

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6953

Date 17/12/25

Name

Niraj

Add.

UP 57 BX 6914

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Lever ②			150/-	
②	Handle			490/-	
③	Tank surround ②			400/-	
④	Tank surround inner ②			210/-	
⑤	Sidi Panel ②			870/-	
	Labor charge			400/-	
TOTAL				2520/-	

Authorized Signatory

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.	Niraj 8423252795
2	Vehicle No. / वाहन संख्या	UP57BX6914
3	Policy No. / पालिसी संख्या	252400/31/2026/9767
4	Period of Insurance / बीमा अवधि	3/05/2025 to 2/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025 , 12.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Betha (Bihar)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Lalbbabu Sharma, UP572021 9161223448 0002239
8	Estimated Loss / अनुमानित हानि	2520/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी धान्या जी लालबाबु शर्मा बार्डक लेकर बिहार जा रहे थे तभी एक गाड़ी काले ने साईड से ओवरटेक किया जिससे मेरी बार्डक डिस्कॉलेन्स हो कर छाये साईड गिरने से क्षतिग्रस्त 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 Padraumb.

Date / दिनांक : 17/12/25
हस्ताक्षर

- Niraj, Sharma
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. 25240031/2026/9767

Tel. No. _____

Period of Insurance 3/05/2025 to 2/05/2026
 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 : Niraj
 (b) Address for correspondence : _____
 (c) Telephone : 8423252775

2. THE INSURED VEHICLE

Make & Year <u>M100/2025</u>	Engine No. <u>JAO7AVR6M02203</u> Chassis No. <u>MBLFAVD22R6M068</u> <u>31</u>	Registration No. <u>UP57 BX</u> <u>6914</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? 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 : _____
 (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 : Lalbabu sharma
 (b) Age : _____
 (c) Address : 12/18 Binagar
 (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 2021 000 2239
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29/06/2032
 (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, 12:00 P.M
 (b) Place : Baitia (Bihar)
 (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 : मेरे चाचा ले कर चिहार जा रहे थे लक्ष्मी काम गाड़ी वाले ने साईड से आकर टक्कर मारी जिससे मेरी गाड़ी इस गलती से हो कर ठुकी साईड गिरने से डामेज

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front nd side
 (b) Estimated cost of repairs : 2500/-
 (c) When and where can the damaged vehicle be inspected : cepta automobile Padmauna

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 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 17/12/25 200

Signature of the insured Niraj Phanna

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 *Niraj Sharma*

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 and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Niraj
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 : 17/12/25
Place : Padrauna

Niraj Shrivastava
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 : UP57BX6914 Registration Date : 06-May-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 : NIRAJ Son/wife/daughter of : BALISTAR
 Full Address: (Permanent) : VILL-LILADHAR CHHAPRA, POST-PIPRA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274306
 Full Address: (Temporary) : VILL-LILADHAR CHHAPRA, POST-PIPRA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274306
 Fitness UpTo : 05-May-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 : AA2124519294 Rear HSRP No : AA2124902908
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLJAU022RGM06831
 Engine No : JA07AVRGM02203 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 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. 03-May-2025.

Purchase dt : 03-May-2025 Sale Amt : 101439/-
 OTT Date : 03-May-2025 Amount/Rcpt No : 10144 / UP57D25050000980
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-May-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 06-May-2025 to 05-May-2040

Date : 09-Jun-2025 13:52:06

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 09-Jun-2025

Q 3623944

DL No: UP57 20210002239

UPDL001004979750



Invalid Carriage (Regn Number):*

Hazardous Validity*

Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCVG	UP57	06-02-2021	NT			
	LMV	UP57	06-02-2021	NT			
	MVSD						

Emergency Contact Number



Licensing Authority

UP57 LUSHNAGAR

Form 7 Rule 16(2)



Indian Union Driving Licence Issued by Uttar Pradesh

UP57 20210002239

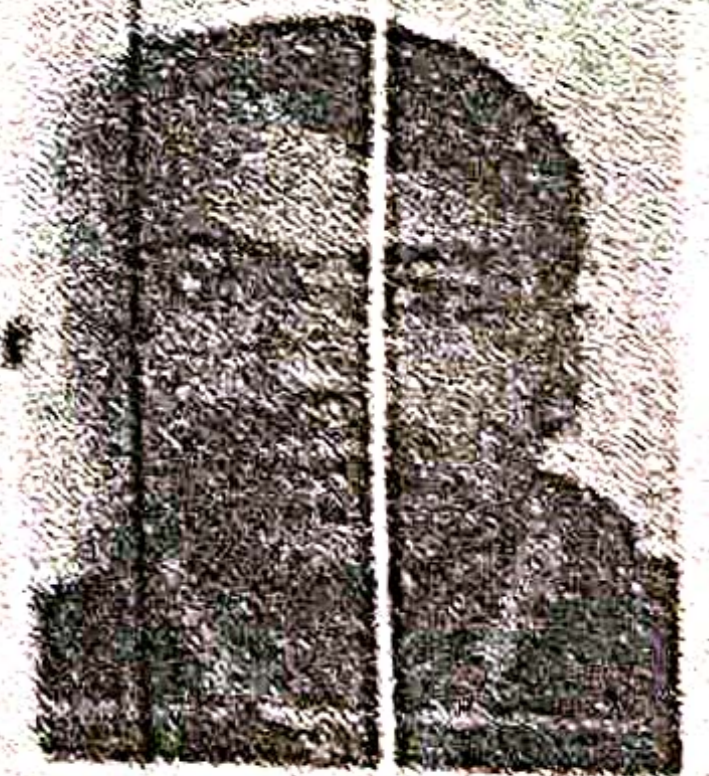
Issue Date

06-02-2021

Validity (NT)

29-06-2032

Validity (TR)*



Holder's Signature

Organ Donor: N

Name: LALBBABU SHARMA

Date of Birth: 30-06-1992 Blood Group:

Son/Daughter/Wife of: RANJEET

Address:

VILL- LILADHAR CHHAPRA POST PIPRA BAZAR
THANA NEBUA NAJRANGIYA
Padrauna, Kuthinagar, UP 274305

(06-02-2021)

Date of First Issue



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O: Balistar, Lila Dhar Chhapra,
Kushinagar, Pipra Bazar, Uttar
Pradesh, 274305

पता:

आत्मज बलिस्तर, लीला धार छप्रा,
कुशीनगर, पिपरा बाजार, उत्तर प्रदेश,
274305

3474 8165 9321



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार

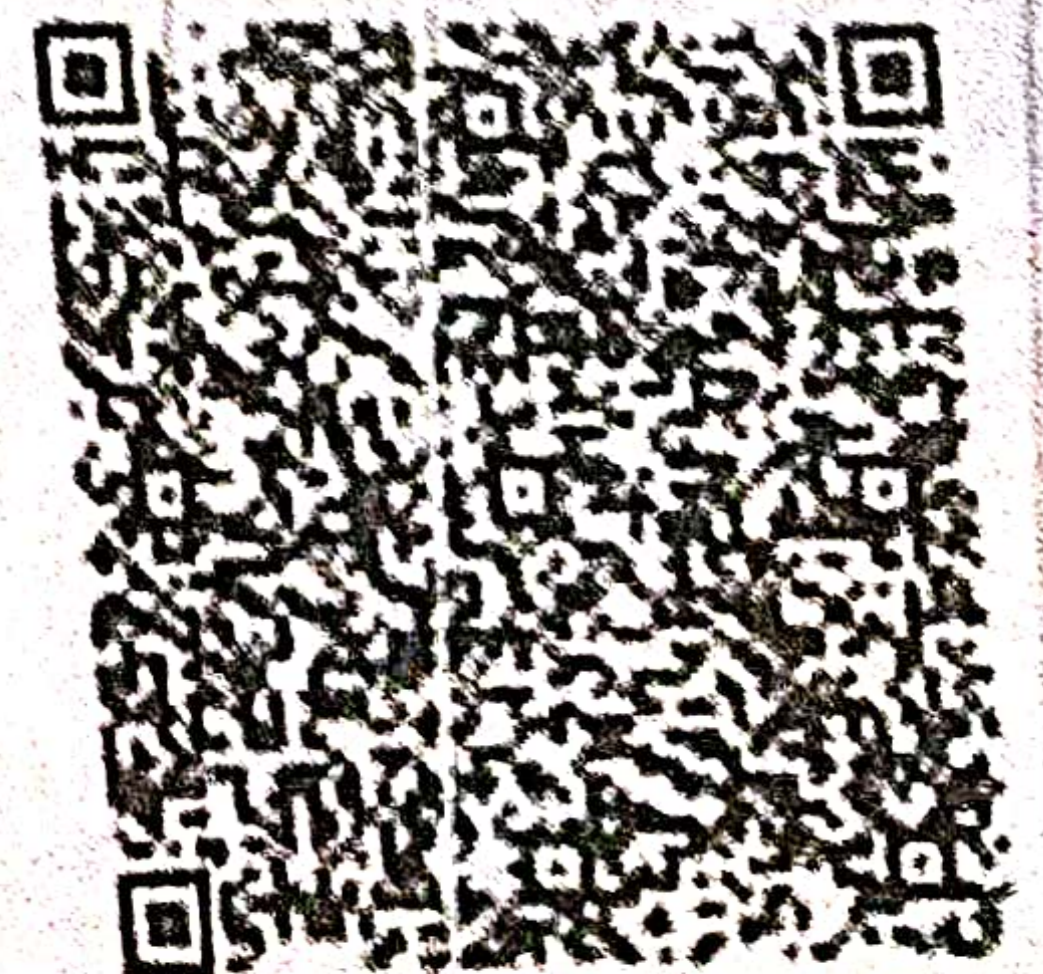
Government of India

नीरज

Niraj

जन्म तिथि / DOB : 01/01/2004

पुरुष / Male



3474 8165 9321

आधार - आम आदमी का अधिकार