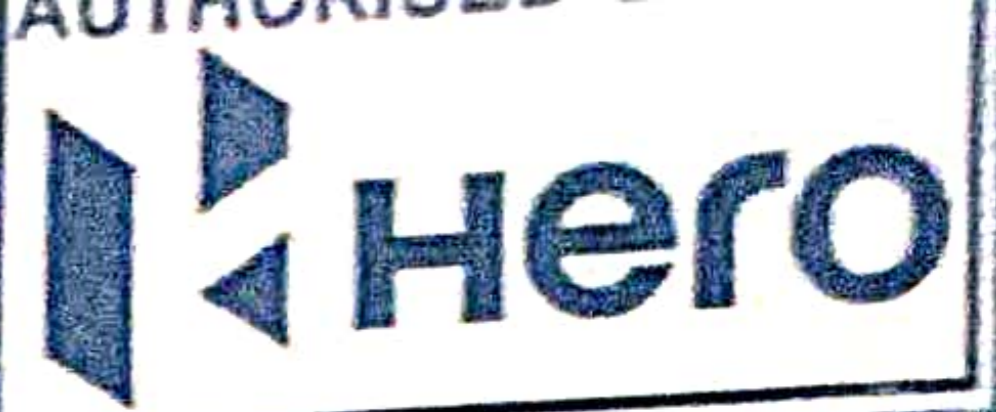


Gupta

AUTOMOBILES



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

Date 15/12/25

No.

6942

Name

Amurika

Add.

UP 57, BW 3450

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	W/S			210/-	
②	Vi'sor			850/-	
③	UPPER			1650/-	
④	LOWER			1500/-	
⑤	Floor panel R+L			1740/-	
	Labour charge			600/-	
TOTAL				6550/-	

Authorised Signatory

Raj

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.	Amurika 8009167048
2	Vehicle No. / वाहन संख्या	UP57BW3450
3	Policy No. / पालिसी संख्या	252400/31/2025/80835
4	Period of Insurance / बीमा अवधि	27/02/2025 to 26/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/12/2025, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Digwa gopal
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Daya Sagar Kumar Bhatti, UP57 2023 988941214 8001621
8	Estimated Loss / अनुमानित हानि	6550/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी स्कूटी में मैं और एक व्यक्ति सागर कुमार भारती धर से मारमल जा रहे थे। तभी मोड़ पर ईट बसती गता था तो उसी में जा मर लड़ गले को ईट स्कूटी पर गिरने से स्कूटी डैमज 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.	9125197140 Gupta automobile Pachwara

Date / दिनांक : 15/12/25
हस्ताक्षर

अमी का-
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. 252400/31/2025/80835

Tel. No. _____

Period of Insurance 27/01/2025 to 26/01/2026
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 : Amerika
(b) Address for correspondence : _____
(c) Telephone : 8009167048

2. THE INSURED VEHICLE

Make & Year <u>Fuero/2025</u>	Engine No. <u>JF17ERRGM07899</u> Chassis No. <u>MBLJFN353RGM07967</u>	Registration No. <u>UP57BW</u> <u>3450</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? 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 : Dawa Sagar Kumar Bhoori
(b) Age : _____
(c) Address : Kashinagar
(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 : UP57 20 23000/621
(h) Issuing Authority : _____
(i) Date of Expiry : 19/05/2035
(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 : 12/12/2025 13:00 PM
(b) Place : Silva gopal
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मोटर साइकिल में बसने वाले व्यक्ति का साइकिल से टकराव हुआ था जिससे साइकिल से व्यक्ति गिरा और घायल हो गया।
(e) If any third party was responsible for this accident give the name and address : मोटर साइकिल चालक का पता नहीं है।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end-side
(b) Estimated cost of repairs : 6550/-
(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? : _____
(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 15/12/25 200.

Signature of the insured अमोलिका

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 अमेरिका
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 at
enters into any transaction specified in rule 114B



1. Full name and address of the declarant Amirika
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 : 15/12/25
Place : Godan

अमेरिका
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 : UP57BW3450
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304
 Owner Name : AMERIKA
 Full Address: (Permanent) : VILL-SISAI DADHICH, PO-SOHRAUNA, , KUSHINAGAR, UTTAR PRADESH-274802
 Full Address: (Temporary) : VILL-SISAI DADHICH, PO-SOHRAUNA, , KUSHINAGAR-UTTAR PRADESH-274802
 Fitness Up To : 30-Jan-2040
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1038982645
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JF17ERRGM07899
 Horse Power(BHP) : 8.98
 Maker's Classification : DESTINI PRIME
 Seating Cap(In all) : 2
 Sleepar Cap : 0
 Colour : PANTHER BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 31-Jan-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : BADARI
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1039321463
 Month/Year of Manuf. : 12/2024
 Chassis No : MBLJFN353RGM07967
 Fuel : PETROL
 Cubic Capacity : 124.60
 Wheel base : 1245
 Standing Cap : 0
 Unladen Wt (kgs) : 115
 Laden/GV Wt (kgs) : 245
 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.LTD, BASANT
DK, . . . New Delhi, Delhi-110057 w.e.f. 28-Jan-2025.

Purchase dt : 28-Jan-2025
 IT Date : 28-Jan-2025
 Vehicle is Govt/ Pvt. : PRIVATE
 Date of Approval : 01-Mar-2025
 Sale Amt : 75855/-
 Amount/Rcpt No : 7586 / UP57D25010003494
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-Jan-2025 to 30-Jan-2040

21-Mar-2025 18:15:21

Signature of Registering Authority
Date : 21-Mar-2025

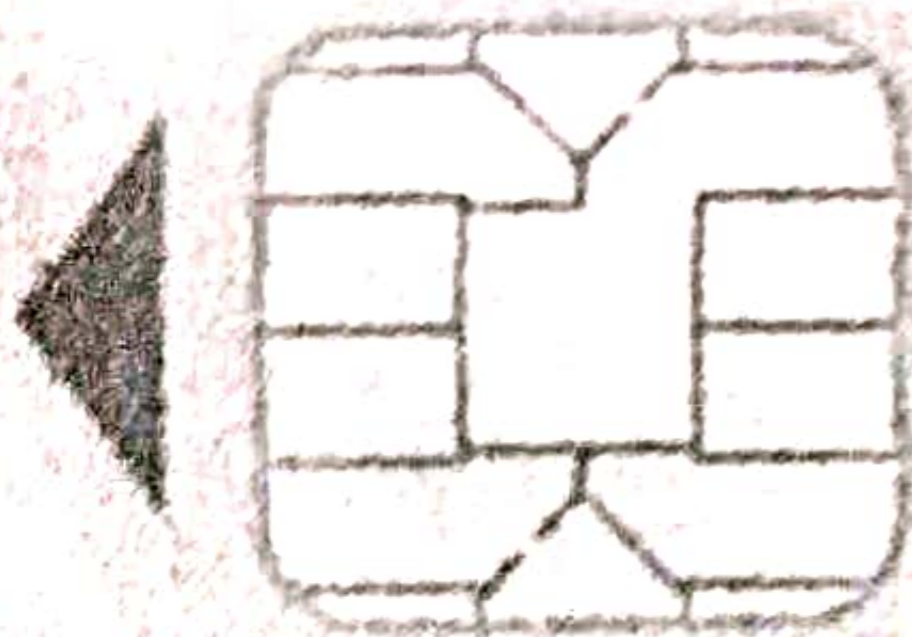
Registration Particulars / Advance Registration Mark Fee Details

1915236



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20230001621



Issue Date: 02-02-2023
Validity (NT): 19-05-2035
Validity (TR): _____



Holder's Signature

Name: **DAYA SAGAR KUMAR BHARATI**

Date of Birth: 20-05-1995 Blood Group: _____ Organ Donor: **N**

Son/Daughter/Wife of: **RAM AWADH BHARATI**

Address:
Madanpur Sukrauli Kushinagar Uttar
Pradesh 274802

Date of First Issue (02-02-2023)

DL No: UP57 20230001621

UPDL 000010289721



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	02-02-2023	NT			
	LMV	UP57	02-02-2023	NT			
	MYSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India

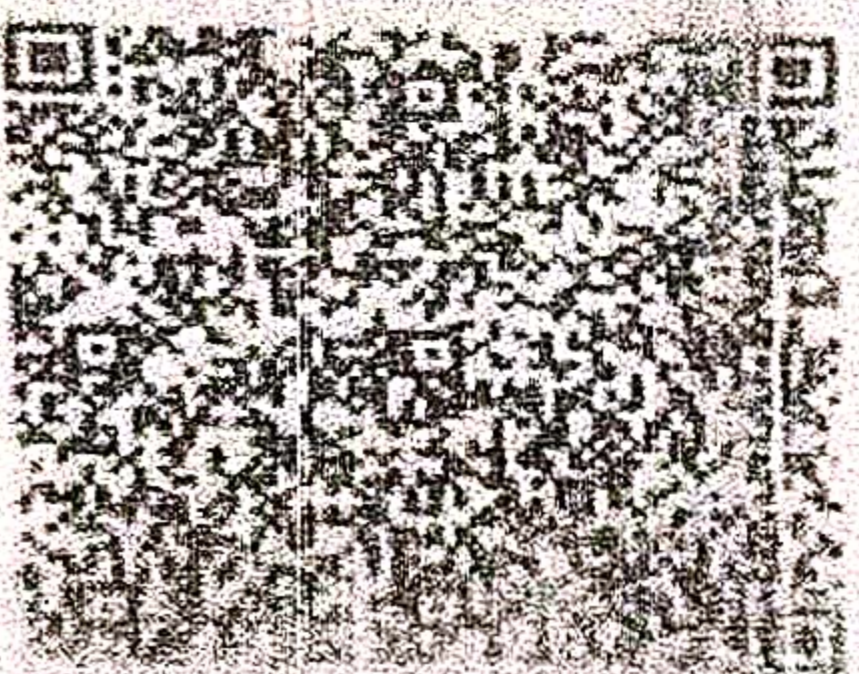


अभिहित

आवृत्ति

दिनांक / DOB : 01/01/1983

पुरुष / Male



9281 5919 9409

श्री आश्विन, श्री पहलान



Unique Identification Authority of India

पता: आश्विन, बदरी, सिसई दधीच, Address: S/O. Badan, sisai dadhich, Sisa
सीसई दधीच, कुशीनगर, सोनराणा, Dadhich, Kushinagar, Sonrauna, Uttar
उत्तर प्रदेश, 274802 Pradesh, 274802

9281 5919 9409



1947



help@uidai.gov.in



www.uidai.gov.in