

Mob.: 9598622327

ESTIMATE

AUTHORISED DEALER

RAJ AUTO MOBILES HERO

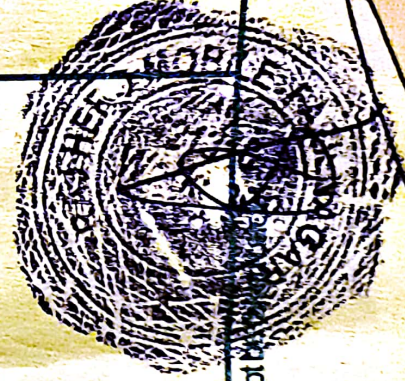
NATIONAL HIGHWAY ROAD FAZILNAGAR KUSHINAGAR 274401

Sl. No. UPSBY0259 Date 15/12/2025

Name Ranjeet Rai

Service Type Accessories Mec.

Sl.	PARTICULAR'S	Qty.	Rate	Amount
①	Visor			220
②	leg guard			660
③	Handid PIP.			530
④	Meter Comp			1400
⑤	Window			200
⑥	Hed Light			500
⑦	Socar pipe R.P.			500
⑧	2C-			600
			TOTAL	



Goods once sold will not be E&OE

Authorised Signatory

Cust. Sing.

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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.	RANJEET Rai 9157291485
2	Vehicle No. / वाहन संख्या	UP57BY 0259
3	Policy No. / पालिसी संख्या	252400/31/2026/201516
4	Period of Insurance / बीमा अवधि	19/07/2025 to 17/07/2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025 @ 7:30 AM
6	Place of Accident / दुर्घटना का स्थान	जमुनघ ब्लाक
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RANJEET Rai
8	Estimated Loss / अनुमानित हानि	3200 /
09.	Cause of Accident / दुर्घटना का कारण :	यह एक जोधातंगत जा रहे थे रास्ते में जमुनघ ब्लाक के आगे मोटर के फाल टांकर से टकरा जा रही थी जिससे दुर्घटना हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	RAJ Auto Repairing AKSHAY MISHRA 965140243

Date / दिनांक : 15/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

Ranjeet Rai





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: (mumb) Certificate/Policy No. 252400/31/10/26/28/896
 Tel. No. Period of Insurance: 19/07/2025 to 19/12/2025
 Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. THE INSURED
 (a) Name : Ranjit Rai
 (b) Address for correspondence :
 (c) Telephone : 9157791405

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>22655</u> Chassis No. <u>46507</u>	Registration No. <u>UP57BX</u> <u>Q259</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? passer was
 (c) Was trailer attached? NA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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

NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name Ramjit Rao
(b) Age 05/07/1994
(c) Address Canning 79 RDNI
(d) Is the Driver
1. Owner YES
2. paid driver? N/A
3. Owner's relative or friend? N/A

(e) If paid driver, how long has he been in your employment N/A

(f) Was he under the influence of intoxication Liquor or drugs? N/A

(g) Driving Licence Number VP5920220002078

(h) Issuing Authority KUSIMING

(i) Date of Expiry 04-07-2024

(j) Was the licence temporary/permanent PERMANENT

(k) Details of endorsement/suspension, if any N/A

(l) Has he been involved in any accident before? N/A

(m) Has he been charged by the police? If so, Why? N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time 14/12/2023 @ 7:30 AM

(b) Place STREET CARING

(c) Speed of vehicle at the time of accident 40 km

(d) Give a short description of the accident or

(e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage As per estimate

(b) Estimated cost of repairs 5200

(c) When and where can the damaged vehicle be inspected

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?



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 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 15/11/2023

Signature of the insured _____

Ramdeo Khori

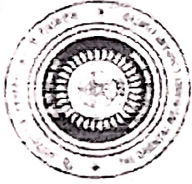


Discharge Voucher

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 _____ 2000
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 _____ /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. _____

The Rupee
Reverse Side of
When Amount
Exceeds Rs. 1000/-

Ranjit Singh

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 : UP57BY8259 : 24-Jul-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 : RANJIT RAI Son/wife/daughter of : JANARDAN RAI
Full Address: (Permanent) : VILL- LAWANGIYADIH, PO- KOILASWA BUZURG, PS- CHAURA KHAS, KUSHINAGAR,
UTTAR PRADESH-274401
Full Address: (Temporary) : VILL- LAWANGIYADIH, PO- KOILASWA BUZURG, PS- CHAURA KHAS, KUSHINAGAR-
UTTAR PRADESH-274401

Fitness Up To : 23-Jul-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : RAJANI RAI
Relationship with the : Spouse Norms : BHARAT STAGE VI

Nominee :
Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1043833353
Front HSRP No : AA2132848385 Month/Year of Manuf. : 06/2025
Type of Body : SOLO WITH PILLION Chassis No : MBLHAW48XSHF46587
No of Cylinders : 1 Fuel : PETROL
Engine No : HA11F7SHF22655 Cubic Capacity : 97.20
Horse Power(BHP) : 8.17 Wheel base : 1235
Maker's Classification : SPLENDOR+ (DRS) Standing Cap : 0
Seating Cap(in all) : 2 Unladen Wt (kgs) : 113
Sleepar Cap : 0 Laden/GV Wt (kgs) : 243
Colour : Black Heavy Grey AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Builit

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf. : 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 LTD, NEW

DELHI, . . New Delhi, Delhi-110057 w.e.f. 18-Jul-2025.

Purchase dt : 18-Jul-2025 Sale Amt : 78776/-
OTT Date : 18-Jul-2025 Amount/Rcpt No : 7878 / JP57D25070002584
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 28-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Jul-2025 to 23-Jul-2040

Date : 11-Aug-2025 11:58:35

Taxation Particulars / Advance Registration Mark Fee Details

4400828

Signature of Registering Authority
Date: 11-Aug-2025




Indian Union Driving Licence
Issued by **Uttar Pradesh**

UP

UP57 20220002075

Issue Date: 10-02-2022 Validity (NT): 04-07-2034 Validity (TR): (10-02-2022)

 Holder's Signature

Name: **RANJEET RAI** Blood Group: Organ Donor: **N**

Date of Birth: **05-07-1994**


Son/Daughter/Wife of: **JANARDAN RAI**

Address: **LAWANGIYADIH Kollaswa Bazar
Kasva, Kushinagar, UP 274401**

DL No: UP57 20220002075

UPDL 000007554881

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	UP57	10-02-2022	NT				
LAW	UP57	10-02-2022	NT				
MVSD							

Emergency Contact Number

Licensing Authority
UPS7 KUSHINAGAR

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA

08082C13

07/06/1992
Permanent Account Num
BQJPF9279J



रंजित राय
Signature

RANJIT RAI
JARNABN RAI



भारत सरकार
Government of India

संलग्न चर्चा





Ranjit Rai
जन्म तिथि / DOB: 07/06/1992
पुल्ल / MALE
Mobile No.: 9157791486

7587 6423 0117
VID: 9132 7469 8014 8993

मेरा आधार, मेरी पहचान

भारत सरकार
Unique Identification Authority of India



S/O जनार्दन राय, 25, लखवाड़ी, अकरोल बस्त, कुशीनगर, उत्तर प्रदेश, पिन कोड - 274401

Address:
S/O Janardan Rai, 25, Lawangiyadhi,
Kolisawa Buzurg, PO: Kolisawa, DIST:
Kushinagar, Uttar Pradesh - 274401

7587 6423 0117
VID: 9132 7469 8014 8993

1847 help@uidai.gov.in www.uidai.gov.in