

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6978

Date 28/12/25

Name

Amit Prajapati

Add.

UPS 7 B2 5345

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs. P.
①	Front Rim			4100/-
②	Fender			1050/-
③	visor R+L			850/-
④	meter			4500/-
⑤	Inner			350/-
⑥	Fork pipe (R)			950/-
⑦	Fork complete (L)			2900/-
⑧	Tank Surround (L) complete			850/-
⑨	Chair Lever			150/-
⑩	Handle			510/-
⑪	Handle T			1050/-
⑫	mirror (L)			260/-
⑬	Side Panel (L)			420/-
⑭	Lever (L)			150/-
⑮	lock set			1350/-
⑯	Break padal			250/-
⑰	CHASSIS REPAIR			2000/-
⑱	Disk Pad			
	Labor charge			
			TOTAL	1350/-
				1000/-
				24040/-

Authorised Signatory

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.	Amit Prajapati 9125614084
2	Vehicle No. / वाहन संख्या	UP57BZ5345
3	Policy No. / पालिसी संख्या	252400/31/2026/37992
4	Period of Insurance / बीमा अवधि	25/09/2025 to 24/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/12/2025, 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Dhalaha Petrol Pump
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit Prajapati, UP57 202400 19585
8	Estimated Loss / अनुमानित हानि	24040/-
9	Cause of Accident / दुर्घटना का कारण :	मैं अपनी कार्डम लेमर मोरमेंट से धर जा रहा था। तभी अचानक सामने से एक कार्डम आ गई तो उसी को टक्कर मारकर मोरमेंट से जा कर टक्कर मारी और कार्डम साईड मिररे कार्डम में डमक 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 : 27/12/2025
 हस्ताक्षर

- Amit Prajapati
 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. 252400/31/2026/37992

Tel. No. _____

Period of Insurance 25/09/2025 to 24/09/2026
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 : Amit Prajapati
(b) Address for correspondence : _____
(c) Telephone : 9125614084

2. THE INSURED VEHICLE

Make & Year <u>Muxo/2025</u>	Engine No. <u>JA07AVR6L14290</u> Chassis No. <u>MBHAW448R6106708</u>	Registration No. <u>UP57B2</u> <u>5345</u>
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- (a) Was the vehicle in proper working condition? Y/N
 (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 : Amrit Prasad
 (b) Age : _____
 (c) Address : Laxshinagar
 (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 : UP57 20 240019505
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2040
 (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 : 23/12/2025, 7:00 P.M
 (b) Place : Dhola Petrol Pump
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मैं अपनी बहिन लेकर मार्केट से घर जा रहा था
 (e) If any third party was responsible for this accident give the name and address : वही सामन से एक बहिन वाला आ गया तो उसी को
उदात्त उक्त पोल से जा
कर लगाई गई सामे लाइसेंस

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 24040/-
 (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? : _____

वही सामन है गरी

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? : _____ 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 27/12/25200

Signature of the insured - Amit Prasad

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 *Amit Prakash*

Occupation

Address

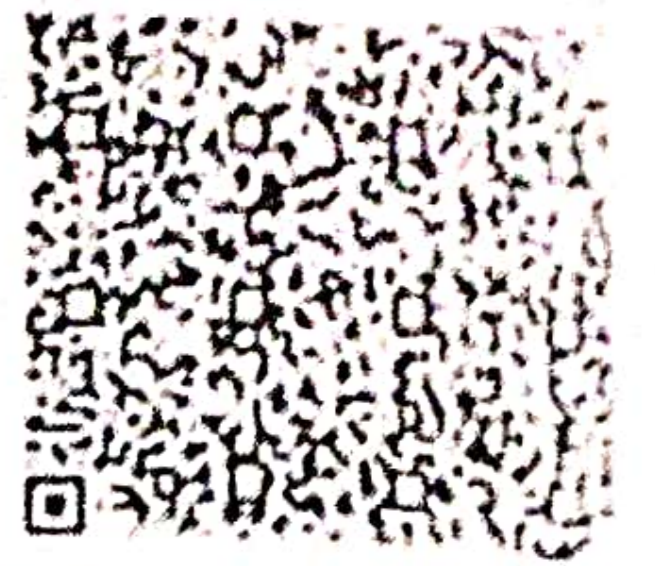
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Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BZ5345 Registration Date : 06-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 : AMIT PRAJAPATI Son/wife/daughter of : MARKANDEY PRAJAPATI
 Full Address: (Permanent) : BAGALAHA, POST-KHAJURIBAZAR, , KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : BAGALAHA, POST-KHAJURIBAZAR, , KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 05-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 : AA2133167179 Rear HSRP No : AA2134819001
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLJAW448RGL06708
 Engine No : JA07AVRGL14290 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R CBS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sieepar Cap : 0 Unladen Wt (kgs) : 137
 Colour : SPORT RED Laden/GV Wt (kgs) : 267
 Other Criteria :
 Vehicle Purchase As : Fully Built 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 : 25-Sep-2025 Sale Amt : 89191/-
 OTT Date : 25-Sep-2025 Amount/Rcpt No : 8920 / UP57D25100001178
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-Oct-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 06-Oct-2025 to 05-Oct-2040

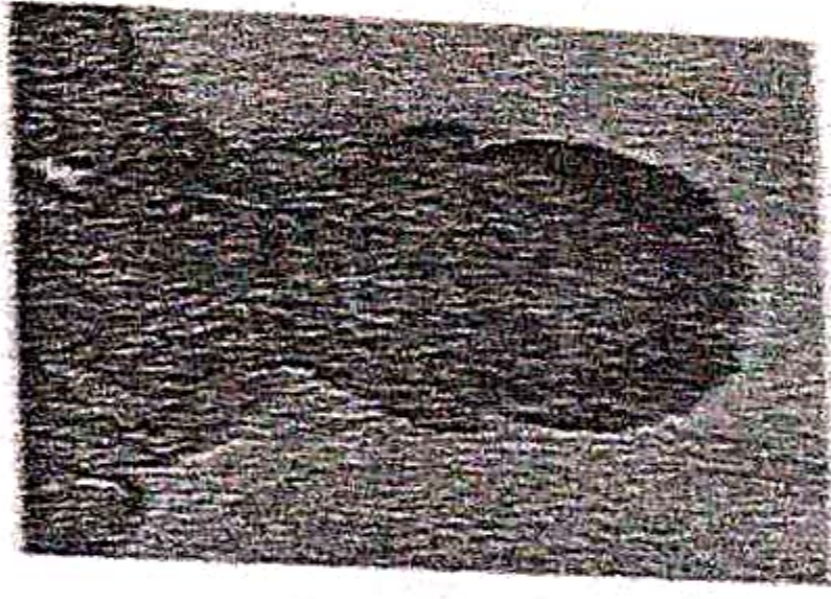
Date : 06-Dec-2025 17:14:00
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 A.P.O. (A)
 KUSHINAGAR (U.P.)
 06-Dec-2025

Q 5738556



भारत सरकार
Government of India



अमित प्रजापति
Amlt Prajapati
जन्म तिथि/DOB: 01/01/2001
पुरुष/ MALE



Issue Date: 19/01/2020

Download Date: 04/06/2020

9893 6197 6320

VID : 9177 5240 0542 9432

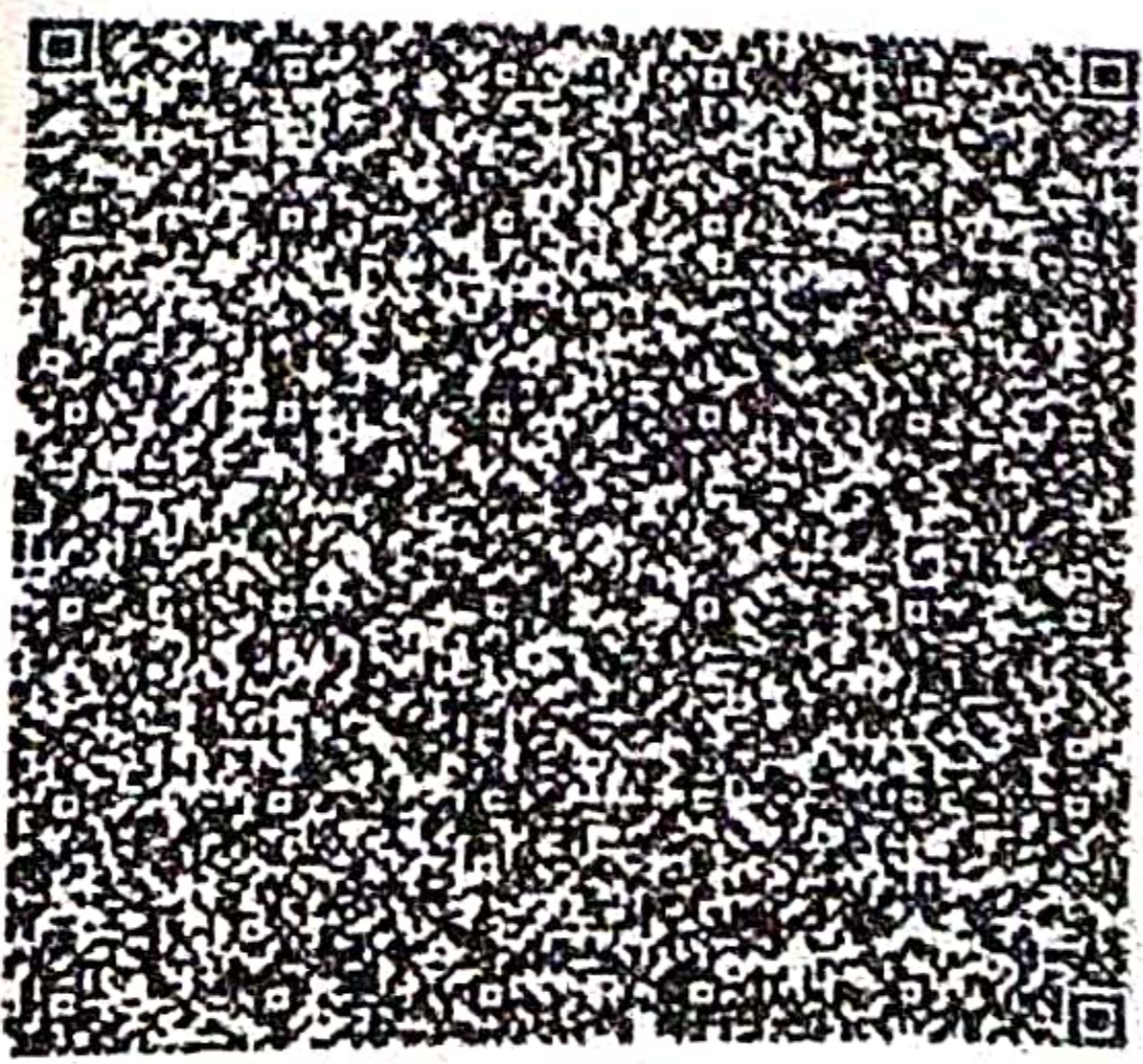
अमित प्रजापति, अमीत प्रजापति



भारतीय विधि प्रमाणिकरण प्राधिकरण
Digital Authentication Authority of India

पता:
C/O मारकन्द प्रजापति, बगलहा, पोस्ट खजुरी बाजार,
कोवासर, कुशीनगर,
उत्तर प्रदेश - 274305

Address:
C/O Markandey Prajapati, Bagalaha, Post
Khajuri Bazar, Kauwasar, Kushinagar,
Uttar Pradesh - 274305

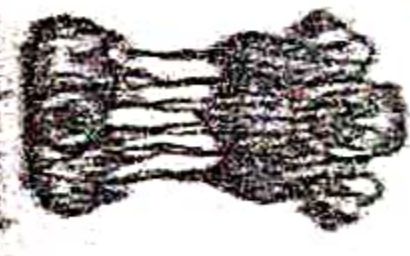


9893 6197 6320

VID :-9177 5240 0542 9432



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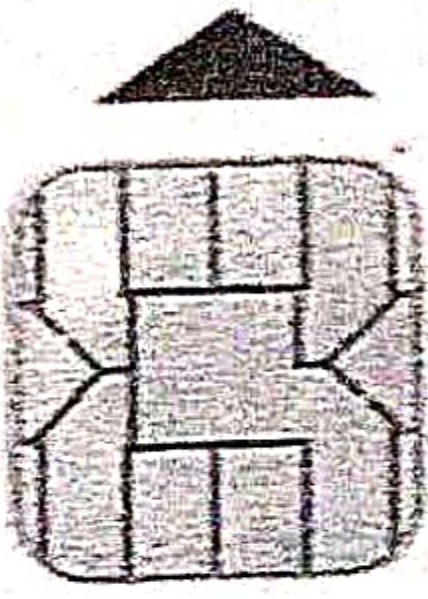


Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20240019585

Issue Date: 28-10-2024
 Validity (NT): 31-12-2040
 Validity (TR):



Holder's Signature

Name: **AMIT PRAJAPATI**

Date of Birth: **01-01-2001** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **MARKANDEY PRAJAPATI**

Address:

**BAGALAHA POST KHAJURI BAZAR KHAJURI
 BAZAR KAUWASAR PADRAUNA KUSHINAGAR UTTAR
 PRADESH 274305**

Date of First Issue: 28-10-2024

DL No: UP57 20240019585

UPDL 000014458571



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	28-10-2024	NT			
	LMV	UP57	28-10-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
 UTTAR PRADESH

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT OF INDIA



पत्र क्र. 11/541/2017

Permanent Account Number Card

12YP198822

पण/नाम

ANIL PRASADJI

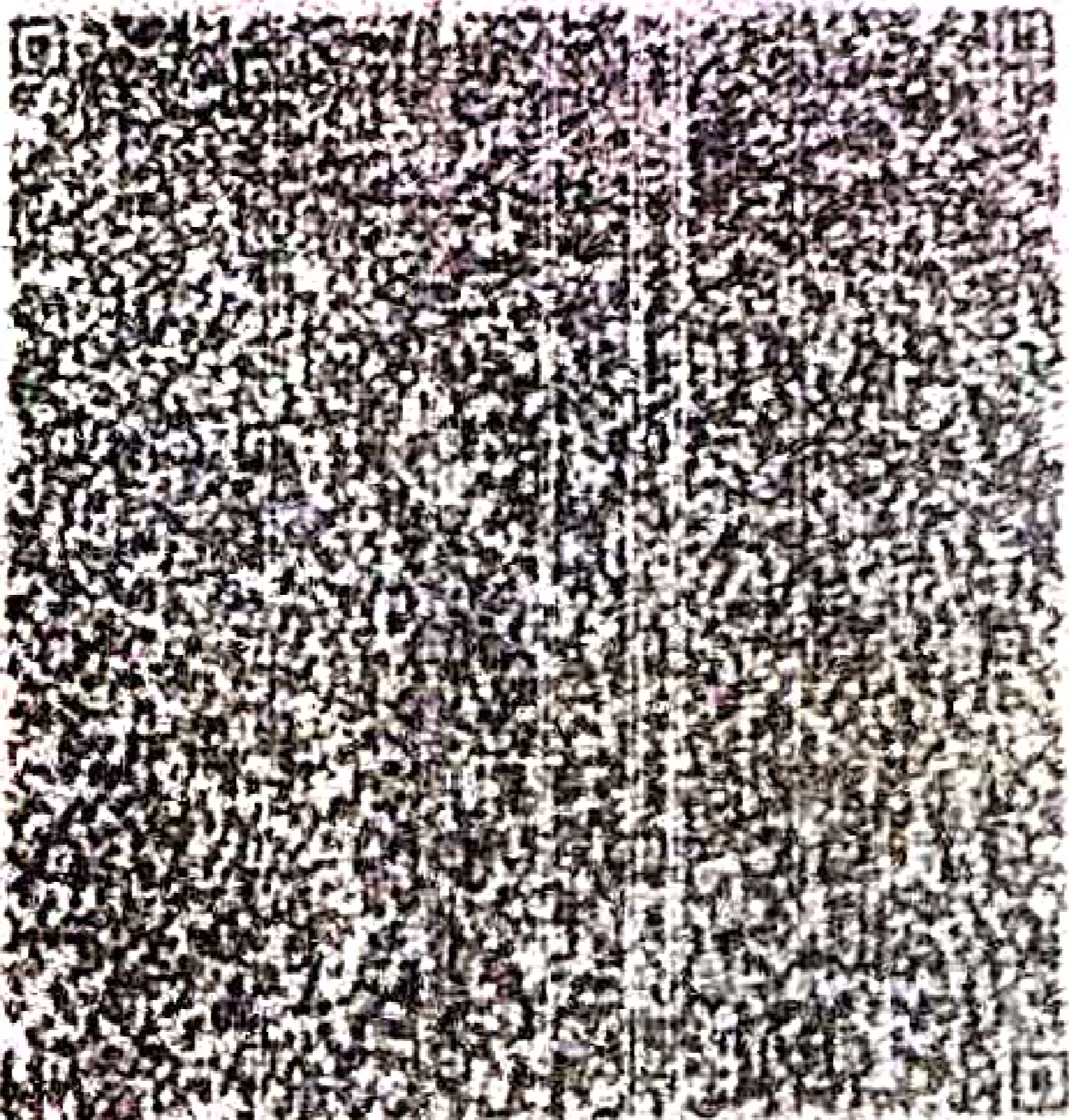
पण #1 पण/पणनाम

MARKANDEY

पण #1 पणनाम

Date of Birth

01/01/2001



10082018