

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6968**

Date **27/12/25**

Name **Billu**

Add. **UP 57 BW 5770**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Fender			1450/-	
②	visor			1000/-	
③	H/L			595/-	
④	Indicator (R)			220/-	
⑤	Handle			500/-	
⑥	Handle			980/-	
⑦	Sofor R+L			2300/-	
⑧	Chair cover			620/-	
⑨	Lever (R)			105/-	
⑩	Legard			680/-	
⑪	Rear fender			1050/-	
	Labor charge			700/-	
				/	
			TOTAL	10200/-	

Authorised Signatory

To / सवा म,
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.	Billu 8467950044
2	Vehicle No. / वाहन संख्या	UP57BW5770
3	Policy No. / पालिसी संख्या	252400/31/2025/05758
4	Period of Insurance / बीमा अवधि	14/02/2025 to 13/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025, 6:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Kinarpatti Chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Kanhayyalal Shahani, UP57 9888192677 20250075742
8	Estimated Loss / अनुमानित हानि	10200/-
9	Cause of Accident / दुर्घटना का कारण :	मैरी वाइम मैरे चाचा मन्हे मा लात साधानी लेमर मारमेट से धर जा रहे मै। एमी अचानक सामने अचानक लीलवा ज आ मर लड गई लो वाइम मैरी दाजे साईड गिरने से डामेण 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 Padrauna

बिलु

Signature of Insured / बीमाधारक के

Date / दिनांक : 27/12/2025
हस्ताक्षर



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. 252400/31/2025/85758

Tel. No. _____

Period of Insurance 14/02/2025 to 13/02/2026
 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 : Billu
 (b) Address for correspondence : _____
 (c) Telephone : 9467950044

2. THE INSURED VEHICLE

Make & Year <u>Moto/2025</u>	Engine No. <u>HA11E050A14671</u> Chassis No. <u>MBLHAW23250A16451</u>	Registration No. <u>UP57BW</u> <u>5770</u>
---------------------------------	--	--

(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 : Kantiyabel Sahani
 (b) Age : _____
 (c) Address : Deobhanga
 (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 20250075712
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2031
 (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 : 24/12/2025, 6:00 A.M
 (b) Place : Kinshpati Chauraha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी गाड़ी में चलाया लेम्बर मारने से घुसने से
 (e) If any third party was responsible for this accident give the name and address : रवि श्री साधन लाल गांधी का मरलद गहिलो लालक मरी कले सड्डि गिरने से डामेण ही गडी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front md side
 (b) Estimated cost of repairs : 10200/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Padawanu

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 27/12/25 200

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

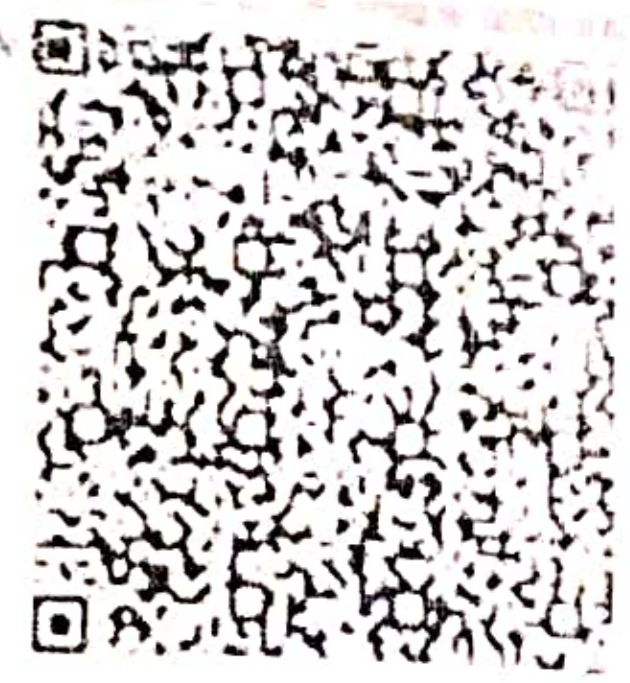
Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

862



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



Registration No : UP57BW5770
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, HASIYA ROAD, PADRAUNA, . . 189-274304
Owner Name : BILLU
Full Address: (Permanent) : VILL-MAGHI KOTHILWA, POST-MAGHI KOTHILWA, THANA-JATAHA BAZAR, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-MAGHI KOTHILWA, POST-MAGHI KOTHILWA, THANA-JATAHA BAZAR, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 18-Feb-2040
Registration Date : 19-Feb-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : FULDEIYA
Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2120213839
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11E8SGA14671
Horse Power(BHP) : 7.91
Maker's Classification : SPLENDOR+ (DRS)
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : BLACK GREY STRIPE
Other Criteria :
Vehicle Purchase As : Fully Built
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2118215805
Month/Year of Manuf. : 01/2025
Chassis No : MBLHAW232SGA16451
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1236
Standing Cap : 0
Unladen Wt (kgs) : 109
Laden/GV Wt (kgs) : 239
AC Fitted : NO

Handwritten notes in Hindi:
3915 अर्द्ध
2755/24
1280, 352, 35119
333, 3200, 128BMS
1720 अर्द्ध
07/15/25

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, DELHI, . . New Delhi, Delhi-110057 w.e.f. 14-Feb-2025.
Purchase dt : 14-Feb-2025
OTT Date : 14-Feb-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 20-Mar-2025
Other State/Transfer/Conversion/Reassign Details :
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 77026/-
Amount/Rcpt No : 7703 / UP57D25020002557
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 19-Feb-2025 to 18-Feb-2040

Signature of Registering Authority
Date : 04-Apr-2025

Date : 04-Apr-2025 12:18:34
Taxation Particulars / Advance Registration Mark Fee Details

2678327

Uttar Pradesh Driving License
Issued by Uttar Pradesh

(UP)

UP57 20050075742

Issue Date: 09-06-2023
Validity (NT): 31-12-2031
Validity (TR):



Holder's Signature

Name: KANHAIY A LAL SAHANI

Date of Birth: 01-01-1972
Blood Group:

Sex: Daughter/Wife of: BHUKHAL SAHANI

Address: MAGHI KOTHLAWA, MAGHI KOTHLAWA
PADRAUNA, KUSHINAGAR 274304

Organ Donor: N

Date of First Issue

(18-08-2005)

DL No: UP57 20050075742



Invalid Carriage (Regn Number):

Hazardous Validity: HIB Validity:

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Issued By
MVSD	MCWG	UP57	18-08-2005	NT			

Emergency Contact Number

[Signature]
UP57 20050075742

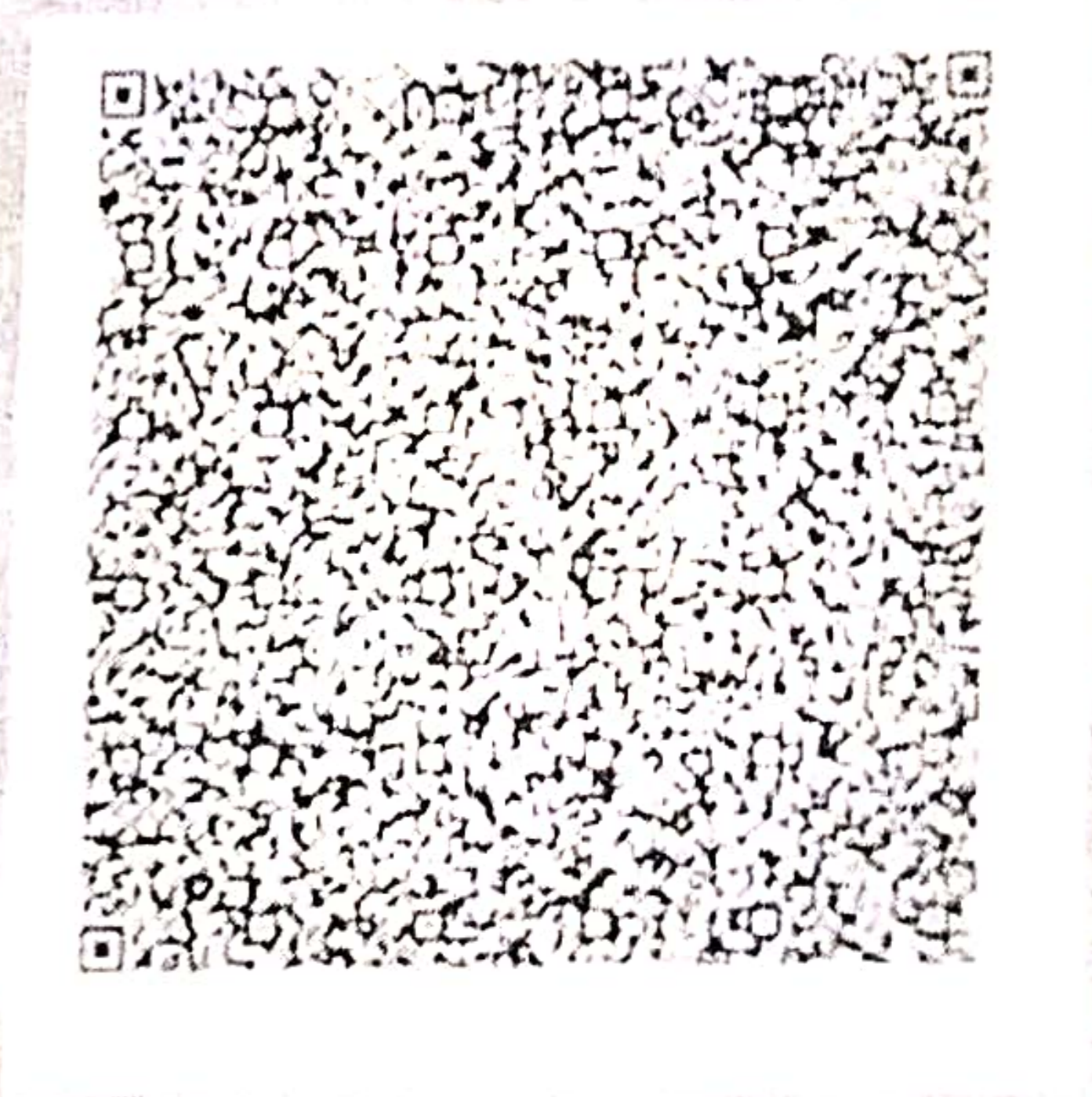
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GNFPB8775M



नाम / Name
BILLU

पिता का नाम / Father's Name
TILAK

जन्म का तिथि / Date of Birth
22/04/2004

बिल्लु

हस्ताक्षर / Signature

16097



भारत सरकार
Government of India



Aadhaar no. issued: 24/05/2016

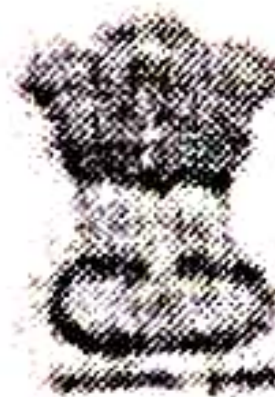


Billu
Billu
जन्म तिथि/DOB: 22/04/2004
पुरुष/ MALE

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).

3262 1893 5674

मेरा आधार, मेरी पहचान

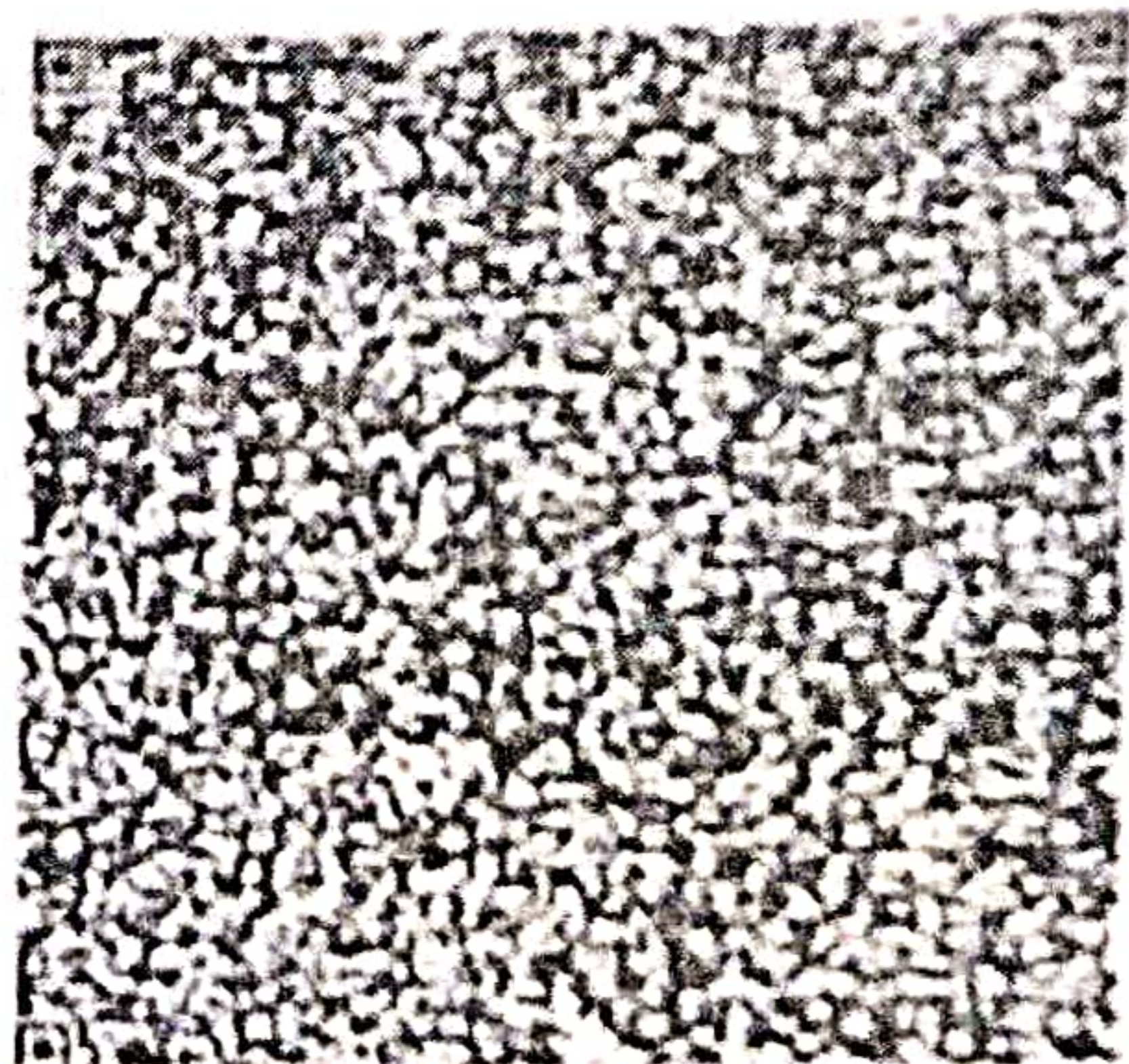


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O फुल्देइया, मगही कोथिलवा, मगही कोथिलवा,
कूशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O Fuldeiya, Maghi Kothilwa, PO: Maghi
Kothilwa, DIST: Kushinagar,
Uttar Pradesh - 274304



3262 1893 5674

VID : 9193 3119 7607 4829