

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES

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

No.

6979

Date 29/12/25

Name

Jagdish

Add.

UP 57 BX 6557

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Legurd			680/-	
②	Indicator (L)			220/-	
③	Handle			500/-	
④	mirror (R)			240/-	
⑤	visor			850/-	
⑥	muffler cover			680/-	
⑦	gear lever			180/-	
⑧	Tool Box cover (L)			180/-	
	Labor charge			600/-	
TOTAL				4030/-	

Authorised Signatu

Raj

12 Name of the Workshop, Address & Contact

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.	Jagdish 7388648742
2	Vehicle No. / वाहन संख्या	UP57 BX 6557
3	Policy No. / पालिसी संख्या	252400/31/2026/8488
4	Period of Insurance / बीमा अवधि	29/04/2025 to 28/04/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/2025, 06.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kaptanganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vinay Kumar, UP57 201400 10002
8	Estimated Loss / अनुमानित हानि	4030/-
9.	Cause of Accident / दुर्घटना का कारण :	मेरे साले जी राम दुलारे साहनी ब्राईक लेकर अपने घर जा रहे थे तभी एक ब्राईक वाले ने सामने के बाएँ साईड से छक्कर मार दिया जिससे ब्राईक दाएँ साईड गिरने से क्षतिग्रस्त 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.

Date / दिनांक : 29/12/25
हस्ताक्षर

Jagdish
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. 252400/31/2026/0488

Tel. No. _____

Period of Insurance 29/04/2025 to 28/04/2025
 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 : Jagdish
 (b) Address for correspondence : _____
 (c) Telephone : 7388648742

2. THE INSURED VEHICLE

Make & Year <u>Huay</u>	Engine No. <u>HAIFASHC08073</u> Chassis No. <u>MBLHAW436SHD04075</u>	Registration No. <u>UP57BX 6557</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 Kumar
 (b) Age : _____
 (c) Address : Keshavnagar
 (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 20140010082
 (h) Issuing Authority : _____
 (i) Date of Expiry : 28/05/2034
 (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, 6:00 PM
 (b) Place : Kapanganj
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरे साले जी हाइम ले गए पारहे जो लकी एक
 (e) If any third party was responsible for this accident give the name and address : हाइम वाल ने सामने की हाइम साइड से टक्कर मारो
दिना लिमिटेड हाइम कारे साइड गारन
से उभरेन हो गये

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front mid side
 (b) Estimated cost of repairs : 4030/-
 (c) When and where can the damaged vehicle be inspected : Crupta 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 : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : N/A

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? : _____
- (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.

Signature of the insured UJAG 21

Date 29/12/25 200

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

FORM NO. 60

[See second proviso to rule 114B]



Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Jagdish
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 29/12/25
Place : Radround

[Signature]
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX6557 Registration Date : 04-May-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 : JAGDISH Son/wife/daughter of : RAMVRIKSH
 Full Address: (Permanent) : VILL- KHOTAHI TOLA DHARMPUR, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306
 Full Address: (Temporary) : VILL- KHOTAHI TOLA DHARMPUR, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR- UTTAR PRADESH-274306

Fitness UpTo : 03-May-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : SUJIT NISHAD
 Relationship with the Nominee : Son Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2124519208 Rear HSRP No : AA2124902822
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
 No of Cylinders : 1 Chassis No : MBLHAW436SHD04075
 Engine No : HA11F4SHC08073 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE 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 HERO FINCORP LIMITED, 34 BASANT LOK, VASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 29-Apr-2025.

Purchase dt : 29-Apr-2025 Sale Amt : 65000/-
 OTT Date : 29-Apr-2025 Amount/Rcpt No : 6500 / UP57D25050000590
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-May-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 04-May-2025 to 03-May-2040

Signature of Registering Authority
Date : 16-Jun-2025

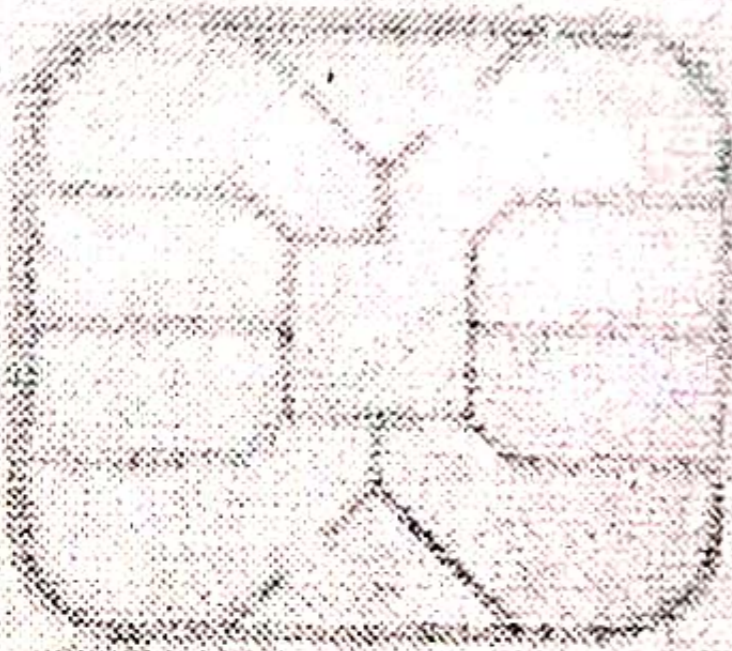
Date : 16-Jun-2025 15:51:12
Taxation Particulars / Advance Registration Mark Fee Details

3621812

UNION OF INDIA Driving Licence



UP57-20140010082



कार्य जारी की तिथि

Date of Issue
29/05/2014

वैधता तिथि

(NT) 28/05/2034

जन्म तिथि

Date of Birth
10/12/1994

Blood Group

UNKNOWN



नाम / Name

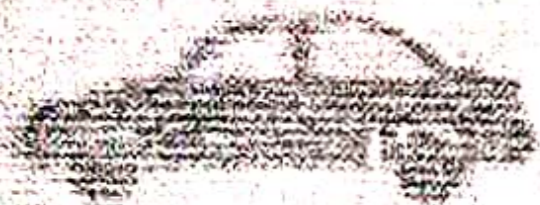
VINAY KUMAR

पिता/पति का नाम / Son/Daughter/Wife of

SAVAROO

UP57 20140010082

UP00919587793



LIN

MCWG

29/05/2014

29/05/2014

Address

VEL POKHAR BHINDA

PO- BANKATA BHARPURWA, PS- CAPTAINGANJ

KUSHINAGAR 274149



कार्यालय / Issuing Authority

KUSHINAGAR

Address No. Issued: 280327815



भारत सरकार
Government of India



जमदीय
महोदय
जन्म तिथि/ DOB: 01/01/1981
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग केवल (संयुक्त प्रमाणीकरण, ऑनलाइन लॉड/
नॉन-प्रमाणित एप्लिकेशन से नहीं) 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)

2376 2625 9021

मेरा आधार, मेरी पहचान

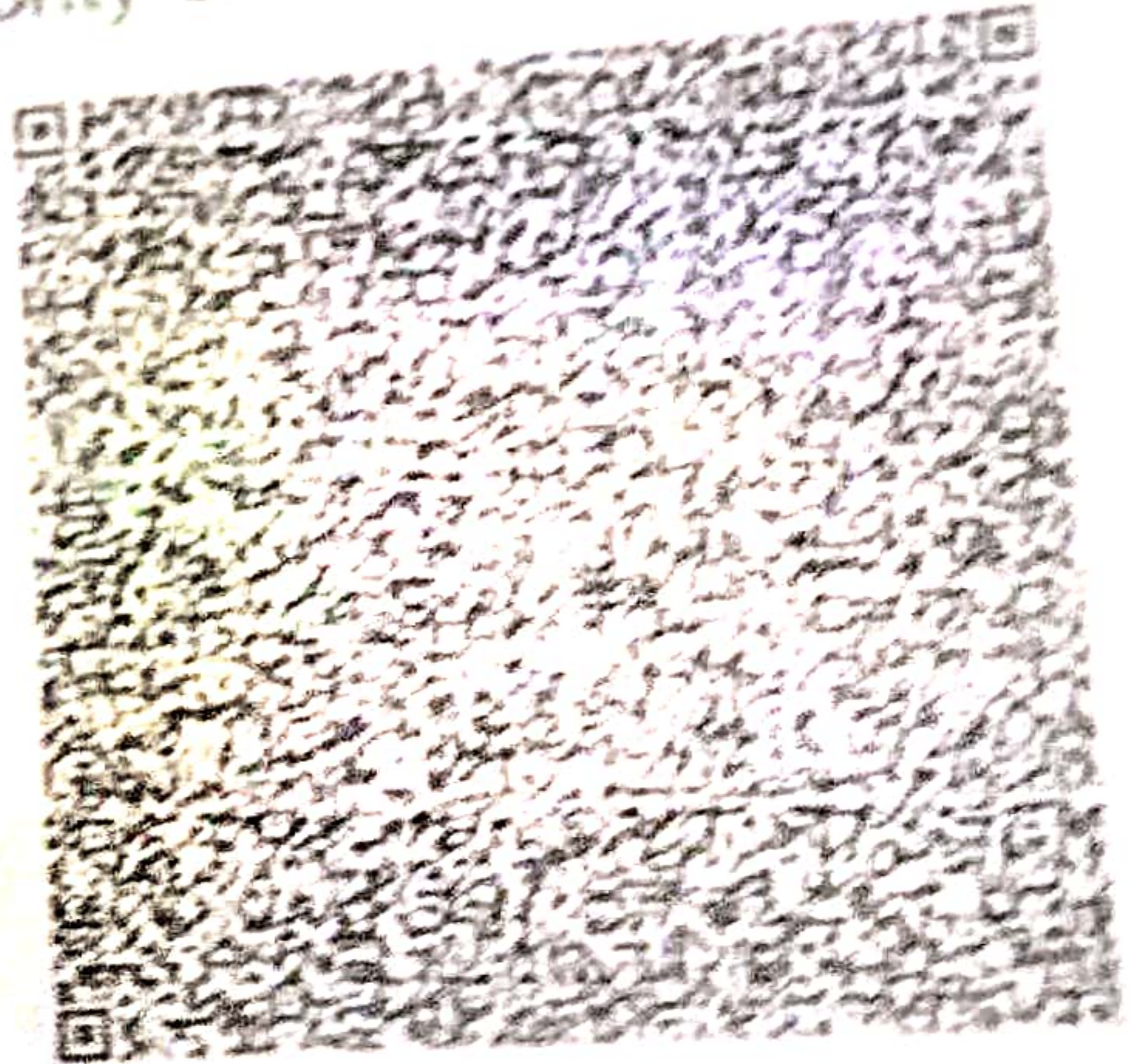


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आमनज, रामवृक्ष, खोटाही, धर्मपुर, खोटाही, लक्ष्मीगंज,
कुशीनगर,
उत्तर प्रदेश - 274306

Address:
S/O: Ramvriksh, khotahi, dharpur, Khotahi, PO:
Laxmiganj, DIST: Kushinagar,
Uttar Pradesh - 274306



2376 2625 9021

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help@uidai.gov.in

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