

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6931** Date 9/12/25

Name Gramesh Yadav

Add. UP 57302170

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Visor			1000/-	
②	H/L			500/-	
③	H/L Stand			280/-	
④	Visor inner			450/-	
⑤	Fender			1450/-	
⑥	Sokor Pipe			2300/-	
⑦	Handle			510/-	
⑧	Handle			900/-	
⑨	Lever (R)			105/-	
⑩	Mirror (R)			140/-	
⑪	Front Rim			4800/-	
⑫	Tanki			5500/-	
⑬	Legrod			600/-	
⑭	Foot Box cover			180/-	
⑮	Foot Rest (R)				
			<b>TOTAL</b>	<b>245/-</b>	

Labour charge

Authorised Signatur  
1000/-

20120/-

✓

o / सेवा में,  
The 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.	Janesh Yadav 9807811018
2	Vehicle No. / वाहन संख्या	UP57BQ2170
3	Policy No. / पालिसी संख्या	MS/2025/7002/0/46575/403610
4	Period of Insurance / बीमा अवधि	7/02/2025 to 6/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/2025, 6:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Ramkola
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Janesh Yadav, UP57202000 9807811018 07308
8	Estimated Loss / अनुमानित हानि	20120/-
9.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे चाचा जंशे। यादव लॉकर मारकेट से घर आ रहे थे। तभी अचानक सामने से आते वाले ने लॉकर मार दिया तो वाहन मेरी दाहिने सड़क गिरने से डामेज 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.	9125197140

Date / दिनांक : 9/12/25  
स्ताक्षर

Janesh Yadav  
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. MS/2025/7002/0/AG 575  
 Tel. No. \_\_\_\_\_ Period of Insurance 7/02/2025 to 6/02/2026  
 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 : Ganesh Yadav  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9807811018

2. THE INSURED VEHICLE

Make & Year <u>Muxo/2024</u>	Engine No. <u>HA11EORHA93309</u> Chassis No. <u>MBLHAW23XRHAA4887</u>	Registration No. <u>UP57B0</u> <u>2170</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? \_\_\_\_\_  
 (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 : Jantush Yadav  
 (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 : UP5720200007308  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 5/08/2030  
 (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 : 8/12/2025  
 (b) Place : Ramkeda  
 (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 बुद्धि मेरे चा-चा बुद्धिमत्तर हूँ और मैं ही इस लकी  
साजन से खम खाते थे। लकी लकी मर दिमाग दाग  
सबकु गिरने से प्रमत्त  
हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 20120/-  
 (c) When and where can the damaged vehicle be inspected : Gurgaon automobile Padrauna

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? \_\_\_\_\_
- (f) Has theft been reported to Police? \_\_\_\_\_
- (g) When? \_\_\_\_\_ N/A
- (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 9/12/25 200

Signature of the insured Ganesh Yadav

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 Banesh Yadav.....  
Occupation .....  
Address .....  
.....  
.....

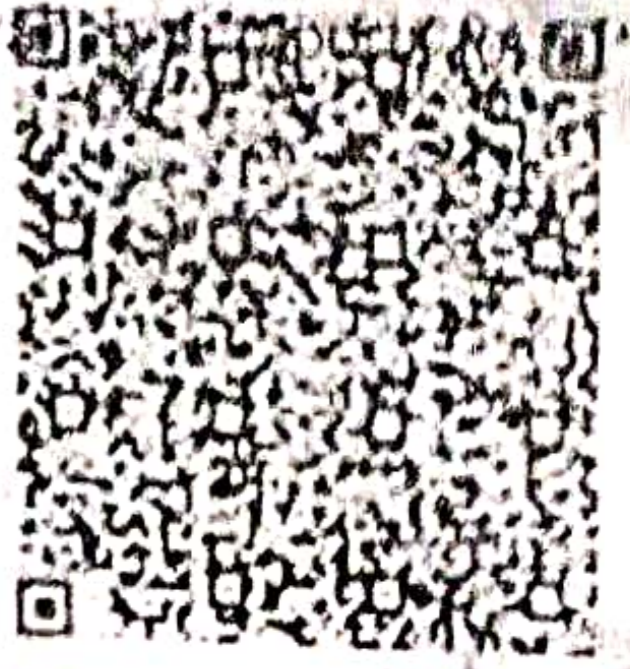
Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BQ2170  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304  
 Owner Name : GANESH YADAV  
 Full Address: (Permanent) : VILL-PINDARI, POST-PINDARI, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305  
 Full Address: (Temporary) : VILL-PINDARI, POST-PINDARI, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305

Registration Date : 08-Feb-2024  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : ANIRUDDH YADAV

Fitness Up To : 07-Feb-2039  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1031374479  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11E8RHA93309  
 Horse Power(BHP) : 7.91  
 Maker's Classification : SPLENDOR+ (DRS)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : BLACK GREY STRIPE  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2091847549  
 Month/Year of Manuf. : 01/2024  
 Chassis No : MBLHAW23XRHAA4807  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1236  
 Standing Cap : 0  
 Unladen Wt (kgs) : 103  
 Laden/GV Wt (kgs) : 239  
 AC Fitted : NO

#### 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. 07-Feb-2024  
 Purchase dt : 07-Feb-2024  
 OTT Date : 07-Feb-2024  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 21-Mar-2024

Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 08-Feb-2024 to 07-Feb-2039

Signature of Registering Authority  
 Date : 02-Apr-2024

Date : 02-Apr-2024 12:43:31  
 Taxation Particulars / Advance Registration Mark Fee Details

7363988



भारत सरकार  
Government of India



गणेश यादव  
Ganesh Yadav  
जन्म तिथि/DOB: 01/01/2002  
पुरुष/ MALE

Issue Date: 15/07/2017



7597 3264 3420

VID : 9104 4498 4647 9765

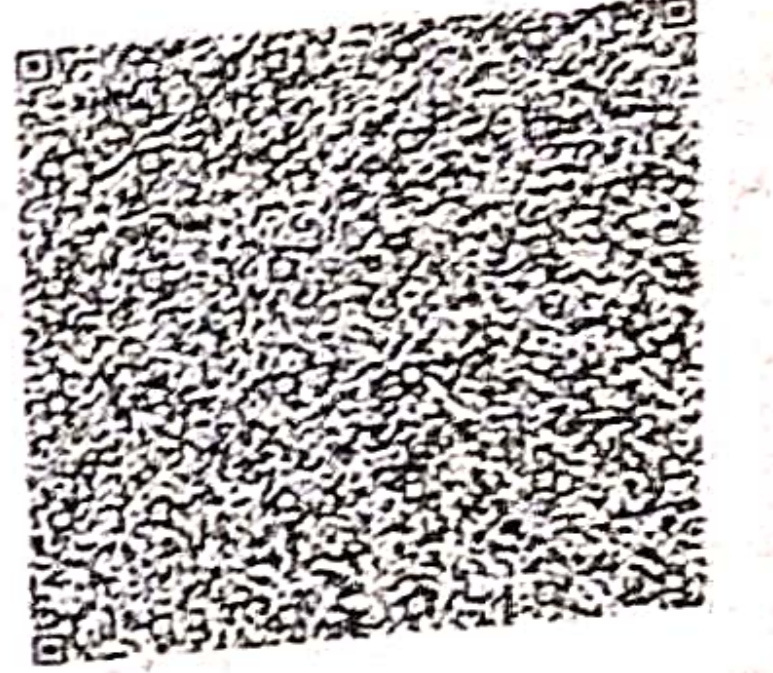
मेरा आधार, मेरी पहचान

राष्ट्रीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



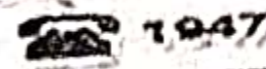
पता:  
आत्मज: अनिरुद्ध यादव, पिंडारी, कुशीनगर,  
उत्तर प्रदेश - 274305

Address:  
S/O: Aniruddh Yadav, Pindari, Kushinagar,  
Uttar Pradesh - 274305



7597 3264 3420

VID : 9104 4498 4647 9765



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

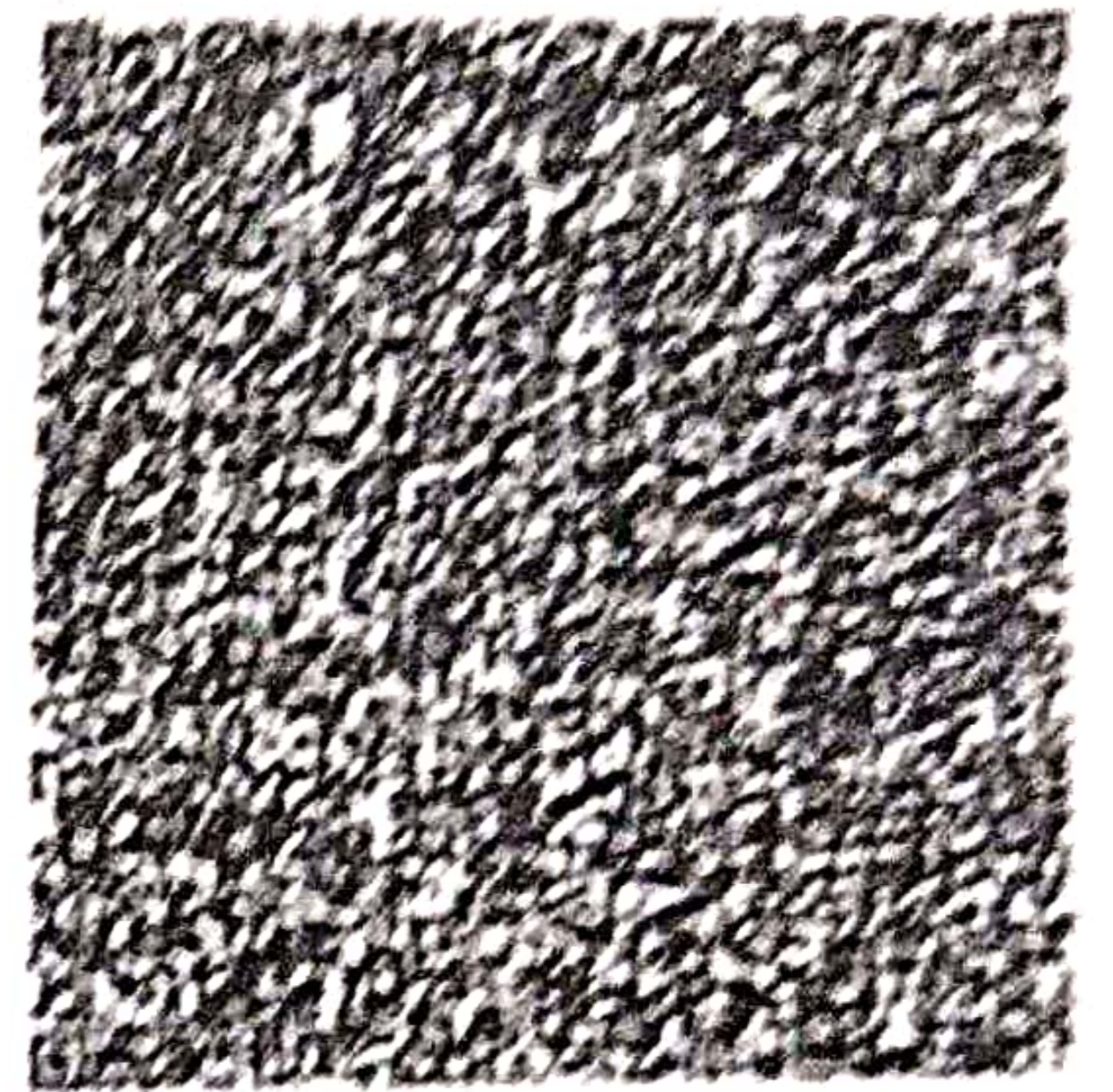
BQMPY8945H



नाम / Name  
GANESH YADAV

पिता का नाम / Father's Name  
ANIRUDDH YADAV

जन्म की तारीख /  
Date of Birth  
01/01/2002



12082023

PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed

Ganesh yadav