

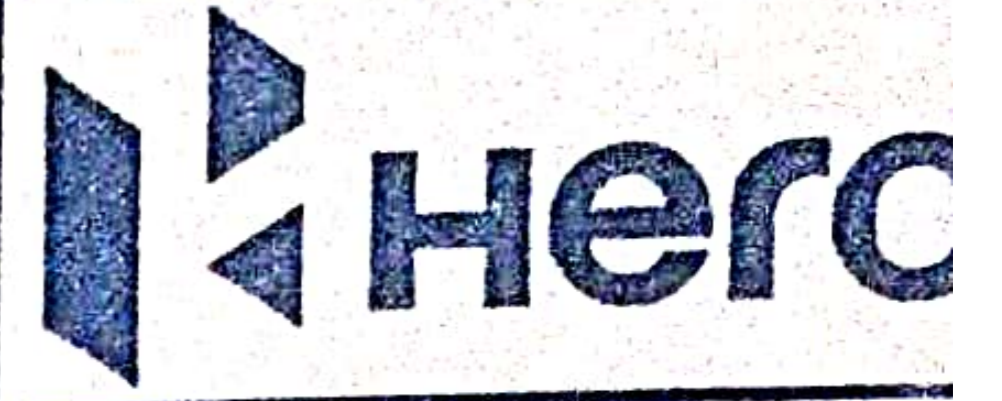
Gupta

ESTIMATE

GSTN: 09AHWPG0569P12

AUTHORISED DEALER

AUTOMOBILES



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 930723663

No. **6962**

Date **23/12/25**

Name **Vikash Kumar Gupta**

Add. **UP 57BW 2624**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			1065/-	
②	LED			980/-	
③	Mirror (L)			140/-	
④	Rear Socker (2)			980/-	
⑤	Handle			510/-	
⑥	Leguard			680/-	
⑦	Lock set			975/-	
	Labor charge			800/-	
TOTAL				5930/-	

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.	Vikash Kumar Gupta 9565207396
2	Vehicle No. / वाहन संख्या	UP57BW 2624
3	Policy No. / पालिसी संख्या	252400/31/2025/79047
4	Period of Insurance / बीमा अवधि	23/01/2025 to 22/01/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/25, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Haridwar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amarjeet Gupta 8801774283
8	Estimated Loss / अनुमानित हानि	5930/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन में अचानक अमरजीत गुप्ता लैम्प मारने से धर आ रहे थे। लम्पी अचानक सामने गुप्ता आ गया तो उसी को बचाते वक़्त स्टीम मर जाने से ड्राइव लैम्प गिरने से डामेज 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 Padma

Date / दिनांक : 23/12/25
हस्ताक्षर

Vikash
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. 252402/31/2025/7984

Tel. No. _____

Period of Insurance 23/01/2025 to 22/01/2025
 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 : Vikash Kumar Gupta
 (b) Address for correspondence : _____
 (c) Telephone : 9565207396

2. THE INSURED VEHICLE

Make & Year <u>Mar 2025</u>	Engine No. <u>HA1E7MM17857</u> Chassis No. <u>MBLHAW211RHM11365</u>	Registration No. <u>UP57BW</u> <u>262A</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 : Amargjit Gupta
 (b) Age : _____
 (c) Address : Rushinagar
 (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 : UP5720190009095
 (h) Issuing Authority : _____
 (i) Date of Expiry : 13/08/2039
 (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 : 22/12/25, 2:00 PM
 (b) Place : Kapurdhika
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : गुरी बाइक में अलीबा लेकर मार्ग में एअर कार्ड
 (e) If any third party was responsible for this accident give the name and address : को। तभी सामने दुपटा झटका तो उसी को अर्थात
वहन स्थान पर घने सड़क
लेकर गिरे से
अंगुली
हरी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front mid side
 (b) Estimated cost of repairs : 5030/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Parkbana

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 23/12/2000

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
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 : UP57BW2624 Registration Date : 24-Jan-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES KASIYA ROAD, PADRAUNA, 169-274304
Owner Name : MIKAS KUMAR GUPTA Son/wife/daughter of : KAULESHWAR GUPTA
Full Address: (Permanent) : VILL-PIPRA JATAMPUR, POST -PIPRA JATAMPUR, THANA -KUBERSTHAN, KUSHINAGAR
UTTAR PRADESH-274303
Full Address: (Temporary) : VILL-PIPRA JATAMPUR, POST -PIPRA JATAMPUR, THANA -KUBERSTHAN, KUSHINAGAR
UTTAR PRADESH-274303
Fitness Up To : 23-Jan-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 : AA1038982398 Rear HSRP No : AA1039321216
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
No of Cylinders : 1 Chassis No : MBLHAW211RHM11365
Engine No : HA11E7RHM17857 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
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. 24-Jan-2025.

Purchase dt : 24-Jan-2025 Sale Amt : 81601/-
OTT Date : 24-Jan-2025 Amount/Rcpt No : 8161 / UP57D25010002551
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 18-Mar-2025

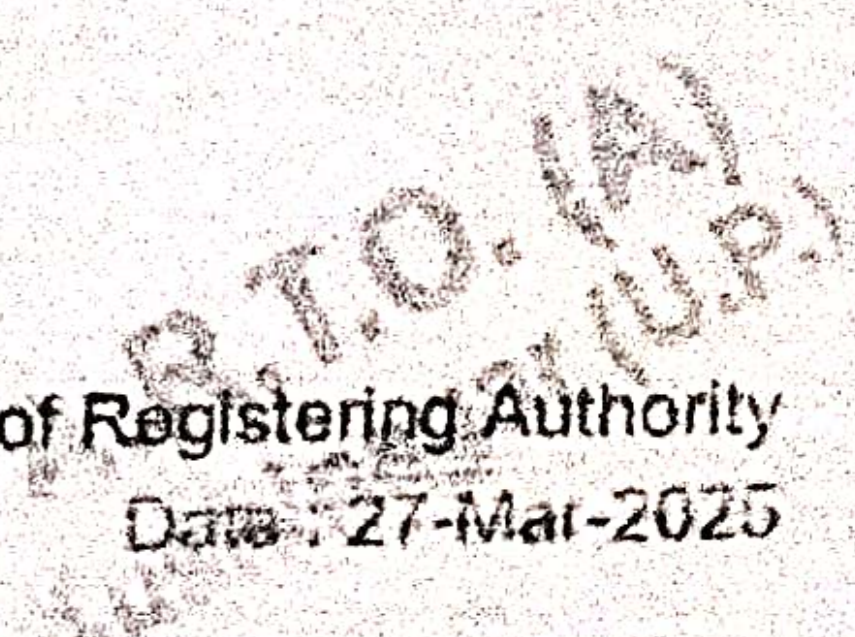
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Jan-2025 to 23-Jan-2040

Signature of Registering Authority

Date : 27-Mar-2025



Date : 27-Mar-2025 12:04:12

Taxation Particulars / Advance Registration Mark Fee Details

Q 1912691

3/27/2025 12

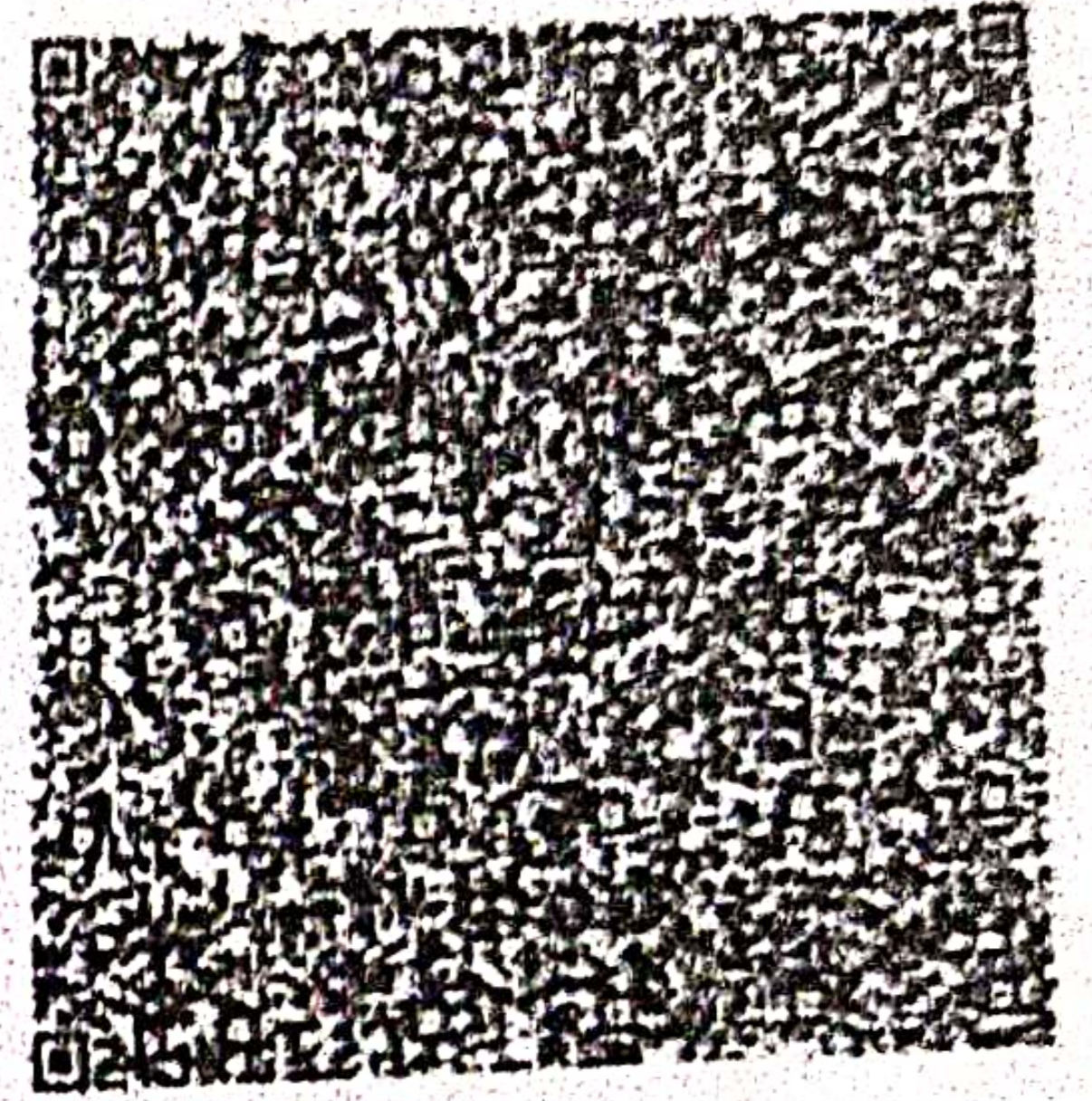
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BWSPV8455R



नाम / Name
VIKAS KUMAR GUPTA

पिता का नाम / Father's Name
KAULESHWAR

जन्म की तारीख / Date of Birth
05/08/1992

06050

A PAN Application Digitally Signed. Card Not Valid unless Physically Signed

विक्रम 12/1

भारत सरकार

Government of India

Aadhaar No. Issued: 061022016



विकास कुमार गुप्ता
Vikas Kumar Gupta

जन्म तिथि / DOB : 05/08/1992

पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का ज्ञान नहीं है।
इसका उपयोग सर्वोपयोग (ऑनलाइन प्रमाणीकरण, या वेब/एन कोड/
ऑफलाइन एक्सएमएल को स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

5756 4540 2777

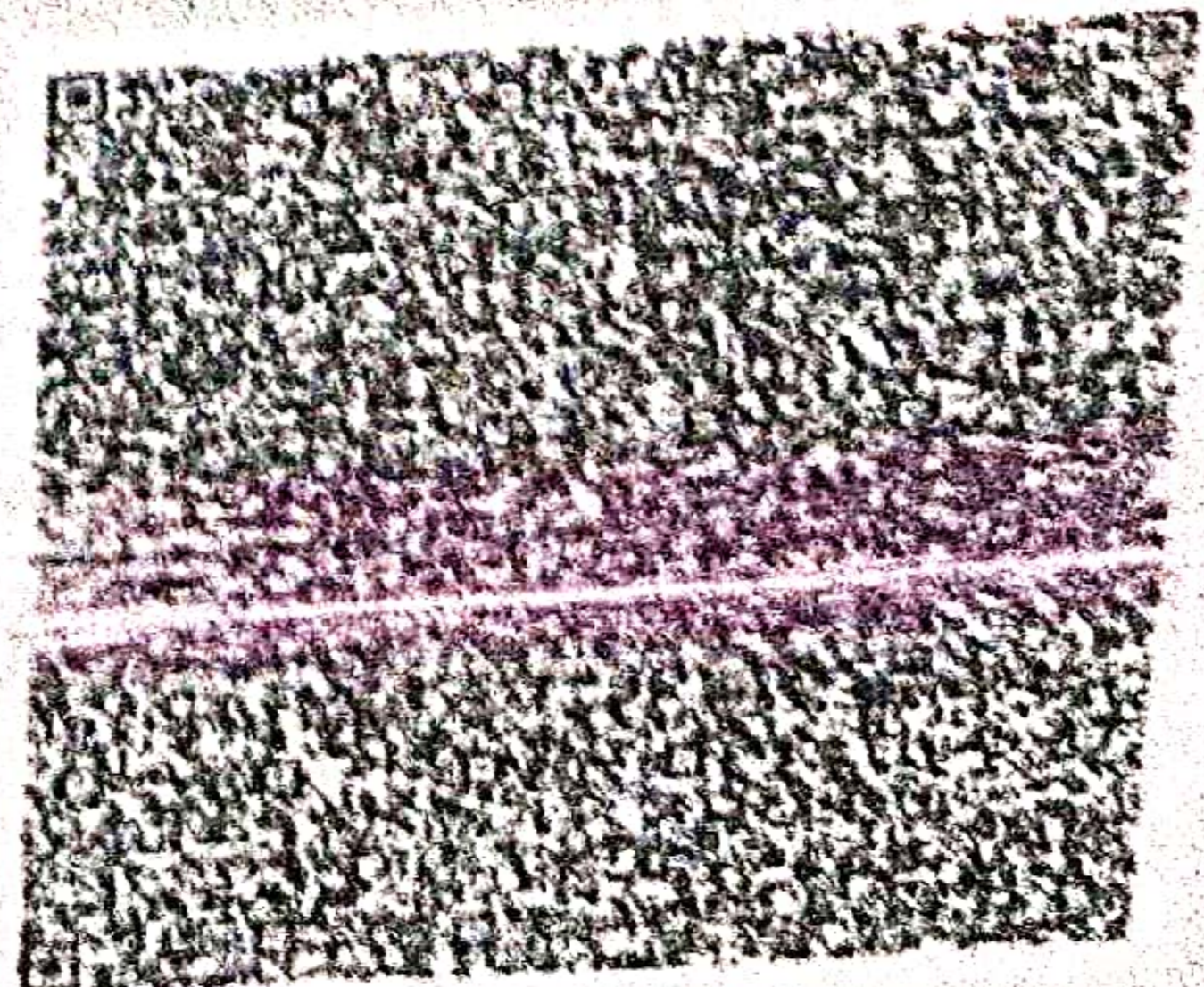
मेरा आधार, मेरी पहचान



Unique Identification Authority of India

पता: द्वारा कौलेश्वर गुप्ता, पिपरा जटामपुर, पिपरा
जटामपुर, कुशीनगर, उत्तर प्रदेश, 274303
Address: C/o Kauleshwar Gupta, Pipra
Jatampur, Pipra Jatampur, PO:Pipra
Jatampur, DIST:Kushinagar, Uttar
Pradesh, 274303

Date : 05/08/2012



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help@uidai.gov.in

www.uidai.gov.in