

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

**6955**Date 22/12/25

Name

Mamta Devi

Add.

UP57CA 3545

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			850/-	
②	H/L			795/-	
③	W/S			210/-	
④	mirror-Ⓡ			260/-	
⑤	UPPER			1650/-	
⑥	LOWER			1500/-	
⑦	UPPER CROM			290/-	
⑧	Fender			1470/-	
⑨	Inner			600/-	
⑩	Floor Panel-Ⓡ			870/-	
⑪	muffler cover.			650/-	
⑫	Indicator Ⓡ			870/-	
⑬	Floor Inner			400/-	
	Labor charge			800/-	
				1	
			<b>TOTAL</b>	<b>11215/-</b>	

Authorised Signatory

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.	Mamta Devi 9044503649
2	Vehicle No. / वाहन संख्या	UP57CA3545
3	Policy No. / पालिसी संख्या	252400/31/2026/48804
4	Period of Insurance / बीमा अवधि	21/10/2025 to 20/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/2025 , 11.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Pijawarasthan.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Haran Mansuri, UP572011000 9235146437 0035
8	Estimated Loss / अनुमानित हानि	11215/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी पति के दोस्त हारन मनसुरी स्कूटी लेकर छेत की तरफ जा रहे थे वही छेत में पानी बल रहा था वहाँ मेरी बहन पानी गिरे होने की वजह से स्कूटी गिरने के बाद एक पुल से दाये साईड से छूरा गयी और स्कूटी के ड्रॉलते वक्त
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 Padraun

बायें साईड की गिर गयी।

ममता देवी

Date / दिनांक : 22/12/25  
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. 252400/31/2026/48004

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

Period of Insurance 21/10/2025 to 20/10/202  
 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 : Mamta Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9044503649

2. THE INSURED VEHICLE

Make & Year <u>Huao/2025</u>	Engine No. <u>JF17EVSUH05960</u> Chassis No. <u>MBLJFN439SUH05963</u>	Registration No. <u>UP57CA3545</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 : Mazun Monbuxi  
(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 : UP5720110000035  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 2/01/2031  
(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 : 16/12/2025, 11:00 A.M  
(b) Place : Pignawadkhan  
(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 स्कूली मेरी माता के दोस्त लैंगर जा रहे थे। रोक में थी।  
चल रहा था तो स्कूली मेरी स्विमिंग पूल के पास पुल में जाकर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
(b) Estimated cost of repairs : 11215/-  
(c) When and where can the damaged vehicle be inspected : Orupta automobile Pachrauna

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? : \_\_\_\_\_

लकरा गई और पुल  
को उठाते वक्त को  
बाईस की गिर गई

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_
- (b) If yes, give full details : \_\_\_\_\_ N/A

9. WITNESS

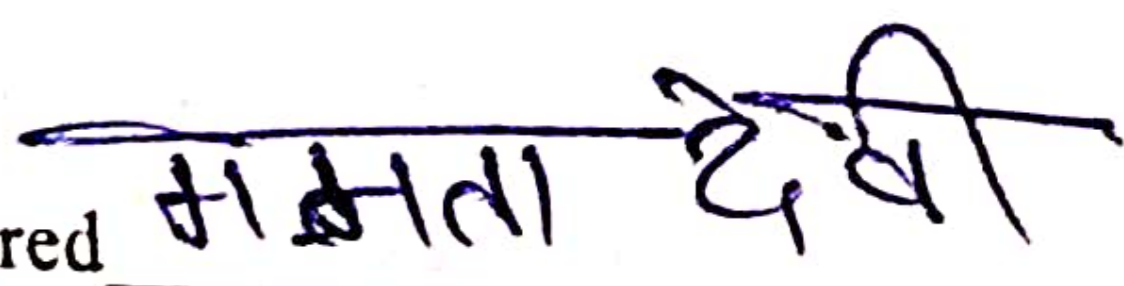
- (a) Give names and addresses of passengers/other Witness, if any : \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? : \_\_\_\_\_
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_ N/A
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

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? : \_\_\_\_\_ 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 22/12/25 200 :

Signature of the insured 

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/-

*Handwritten signature*

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

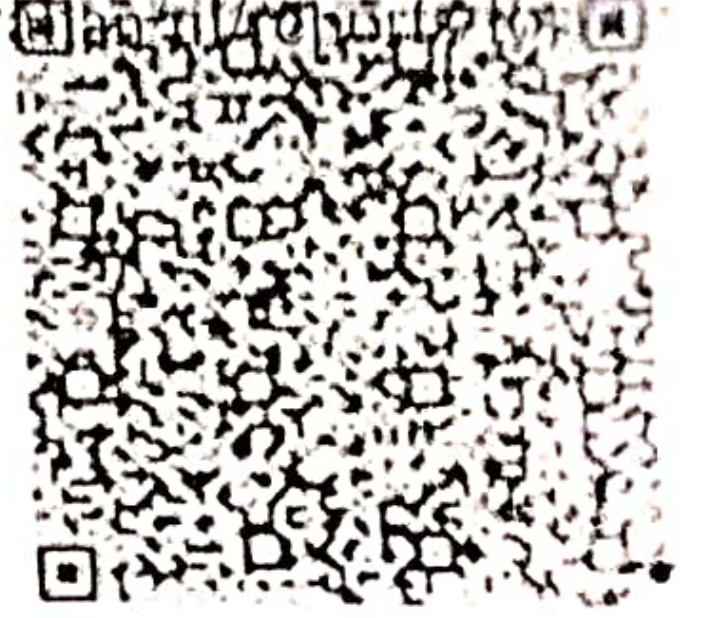
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA3545 Registration Date : 27-Oct-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 : MAMTA DEVI Son/wife/daughter of : VINOD PRASAD  
 Full Address: (Permanent) : VILL- KURMAUL URF SOHANPUR, POST- NAHAR CHHAPRA, , KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL- KURMAUL URF SOHANPUR, POST- NAHAR CHHAPRA, , KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 26-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  
 Front HSRP No : AA2140319295 Rear HSRP No : AA2138242467  
 Type of Body : SOLO WITH PILLION \*Month/Year of Manuf. : 08/2025  
 No of Cylinders : 1 Chassis No : MBLJFN439SGH05963  
 Engine No : JF17EYSGH05960 Fuel : PETROL  
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60  
 Maker's Classification : DESTINI PRIME Wheel base : 1245  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 115  
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245  
 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 SHRIRAM FINANCE LIMITED: GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 21-Oct-2025.

Purchase dt : 21-Oct-2025 Sale Amt : 72248/-  
 OTT Date : 21-Oct-2025 Amount/Rcpt No : 7225 / UP57D25100009645  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 02-Dec-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 27-Oct-2025 to 26-Oct-2040

Date : 09-Dec-2025 18:01:32

Signature of Registering Authority

Taxation Particulars / Advance Registration Mark Fee Details

Date : 09-Dec-2025

5738770

Indian Union Driving Licence  
 Issued by Uttar Pradesh

UP57 20110000035

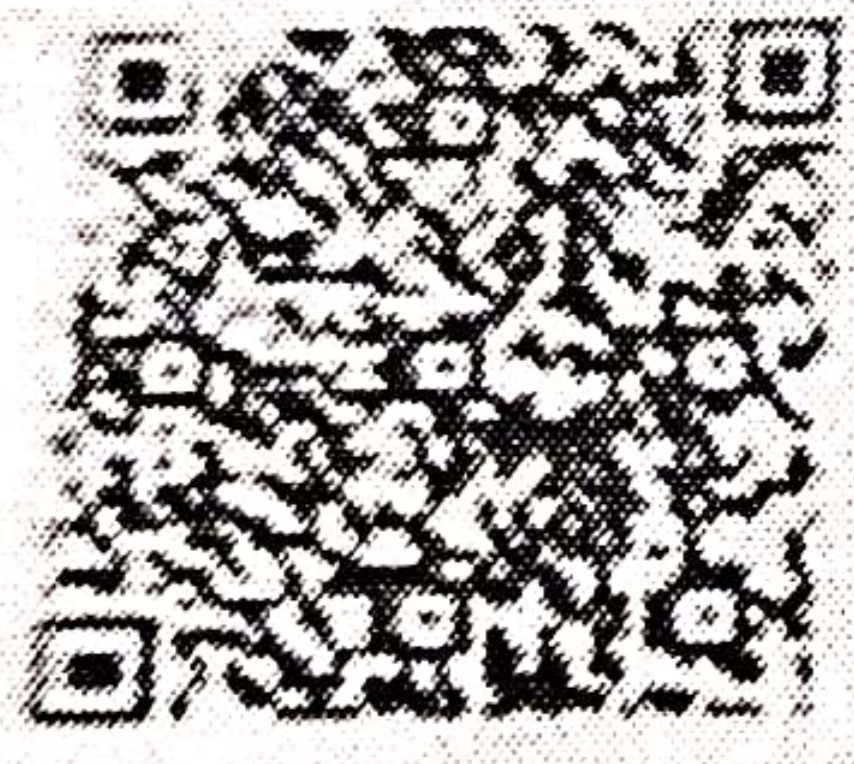
Issue Date . Validity (NT) Validity (TR)\*  
 08-07-2022 02-01-2031 07-07-2027



Holder's Signature

Name: HARUN MANSURI  
 Date of Birth: 15-01-1990 Blood Group: Organ Donor: N  
 Son/Daughter/Wife of: ALI MANSURI  
 Address:  
 KURMAUL URF SOHANPUR NAHAR CHHAPRA  
 PADRAUNA, KUSHINAGAR 274304

DL No: UP57 20110000035



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\* Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badg Issued
MCWG	MCWG	UP57	03-01-2011	NT			
LMV	LMV	UP57	03-01-2011	NT			
TRANS	TRANS	UP57	05-05-2012	TR			
MVSD							

Emergency Contact Number

Licensing Au  
 UP57 KUSHINAG

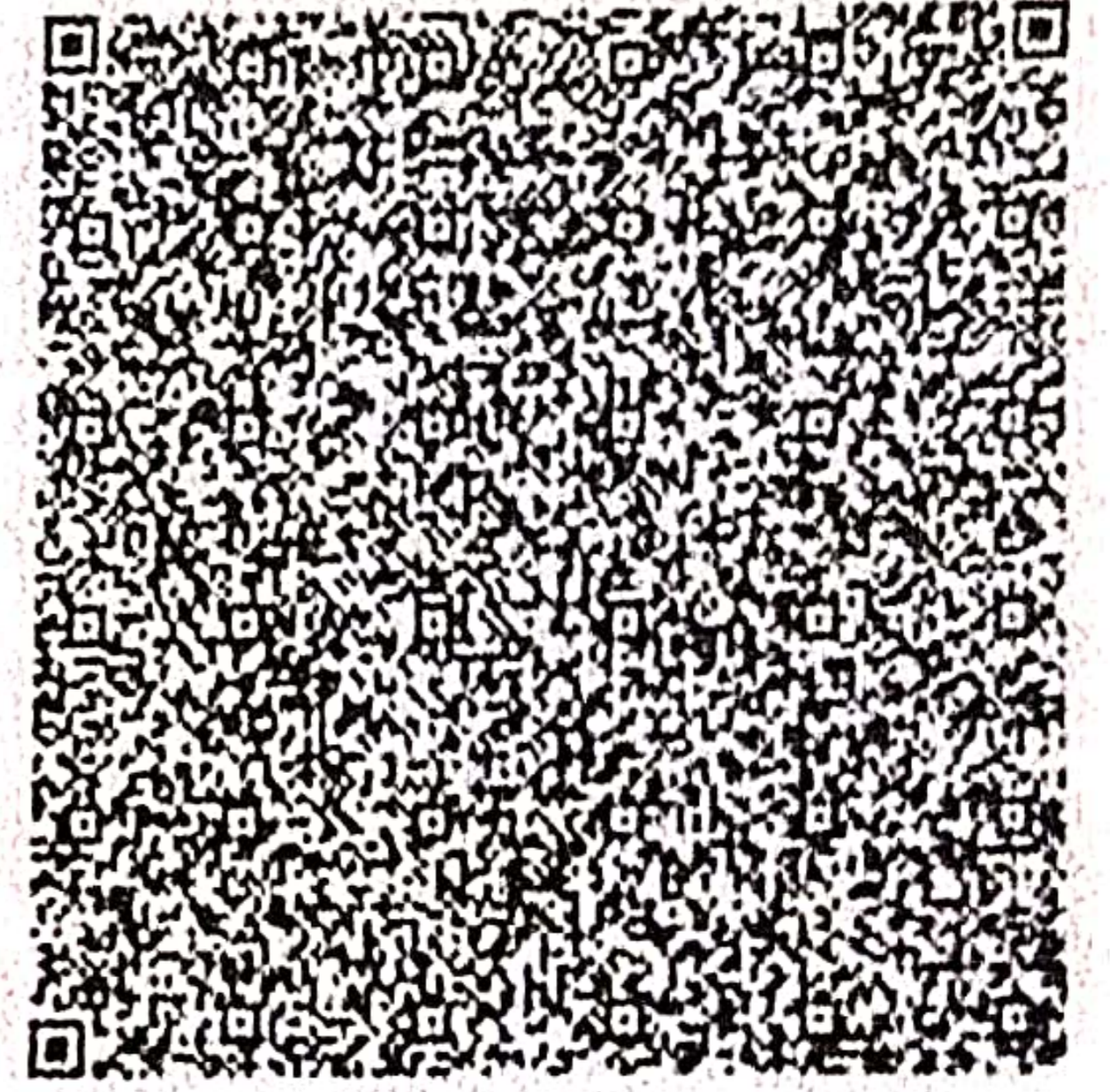
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

IPVPD7047N



नाम / Name  
MAMTA DEVI



पिता का नाम / Father's Name  
GHURAU PRASAD

जन्म की तारीख /  
Date of Birth  
01/01/1988

09042023

PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed

भारत सरकार  
Government of India



ममता देवी  
Mamta Devi  
जन्म तिथि / DOB : 01/01/1988  
महिला / FEMALE

**9932 2822 2241**

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
W/O : विनोद प्रसाद,, कुरमौल उर्फ सोहनपुर,,  
कुशीनगर, उत्तर प्रदेश - 274304

Address:  
W/O: Vinod Prasad, , , Kurmaul Urf  
Sohanpur,, Kushinagar, Uttar Pradesh -  
274304



**9932 2822 2241**

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