

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6956

Date 20/12/25

Name

Mukesh Kumar Singh

Addr.

UP 57 B Y 5494

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Lower (R)			1750/-	
②	Handle			850/-	
③	UPPER (R)			850/-	
④	mitter inner			550/-	
	Labor charge			500/-	
TOTAL				4500/-	

Authorised Signatur

Pay

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.	Mufresh Kumar Singh 9838071209
2	Vehicle No. / वाहन संख्या	UP57BY5494
3	Policy No. / पालिसी संख्या	252400/31/2026/24759
4	Period of Insurance / बीमा अवधि	25/06/2025 to 24/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/25, 2:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ashutosh Kumar, UP572010000 2438 9838071209
8	Estimated Loss / अनुमानित हानि	4500/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरी बल्लूरी मैरी मित अशाहर बेगम लेमर मालिक जा रहे थे। तभी अचानक आगे रिकसा सामने आ गया तो उसी में जा कर टकरा गई और लकमरी मर स्कोलमिटात्र साईड गिरने से जमेज 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 Padrauna

Date / दिनांक : 20/12/25
हस्ताक्षर

मुकेश सिंह
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. 252400/31/2026/24759

Tel. No. _____

Period of Insurance 25/06/2022 to 24/06/2026
 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 : Mukesh Kumar Singh
 (b) Address for correspondence : _____
 (c) Telephone : 9838071209

2. THE INSURED VEHICLE

Make & Year <u>H100/2025</u>	Engine No. <u>ECDO01S6F00129</u> Chassis No. <u>MBLCEW040S6F00439</u>	Registration No. <u>UP57BY</u> <u>5494</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? : N/A
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ashabhar Khan
(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? : N/A
(g) Driving Licence Number : UP57208/00002438
(h) Issuing Authority : _____
(i) Date of Expiry : 28/03/2030
(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 : 17/12/2025, 2:30 PM
(b) Place : Padrauna
(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 स्कूटी मेरे दोस्त लेम्बर आरनेतुजा रहे थे। तभी सामने आती आ गयी तो उसी के पना मर लामरा गडि और वन साईड गिरने से डामेन हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front md Side
(b) Estimated cost of repairs : 1500/-
(c) When and where can the damaged vehicle be inspected : Crupta 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? : _____ 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 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 20/12/25 200

Signature of the insured मुकेश सिंह

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 *सुकुम सिं*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

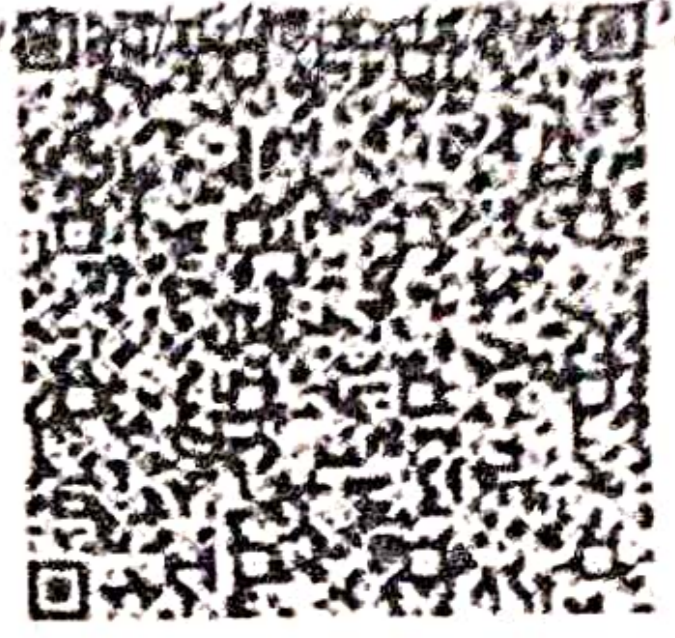


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY5494
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 26-Jun-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : MUKESH KUMAR SINGH Son/wife/daughter of : SHARDA PRASAD SINGH
Full Address: (Permanent) : H NO -264 KANAUJIYA WARD PURVI, BELWA CHUNGI, PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : H NO -264 KANAUJIYA WARD PURVI , BELWA CHUNGI , PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304

Fitness UpTo : 25-Jun-2040 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : Not Available
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2113222071 Rear HSRP No : AA2116226500
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
No of Cylinders : 0 Chassis No : MBLCEW040S6F00439
Engine No : ECD001S6F00129 Fuel : PURE EV
Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
Maker's Classification : VIDA V2 PLUS Wheel base : 1301
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 124
Colour : BLACK Laden/GV Wt (kgs) : 274
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 IDFC FIRST BANK LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 26-Jun-2025.

Purchase dt : 26-Jun-2025 Sale Amt : 125000/-
OTT Date : Amount/Rcpt No : /
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 27-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 26-Jun-2025 to 25-Jun-2040

Date : 23-Jul-2025 12:40:17
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 23-Jul-2025

Q 4494229

Indian Union Driving Licence
 Issued by, Uttar Pradesh

UP57 20100002438

Issue Date: 02-08-2021
 Validity (NT): 28-03-2030
 Validity (TR):



Holder's Signature

Name: ASHANAR KHAN
 Date of Birth: 28-03-1990
 Blood Group:
 Organ Donor: N

Son/Daughter/Wife of: CHHEDI KHAN

Address: CHHAVANI PASHCHIM PADRAUNA
 PADRAUNA, KUSHINAGAR 274304

Date of First Issue: (20-03-2010)

DL No: UP57 20100002438

UPDL 000006033102



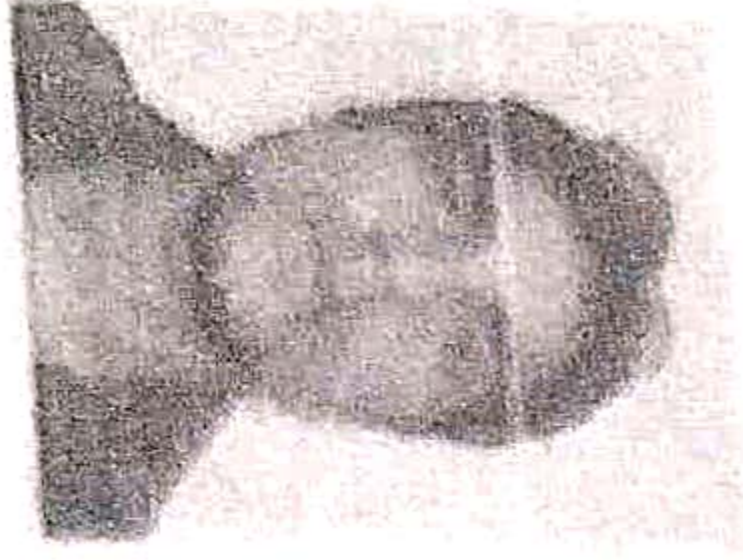
Invalid Carriage (Regn Numbers)
 Hazardous Validity
 Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
Motor Vehicle	MOWV	UP57	29-03-2019	NT			
Motor Vehicle	LMV	UP57	29-03-2019	NT			
MVSD							

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR

Issue Date: 28/02/2012



भारत सरकार
GOVERNMENT OF INDIA

भारत सरकार

मुकेश कुमार सिंह
Mukesh Kumar Singh
जन्म तिथि/DOB: 27/10/1986
पुरुष/ MALE



2642 8011 6888

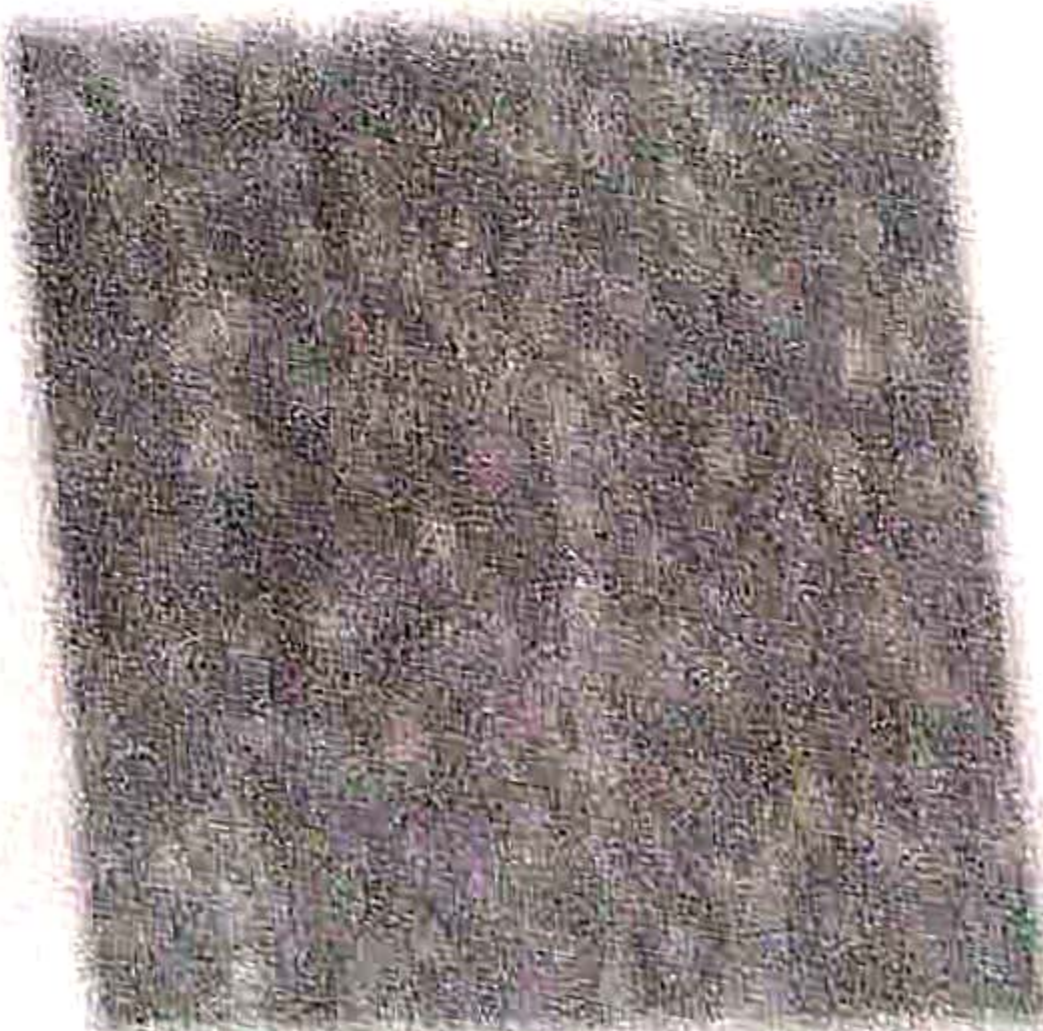
VID : 9165 5379 7053 9365

भारत - भारत, श्री परधान



भारत सरकार
GOVERNMENT OF INDIA

मुकेश कुमार सिंह
Mukesh Kumar Singh
जन्म तिथि/DOB: 27/10/1986
पुरुष/ MALE



2642 8011 6888

VID : 9165 5379 7053 9365



गणतन्त्र भारत

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



राज्यी सेवा केंद्र एवं

FORN EXCHANGE ACCOUNT NUMBER CARD

CUKPS56300

नाम

MOJDESH KUNAR SINGH

पति का नाम / Father's Name

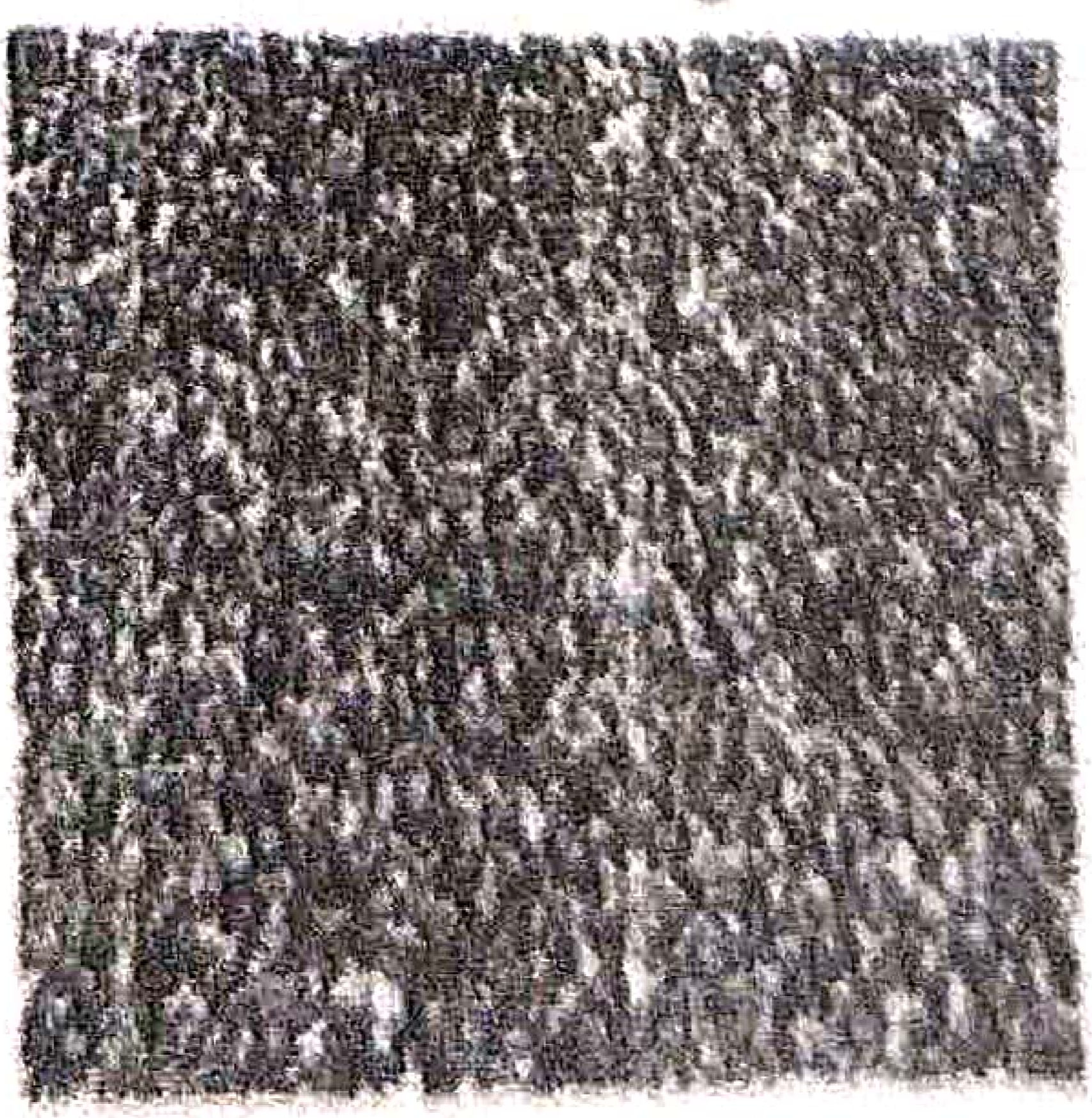
SHARDA PRASAD SINGH

दिनांक

27/10/1950

हस्ताक्षर

Signature



1234