

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES



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

No.

6952

Date 17/12/25

Name

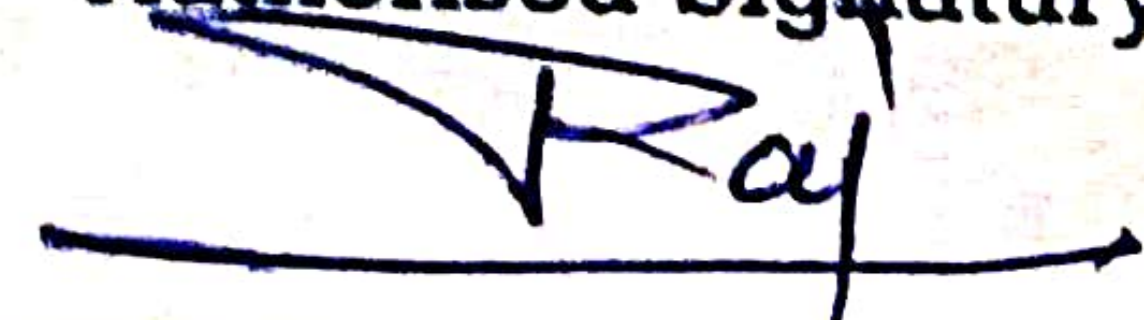
Srijawati

Add.

UP57BZ4958

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	visor			1265/-	
②	M/L			3500/-	
③	Lever (R)			105/-	
④	mirror (R)			140/-	
⑤	Handle			510/-	
	Labor charge			500/-	
			<b>TOTAL</b>	6020/-	

Authorised Signatory



8225

Oriental Insurance Co Ltd /  
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.	Sirjawati 9450529655
2	Vehicle No. / वाहन संख्या	UP57B24958
3	Policy No. / पालिसी संख्या	252400/31/2026/39777
4	Period of Insurance / बीमा अवधि	2/10/2025 to 2/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025, 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Hata
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gurshun Gupta, UP572021000 8953373411 2473
8	Estimated Loss / अनुमानित हानि	6020/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरा गाड़ी त्रामर गौरखपुर जा रही थी तभी हाटा मे सामने जा रही ट्रैक्टर अचानक मोड़ दिया तो मेरी वाहन जा कर उसी मे लड़कर टांघे रुकी गिरे मे डामन 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 / फोन नं.	9125197148 Gupta automobile Padma

Date / दिनांक : 17/12/25  
हस्ताक्षर

सिरजावती  
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. 252400/31/2026/3977

Tel. No. \_\_\_\_\_

Period of Insurance 2/10/2025 to 4/10/2026  
 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 : Singawati  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9450529655

2. THE INSURED VEHICLE

Make & Year <u>Hino/2025</u>	Engine No. <u>H11FBSHH 45475</u> Chassis No. <u>MBLHAW336SHH44</u> <u>668</u>	Registration No. <u>UP57B2</u> <u>4958</u>
---------------------------------	---	--

(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? : N/A  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rushen Gupta  
 (b) Age : \_\_\_\_\_  
 (c) Address : Rushinagar  
 (d) Is the Driver  
 1. 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 : UP5720210002973  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 4/06/2041  
 (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, 4:00 P.M  
 (b) Place : Maha  
 (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 : मेरी बहन मेरी गाड़ी लेकर जा रहे थे वो भी सामने जा रही है वेक्टर अचानक मोड़ दिगली मेरी बहन टक्कर मार गये कार्ड्डिगिरा लै अजिज हौ गि

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 6020/-  
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Padma

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? : \_\_\_\_\_
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

N/A

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? : \_\_\_\_\_
- (g) When? : \_\_\_\_\_
- (h) Which Police Station? : \_\_\_\_\_
- (i) C.R. diary Number : \_\_\_\_\_

N/A

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 रिखारजी

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 ..... [Handwritten Signature] .....  
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 : UP57BZ4958
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 04-Oct-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304
Owner Name : SIRJAWATI
Son/wife/daughter of : MAHESH GUPTA
Full Address: (Permanent) : VILL-CHAUPARIA, POST -SIDHUA BANGAR, THANA -RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-CHAUPARIA, POST -SIDHUA BANGAR, THANA -RAVINDRA NAGAR, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 03-Oct-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
Rear HSRP No : AA2133719394
Front HSRP No : AA2133086224
Month/Year of Manuf. : 08/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW336SHH44668
No of Cylinders : 1
Engine No : HA11FBSHH45475
Fuel : PETROL
Horse Power(BHP) : 8.17
Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)
Wheel base : 1235
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 112
Colour : NOBLE RED
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)

Table with 4 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 w.e.f.

Purchase dt : 02-Oct-2025
Sale Amt : 80517/-
OTT Date : 02-Oct-2025
Amount/Rcpt No : 8052 / UP57D25100000739
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 15-Oct-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Oct-2025 to 03-Oct-2040

Date : 14-Nov-2025 13:23:31

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 14-Nov-2025

Handwritten signature and stamp of the Registering Authority.

Q 5752230



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20210002473



Issue Date 10-02-2021    Validity (NT) 04-06-2041    Validity (TR) \_\_\_\_\_



(10-02-2021)

Holder's Signature

Name: **GULASHEN GUPTA**  
 Date of Birth: **05-06-2001**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **LAKSHMAN GUPTA**  
 Address:  
**Kundeli Patti**  
**PADRAUNA, KUSHINAGAR, UP 274802**

Date of First Issue

DL No: **UP57 20210002473**

UPDL000095014286



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	10-02-2021	NT				
LMV	UP57	10-02-2021	NT				
MVSD							

Form 7 Rule 16(2)

Licensing Authority



भारत सरकार  
Government of India



Aadhaar no. issued: 22/01/2015



सिरजावती  
Sirjawati  
जन्म तिथि/DOB: 05/03/1990  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**6164 3818 1926**

मेरा आधार, मेरी पहचान



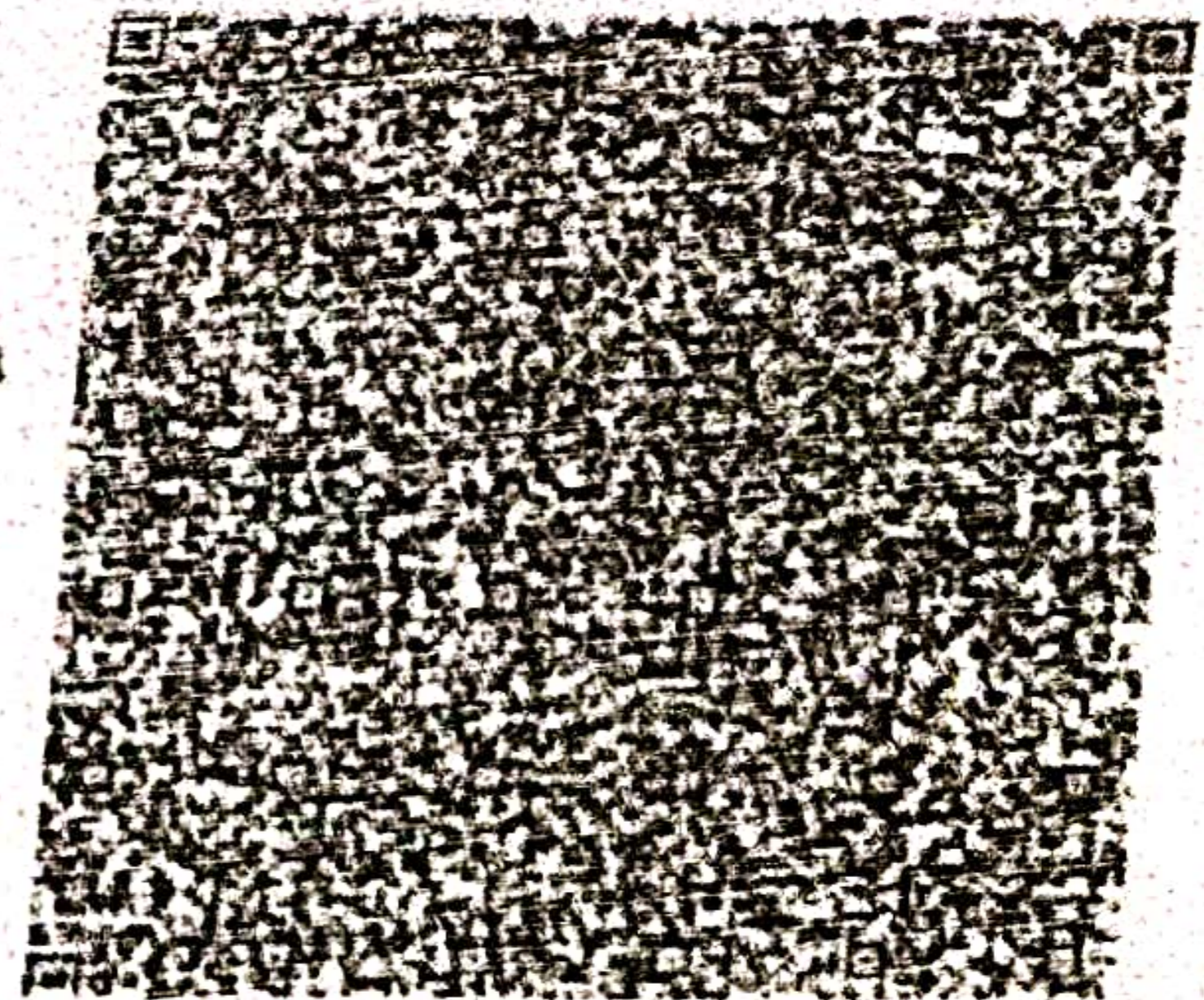
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
अधीनिनी: महेश गुप्ता, चौपरिया, सिधुआ बंगर, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
W/O: Mahesh Gupta, Chauparia, PO: Sidhua  
Bangar, DIST: Kushinagar,  
Uttar Pradesh - 274304

Details as on 27/12/2023

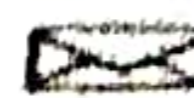


**6164 3818 1926**

VID : 9113 9209 4759 0383



1947



help@uidai.gov.in



www.uidai.gov.in

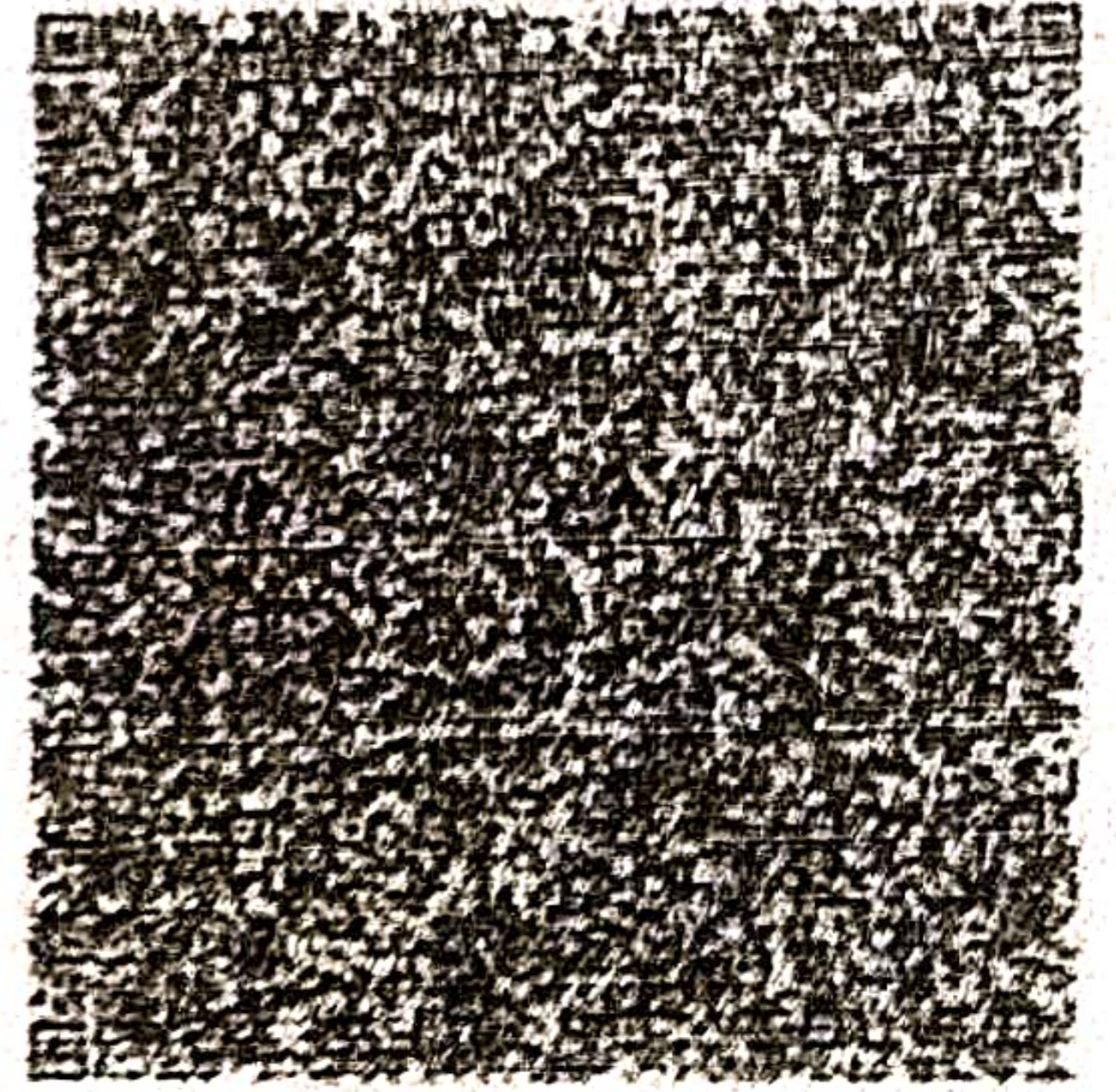
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
DTSPG4472A



नाम/ Name  
SIRJAVATI GUPTA

पिता का नाम/ Father's Name  
LAKSHAMAN GUPTA

जन्म की तारीख/  
Date of Birth  
01/01/1990

हस्ताक्षर/ Signature

24012022