

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6936

Date 12/12/25

Name

Ramdhani kushwaha

Add.

UP57BS7242

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	H/L			3500/-	
②	visor			900/-	
③	Tanki			7800/-	
④	Handle			980/-	
⑤	Leguard			680/-	
⑥	side panel (R)			880	
⑦	muffler cover			680/-	
⑧	Indicator - (R)			220/-	
⑨	hera (R)			105/-	
⑩	Fender			1450/-	
⑪	mirror			140/-	
⑫	w/s			380/-	
⑬	chrom			190/-	
⑭	chassis Repair			2000/-	
			TOTAL	10000/-	

Labour charge

Authorised Signatory

21005/-

Raj

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.	Ramdhani Kushwaha 9910279458
2	Vehicle No. / वाहन संख्या	UP57BS7242
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/457374
4	Period of Insurance / बीमा अवधि	23/07/2025 to 22/07/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/2025, 7:30 PM
6	Place of Accident / दुर्घटना का स्थान	Tharibor nauka talu
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Ravi Kumar, BR2020000 9110916471 4523
8	Estimated Loss / अनुमानित हानि	21005/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बर्डम मेरे मामा लेकर नेवरा मे जा रहे थे तभी अचानक सामने कुत्ता आ गया तो उसी क्षण तेरा समग्र लेकर वाहा मे दाहिने स्टाईड गिरे मे बर्डम मेरी समेज 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.	9125197118 Gupta automobile Padma

Date / दिनांक : 12/12/25
हस्ताक्षर

Ramdhani Kushwaha
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/2025/7002/0/46575/457374

Tel. No. _____

Period of Insurance 23/07/2025 to 22/07/2025
 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 : Rumdhani Kushwaha
 (b) Address for correspondence : _____
 (c) Telephone : 9918279458

2. THE INSURED VEHICLE

Make & Year <u>Huao/2024</u>	Engine No. <u>JA07AMP07M12267</u> Chassis No. <u>MBLJAW405P0M157B</u>	Registration No. <u>UP57B37242</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 _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ravi Kumar
- (b) Age : _____
- (c) Address : Aushinagar
- (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 : BR 22 2020000 1523
- (h) Issuing Authority : _____
- (i) Date of Expiry : 11/07/2038
- (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, 7:30 P.M
- (b) Place : Thaxibara Nauka talu
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : मेरी वाहन मेरे मामा का लेकन तेला से जा रहे थे
- (e) If any third party was responsible for this accident give the name and address : एसा सामने कपरा डाला तो उसी की वजह से हमारा गाडी में दाहिने सिडि गिरा लै डामेज होगा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front md side
- (b) Estimated cost of repairs : 21000/-
- (c) When and where can the damaged vehicle be inspected : crupta automobile Pachana

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 12/12/25 200

Signature of the insured Ramdhani Kuchwaha

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 Ramdhani Kulkarna
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA (KUSHINAGAR)
FORM23
CERTIFICATE OF REGISTRATION



Registration No : UP57BS7242
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name/Address : GUPTAAUTOMOBILES, KASIYAROAD, PADRAUNA,, , 189-274304
 Owner Name : RAMDHANIKUSHWAHA
 Full Address: (Permanent) : VILL- THADIBHARNAUKATOLA POST-DUDAHI,,KUSHINAGAR,UTTARPRADESH-274302
 Full Address: (Temporary) : VILL- THADIBHARNAUKATOLA POST-DUDAHI,,KUSHINAGAR-UTTARPRADESH-274302
 Fitness Up To : 04-08-2039
 Owner Serial No : 1
 Registration Date : 05-Aug-2024
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SHAMBHUKUSHWAHA
 Tax UpTo : One Time

Detailed Description

Class of Vehicle : M-Cycle/Scooter
 Owner ship : INDIVIDUAL
 Maker's Name : HEROMOTOCORPLTD
 Front HSRP No : AA2104669503
 Type of Body : SOLOWITHPILLION
 No of Cylinders : 1
 Engine No : JA07AMPGH12267
 Horse Power(BHP) : 10.72
 Maker's Classification : SUPERSPLENDORXTECDR
 Seating Cap (in all) : 2
 Sloopar Cap : 0
 Colour : MATTGREY
 OtherCriteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARATSTAGEVI
 Rear HSRP No : AA2105389614
 Month/Year of Manuf. : 8/2023
 Chassis No : MBLJAW405PGH15715
 Fuel : PETROL
 Cubic Capacity : 124.7
 Wheelbase : 1267
 Standing Cap : 0
 Unladen Wt(kgs) : 122
 Laden/GVWt(kgs) : 252
 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 w.e.f....

Purchase Date : 23-Jul-2024
 OTT Date : 23-Jul-2024
 Tax Up To : One Time
 Tax Exempted or Not : Not Exempted
 Other State/Transfer/Conversion Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Sale Amt : 81761
 Amount/Rept No : B177/UP57D24080000384
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval :
 Previous Registration Number :
 Entry Date :
 Conversion Date :

This certificate is valid from 05-Aug-2024 to 04-Aug-2039

Date: 25-Jun-2025 13:20:10

Taxation Particulars/Advance Registration Mark Fee Details

Signature of Registration Authority
 Date: 25-Jun-2025
Kushinagar (U.P.)



Unique Identification Authority of India

पता: आत्मज: शम्भु कुशवाहा, 223, Address: S/O: Shambhu Kushwaha, 223,
ठाडीभार नौका टोला, ठाडीभार, ठाडी thadibhar nauka tola, thadibhar, Thari
भाड, दुधई, कुशीनगर, तमकुही राज, Bhar, Dudhai, Kushinagar, Tamkuhi Raj,
उत्तर प्रदेश, 274302 Uttar Pradesh, 274302

5770 1132 4398



1947



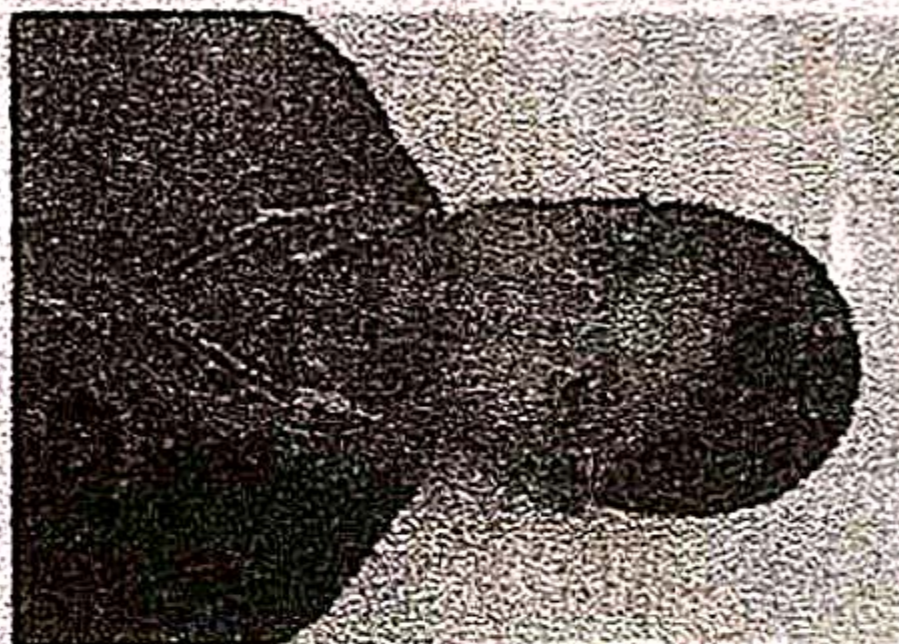
help@uidai.gov.in



www.uidai.gov.in

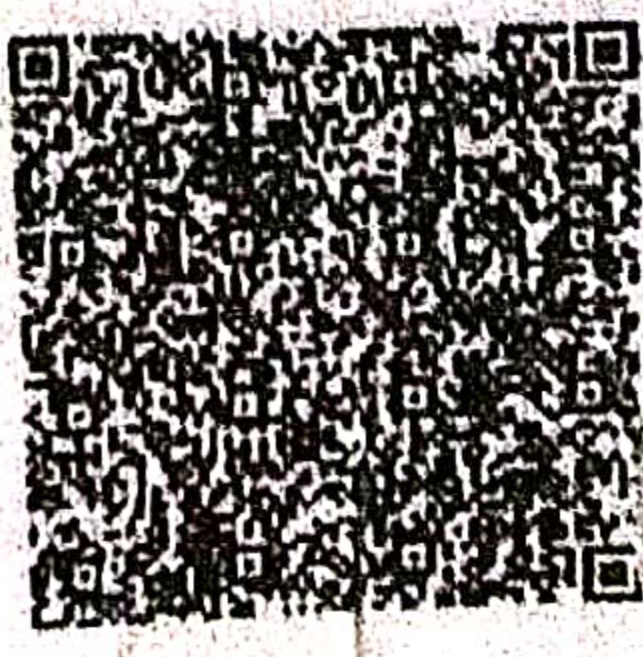


भारत सरकार
Government of India



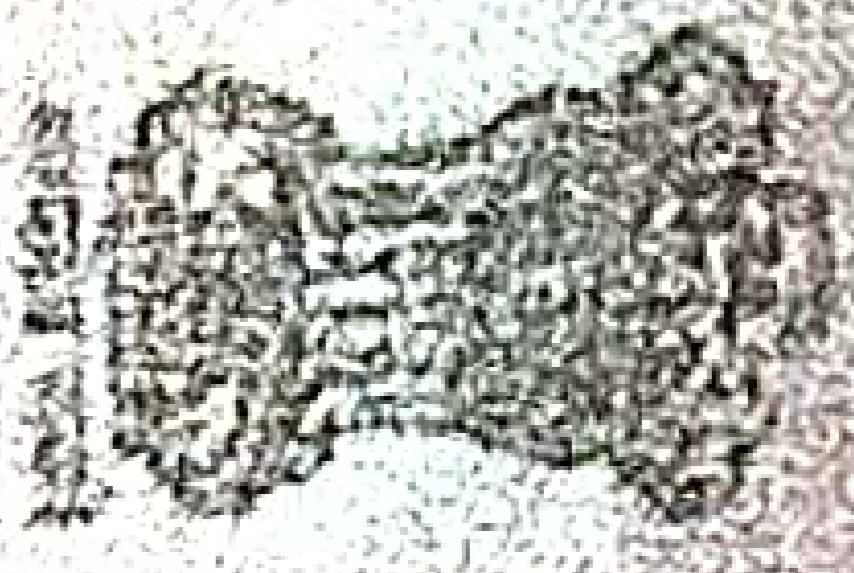
रामधनी कुशवाहा
Ramdhani Kushwaha
जन्म तिथि / DOB : 02/02/2007
पुरुष / Male

5770 1132 4398



मेरा आधार, मेरी पहचान

भारत
विभागा
आयकर
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



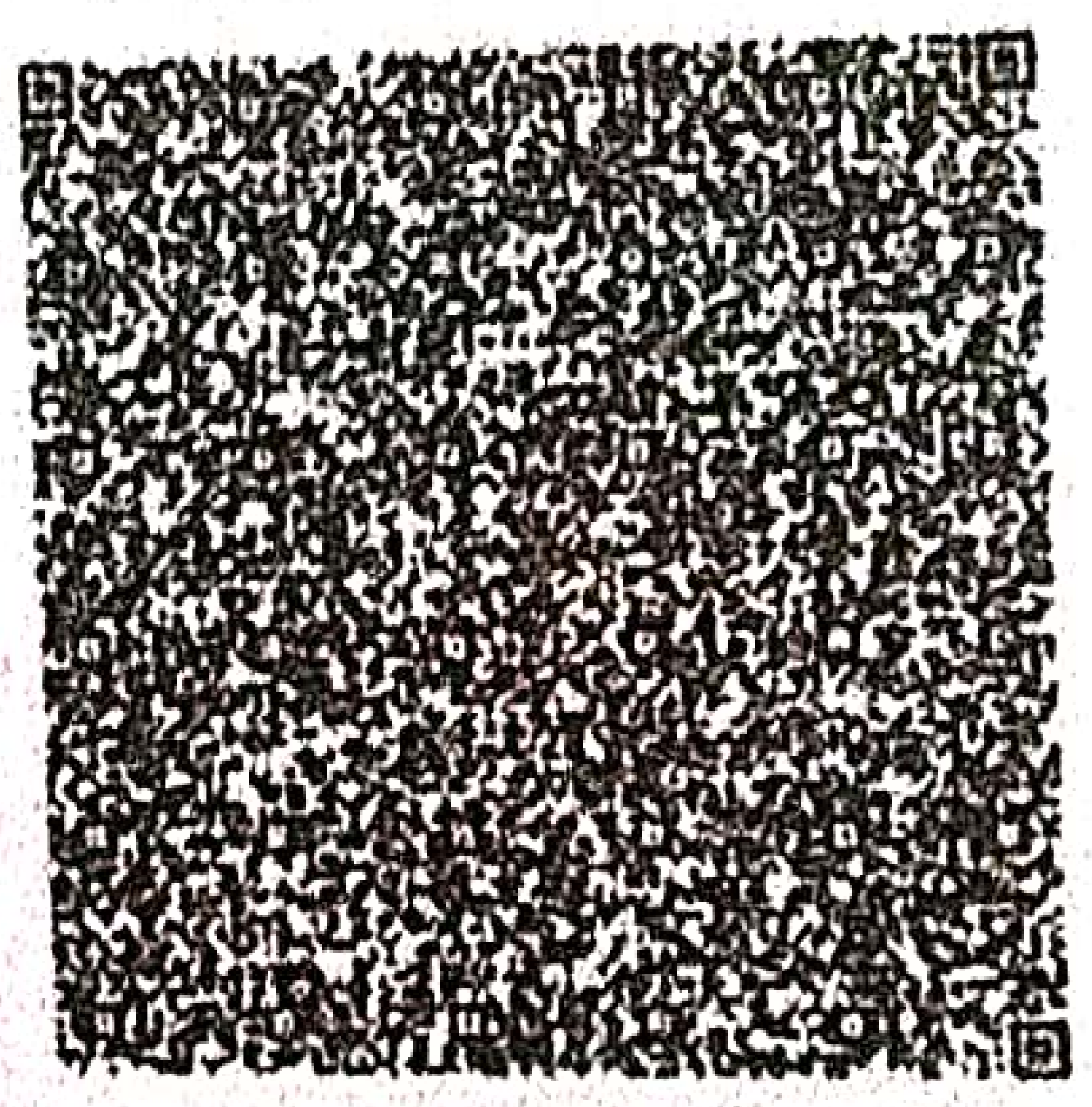
नाम / Name

RANDHANI KUSHWAHA

पिता का नाम / Father's Name
SHAMBHU KUSHWAHA

0210212007

राष्ट्रीय सेवा संस्था कार्ड
Permanent Account Number Card
PZXP10771F



नाम / Name
Signature

21410

Original: A
Old DL No: BR22

DL: BR22 20200004523

Date of issue: 15-03-2020

Vehicle Class	Issue Date
MV	15-03-2020
MCWG	15-03-2020

INDIAN DRIVING LICENCE
GOVERNMENT OF BIHAR

FORM-7

DL: BR22 20200004523

Name: RAVI KUMAR KUSHWAHA
S/W/D of: RAMAUTAR KUSHWAHA
Address: AT/PO-BINAHI WARD-04 PS-BINAHI
Bihara
BHITARA PASHCHIM CHAMPARAN BR 845404

Valid Till (Transport): 00000000
Valid Till (Non-Transport): 11-07-2038

DOB: 12-07-1998 BG: A+

Badge No: _____

*Authorisation to drive the following vehicle class throughout India.
Type of Vehicles: LMV MCWG only

Signature of Holder: _____

Signed: _____
Officer in Charge
Bettiah

Issued on: 15-03-2020