

# Gupta

ESTIMATE

GSTN: 09AHWPG056SP1ZE

AUTHORISED DEALER

## AUTOMOBILES



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564245445, 9307236635

No.

6975

Date 23/12/25

Name

Tilak

Add.

UP 57 BQ 9135

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Legurd			680/-	
②	SOKAR R+L			2300/-	
③	Fender			1450/-	
④	visor			1000/-	
⑤	H/L			595/-	
⑥	Tunki			5500/-	
⑦	Hondli			510/-	
⑧	Hondli			980/-	
⑨	hervs (L)			1050/-	
	Lubos charge			700/-	
TOTAL				13820/-	

Authorised Signatory

Tilak

To / सवा म,  
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.	Tilak 7800378177
2	Vehicle No. / वाहन संख्या	UP57BQ9132
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/445701
4	Period of Insurance / बीमा अवधि	2/06/2025 to 1/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025, 6:00AM
6	Place of Accident / दुर्घटना का स्थान	Sahabgunj
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Abdul Shahzad Ansari, UP57202900 9628316262 10230
8	Estimated Loss / अनुमानित हानि	13820/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी कार मेरे दोस्त अजय शर्मा के साथी के साथ गोरखपुर जा रहे थे। तभी साहबगंज में मास अचानक सामने लालगाय आ गई तो उसी में जा कर कार मेरी लड़ गई और बायें आईसि गिरने में डामेण 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 Pichangan

Date / दिनांक : 22/12/25  
हस्ताक्षर

तिलक  
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/2025/7001/0/46575/

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

Period of Insurance 2/06/2025 to 1/06/2026

Claim No. 445701

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 : Tilak
- (b) Address for correspondence : \_\_\_\_\_
- (c) Telephone : 7800378171

2. THE INSURED VEHICLE

Make & Year <u>Honda/2024</u>	Engine No. <u>HA11E0RHC08672</u> Chassis No. <u>MBLHAW231RHCA6340</u>	Registration No. <u>UP57B00</u> <u>9135</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? : N/A
- (h) Number of passengers carried : \_\_\_\_\_
- (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Abdul Shahzade Ansari  
 (b) Age : Kushinagar  
 (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 : UP5720240D10230  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 9/06/2034  
 (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 : 20/12/2025/ 6:00 A.M  
 (b) Place : Sahabganj  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी बाइक में दोस्त लेकर जा रहा था तभी सामने से एक कार आकर टक्कर मारी और बाइक को उलट कर ले गई।  
 (e) If any third party was responsible for this accident give the name and address : गिरम से डीमंड है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 13820/-  
 (c) When and where can the damaged vehicle be inspected : Group to automobile Pachwan

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 22/12/2000

Signature of the insured [Signature]

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 ..... *तिलक* .....  
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 : UP57BQ9135  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : TILAK  
 Full Address: (Permanent) : VILL BIHULI NISFI, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL BIHULI NISFI, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 28-Mar-2039  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2096518466  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11E8RHC88672  
 Horse Power(BHP) : 7.91  
 Maker's Classification : SPLENDOR+ (DRS)  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : BLACK GREY STRIPE  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Registration Date : 29-Mar-2024  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : GOVIND  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2098664934  
 Month/Year of Manuf. : 03/2024  
 Chassis No : MBLHAW231RHCA6340  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1236  
 Standing Cap : 0  
 Unladen Wt (kgs) : 109  
 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 w.e.f. .

Purchase dt : 29-Mar-2024  
 OTT Date : 29-Mar-2024  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 26-Apr-2024  
 Sale Amt : 74991/-  
 Amount/Rcpt No : 7500 / UP57D24030004206  
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Mar-2024 to 28-Mar-2039

Date : 13-May-2024 17:12:49

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 13-May-2024

P 7223177

**Indian Union Driving Licence**  
Issued by Uttar Pradesh



**UP57 20240010230**



Issue Date: 10-06-2024  
Validity (NT): 09-06-2034  
Validity (TR)\*: [Blank]



Holder's Signature

Name: **ABDUL SHAHZADE ANSARI**  
Date of Birth: **12-05-1983** Blood Group: [Blank]  
Son/Daughter/Wife of: **ABDUL AZIZ ANSARI**

Organ Donor: **N**

Address:  
VILL BIHULI NISFI PO RAMKOLA PS RAMKOLA  
HATA, KUSHINAGAR, UP 274305

Date of First Issue: 10-06-2024

**DL No: UP57 20240010230**

UPDL000013583842



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	10-06-2024	NT			
	LMV	UP57	10-06-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 16(2)

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

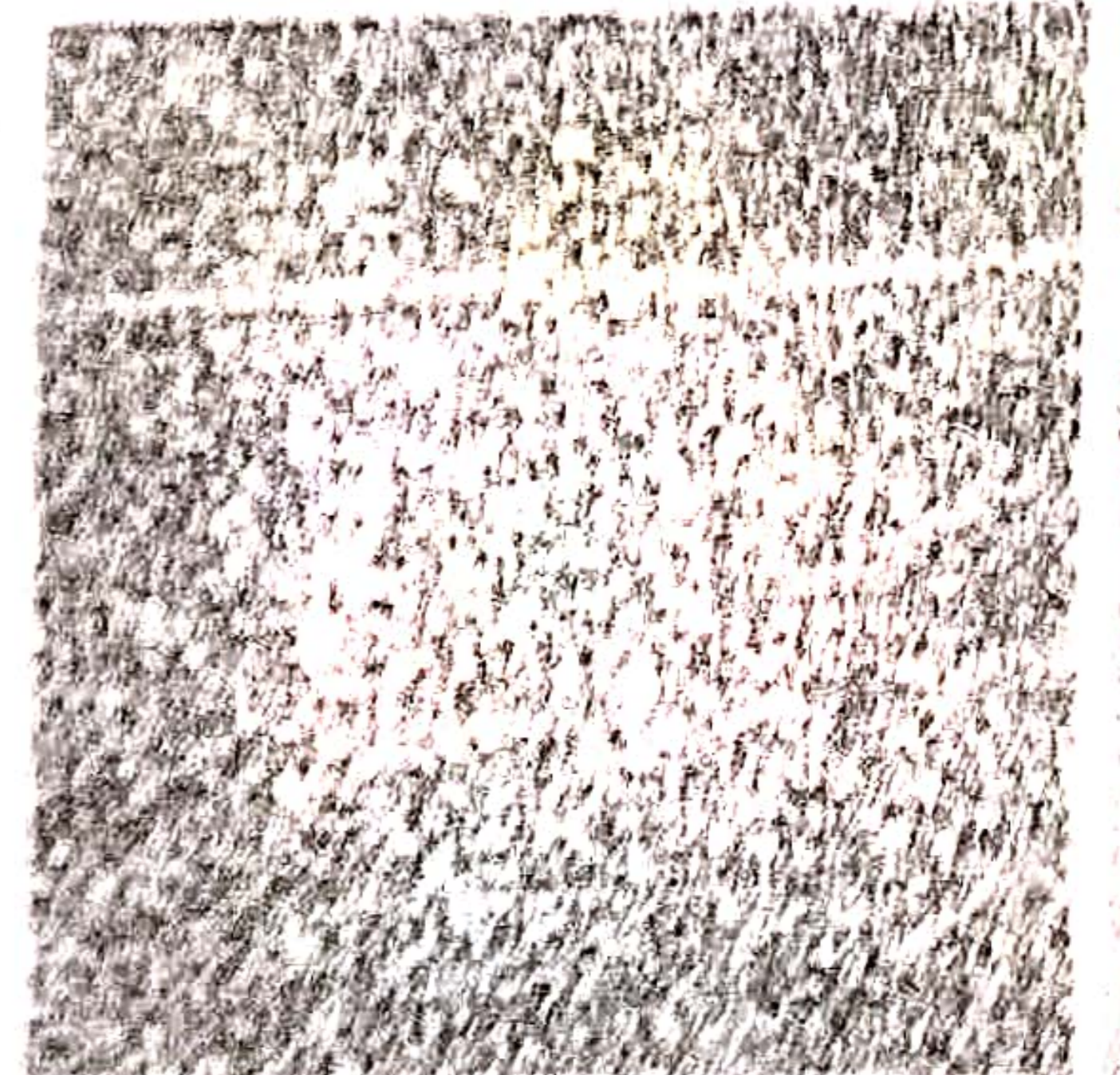
स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
BOXPT2258H



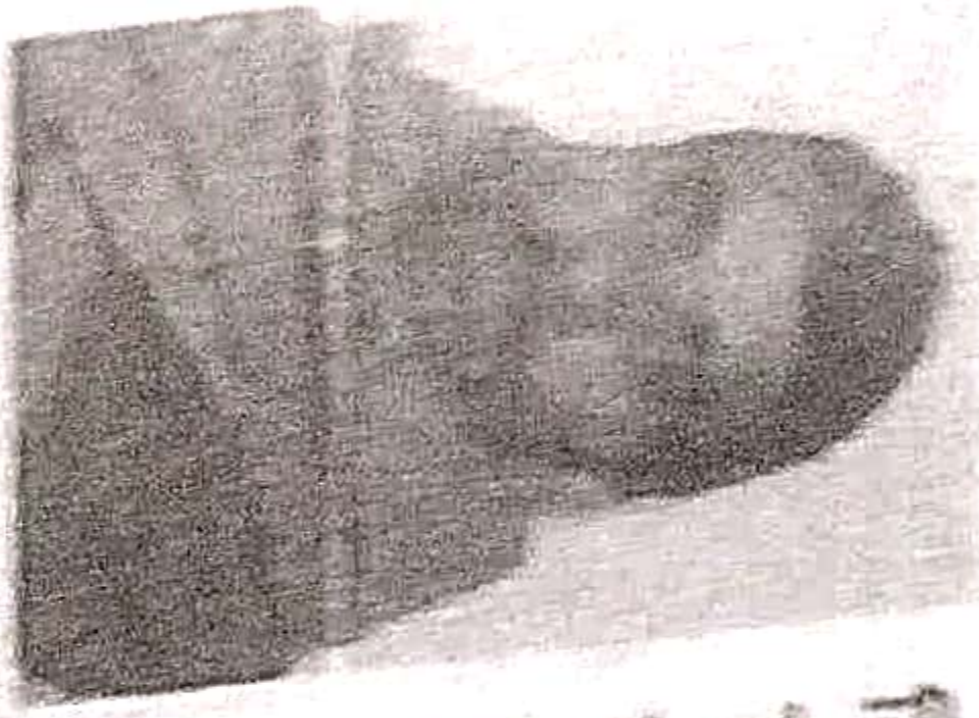
नाम / Name  
TILAK

पिता का नाम / Father's Name  
GOVIND

जन्म की तारीख / Date of Birth  
01/01/1972



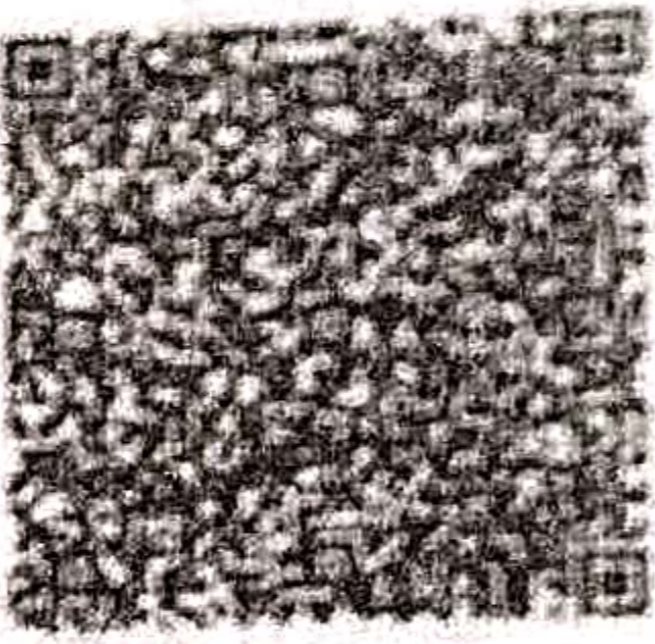
तिलक  
हस्ताक्षर / Signature



भारत सरकार  
Government of India

नाम  
Tilak  
जन्म तिथि / DOB : 01/01/1972  
प्राथ / Male

6789 2137 0176



भारत - आर्य आदर्श का अधिकार



भारतीय पहचान प्राधिकार  
Unique Identification Authority of India

पता:  
आत्मज: गोविन्द, 43, बिहुली निसफी,  
कुशीनगर, रामकोला, उत्तर प्रदेश,  
274305  
Address:  
S/O: Govind, 43, Bihuli Nisfi,  
Kushinagar, Ramkola, Uttar  
Pradesh, 274305

6789 2137 0176

1847  
1600 300 1847



help@uidai.gov.in



www.uidai.gov.in