

Gupta

ESTIMATE

GSTN: 09AHWPG0569P12

AUTHORISED DEALER

AUTOMOBILES



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

No.

6958Date 30/12/22

Name

Guni Devi

Add.

UP57BY0134

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Soker complete (L)			2200/-	
②	visor			1000/-	
③	M/L			605/-	
④	Indicator R+L			440/-	
⑤	Fender			1450/-	
⑥	Legurd			600/-	
⑦	Tanki			5500/-	
⑧	Foot Rest (L+R)			490/-	
⑨	Handle			500/-	
⑩	Handle t			980/-	
⑪	LIVY R+L			210/-	
⑫	Side Panel (L)			640/-	
⑬	Front hub + wire			1060/-	
	Labor charge			1000/-	
			TOTAL	16755/-	

Authorised Signatory

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

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

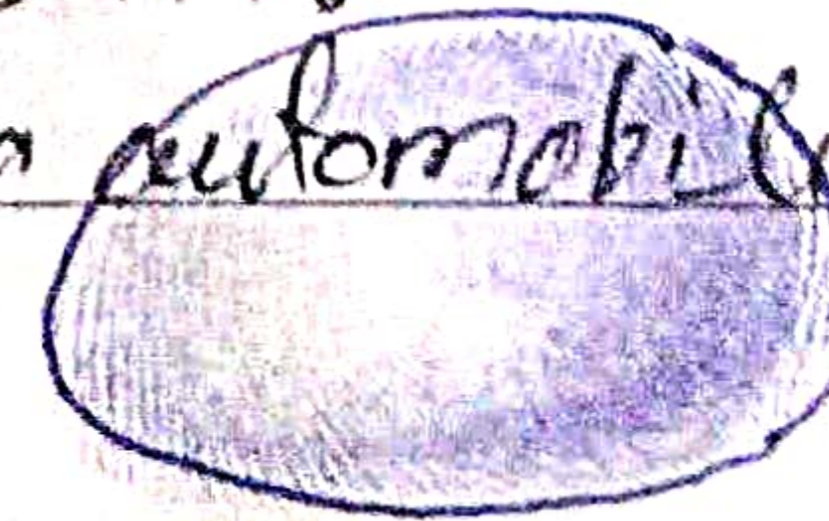
Sir / महोदय,

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.	Guni Devi 9236904330
2	Vehicle No. / वाहन संख्या	UP57BY0134
3	Policy No. / पालिसी संख्या	252400/31/2026/29168
4	Period of Insurance / बीमा अवधि	22/07/2025 to 21/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/12/2025, 12:15 P.M
6	Place of Accident / दुर्घटना का स्थान	Ramkrishna Petrol pump
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arman Rayan, UP57202300 9277495671 19095
8	Estimated Loss / अनुमानित हानि	16755/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी कार में मेरे तड़के में दोस्त अरमान रायान लेम्बर दावा करने जा रहे थे तभी अचानक सामने से एक गाड़ी वाला दुर्घटना मार दिया तो कार में मेरी दावा साइड गिरने से डमेज 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 Uupta automobile Pachwan

Date / दिनांक : 30/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

 गुनी देवी

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Arman Rayan
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP5720730019095
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2023
 (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 : 26/12/2025, 12:15 P.M
 (b) Place : Rankala Petrol Pump
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : गुरी बर्डिंग गुरे लडने के दोस्त लेकर जा रहे भारतगु सामने
 (e) If any third party was responsible for this accident give the name and address : बे नाम वाली गाड़ी लडकर मार दिया है बर्डिंग गुरे नाम
सड़क गिरत से डामर ट
मड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 16755/-
 (c) When and where can the damaged vehicle be inspected : ग्रुपटा ऑटोमोबाइल पावरूम

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

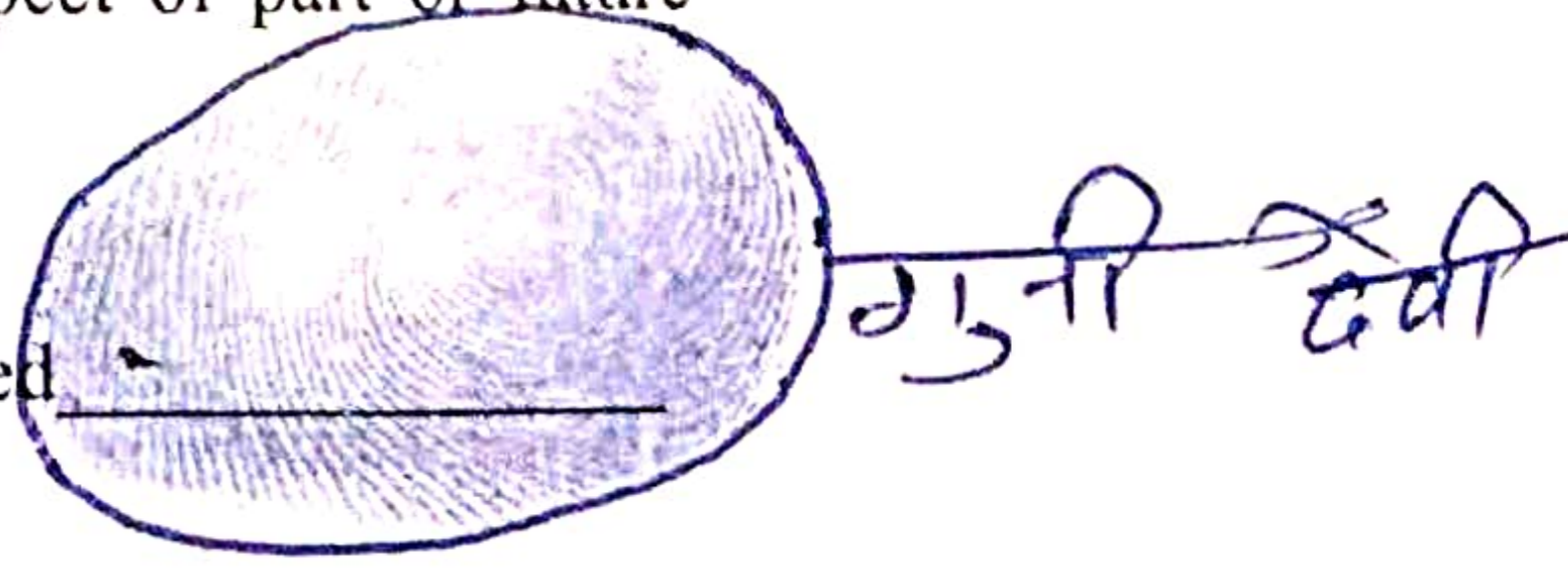
- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____
- (c) Was accident reported to Police? If not, Why? : N/A
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

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 30/12/25200

Signature of the insured 

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



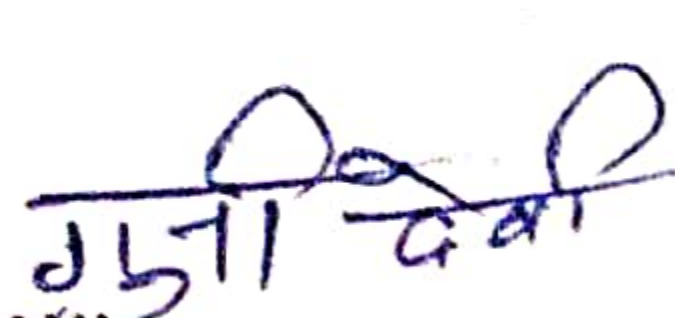
The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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 enters into any transaction specified in rule 114B

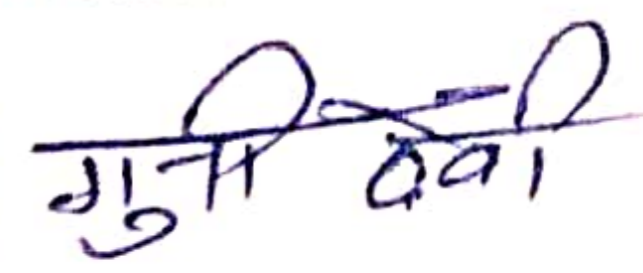
1. Full name and address of the declarant Cruni Devi
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
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 : 30/12/25
Place : Puducherry



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 : UP57BY8134 Registration Date : 23-Jul-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 : GUNI DEVI Son/wife/daughter of : NANDKISHOR GOND
 Full Address: (Permanent) : VILL-GARUN NAGAR, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-GARUN NAGAR, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 22-Jul-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 : AA2132848431 Rear HSRP No : AA1043833399
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW47XSHFC8142
 Engine No : HA11F6SHF26829 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235 RS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : MATT GREY Laden/GV Wt (kgs) : 243
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 22-Jul-2025.

Purchase dt : 22-Jul-2025 Sale Amt : 80116/-
 OTT Date : 22-Jul-2025 Amount/Rcpt No : 8012 / UP57D25070002444
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 25-Jul-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 23-Jul-2025 to 22-Jul-2040

Date : 25-Aug-2025 12:23:23

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 25-Aug-2025

A. K. S. J. Kashinagar

Q 5142145

DL No: UP57 20230019095

UPDL0000127359013



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	15-12-2023	NT			
	LMV	UP57	15-12-2023	NT			
	MVSD						

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR

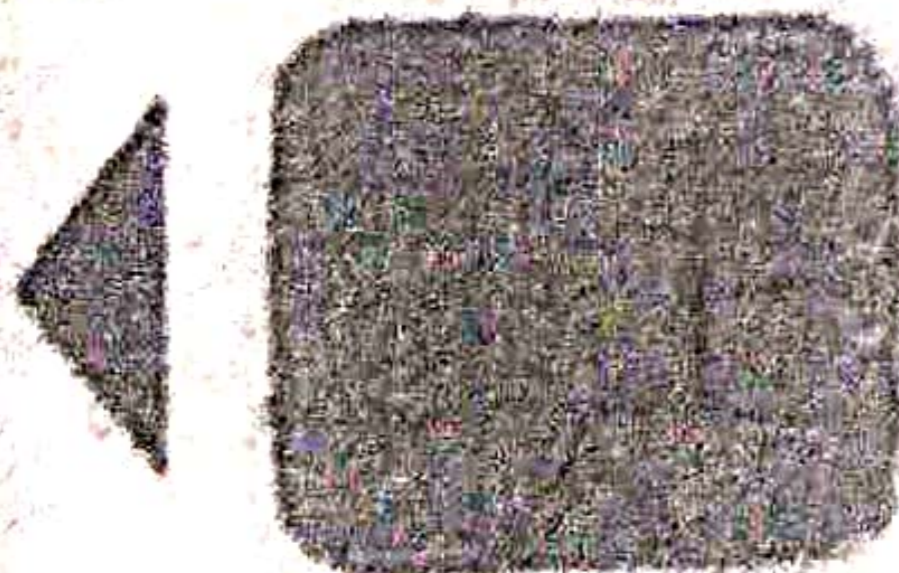
Form 7 Rule 16(2)



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20230019095



Issue Date	Validity (NT)	Validity (TR)*
15-12-2023	31-12-2043	_____



(15.12.2023)

Holder's Signature

Name:

ARMAN RAYEEN

Date of Birth: 01-01-2004

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: KALLU

Address:

Hathishar Mohhala Graun Nagar Padrauna
Kushinagar Uttar Pradesh 274304

Date of First Issue



भारत सरकार

GOVERNMENT OF INDIA

शुनी देवी

GUNI DEVI

जन्म तिथि/ DOB: 17/01/1986

महिला / FEMALE

9928 1367 1135



शेरा आधार, शेरि पहचान



भारत सरकार

GOVERNMENT OF INDIA

Address:

W/O: Nandkeshor Gond, GARUN NAGAR, GARUN NAGAR, WARD 13, Padrauna, Kushinagar, Uttar Pradesh - 274304

274304

9928 1367 1135



Help @ UCAAL.GOV.IN

भारत सरकार