

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6963**

Date **24/12/25**

Name **Vinay Singh**

Add. **UP57CA2281**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5500/-	
②	visor			1065/-	
③	Fender			1450/-	
④	Handle			510/-	
⑤	Handle			980/-	
⑥	Leguard			680/-	
⑦	Mirror RT L			280/-	
	Labor charge			600/-	
<b>TOTAL</b>				<b>11065/-</b>	

Authorised Signatory

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शोरेंस कंपनी लिमिटेड

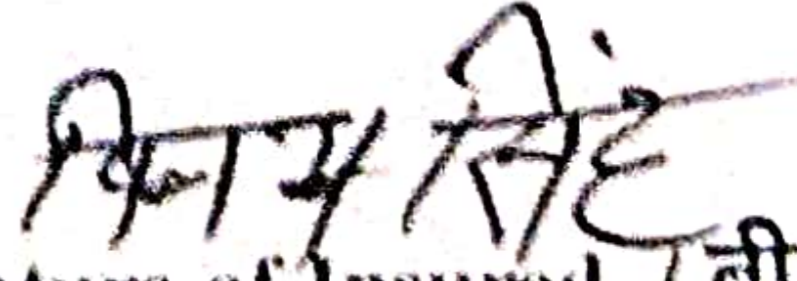
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Vinay Singh 8208419886
2	Vehicle No. / वाहन संख्या	UP57CA 2281
3	Policy No. / पालिसी संख्या	252400/31/2026/48119
4	Period of Insurance / बीमा अवधि	20/10/2025 to 19/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/2025, 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	Nade
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Vinay Singh, UP57 202500 16138
8	Estimated Loss / अनुमानित हानि	11065/-
9.	Cause of Accident / दुर्घटना का कारण :	<p>मैं अपनी बाईक लेकर मार्केट जा रहे था तभी अचानक सामने से एक गाड़ी अला लानर मार दिना तो बाईक मेरी डमेल हो गई।</p>
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 Orupfa automobile Parkan

Date / दिनांक : 24/12/2025  
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. 252400/31/2026/48119

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

Period of Insurance 20/10/2025 to 19/10/2026  
 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 : Vinay Singh  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 02008119 006

2. THE INSURED VEHICLE

Make & Year <u>H120/2025</u>	Engine No. <u>H11FGSHJ7117</u> Chassis No. <u>MBLHAW469SHJ4539</u> <u>2</u>	Registration No. <u>UP57CA</u> <u>2281</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 : Vinay Singh  
(b) Age :  
(c) Address : Kushinagar  
(d) Is the Driver :  
1. Owner   
2. paid driver?  
3. Owner's relative or friend?  
(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 : UP5720250016138  
(h) Issuing Authority :  
(i) Date of Expiry : 14/07/2038  
(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, 7:00 P.M.  
(b) Place : Nadi  
(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 :  
मैं हमनी ठिकी लीमर मारनेर जा रहा था लकी  
सामने से एक गाड़ी आया ठिकी मार दिना वो ठिकी  
अभी डामेन हो गय

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Side  
(b) Estimated cost of repairs : 11065/-  
(c) When and where can the damaged vehicle be inspected : Gupta Automobiles Patna

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 24/12/25 200

Signature of the insured विठ्ठल शिंदे

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 .....

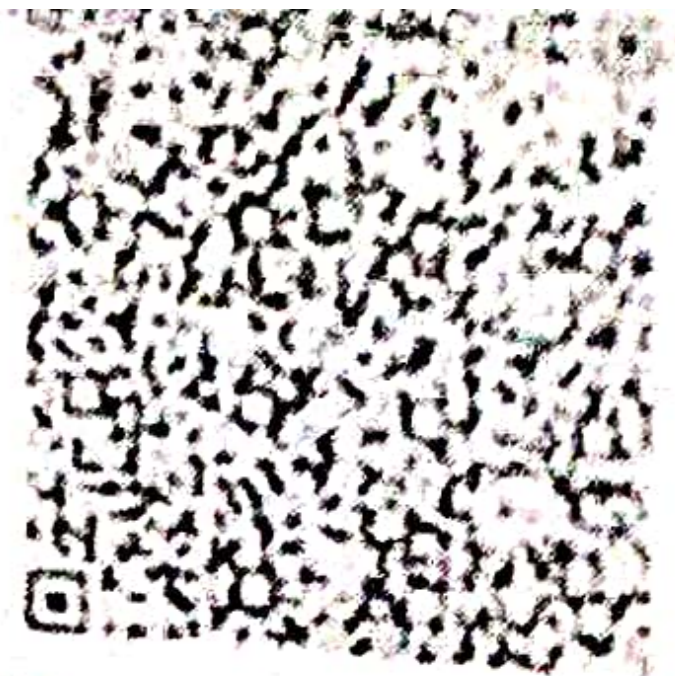
Signature ..... *विजय सिंह* .....  
Occupation .....  
Address .....  
.....  
.....

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

GOVERNMENT OF UTTAR PRADESH  
Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA2281 Registration Date : 25-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 : VINAY SINGH Son/wife/daughter of : BASANT SINGH  
Full Address: (Permanent) : VILL-NADAH, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR, UTTAR  
PRADESH-274304  
Full Address: (Temporary) : VILL-NADAH, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR-UTTAR  
PRADESH-274304  
Fitness UpTo : 24-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 : AA2140319549 Rear HSRP No : AA2138242721  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
No of Cylinders : 1 Chassis No : MBLHAW469SHJ45592  
Engine No : HA11F6SHJ71117 Fuel : PETROL  
Horse Power(BHP) : 8.17 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) : 113  
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243  
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 L & T FINANCE LTD, GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 25-Oct-2025.

Purchase dt : 20-Oct-2025 Sale Amt : 77982/-  
OTT Date : 20-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100008387  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 05-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 25-Oct-2025 to 24-Oct-2040

Date : 10-Dec-2025 16:07:39

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
KUSHI NAGAR  
10-Dec-2025

Q 5738857



भारत सरकार



Aadhaar No. issued: 22/09/2014



विनाय सिंह

Vinay Singh

जन्म तिथि / DOB : 15/07/1998

पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
 ऑफलाइन एक्सएमएल की 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).**

**9791 7683 9209**

मेरा आधार, मेरी पहचान



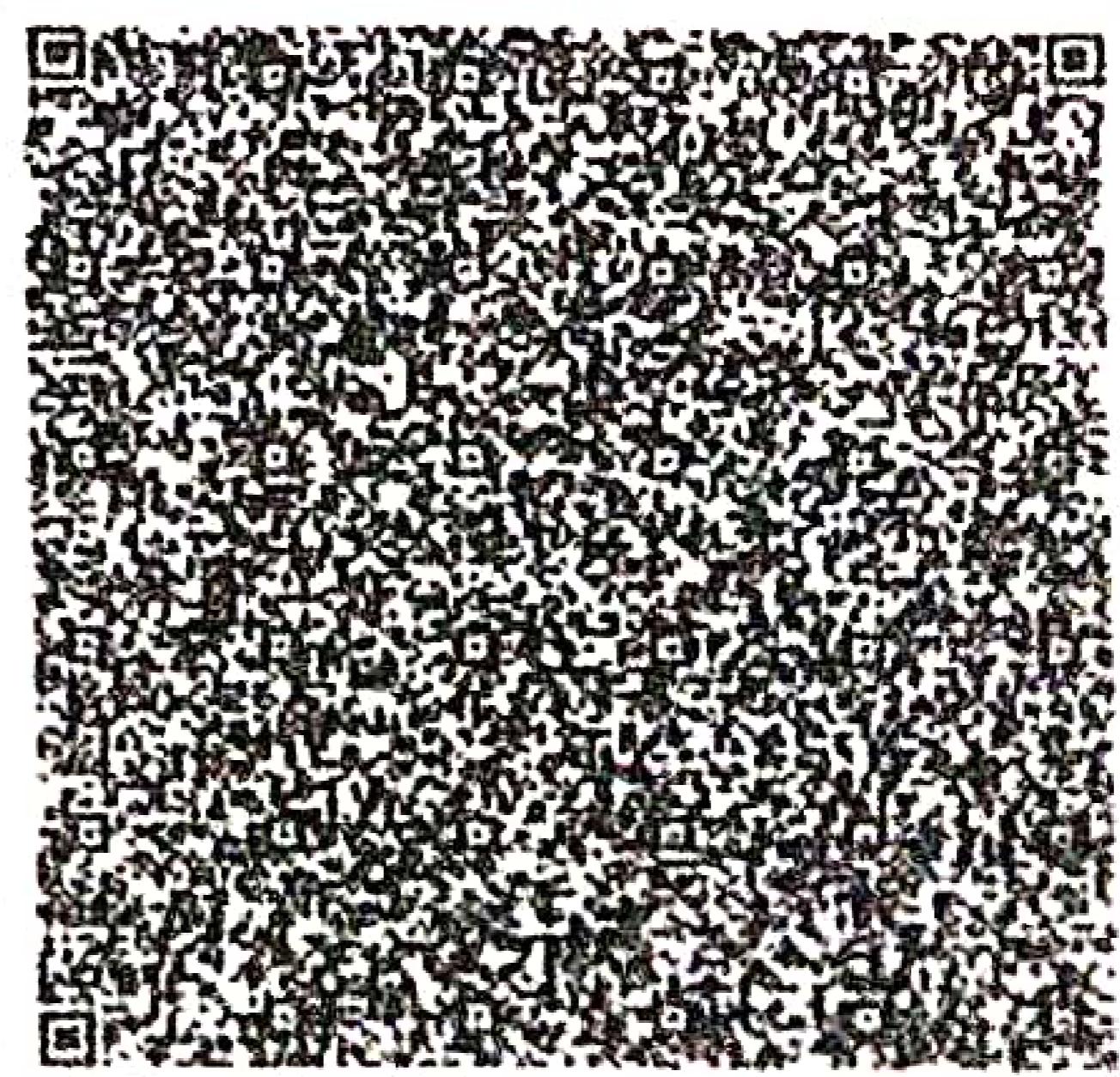
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Details as on 06/01/2024

पता: द्वारा: बसंत सिंह, नादह, डूमर भर,  
 कुशीनगर, उत्तर प्रदेश, 274304  
 Address: C/O: Basant Singh, nadah, Dumar  
 Bhar, PO:Padrauna, DIST:Kushinagar, Uttar  
 Pradesh, 274304



**9791 7683 9209**

1947

help@uidai.gov.in

www.uidai.gov.in



# Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20250016138

Issue Date 29-08-2025    Validity (NT) 14-07-2038  
Validity (TR)\*



Holder's Signature

Name: VINAY SINGH  
Date of Birth: 15-07-1998    Blood Group:  
Son/Daughter/Wife of: BASANT SINGH    Organ Donor: **N**

Address:  
MADAH PADRAUNA DUMAR BHAR PADRAUNA  
KUSHINAGAR UTTAR PRADESH 274304

Date of First Issue 29-08-2025

DL No: UP57 20250016138

UP5719982388



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*    Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Issued Date*	Issued By*
MCWG	LMV	UP57	29-08-2025	NT			
MVSD		UP57	29-08-2025	NT			

Emergency Contact Number

Licensing Authority  
UP57 19982388

आयकर विभाग  
INCOME TAX DEPARTMENT

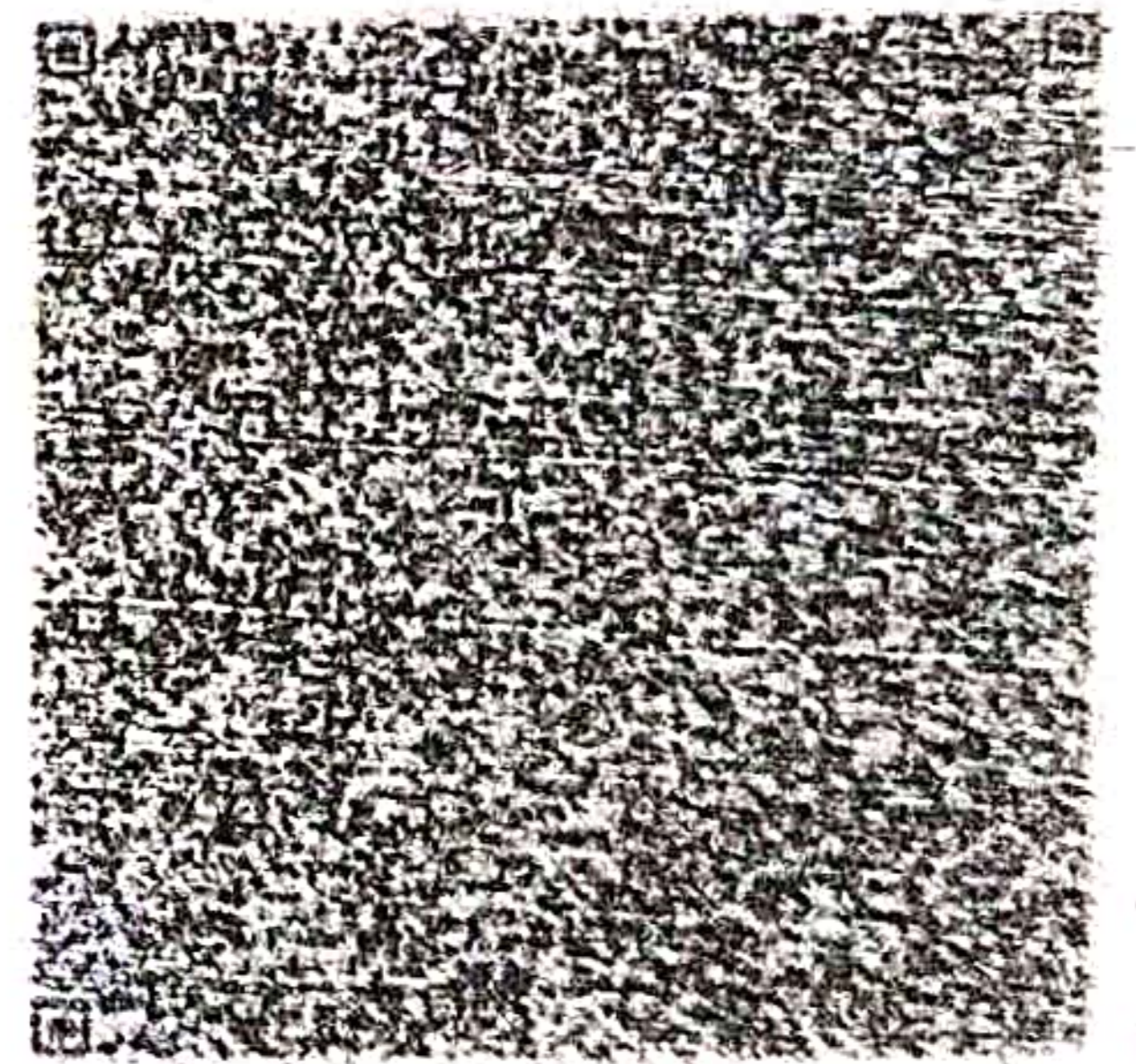


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**MNBPS0410E**




नाम / Name  
VINAY SINGH

पिता का नाम / Father's Name  
BASANT PATEL

05122019

जन्म की तारीख /  
Date of Birth  
15/07/1988

  
हस्ताक्षर / Signature