

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6961**

Date **23/12/25**

Name **Rehana Khanaton**

Add. **UP57BY6102**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1470/-	
②	H/L			3800/-	
③	Handle			490/-	
④	Break Padal			1080/-	
⑤	nut or cover			660/-	
⑥	Labor charge			500/-	
⑦	Foot Rest Honda			680/-	
TOTAL				8680/-	

Authorized Signatory

Accident

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.	Ruhana Rehatoon 63.91871588
2	Vehicle No. / वाहन संख्या	UP57B3Y6102
3	Policy No. / पालिसी संख्या	252400/31/2026/25246
4	Period of Insurance / बीमा अवधि	29/06/2025 to 28/06/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/2025, 4:00 P.m
6	Place of Accident / दुर्घटना का स्थान	13th Loharpatti
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rasid, UP5720150014320 9161631642
8	Estimated Loss / अनुमानित हानि	8600/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी बाइक मेरे मामा रासिद लेमर मार गये जा रहे थे तभी अचानक सामने से एक मिक्स वाहन टक्कर मार दिया तो बाइक मेरी ड्रैमिण 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 Pool/raunon

Date / दिनांक : 23/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के
रुहाना खाँ



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. 252402/31/2026/25246

Tel. No. _____

Period of Insurance 29/06/2025 to 28/06/26
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 : Rehana Khatoon
(b) Address for correspondence : _____
(c) Telephone : 6391071500

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JAD7AVR01L20155</u> Chassis No. <u>MBLJAV024R01L20565</u>	Registration No. <u>UP57BY</u> <u>6102</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 : Raxid
(b) Age : _____
(c) Address : Kushtunagar
(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 : UP5720150014320
(h) Issuing Authority : _____
(i) Date of Expiry : 1/07/2020
(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 : 21/12/2025, 4:00 PM
(b) Place : Loharpatti
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी गाड़ी सामने से टकरा गई है
(e) If any third party was responsible for this accident give the name and address : सामने से टकराया वाला टकराकर भाग गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
(b) Estimated cost of repairs : 8680/-
(c) When and where can the damaged vehicle be inspected : Group to automobile Pachauri

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 23/12/25 200

Signature of the insured



रघुनाथराव

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/-



रघुनाथ शर्मा

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 : UP57BY6102 Registration Date : 02-Jul-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 : REHANA KHATOON Son/wife/daughter of : MANJUR ALAM
 Full Address: (Permanent) : VILL- CHIRKUTAHA, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : VILL- CHIRKUTAHA, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274302

Fitness UpTo : 01-Jul-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : MANJUR ALAM
 Relationship with the : Spouse Norms : BHARAT STAGE VI
 Nominee
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2132809406 Rear HSRP No : AA2131526673
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLJAU024RGL20565
 Engine No : JA07AVRGL20155 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 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 LIMITED DELHI, BASANT LOK-BASANT VIHAR, BASANT LOK BASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 29-Jun-2025.

Purchase dt : 29-Jun-2025 Sale Amt : 101439/-
 OTT Date : 29-Jun-2025 Amount/Rcpt No : 10144 / UP57D25070000182
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 04-Jul-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 02-Jul-2025 to 01-Jul-2040

Date : 17-Jul-2025 16:26:42
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 17-Jul-2025

Q 4424848

REPUBLIC OF INDIA Driving Licence



UP57 20150014320



नाम / Name

06/07/2015

दिनांक / Date

01/07/2022

वर्ग / Category

02/07/1972

वर्ग / Category

UNKNOWN



RASO

FARIDAN

UP57 20150014320

UP01400045RS



LMV
06/07/2015

MCWG
06/07/2015



Form 7 Rule 16(2)

Address
VILL- DUDAHI (NAUKA TOLA)
PO- DUDAHI, PS- VISHUNPURA
RUSHINAGAR 274302

सिद्ध

Signature

जारीकर्ता / Issuing Authority Sign

RUSHINAGAR

भारत सरकार

Government of India

रेहना खाल्दून

Rehna Khatoon

जन्म तिथि / DOB : 01/01/1990

लिंग / Gender : Female



8624 7059 5129

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

UID

UIDAI, New Delhi, India

UIDAI, New Delhi, India

UIDAI, New Delhi, India

274302

Address

W/O Manoj Kumar, 15B,

Chandigarh, Chitwan, Nepal

Kushinagar, Yamunanagar, India

Pincode: 274302

8624 7059 5129



1800 300 1347



For more information visit us at

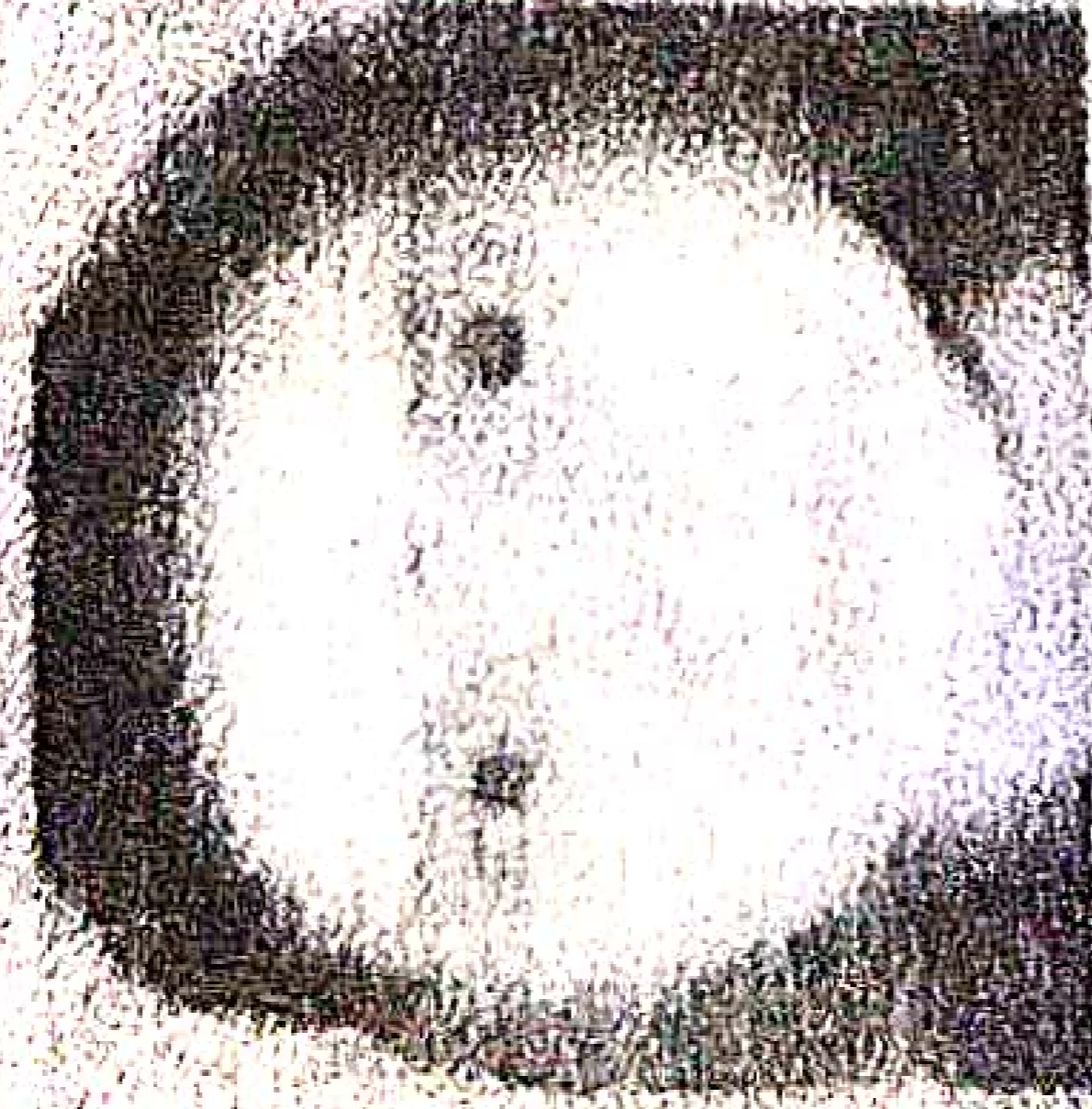


आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

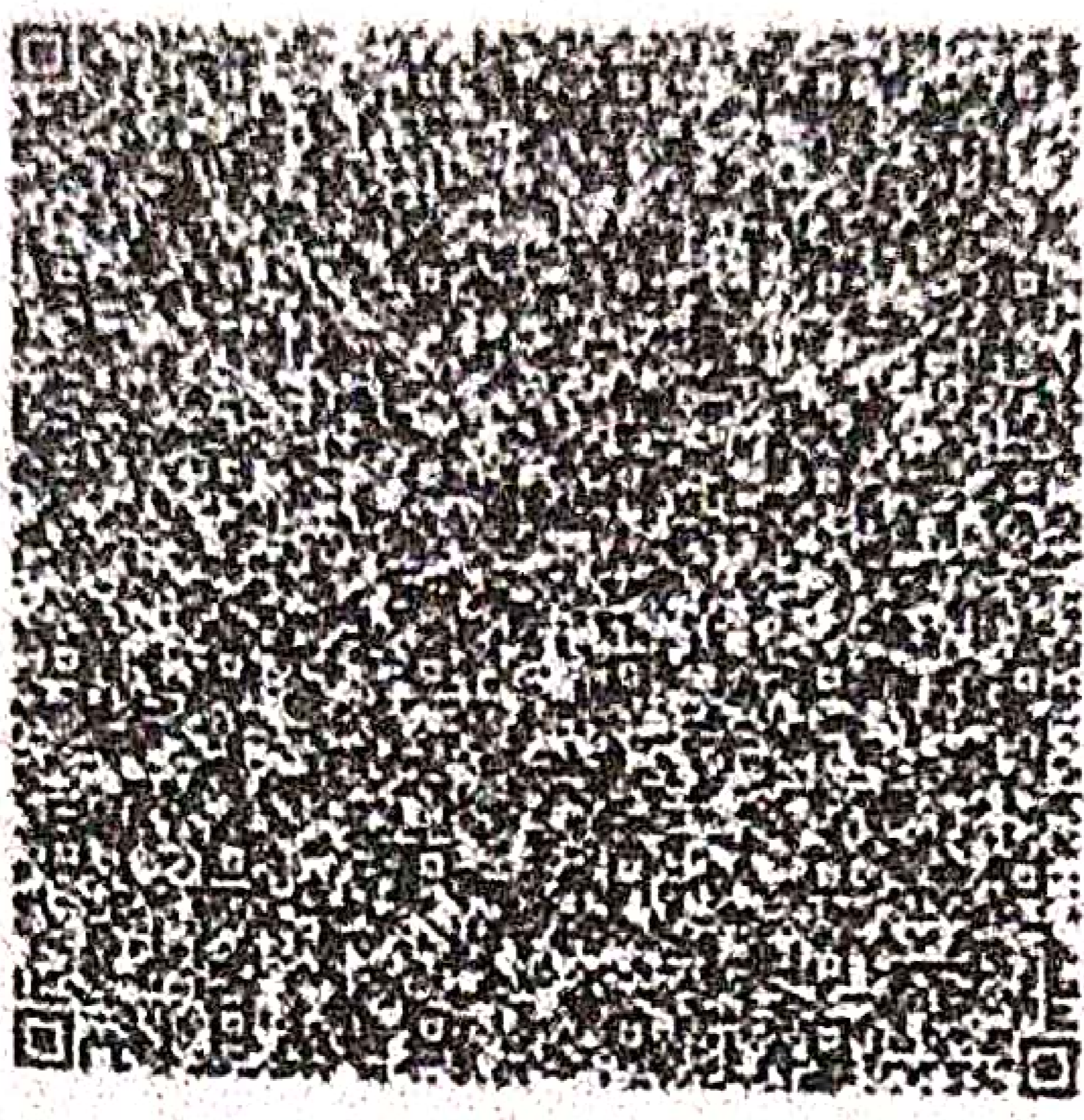


नाम / Name
REHANA KHATOON

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

OEZPK8971P



पिता का नाम / Father's Name
ABDUL RASHID ANSARI

जन्म की तारीख /
Date of Birth
01/10/1990



हस्ताक्षर / Signature

09/11/2023