

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6951

Date 16/12/25

Name

Osama Bin Laden

Add.

UP57BY3056

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Visor			000/-	
②	W/S			210/-	
③	H/L			695/-	
④	H/L Stand			300/-	
⑤	UPPER			1650/-	
⑥	LOWER			1500/-	
⑦	Lock set			1075/-	
⑧	Body cover (L)			2500/-	
⑨	CROM			220/-	
⑩	Indicator R+L			1870/-	
⑪	visor inner			600/-	
⑫	UPPER CROM			320/-	
⑬	Fender			1570/-	
⑭	Floor Panel (L)			870/-	
⑮	Labor charge			900/-	
			TOTAL	9000/-	

Authorised Signatory

15160/-

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.	Osama Bin Laden 6398754341
2	Vehicle No. / वाहन संख्या	UP57 BY3056
3	Policy No. / पालिसी संख्या	252400/31/2026/20742
4	Period of Insurance / बीमा अवधि	5/06/2025 to 4/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025, 10:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Budhi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arif Hussain, UP57 20230014 9565004453 083
8	Estimated Loss / अनुमानित हानि	15160
09.	Cause of Accident / दुर्घटना का कारण:	मेरी रूफ़ी मेरे गार्डन आरिफ हुसैन लेजर रिस्तेवारी जा रहे थे तभी अचानक वाहन साइड से एक मित्र वाला टकरा मार दिया तो रूफ़ी मेरी छाने साइड साइड गिरने से डमिज 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 Park

Date / दिनांक : 16/12/25
हस्ताक्षर

ओसामा बिन लडैन
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. 252400/31/2026/20742

Tel. No. _____

Period of Insurance 15/06/2025 to 9/06/2026
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 : Osama Bin Laden
(b) Address for correspondence : _____
(c) Telephone : 6390754341

2. THE INSURED VEHICLE

Make & Year <u>Muxo/2025</u>	Engine No. <u>JF17ERSGA04093</u> Chassis No. <u>MBLJFN3505GA05042</u>	Registration No. <u>UP57BY 3056</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 : Azif Hudaib
 (b) Age : _____
 (c) Address : Kushnagar
 (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 2023 0014083
 (h) Issuing Authority : _____
 (i) Date of Expiry : 3/08/2043
 (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, 10:00 AM
 (b) Place : Boosi
 (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 : मरी रानी मे भडना ले कर रिक्शावाली का रहे को रानी गिने साईस को रानी मिथम वाला लफ्फर मार दिया तो धान साईस पुलिस से रिपोर्ट दिये

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 15160/-
 (c) When and where can the damaged vehicle be inspected : Crupta automobile Peobrauna

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? : _____
(b) If yes, give full details : _____ N/A

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 16/12/25 200

Signature of the insured

अरुण विनायक

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.

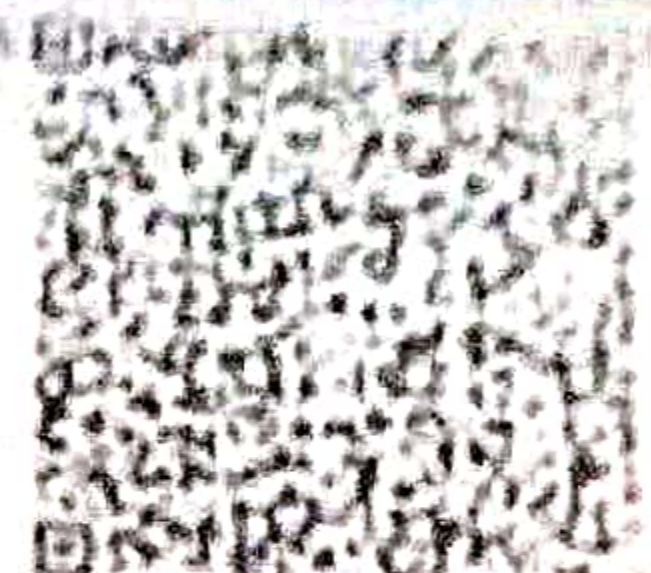
Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature ओरिअल बिमा.....
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	: UP57BY3056	Registration Date	: 10-Jun-2025
Description of Vehicle	: M CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: M/S VAISHNOYO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR, 109-274403		
Owner Name	: OSAMA BIN LADEN	Son/wife/daughter of	: JAHIR
Full Address (Permanent)	: VILL-JUNGLE DHARMPUR CHAURIA, POST-KATHKUIYAN, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274303		
Full Address (Temporary)	: VILL-JUNGLE DHARMPUR CHAURIA, POST-KATHKUIYAN, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274303		
Fitness Up to	: 09-Jun-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2129126487	Rear HSRP No	: AA1042046424
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 01/2025
No of Cylinders	: 1	Chassis No	: MBLJFN350SGA06042
Engine No	: JF17ERSGA04893	Fuel	: PETROL(E20)
Horse Power(BHP)	: 8.95	Cubic Capacity	: 124.60
Maker's Classification	: DESTINI PRIME	Wheel base	: 1245
Seating Cap(In all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 115
Colour	: PEARL SILVER WHITE	Laden/GV Wt (kgs)	: 245
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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 05-Jun-2025.

Purchase dt	: 05-Jun-2025	Sale Amt	: 75855/-
OTT Date	: 05-Jun-2025	Amount/Rcpt No	: 7586 / UP57D25060001164
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 19-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 10-Jun-2025 to 09-Jun-2040

Date : 01-Jul-2025 13:27:18

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registered Authority

Signature (A)
KUSHI NAGAR (U.P.)
 01-Jul-2025

3740201

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20230014083

Issue Date 18-09-2023 Validity (NT) 03-08-2043

Validity (TR)



Holder's Signature

Name: ARIF HUSAIN

Date of Birth: 04-08-2003 Blood Group:

Organ Donor: Y

Son/Daughter/Wife of: QUAMUDDEN

Address:

Jangal Dharmpur Chauria Kushinagar
Uttar Pradesh 274303

Date of First Issue (18-09-2023)

DL No: UP57 20230014083

UPDL 0000 1780337



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	MCWG	UP57	18-09-2023	MT			
LMV	LMV	UP57	18-09-2023	MT			
MVSD							

Emergency Contact Number
6394540437

Licensing Authority
UP57 KUSHINAGAR

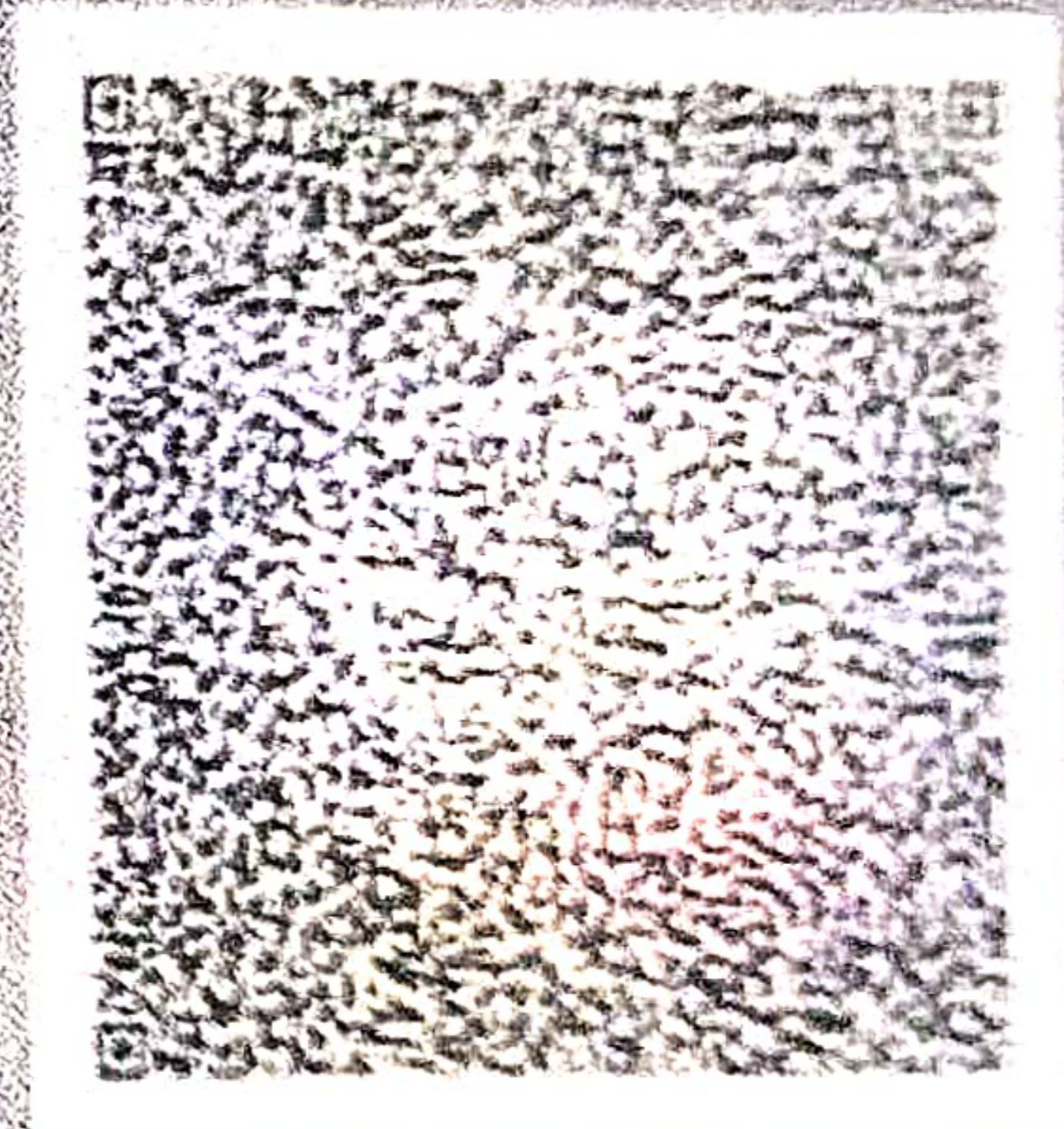
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BBPPL4346B



नाम / Name
OSAMA BIN LADEN

पिता का नाम / Father's Name
JAHIR

जन्म का तारीख / Date of Birth
01/01/2000

ओसामा बिन लडिन
SIGNATURE / SIGNATURE



13

श्रीगणेशाय नमः
श्रीगणेशाय नमः

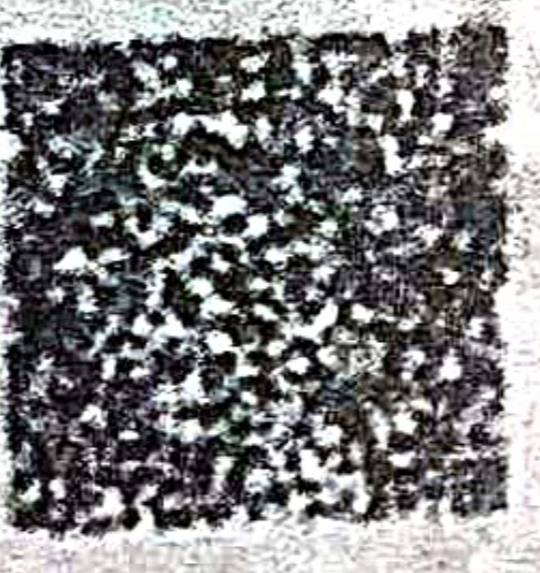
श्रीगणेशाय नमः

ओसामा बिन लादेन

Osama Bin Laden

जन्म तिथि/ DOB: 01/10/192000

पुंस / MALE



7088 3664 0674

-आम आदमी का अधिकार



श्रीगणेशाय नमः
श्रीगणेशाय नमः

पता:

S/O: बंकिम, जंगल दरवाजा,
धरिया, मुर्गीनगर,
उत्तर प्रदेश - 274303

Address:

S/O: Jangal darwaja,
Dharia, Khatwara,
U.P. Pradesh - 274303

7088 3664 0674