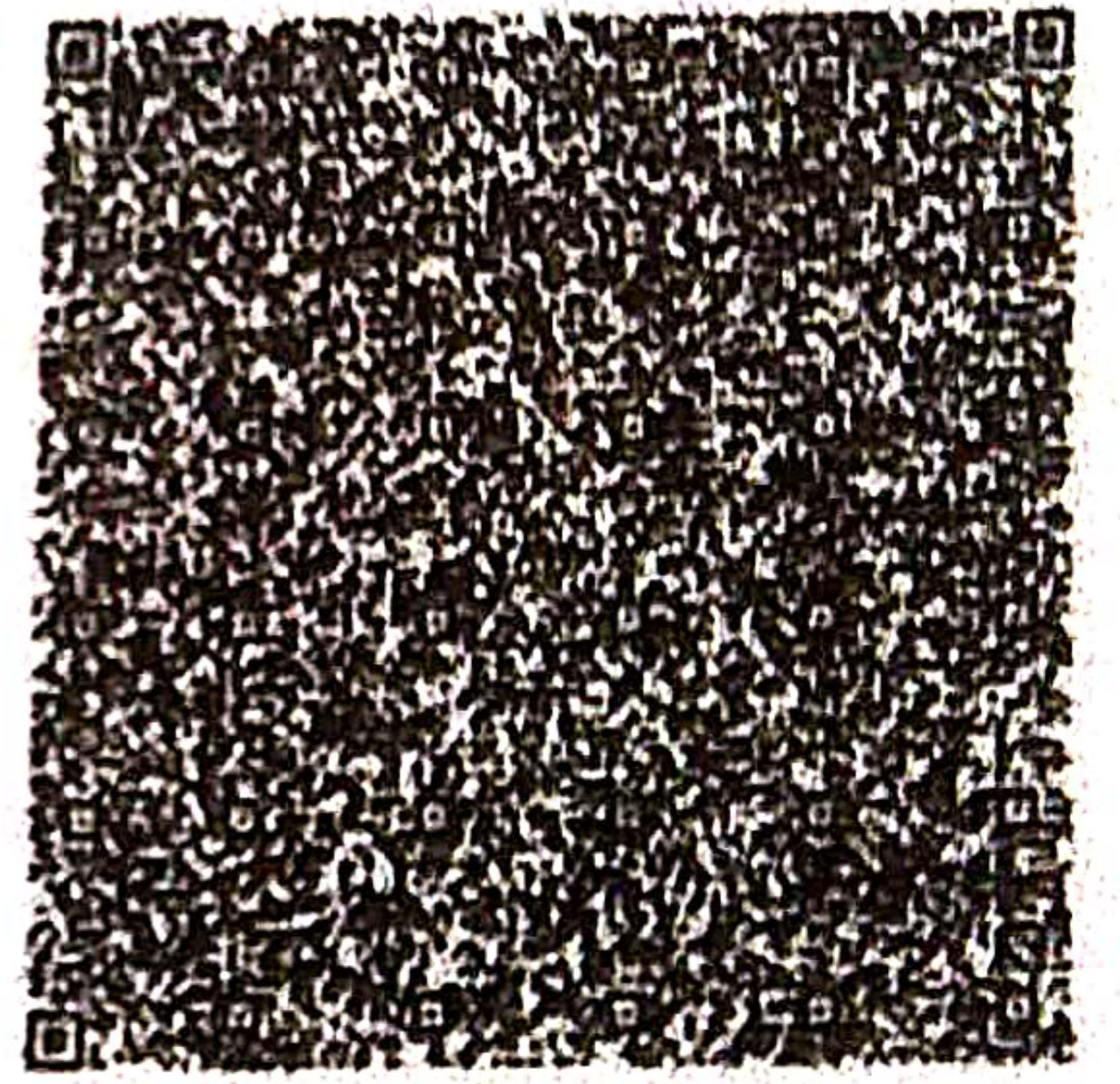
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CCDPH2908B



नाम / Name
HASINA

पिता का नाम / Father's Name
DEELJAN

जन्म की तारीख /
Date of Birth
02/04/1972



12102025

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed



मेरा पहचान

मेरा पहचान कार्ड

नाम

Hasina

प्राकार / DOB: 02/04/1972

लिंग / FEMALE



3995 3509 8562

मेरा आधा, मेरी पहचान

मेरा पहचान कार्ड

मेरा पहचान कार्ड

पता:

Address:

पता: मेरा पहचान कार्ड
मेरा पहचान कार्ड
मेरा पहचान - 274304

100, Honda Purusa Baur,
Kushinagar,
Utt Pradesh - 274304

3995 3509 8562

MERA AADHAAR, MERI PEHACHAN