

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6966

Date 24/12/25

Name

Chauhan Kumar Singh

Add.

VP57B7 3970

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs. P.
①	Vibor			1265/-
②	M/L			3500/-
③	Fender			1450/-
④	Handle			510/-
	Labor charge			500/-
TOTAL				7225/-

Authorised Signatur

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.	Chauhan Kumar Singh 9492139771
2	Vehicle No. / वाहन संख्या	UP57BZ3970
3	Policy No. / पालिसी संख्या	252400/31/2026/38297
4	Period of Insurance / बीमा अवधि	26/09/2025 to 25/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/2025, 11.30 A.M.
6	Place of Accident / दुर्घटना का स्थान	Khadola
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Sanjay Singh, UP5720220015 9198848247 931
8	Estimated Loss / अनुमानित हानि	7225/-
09.	Cause of Accident / दुर्घटना का कारण : मेश भान्जा संजय सिंह किसी काम से वाईक लेकर जा रहे थे तभी एक बच्चा अचानक वाईक के सामने आ गया उसी को बचाने के चक्कर में वाईक पोल से छराने की वजह से क्षतिग्रस्त हो गई सामने से।	
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 Padmauna

Date / दिनांक : 24/12/25
हस्ताक्षर

चौधरी कुमार सिंह
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sanjay Singh
(b) Age :
(c) Address : Rudhinagar
(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 : UP57 20220015931
(h) Issuing Authority :
(i) Date of Expiry : 9/07/2032
(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 : 22/12/2025, 11:30 A.M
(b) Place : Chadda
(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 : मेरा गांधी लेम्बर किसी काम के लया रहा आ तभी लामि अचानक बरपा आ गया उसी में बचाव के लिये मौल से टक्कर से प्रमेर घ गडा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front
(b) Estimated cost of repairs : 7225/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padrauna

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? : _____
(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? : _____
(g) When? : _____ N/A
(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 24/12/25 200

Signature of the insured

पौषी कुमार सिंह

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 *Handwritten 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 : UP57BZ3970 Registration Date : 29-Sep-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 : CHAUTHI KUMAR SINGH Son/wife/daughter of : DEEPNAYAN
 Full Address: (Permanent) : VILL-KHESIYA MANSACHHAPAR, POST-KHESIYA MANSACHHAPAR, THANA-JATHA BAZAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-KHESIYA MANSACHHAPAR, POST-KHESIYA MANSACHHAPAR, THANA-JATHA BAZAR, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 28-Sep-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 : AA2133085869 Rear HSRP No : AA2133719040
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW339SHJ05360
 Engine No : HA11FBSHJ05097 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy 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 w.e.f. .

Purchase dt : 26-Sep-2025 Sale Amt : 80517/-
 OTT Date : 26-Sep-2025 Amount/Rcpt No : 8052 / UP57D25090002854
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Oct-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 29-Sep-2025 to 28-Sep-2040

Date : 11-Nov-2025 13:24:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 11-Nov-2025

Q 3742221

DL No: UP57 20220015931

UPDL 0000000000000000



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	02-12-2022	NT			
	LMV	UP57	02-12-2022	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20220015931



Issue Date
02-12-2022

Validity (NT)
09-07-2032

Validity (TR)*



(02-12-2022)

Name: SANJAY SINGH

Holder's Signature

Date of Birth: 10-07-1972 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: BANARASI SINGH

Address:
19th post padariparpati golaghat Mani
Kaura Kushinagar Uttar Pradesh 274304

Date of First Issue

आयकर विभाग
INCOME TAX DEPARTMENT

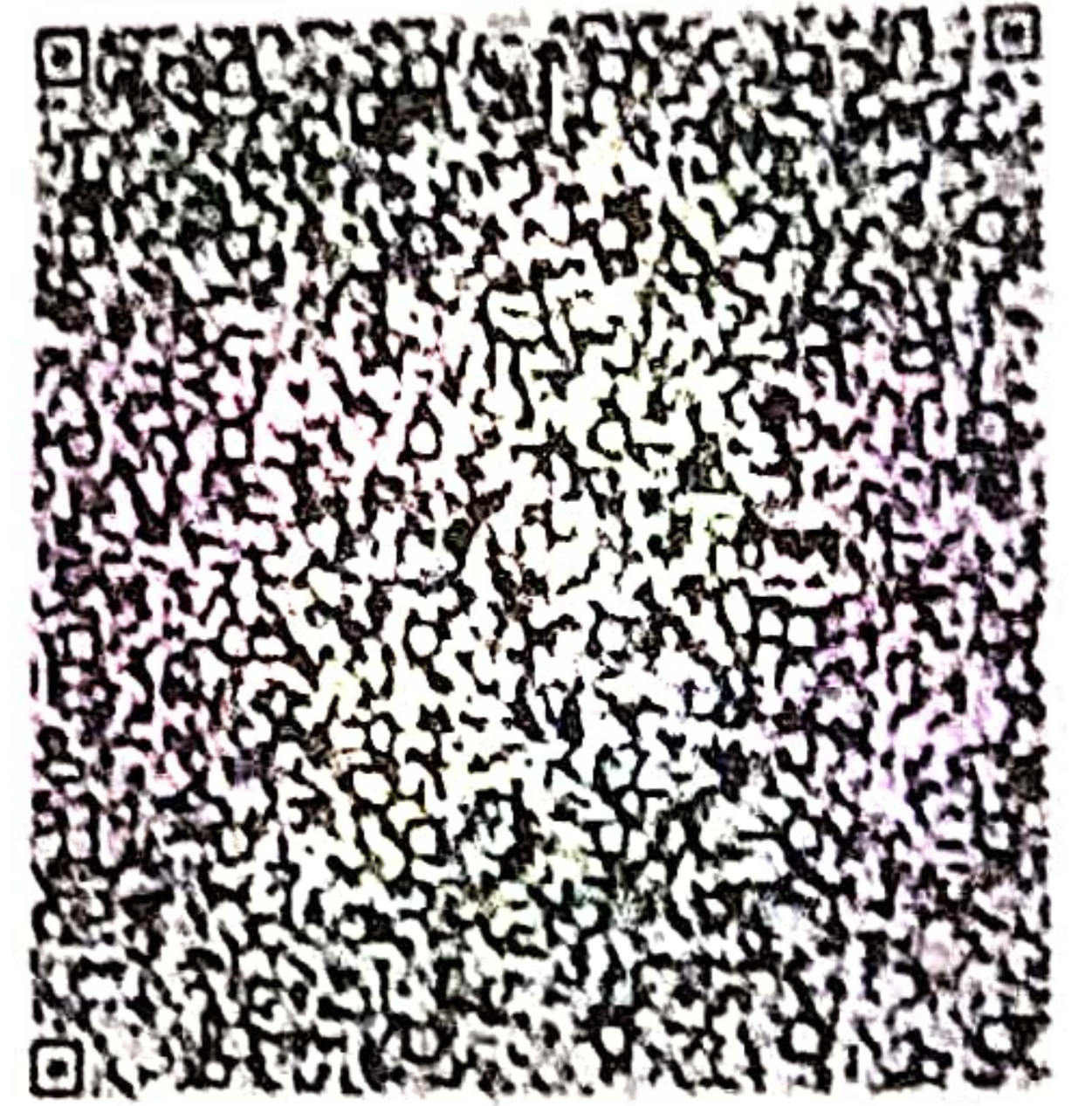


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

QANPS4386A



नाम / Name

CHAUTHI KUMAR SINGH

पिता का नाम / Father's Name

DEEP NARAYAN

जन्म की तारीख / Date of Birth

01/06/1971

चौथी कुमार सिंह

हस्ताक्षर / Signature

32003



भारत सरकार

Government of India



चौथी कुमार सिंह
Chauthi Kumar Singh
जन्म तिथि/DOB: 01/06/1971
पुरुष/ MALE

Issue Date 20/12/2014

5513 0265 9334

VID : 9153 5347 2944 9879

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

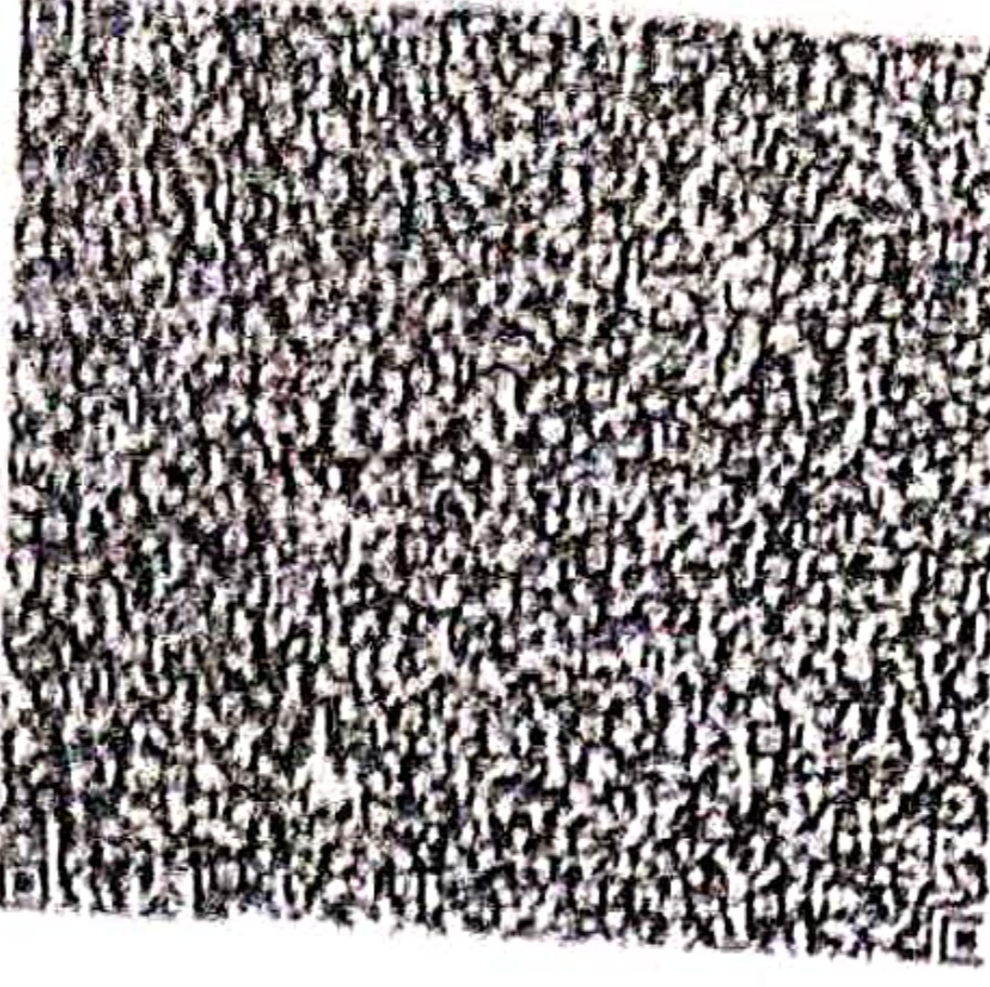
Unique Identification Authority of India



पता:
S/O: दीप नारायण, खेसिया, कुशीनगर,
उत्तर प्रदेश - 274304

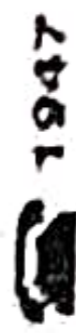
Address:
S/O: Deep Narayan, Khesia, Kushinagar,
Uttar Pradesh - 274304

Download Date: 23/08/2022



5513 0265 9334

VID : 9153 5347 2944 9879



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