

Gupta

ESTIMATE

GSTN: 09AHWPG0569P12

AUTHORISED DEALER

AUTOMOBILES



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 930723663

No. **6980**

Date 29/12/2

Name Mohammad A202

Add. UP 57 BW 0574

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Fender			1450/-	
②	visor			1000/-	
③	Indicator (R)			220/-	
④	H/L			595/-	
⑤	mirror			1480/-	
⑥	meter inner			370/-	
⑦	Lock set			975/-	
⑧	Tanki			5500/-	
⑨	muffler cover			680/-	
⑩	Handle			500/-	
⑪	H/L stand			280/-	
⑫	Labor charge			1000/-	
TOTAL				14050/-	

Authorised Signatory

Ray

To / सेवा में,
The Oriental Insurance Co Ltd /
द्वि 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
देये 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.	Mohammad Azad 9918976533
2	Vehicle No. / वाहन संख्या	UP5713W0574
3	Policy No. / पालिसी संख्या	252400/31/2025/74966
4	Period of Insurance / बीमा अवधि	1/01/2025 to 31/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/2025, 05:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Padmauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mukhtor Ali, UP5720200013 680 9918976533
8	Estimated Loss / अनुमानित हानि	14050/-
9	Cause of Accident / दुर्घटना का कारण:	मैरी बर्डम मैरी गाड़ी मुख्यतः अली तैमूर मारने जा रहे थे तभी अचानक सामने से रुम बर्डम वाला तैमूर मार दिया तो बर्डम मैरी बायें साइड गिरने से बर्डम मैरी डामेज 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.	9125197140 Gupta automobile Padma

मु. राजा

Signature of Insured / बीमाधारक के

Date / दिनांक : 29/12/25
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. 252900/31/2025/74966

Tel. No. _____

Period of Insurance 1/01/2025 to 31/12/2025
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 : Mohammad Azad
(b) Address for correspondence : _____
(c) Telephone : 9910976533

2. THE INSURED VEHICLE

Make & Year <u>H-800/2025</u>	Engine No. <u>HAIIEORHM62929</u> Chassis No. <u>MBLHAW23XRHMBL961</u>	Registration No. <u>UP57BW0574</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 : Mufhtar ali
 (b) Age : _____
 (c) Address : Rushinagar
 (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 : UP5720200013600
 (h) Issuing Authority : _____
 (i) Date of Expiry : 26/11/2030
 (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 : 28/12/2025, 5:00 PM
 (b) Place : Podrauna
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी वाहन मेरा भाई ने मार मार गिरा जा रहे थे
 (e) If any third party was responsible for this accident give the name and address : वकी सामन से वकी सामन वाला वकी मार मार गिरा तो वाहन मेरी वा मे साइड गिरने समेत ही वाडा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 1405/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Podrauna

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 29/12/25 200

Signature of the insured श्री रजनी

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. _____

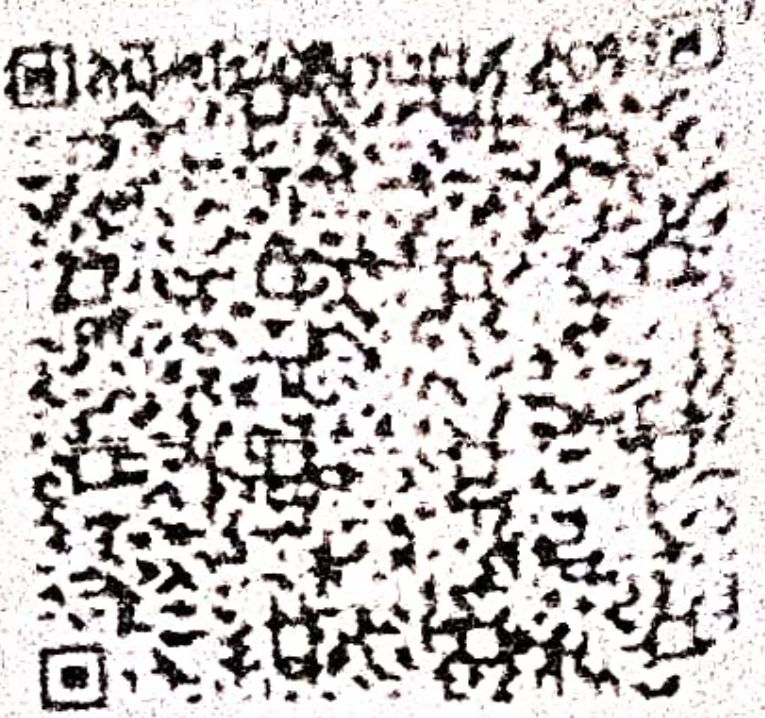
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

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 : UP57BW0574 Registration Date : 02-Jan-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 : MOHAMMAD AZAZ Son/wife/daughter of : MOHAMMAD SHAHID
 Full Address: (Permanent) : VILL-JANGAL BAKULAHA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-JANGAL BAKULAHA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 01-Jan-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 : AA2118627019 Rear HSRP No : AA2116799843
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW23XRHMB1961
 Engine No : HA11E8RHM62929 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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, DELHI, , , New Delhi, Delhi-110057 w.e.f. 01-Jan-2025.

Purchase dt : 01-Jan-2025 Sale Amt : 76526/-
 OTT Date : 01-Jan-2025 Amount/Rcpt No : 7653 / UP57D25010000251
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Jan-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

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

Date : 05-Feb-2025 18:26:29
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 05-Feb-2025

Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP57 20200013680

Issue Date: 27-11-2020
Validity: 26-11-2030



NO: 02-11-2021

Name:

MURTTAR ALI

Date of Birth:

01-01-1984

Organ Donor:

IN

Son/Daughter:

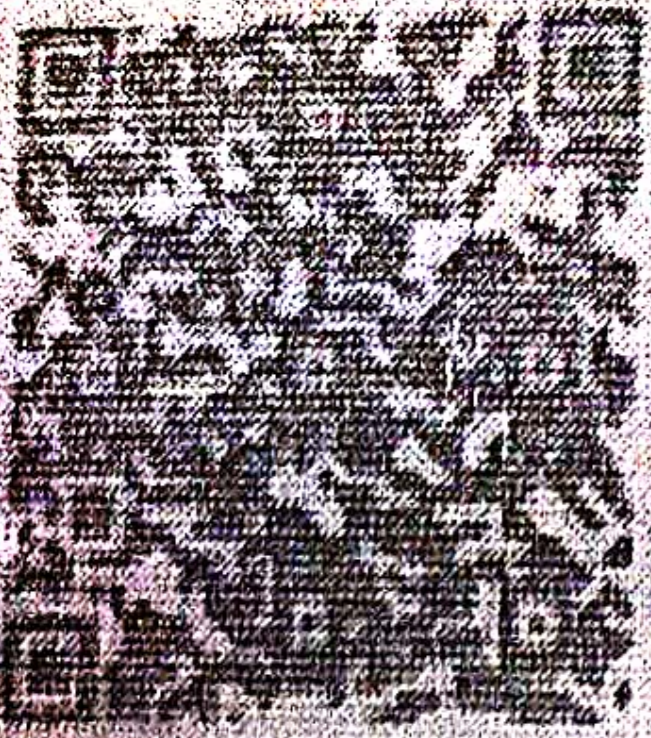
MUHAMMAD SHAHID

Address:

JUNGAL BAKULHA POST PADRAUNA THANA
PADRAUNA Jungle Bakulha
Padrauna, Kushinagar, UP 274304

UP

DL No: UP57 20200013680



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	MCWG	UP57	27-11-2020	NT			
LMV	LMV	UP57	27-11-2020	NT			
MVSO							

Emergency Contact Number

1087369240

Licensing Authority

UP57 RISHNAGAR

Form 7, Rule 16(7)



भारत सरकार
Government of India



Issue Date: 22/05/2015



मोहम्मद एजाज़
Mohammad Azaz
जन्म तिथि/DOB: 03/01/1983
पुरुष/ MALE

4995 9572 8434

VID : 9179 6438 0415 8825

मेरा आधार, मेरी पहचान



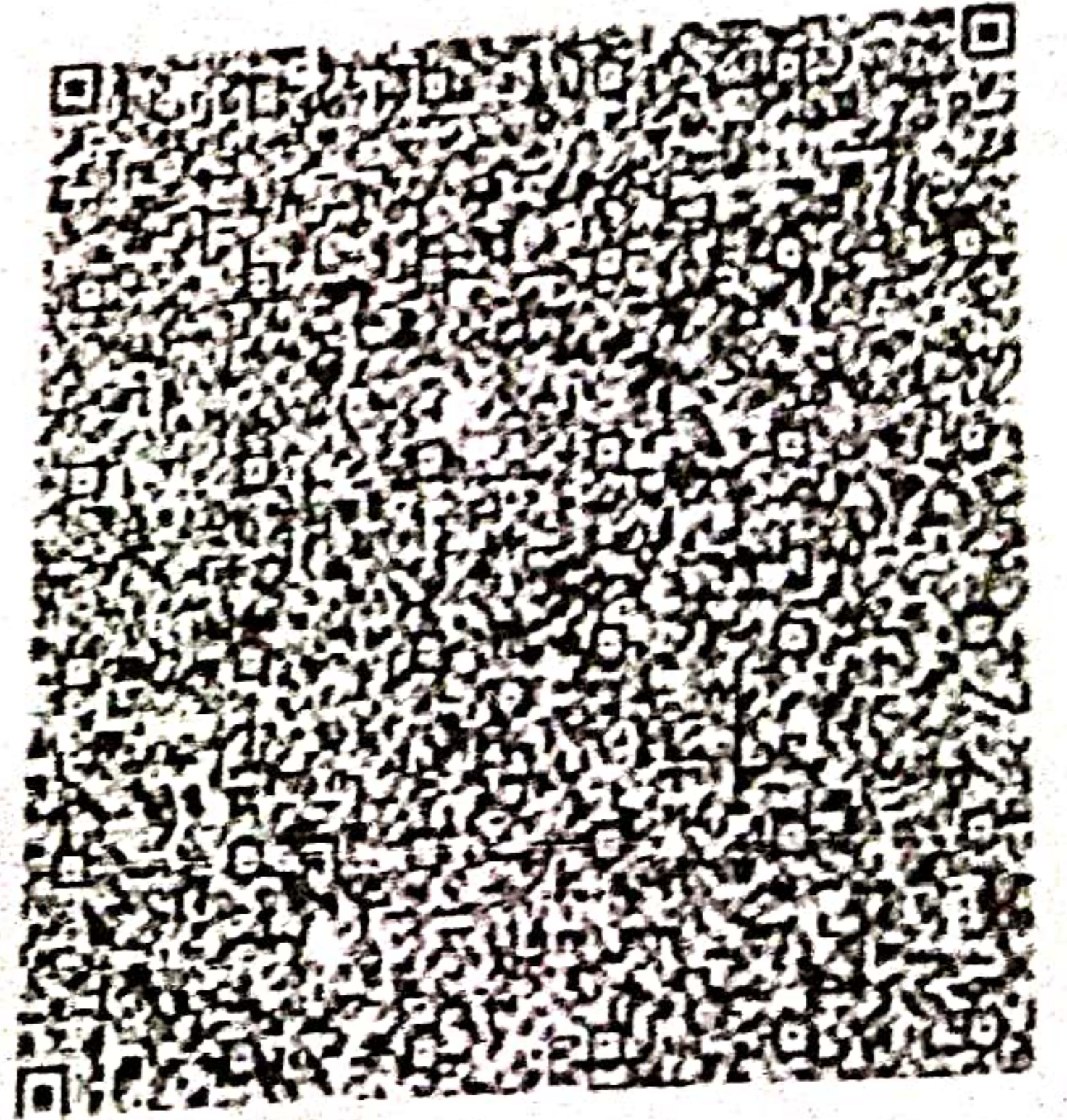
भारतीय विशिष्ट पहचान प्राधिकरण
Uniqne Identificallon Authority of India



पता:
आत्मज: मोहम्मद शाहीद, जंगला बाकुलहा पोस्ट पडरौना,
पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

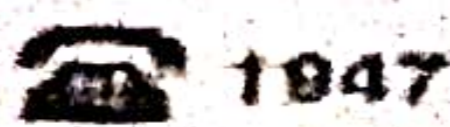
Address:
S/O: Mohammad Shahid, Jangal bakulaha
Post Padrauna, Padrauna, Kushinagar,
Uttar Pradesh - 274304

Download Date: 13/08/2022

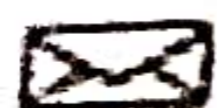


4995 9572 8434

VID : 9179 6438 0415 8825



1947



help@uidai.gov.in



www.uidai.gov.in