

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6945** Date 12/12/25
Name Anurag Yadav
Add. VP57BW5134

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	visor			1265/-	
②	Tanki			6000/-	
③	Handle			510/-	
④	Leguard			680/-	
⑤	Handle			980/-	
⑥	mirror (L)			140/-	
⑦	H/L			3500/-	
	labor charge			600/-	
TOTAL				13675/-	

Authorised Signatory

[Signature]

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Anpurna Yadav 9569897565
2	Vehicle No. / वाहन संख्या	UP57BW5134
3	Policy No. / पालिसी संख्या	252400/31/2025/05641
4	Period of Insurance / बीमा अवधि	13/02/2025 to 12/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/2025, 9:30 A.M
6	Place of Accident / दुर्घटना का स्थान	Khirkiya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	0948303144
8	Estimated Loss / अनुमानित हानि	13675/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे मति सहित सड़क मुमाद यादव लेकर समुल जा रहे थे। तभी अचानक सामने हमरी गा बच्चा आ गया तो उसी मो वयात वक्त मेरी वाईक वाये साईड गिरने से डेमेज 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.	9125197148 Gupta automobile Pachwan

Date / दिनांक : 15/12/25
हस्ताक्षर

अनपूर्णा यादव
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. 2524 00/31/2025/85641

Tel. No. _____

Period of Insurance 13/02/2025 to 12/02/2026
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 : Anpuano Yadav
(b) Address for correspondence : _____
(c) Telephone : 9569 97565

2. THE INSURED VEHICLE

Make & Year <u>H120/2025</u>	Engine No. <u>HAIIFISHA17061</u> Chassis No. <u>MBLHAW402SHA144</u> <u>95</u>	Registration No. <u>UP57BW</u> <u>5134</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 : N/A
(g) If Lorry/Jeep/Tractor, was trailor attached? : _____
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Santosh Kumar Yadav
 (b) Age : _____
 (c) Address : Rubhinagar
 (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 : UP5720140014757
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29/07/2034
 (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 : 8/12/2025, 9:30 AM
 (b) Place : Khirkiya
 (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 : मैरे माँ लेम 2 स्कूल जा रहे थे तभी सामने बमरी का अचवा आगमन हो उसी मोड़ पर समान करमन करी करी साईड गिरे से डामन 2025

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 13675/-
 (c) When and where can the damaged vehicle be inspected : Gupta auto automobile Padraun

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 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 अनुराग यादव

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

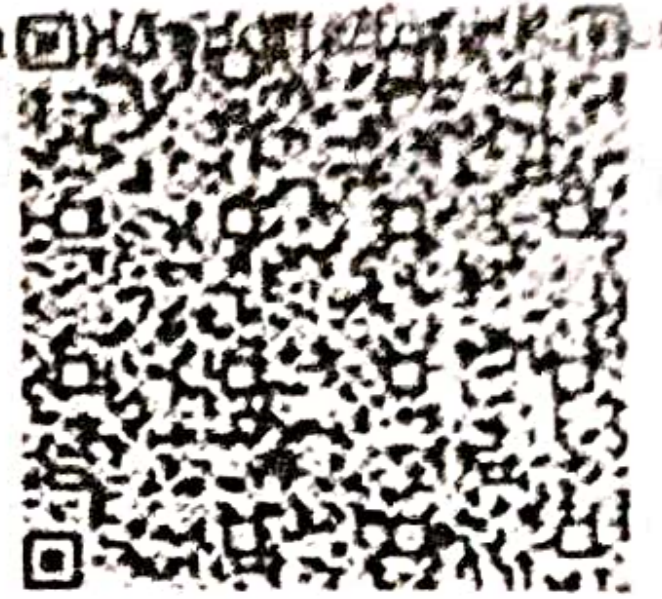
Signature 31-12-01 416d
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW5134 Registration Date : 14-Feb-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 : ANPURNA YADAV Son/wife/daughter of : SHANKAR PRASAD YADAV
 Full Address: (Permanent) : H NO- 160 CHAK CHINTAMAN, POST-PAKADIYAR, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : H NO- 160 CHAK CHINTAMAN, POST-PAKADIYAR, THANA-RAMKOLA, KUSHINAGAR- UTTAR PRADESH-274305
 Fitness UpTo : 13-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 : AA1038983274 Rear HSRP No : AA1039322090
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW405SHA14495
 Engine No : HA11F1SHA17061 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 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 : 13-Feb-2025 Sale Amt : 84351/-
 OTT Date : 13-Feb-2025 Amount/Rcpt No : 8436 / UP57D25020001855
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 21-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 14-Feb-2025 to 13-Feb-2040

Date : 27-Mar-2025 11:01:10
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

A.R.T.O. (A)
 KUSHINAGAR (U.P.)
 Date: 27-Mar-2025

Q 1912509

UNION OF INDIA Driving Licence



UP57 20140014757



सर्वोत्प्रेषण तिथि
Date of Issue
30/07/2014

वैधता तिथि
Validity
30/07/2034

जन्म तिथि
Date of Birth
08/07/1987

रक्त समूह
Blood Group
UNKNOWN

नाम / Name

SANTOSH KUMAR YADAV

पुत्र/पुत्री या पति / Son/Daughter/Wife of

RUDAL YADAV



UP57 20140014757

LMV
30/07/2014 30/07/2034



पते / Address

VILL. NANDLA CHAMPANA
PO. KHESNA PS. JATAHA BAZAR
KUSHMBAZAR 734304

होल्डर का हस्ताक्षर
Holder's Signature

अधिकारी का हस्ताक्षर
Officer's Signature



UP0215412

भारत सरकार
GOVERNMENT OF INDIA



अनुपूर्णा
Anpurna
जनम तिथि/ DOB: 15/11/2000
लिंग / FEMALE



8194 5368 9627

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान अधिकारण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

आलय: शंकर प्रसाद यादव,
164, चक्र चिन्तामन,
कुशीनगर,
उत्तर प्रदेश - 274305

D/O Shankar Prasad Yadav, 164,
Chak Chintaman, Kushinagar,
Uttar Pradesh - 274305

8194 5368 9627

Aadhaar - Aam Admi ka Adhikar

आयकर विभाग
INCOME TAX DEPARTMENT

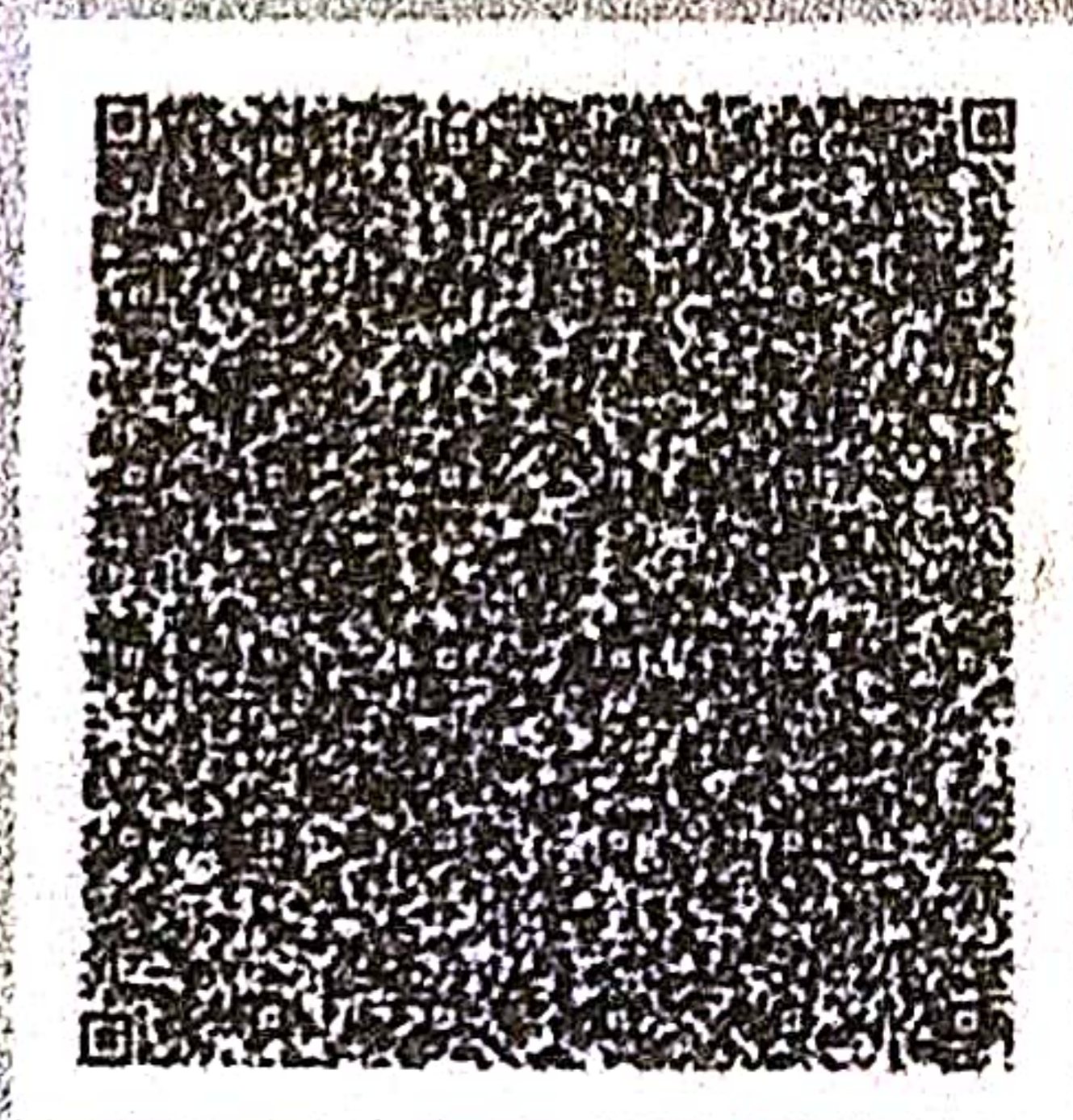


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FNOPA1981A



नाम / Name
ANPURNA

पिता का नाम / Father's Name
SHANKAR PRASAD YADAV

जन्म की तारीख /
Date of Birth
15/11/2000

हस्ताक्षर /
Signature

21022024