

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6954

Date 17/12/25

Name

Brijbhushan

Add.

UP57BW0627

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
				Rs.	
①	visor			1100/-	
②	H/L			795/-	
③	crum			190/-	
④	w/s			380/-	
⑤	Handle			510/-	
⑥	mirror			140/-	
	Labor charge			500/-	
TOTAL				3615/-	

Authorised 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.	Brij Bhusan 7234010127
2	Vehicle No. / वाहन संख्या	UP 57BW 0622
3	Policy No. / पालिसी संख्या	252400/31/2025/93169
4	Period of Insurance / बीमा अवधि	10/03/2025 to 9/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025, 08.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Khinkia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Brijbhusan, UP 57 2021000 3737
8	Estimated Loss / अनुमानित हानि	3615/-
09.	Cause of Accident / दुर्घटना का कारण:	अशुद्धता से धर जाते वक्त एक ओर के काले ने अचानक मोड़ दिया उसी को बचाते हुये मेरी बाईक छत्रे 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 Padma.

Date / दिनांक : 17/12/25
हस्ताक्षर

Brijbhusan
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. 252402/31/2025/93169

Tel. No. _____

Period of Insurance 10/03/2025 to 9/03/2026
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 : Brij bhushan
(b) Address for correspondence : _____
(c) Telephone : 7234010127

2. THE INSURED VEHICLE

Make & Year <u>Muzo/2025</u>	Engine No. <u>J407ABR9D01255</u> Chassis No. <u>MBLJAW344R9D00870</u>	Registration No. <u>UP57BW</u> <u>8622</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 : _____
- M/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Brij bhushan
(b) Age : _____
(c) Address : Rushinagar
(d) Is the Driver
1. Owner : owner
2. paid driver? : _____
3. Owner's relative or friend? : _____
(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 : UP5720210003737
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2027
(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 : 15/12/2025, 8:00 A.M
(b) Place : Kharid
(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 : शिवलिंगा को धार जाते समय आते वाले ने अपना मोटर कार को इसी मो कच्चे समग्र क्षति पहुँचाई जिससे उस ड्राइवर को

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
(b) Estimated cost of repairs : 3615/-
(c) When and where can the damaged vehicle be inspected : Cruxta automobile Palwara

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 17/12/25 200

Signature of the insured D. S. J. H. S. H.

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 *Baijendra Kumar*
Occupation
Address
.....
.....

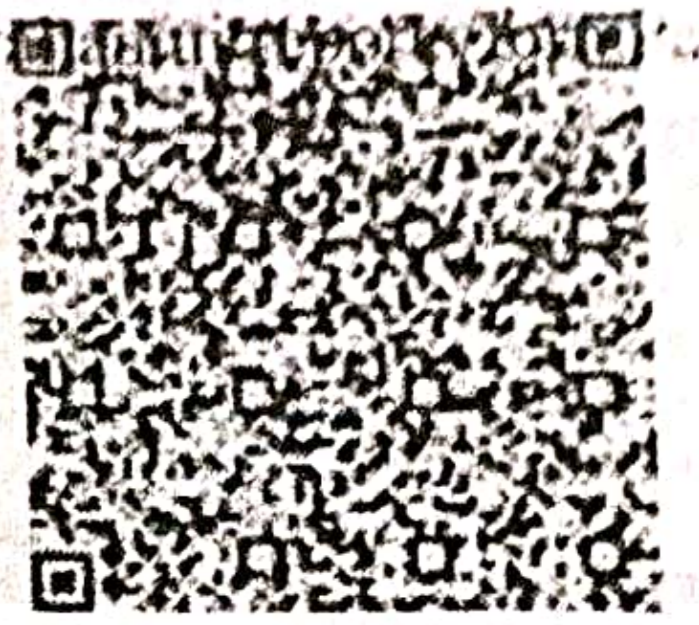
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW8622 Registration Date : 11-Mar-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 : BRIJBHUSAN Son/wife/daughter of : ANIRUDH
Full Address: (Permanent) : VILL-BETIYA, POST-BETIYA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-BETIYA, POST-BETIYA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 10-Mar-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 : AA2120215028 Rear HSRP No : AA2120675445
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2024
No of Cylinders : 1 Chassis No : MBLJAW344R9D00879
Engine No : JA07ABR9D01255 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR DR Wheel base : 1267
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 252
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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. 10-Mar-2025.

Purchase dt : 10-Mar-2025 Sale Amt : 80248/-
OTT Date : 10-Mar-2025 Amount/Rcpt No : 8025 / UP57D25030001456
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 07-Apr-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 11-Mar-2025 to 10-Mar-2040

Date : 12-May-2025 10:54:27

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 12-May-2025
A.R.T.O. (A)
Kushinagar (U.P.)

Q 3351446



Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20210003737

Issue Date: 03-01-2025
Validity (NT): 31-12-2037
Validity (TR): 02-01-2030



Holder's Signature

Name: **BRU BHUSAN**
Date of Birth: **01-01-1998** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **AMIRUDH**
Address: **VILL - PO - BETIYA PS PADRAJUNA
PADRAJUNA, KUSHINAGAR, UP 274304**

Date of First Issue: 03-03-2021

DL No: **UP57 20210003737**

UPDL 0000148000001



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*
Motor Vehicle	M/CWG	UP57	03-03-2021	NT			
Light Motor Vehicle	LMV	UP57	03-03-2021	NT			
Transport	TRANS	UP57	03-01-2025	TR			
MVSD							

Emergency Contact Number

[Signature]
Licensing Authority
UP57 KUSHINAGAR



भारत सरकार
Government of India



Issue Date: 30/01/2012



ब्रिज भुसान
Brij Bhusan
जन्म तिथि/DOB: 01/01/1998
पुरुष/ MALE

6105 0264 7949

VID : 9163 0997 1247 8398

मेरा आधार, मेरी पहचान

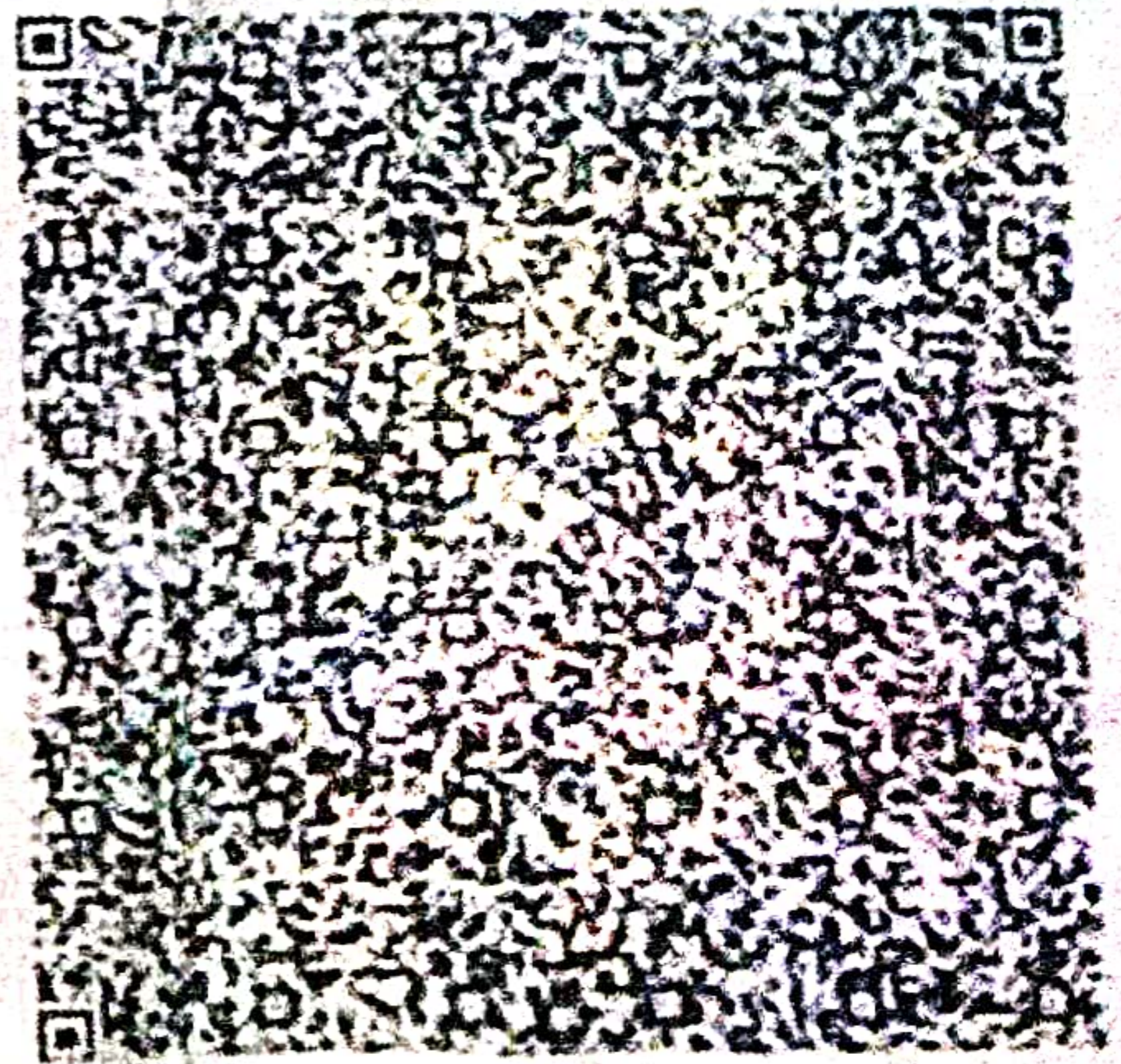


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O अनिरुद्ध, बेटिया पोस्ट बेटिया, पडराणा, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O Aniruddh, betiya post betiya, Padrauna,
Kushinagar,
Uttar Pradesh - 274304



6105 0264 7949

VID : 9163 0997 1247 8398

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

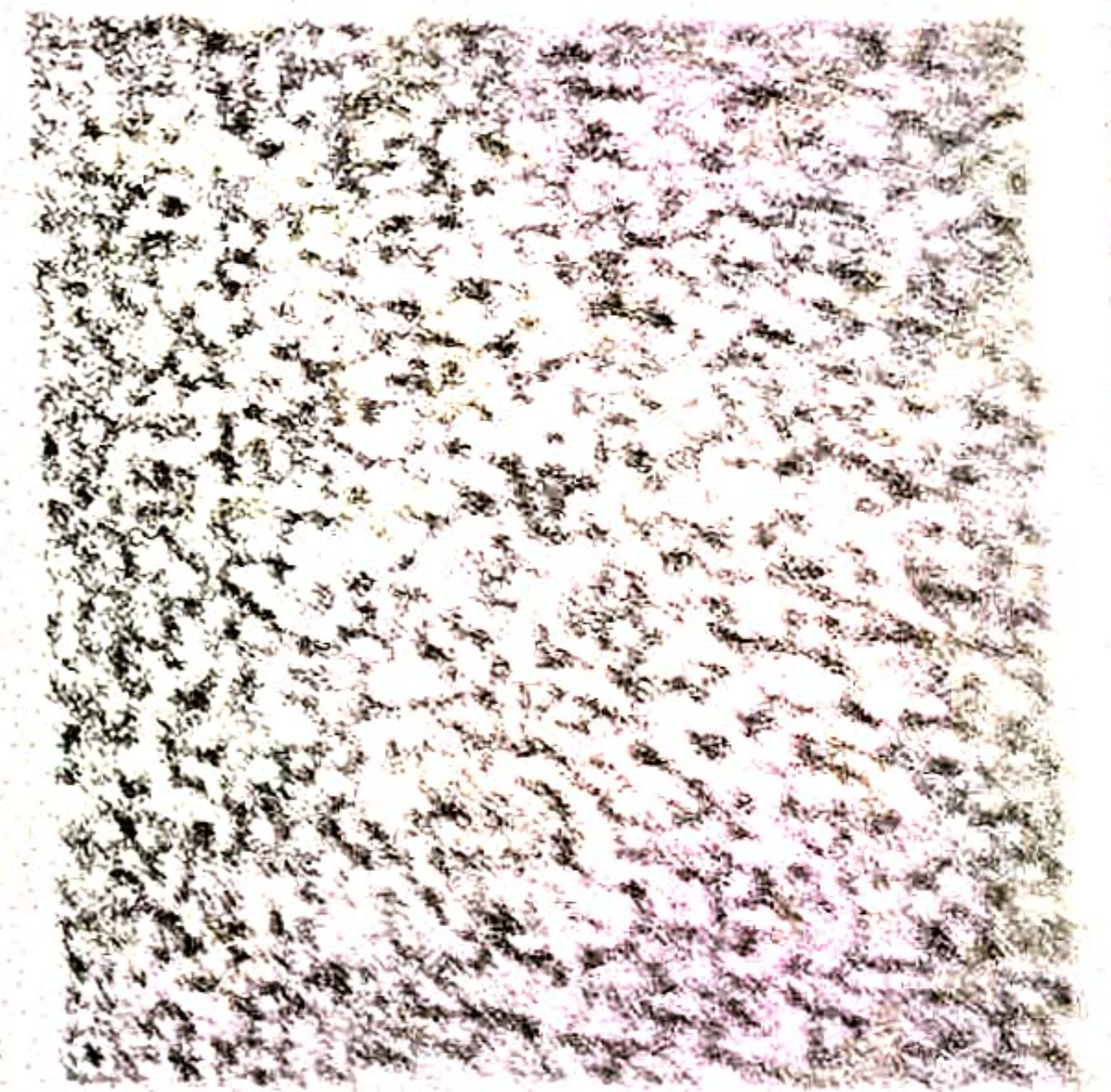


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EAUPB8234F



नाम / Name
BRU BHUSAN

पिता का नाम / Father's Name
ANIRUDH

जन्म की तारीख /
Date of Birth
01/01/1998

हस्ताक्षर /
Signature

10032015