

RAJARAM AUTO SALES
 NH-24 SITAPUR ROAD NEAR POLICE STATION, OPP ALLAHABAD UP GRAMIN BANK, UCHAULIYA, KHERI, 261505,
 UP, India
 State Code: 9 Contact: 7704099099, 8953999853 , ,
 GSTIN No: 09AAQFR0980E2ZV
 Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	22992-02-REST-1225-219	Date	14-12-2025
Customer Name	ALOK GUPTA	Contact No.	6394377909
VIN	MBLJFN248RGE01075	Model	PLEASURE+
Insurance Company		Reg No.	UP27BR3262
HMCGL Card No		HMCGL Card Category	
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3310BAAL501S -LIGHT ASSY HEAD	85122010	Paid	479.66	1	9.00	9.00	0.00	0.00	0.00	0.00	566.00
2	53175AAW000S -LEVER R STRG.HANDLE	87141090	Paid	83.90	1	9.00	9.00	0.00	0.00	0.00	0.00	99.00
3	61100AALE00WS -FRONT FENDER	87141090	Paid	1,054.24	1	9.00	9.00	0.00	0.00	0.00	0.00	1,244.00
4	53205AAL500WS -COVER HANDLE FR (MVG,SG-013M)	87141090	Paid	655.93	1	9.00	9.00	0.00	0.00	0.00	0.00	774.00
5	88110AAL510S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	163.56	1	9.00	9.00	0.00	0.00	0.00	0.00	193.00
6	53208AAL500YS -FR HANDLE COVER CHROME (NH-411M)	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	276.00
7	83450AAL500WS -R BODY COVER (MVG,SG-013M)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
8	18318AAL901S - PROTECTOR MUFFLER	87141090	Paid	116.10	1	9.00	9.00	0.00	0.00	0.00	0.00	137.00
9	64320AAL900WS -COVER R FLOOR SIDE(MVG, SG013M)	87141090	Paid	238.14	1	9.00	9.00	0.00	0.00	0.00	0.00	281.00
10	64305AAL500WS -COVER FR LOWER (MVG,SG-013M)	87141090	Paid	976.27	1	9.00	9.00	0.00	0.00	0.00	0.00	1,152.00
11	64210AAL900WS -FR UPPER COVER MATT VERNIER GREY	87141090	Paid	1,405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	1,659.00
Parts Total											0.00	7,487.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PLEASURE+	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	0.00	1,000.64
Jobs Total											0.00	1,000.64

Parts Total	7,487.00
Labour Total	1,000.64
SGST (Parts) 9%	571.04
CGST (Parts) 9%	571.04
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	8,487.64

Rupees in Words: Eight Thousand Four Hundred Eighty Seven and paise Sixty Four Only

Authorised Signatory

22992 - Main W/S

1. Terms Cash

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.	6394377909 Alok Gupta
2	Vehicle No. / वाहन संख्या	UP27 BR 3262
3	Policy No. / पालिसी संख्या	252400/31/2025/88914
4	Period of Insurance / बीमा अवधि	24.02.25 to 23.02.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13.12.25 6:30 Pm
6	Place of Accident / दुर्घटना का स्थान	Hanumat Dham
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP27 2023 0018569 Alok Gupta
8	Estimated Loss / अनुमानित हानि	8407
09.	Cause of Accident / दुर्घटना का कारण :	चाहूँ अलोक गुप्ता गाड़ी लेकर हाट से बाजार जा रहा था तभी हनुमानधाम के पास एक ट्रेटरी शिक्शा वाले ने अपने से चक्कर मार दी जिससे गाड़ी Right side में गिरकर इतिमूल्य हो गई !
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	8953999855 Rajaram Auto Sales

Date / दिनांक : 14.12.25
हस्ताक्षर

अलोक
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. 252400/31/2025/00914

Tel. No. _____

Period of Insurance 24.02.25 to 23.02.26

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 : Alok Gupta
 (b) Address for correspondence : Moh Bijlipura Co-operative wali masjid ke Pass
 (c) Telephone : 6394377909 Shahjahanpur

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>E01104</u> Chassis No. <u>G01075</u>	Registration No. <u>UP27BR</u> <u>3262</u>
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- (a) Was the vehicle in proper working condition? NO
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

M.A



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Alok Gupta
(b) Age : _____
(c) Address : Bijlipura Co-operative-walimasjid ke pass
(d) Is the Driver : Shaktahanpur
1. Owner : ~~Shaktahanpur~~ Owner
2. paid driver? : _____
3. Owner's relative or friend? : _____
(e) If paid driver, how long has he been in your employment : _____
(f) Was he under the influence of intoxication Liquor or drugs? : _____
(g) Driving Licence Number : UP27 20230018569
(h) Issuing Authority : Shaktahanpur
(i) Date of Expiry : 16.07.2042
(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 : 13.12.25 6:30 Pm
(b) Place : Hanumat Dham
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : इन्जिनियरिंग के पास शक लोटी दिशा वाले ने
(e) If any third party was responsible for this accident give the name and address : अपने ले करके गए के दिशा साई दिशा
सिद्धे पार्क सिद्धे एी गाँव

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : total Damage
(b) Estimated cost of repairs : 8407
(c) When and where can the damaged vehicle be inspected : Rajaram Auto sales

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 : _____
(f) Has notice of any claim been given to you? : _____
- M.A

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 14.12.2025

Signature of the insured 311/1/25

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. UP27 BR3262 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 अ. लोका

Occupation

Address

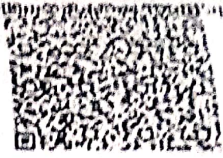
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Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department SAHJAHANPUR
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP27BR3262 Registration Date : 01-Mar-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 163-262701
 Owner Name : ALOK GUPTA Son/wife/daughter of : S/O SUKHPAL GUPTA
 Full Address: (Permanent) : MOH BIJLIPURA, CORPAENTER WALI MASJID KE PASS, SHAHJAHANPUR,
 SHAHJAHANPUR, UTTAR PRADESH-242001
 Full Address: (Temporary) : MOH BIJLIPURA, CORPAENTER WALI MASJID KE PASS, SHAHJAHANPUR,
 SHAHJAHANPUR-UTTAR PRADESH-242001

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Fitness Up To : 29-Feb-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 : AA1040417862 Rear HSRP No : AA2122430701
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2024
 No of Cylinders : 1 Chassis No : MBLJFN248RGE01075
 Engine No : JF16EVRGE01104 Fuel : PETROL
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
 Maker's Classification : PLEASURE + LX Wheel base : 1238
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 104
 Colour : MATT VERNIER GREY Laden/GV Wt (kgs) : 234
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

CV

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 : 24-Feb-2025 Sale Amt : 73263/-
 OTT Date : 24-Feb-2025 Amount/Rcpt No : 7327 / UP27D25030000094
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Mar-2025 to 29-Feb-2040

Date : 19-Apr-2025 13:04:06

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन/करस्थान अधिकारी
 Signature of Registering Authority
 मोटर वाहन विभाग
 शाहजहाँपुर, UP 27
 Date : 19-Apr-2025

Q 2848717

Government of Uttar Pradesh / Government of Uttar Pradesh / Government of Uttar Pradesh



भारत सरकार
Government of India



Issue Date: 31/12/2011



आलोक गुप्ता
Alok Gupta
जन्म तिथि / DOB : 17/07/2002
पुरुष / MALE



8493 0339 4395

8493 0339 4395

मेरा आधार, मेरी पहचान

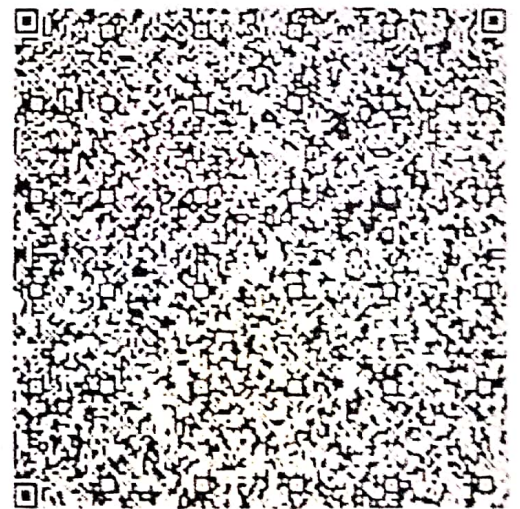


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

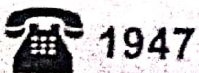


Print Date: 16/03/2021

पता: S/O सुखपाल गुप्ता, मोह. बिजलीपुरा,
कारपेंटर वाली मस्जिद के पास, शाहजहाँपुर,
शाहजहाँपुर, उत्तर प्रदेश, 242001
Address: S/O Sukhpal Gupta, Moh. Bijlipura,
Corpaenter Wali Masjid Ke Pass,
Shahjahanpur, Shahjahanpur, Uttar Pradesh,
242001



8493 0339 4395



1947



help@uidai.gov.in



www.uidai.gov.in



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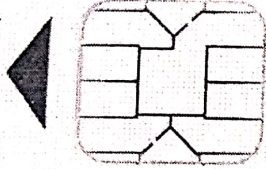


सत्यमेव जयते

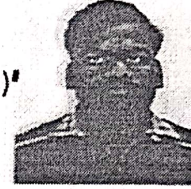
Indian Union Driving Licence Issued by Uttar Pradesh



UP27 20230018569



Issue Date Validity (NT) Validity(TR)*
21-12-2023 16-07-2042 -----



Holder's Signature

(21-12-2023)

Date of First Issue

Name: **ALOK GUPTA**
Date of Birth: **17-07-2002** Blood Group: **AB+ V** Organ Donor: **N**
Son/Daughter/Wife of: **SUKHPAL GUPTA**
Address:
**Moh. Bijlipura, Corpaenter Wali Masjid
Ke Pass Shahjahanpur Shahjahanpur Uttar
Pradesh 242001**

DL No: **UP27 20230018569**

UPDL000012406410



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*
	MCWG	UP27	21-12-2023	NT			
	LMV	UP27	21-12-2023	NT			
	MVSD						

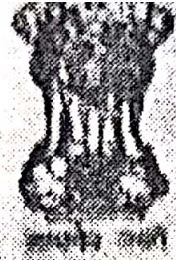
Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP27 SHAHJAHANPUR



आयकर विभाग
INCOME TAX DEPARTMENT

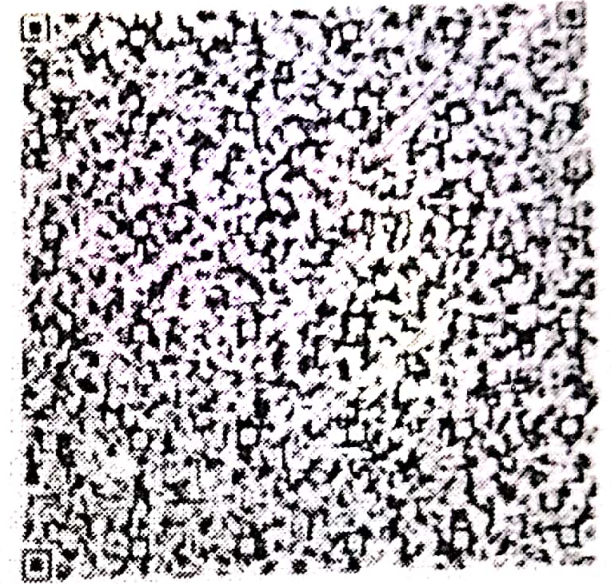


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DHVPG8549D



नाम / Name

ALOK GUPTA

पिता का नाम / Father's Name

SUKHPAL GUPTA

जन्म की तारीख / Date of Birth

17/07/2002

Alok Gupta

हस्ताक्षर / Signature

21317