

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6957** Date 20/12/25

Name Pannul Yadav

Add. UP 57 BX 1633

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Front Rim			4800/-	
②	Fender			1450/-	
③	Leguard			680/-	
④	Soleax complete ①			2600/-	
⑤	Handle			510/-	
⑥	Handle			980/-	
⑦	Fork pipe ②			1200/-	
	Labour charge			700/-	
TOTAL				12920/-	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

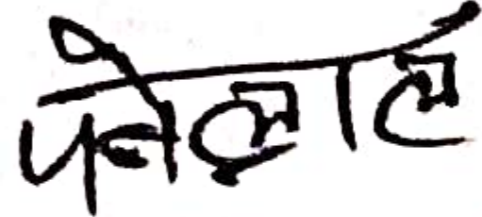
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Pannalal Yadav 6379163201
2	Vehicle No. / वाहन संख्या	UP57 BX 1633
3	Policy No. / पालिसी संख्या	252400/31/2025/98122
4	Period of Insurance / बीमा अवधि	27/03/2025 to 26/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/25, 11:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Belwariya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rakesh Basad, UP57 20140021 7497907702 099
8	Estimated Loss / अनुमानित हानि	12920/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी कार में मेरे पीछा में पीछा शक्ति प्राप्त होने के कारण जा रहा था तभी अचानक सामने एक गाड़ी आ रही थी जो मेरी कार के सामने से जा कर कार में टकरा गई तो ड्राइवर घायल 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 Gupta automobile Padrauna

Date / दिनांक : 20/12/25
हस्ताक्षर


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. 252400/31/2025/98122

Tel. No. _____

Period of Insurance 27/03/2025 to 24/03/2026
 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 : Pannulal Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 6379/63201

2. THE INSURED VEHICLE

Make & Year <u>Muzo/2025</u>	Engine No. <u>MA11E7RH109931</u> Chassis No. <u>MBLHAW221RHL59180</u>	Registration No. <u>UP57 BX</u> <u>1633</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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rakesh Prasad
(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 : UP5720140021899
(h) Issuing Authority : _____
(i) Date of Expiry : 1/11/2034
(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, 11:00 P.M
b) Place : Belwaniya
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 : मैरी बार्डम मुंसी जीणा लेकर मरकर जा रहे मै सामने आ रहे गाड़ी को बचाव करत मैले सै जाकर लककर। मर डामेक हेंगे

6. DAMAGE TO INSURED VEHICLE

a) Full details of damage : Front mal-side
b) Estimated cost of repairs : 12920/-
c) When and where can the damaged vehicle be inspected : Crupta Automobile Pochamra

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 20/12/25 200

Signature of the insured प. ज. ज. ज.

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 *पौलाम*
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 Ponnala Yadav
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 : 20/12/25
Place : Puducherry

Ponnala

Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

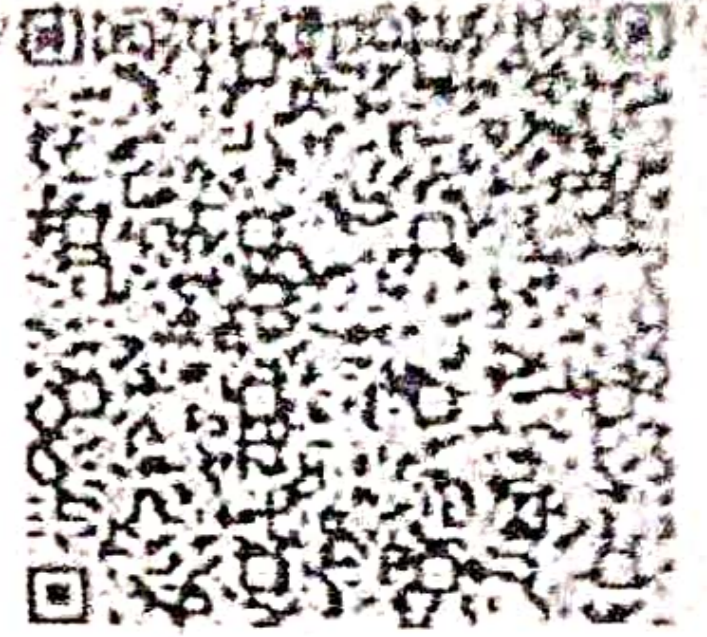
- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies 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 : UP57BX1633 Registration Date : 01-Apr-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 : PANNELAL YADAV Son/wife/daughter of : GAMAHA YADAV
 Full Address: (Permanent) : VILL-RAMNAGAR RAMPUR JUNGAL, PO-RAMPUR JUNGLE, , KUSHINAGAR, UTTAR PRADESH-274801
 Full Address: (Temporary) : VILL-RAMNAGAR RAMPUR JUNGAL, PO-RAMPUR JUNGLE, , KUSHINAGAR-UTTAR PRADESH-274801
 Fitness UpTo : 31-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 : AA1039725010 Rear HSRP No : AA2121565394
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW221RHL59180
 Engine No : HA11E7RHL09931 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE 13 Wheel base : 1236
 S (DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 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.LTD, BASANT LOK, , , New Delhi, Delhi-110057 w.e.f. 28-Mar-2025.

Purchase dt : 28-Mar-2025 Sale Amt : 78366/-
 OTT Date : 28-Mar-2025 Amount/Rcpt No : 7837 / UP57D25040000126
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Apr-2025 to 31-Mar-2040

Signature of Registering Authority
Date : 05-Aug-2025-



Indian Union Driving Licence Issued by Uttar Pradesh



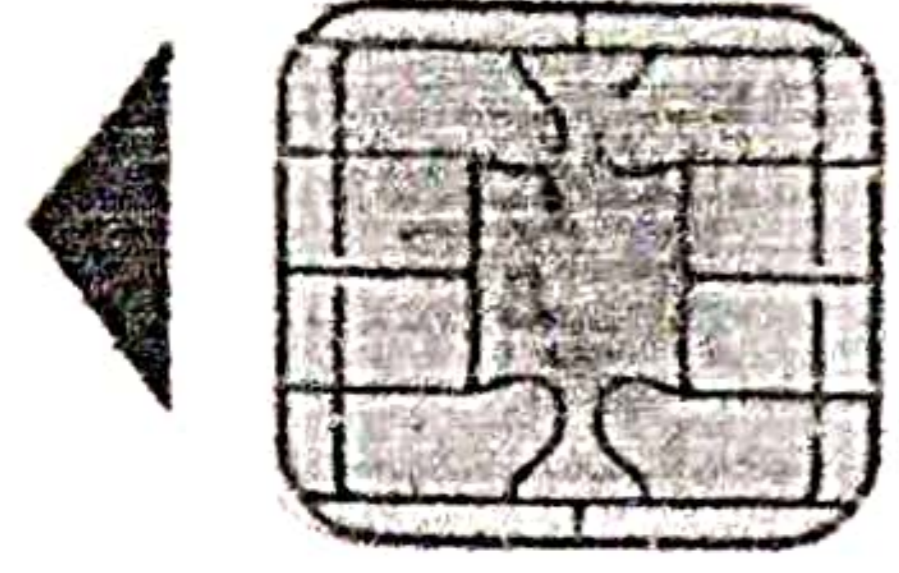
सत्यमेव जयते

UP57 20140021899

Issue Date Validity (NT) Validity(TR)*
02-08-2022 04-11-2034 01-08-2027



(05-11-2014)



Holder's Signature

Name: **RAKESH PRASAD**
 Date of Birth: **12-03-1995** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **YDU BANSHI**
 Address:
**VILL-RAMPUR JANGAL PO-RAMPUR JANGAL,
 HANUMANGANJ Padrauna, Kushinagar, UP
 274801**

Date of First Issue

DL No: UP57 20140021899

UPDL00000893080



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	05-11-2014	NT			
	LMV	UP57	05-11-2014	NT			
	TRANS	UP57	02-08-2022	TR			
MVSD							

Emergency Contact Number

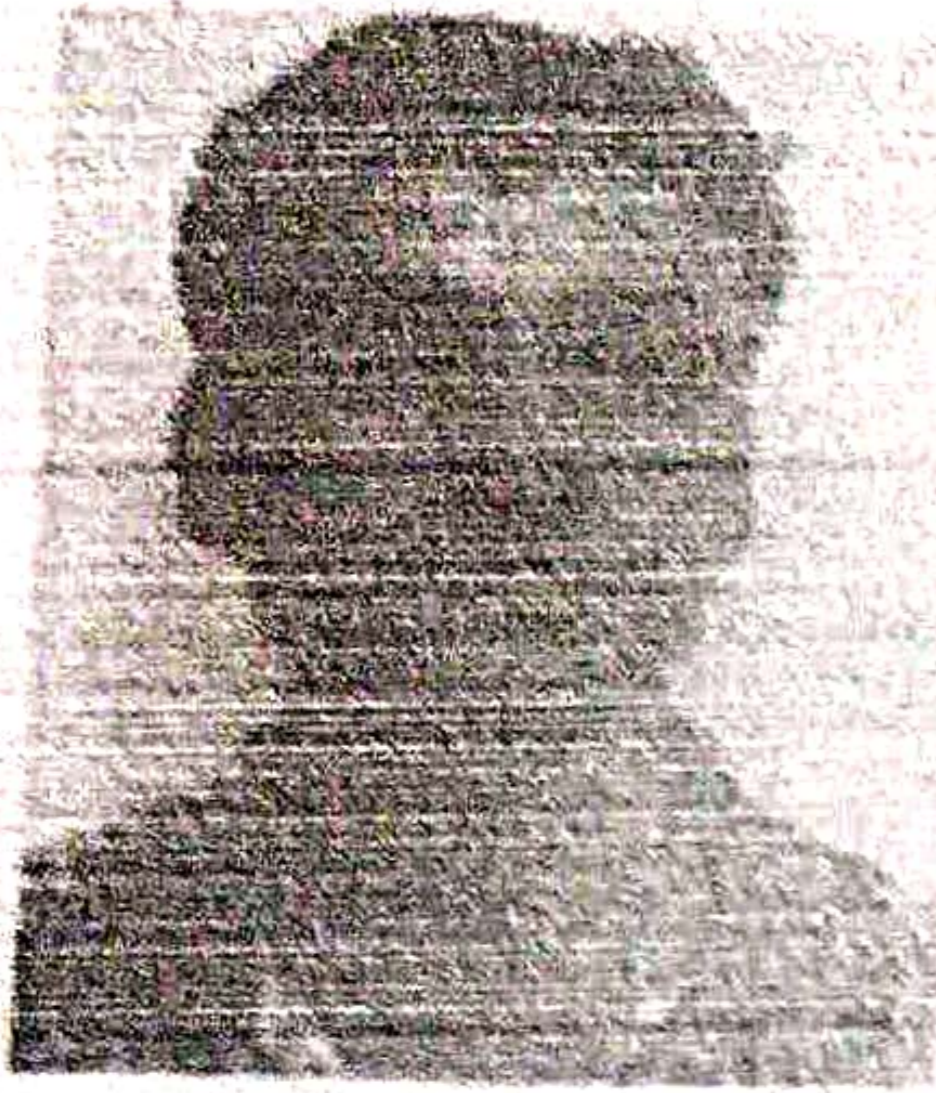
Licensing Authority
KUSHINAGAR



भारत सरकार
Government of India



Download Date: 20/06/2021



पनेलाल यादव
Pannelal Yadav
जन्म तिथि/DOB: 05/10/2002
पुरुष/MALE

Issue Date: 23/10/2020

3413 9740 7593

VID : 9173 1694 3465 8659

मेरा आधार, मेरी पहचान

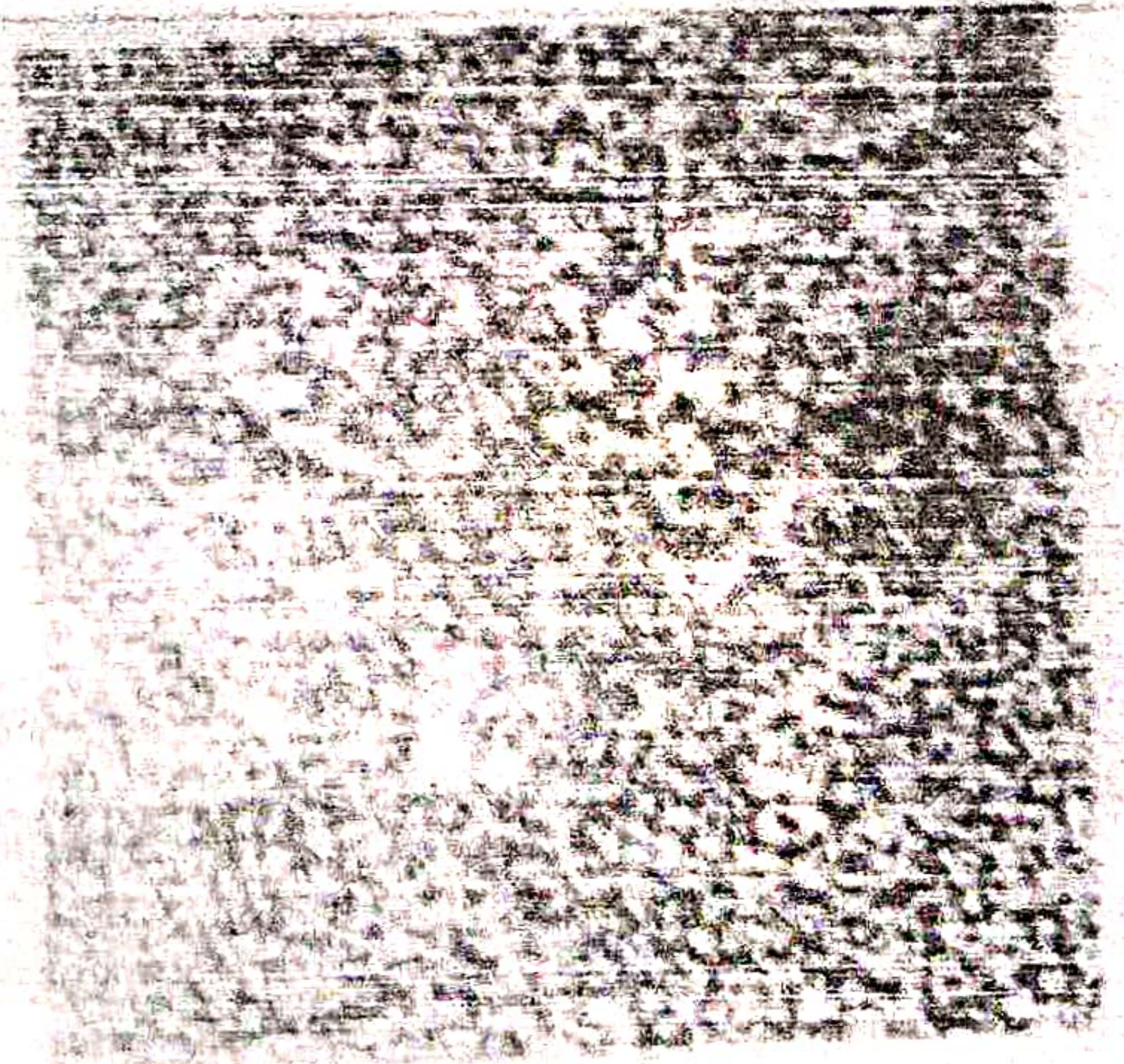


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
सम्बन्ध: गमना यादव, रामनगर, रामपुर जं. कुशीनगर
उत्तर प्रदेश - 274801

Address:
S/O: Gamana Yadav, Ramnagar, Rampur
Jungal, Kushinagar,
Uttar Pradesh - 274801



3413 9740 7593

VID : 9173 1694 3465 8659