

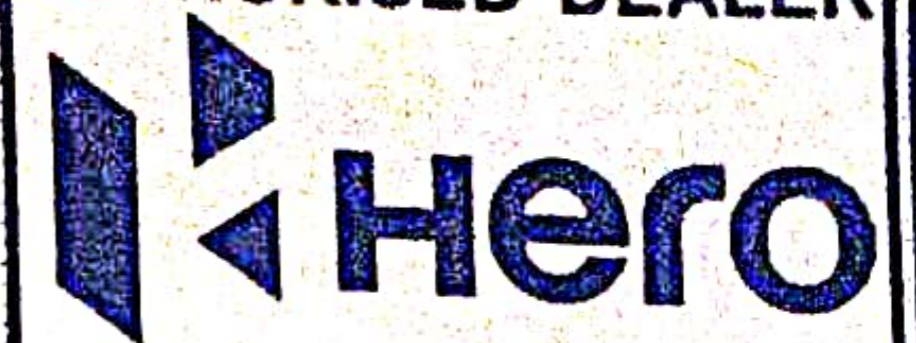
Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6948

Date 16/12/25

Name

Sunil Kumar

Add.

UP57B4315

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			1265/-	
②	H/L			3500/-	
③	Handle			510/-	
④	Tanki			5500/-	
⑤	Fender			1450/-	
⑥	Handle			980/-	
⑦	Indicator (R)			220/-	
	Labor charge			700/-	
TOTAL				14125/-	

Authorized Signatory

[Signature]

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

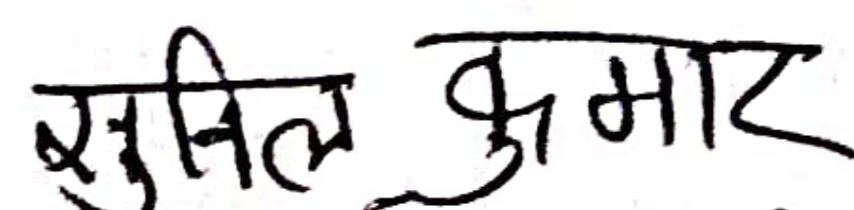
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Sunil Kumar 9356080164
2	Vehicle No. / वाहन संख्या	UP57BY4315
3	Policy No. / पालिसी संख्या	252400/31/2026/23096
4	Period of Insurance / बीमा अवधि	16/06/2025 to 15/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025, 07.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Khiskia Petrol pump.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonkar Kumar, UP572020000 7268924648 9166
8	Estimated Loss / अनुमानित हानि	14125/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी माई शंकर कुमार अर्क लेबर पर्सनल जा रहा था वही एक अर्क वाहने कामने अपने कार दिया जिहने मेरी अर्क राइड जाकर वही अर्क के पेड़ से अकरा बंद क्षतिवत् 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.	Group automobile Polsona.

Date / दिनांक : 16/12/25
हस्ताक्षर


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. 252400/31/2026/23096

Tel. No. _____

Period of Insurance 16/06/2025 to 15/06/2026
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 : Sunil Kumar
(b) Address for correspondence : _____
(c) Telephone : 9356080164

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAIIFBSHF10279</u> Chassis No. <u>MBLHAW33XSHF10128</u>	Registration No. <u>UP57BY</u> <u>4315</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 : Sankar Kumar
 (b) Age : _____
 (c) Address : Kushinagar
 (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 2020000 9166
 (h) Issuing Authority : _____
 (i) Date of Expiry : 1/01/2032
 (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 : 14/12/2025, 7:00 PM
 (b) Place : Khehri's petrol pump
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी कार मेरा गाडी लेमर छाप रहे था वही समय वराम
 (e) If any third party was responsible for this accident give the name and address : वारा सागने वरामर माउर विला लिसेस मेरी वराम वरामर वराम
आर मेड मे वरामर वराम
ता वरामर वराम

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 14125/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobili Panchsarna

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 16/12/25200

Signature of the insured राजेश कुमार

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 रमिल कुमार
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 : UP57BY4315 Registration Date : 17-Jun-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 : SUNIL KUMAR Son/wife/daughter of : RAJKUMAR
Full Address: (Permanent) : VILL-JUNGLE BELWA, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-JUNGLE BELWA, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 16-Jun-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 : AA1043240719 Rear HSRP No : AA1043058936
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
No of Cylinders : 1 Chassis No : MBLHAW33XSHF10128
Engine No : HA11FBSHF10279 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
S)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar 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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 17-Jun-2025.

Purchase dt : 16-Jun-2025 Sale Amt : 86101/-
OTT Date : 16-Jun-2025 Amount/Rcpt No : 8611 / UP57D25060002560
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 20-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 17-Jun-2025 to 16-Jun-2040

Date : 23-Jul-2025 12:12:28

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 23-Jul-2025

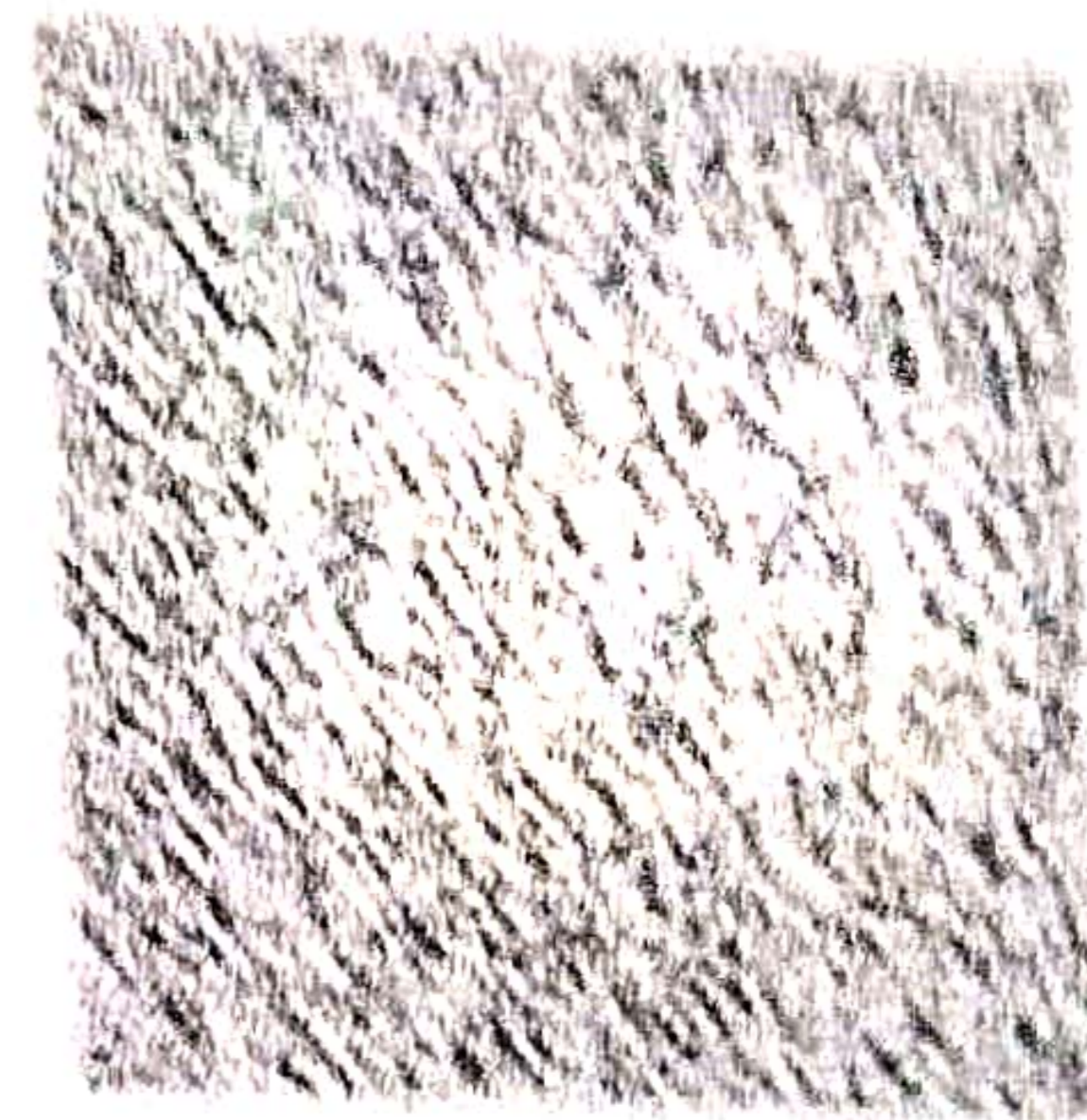
कर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LOUPK6528J



नाम / Name

SUNIL KUMAR

पिता का नाम / Father's Name

RAJ KUMAR

जन्म की तारीख / Date of Birth

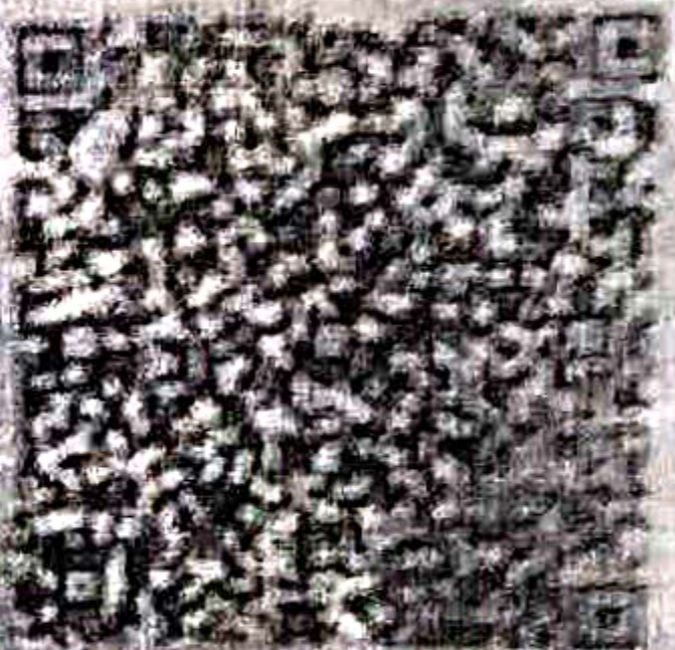
01/01/1983



Government of India

शुभम कुमार
Shubh Kumar
शुभम कुमार / DOB : 01/01/1983
शुभम / Male

5278 3107 2431



आय आदर्श का अधिकार



Unique Identification Authority of India

पता:
S/O: शुभम कुमार, जगत बेला,
कुशीनगर, बेला जगत, उत्तर प्रदेश,
274304

Address:
S/O. Rajkumar, Jungle Belwa,
Kushinagar, Belwa Jungle, Uttar
Pradesh, 274304

5278 3107 2431

1947
1800 300 1947

http://uidai.gov.in





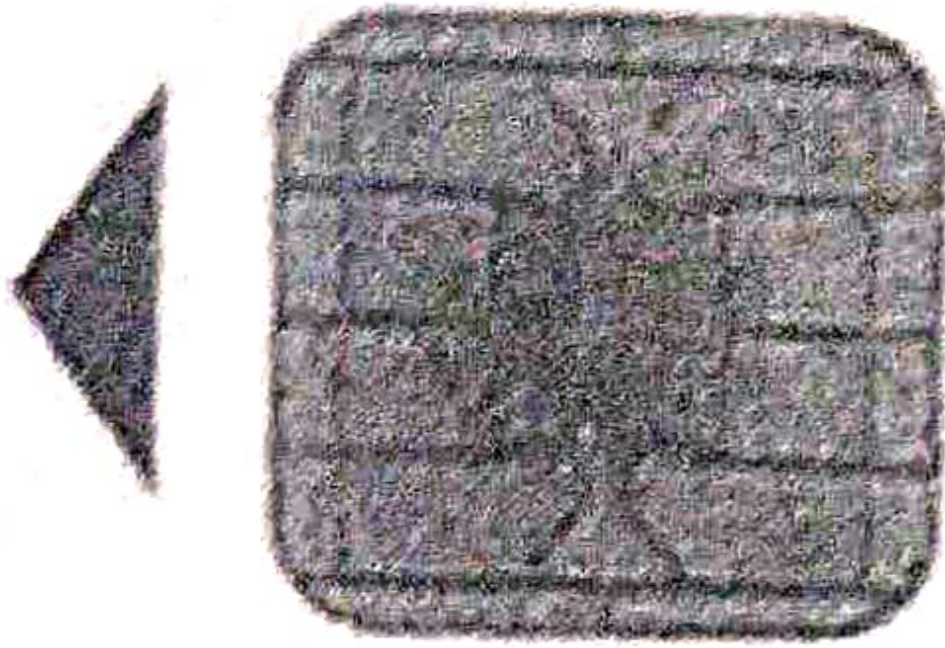
Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20200009166



Issue Date 28-08-2020 Validity (NT) 01-01-2032 Validity (TR)* _____



Holder's Signature

Date of First Issue (28-08-2020)

Name: SHANKAR KUMAR
Date of Birth: 02-01-1992 Blood Group: _____ Organ Donor: N
Son/Daughter/Wife of: HIRALAL
Address:
JUNGAL BELWA PO PADRAUNA PS PADRAUNA
Padrauna, Kushinagar, UP 274304

DL No: UP57 20200009166

UPDL000003808438



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	28-08-2020	NT			
	LMV	UP57	28-08-2020	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)