

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6969** Date 31/12/25
Name Arvindhna Kumari Madhushya
Add. VP57BZ9606

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Tanki			6000/-	
②	Legurd			680/-	
③	Lever (R)			110/-	
④	Mirror (R)			150/-	
⑤	Labor charge			500/-	
TOTAL				7440/-	

Authorised Signatory

दाव

ie S
नियु

1/1

57

24

110

4

1

78

4

7

1

2

7

1

1

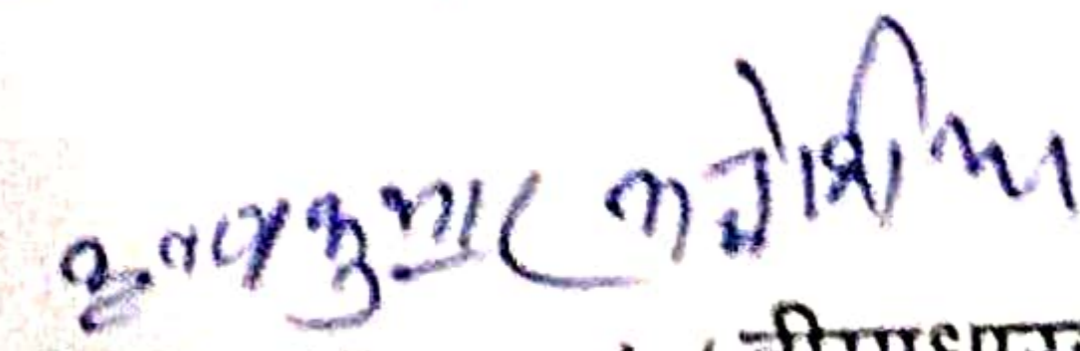
To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	Prishna Kumar Madhaviya 9838217248
2	Vehicle No. / वाहन संख्या	UP57B29606
3	Policy No. / पालिसी संख्या	252400/31/2026/46671
4	Period of Insurance / बीमा अवधि	18/10/2025 to 17/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/12/2025, 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Bardipool
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Prishna Kumar Madhaviya
8	Estimated Loss / अनुमानित हानि	₹440/-
9	Cause of Accident / दुर्घटना का कारण :	<p>मैं अपनी वाइम लेजर मारकेट जा रही थी तभी अचानक सामने मुल्ला आ गया तो उसी को बचाते वकत वाइम साईड लेजर गिर गया रोड भर स्ट था उसी मरिचको वाइम मेरी ड्राइव हो गयी</p>
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 Automobiles


Signature of Insured / बीमाधारक के

Date / दिनांक : 31/12/2025
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 _____
 Tel. No. _____

Certificate/Policy No. 252900/312026/AG671
 Period of Insurance 18/10/2025 to 17/10/2026
 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 : Leelabina Kumar Madheshiya
 (b) Address for correspondence : _____
 (c) Telephone : 9838217248

2. THE INSURED VEHICLE

Make & Year <u>H150/2025</u>	Engine No. <u>H11FB5HJ55276</u> Chassis No. <u>MBLHAW3395HJ546</u> <u>10</u>	Registration No. <u>UP5FBZ</u> <u>9606</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 _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Krishna Kumar madhesheya
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP5720180017280
 (h) Issuing Authority : _____
 (i) Date of Expiry : 8/07/2028
 (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 : 31/12/2025, 4:00 P.M
 (b) Place : Budipool
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मैं अपनी बर्डमलेकर मारकर जा रहा था तभी अचानक सामने मुला आ गया तो उसी को बचाते दाने साईड लेम गिर गया तो राड भर डई था उसी भर गिर गया तो बर्कि मेरी समेत नलम
 (e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 7440/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Padmunda

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 31/12/25 200

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 _____
(In words Rupees _____)
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____)

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

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ9606 Registration Date : 21-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 : KRISHNA KUMAR Son/wife/daughter of : RAMNATH MADDHESHIYA
 MADDHESHIYA
 Full Address: (Permanent) : VILL-BHAISAHI, POST-AHIRAULI BAZAR, THANA-KASYA, KUSHINAGAR, UTTAR
 PRADESH-274402
 Full Address: (Temporary) : VILL-BHAISAHI, POST-AHIRAULI BAZAR, THANA-KASYA, KUSHINAGAR-UTTAR
 PRADESH-274402
 Fitness UpTo : 20-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 : AA2140318963 Rear HSRP No : AA2138242135
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW339SHJ54610
 Engine No : HA11FBSHJ55276 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 S)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey 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 L & T FINANCE LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 17-Oct-2025.

Purchase dt : 17-Oct-2025 Sale Amt : 80517/-
 OTT Date : 17-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100005736
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 21-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Oct-2025 to 20-Oct-2040

Date : 12-Dec-2025 18:03:14

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 12-Dec-2025

Stamp: R.T.O. (A) KUSHI NAGAR

Q 6218062

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20130017280



मार्ग / जारी की तिथि
Date of Issue
06/12/2013

वैधता / Validity
(NT) 08/07/2028

जन्म / Date of Birth
09/07/1978

Blood Group
UNKNOWN

नाम / Name

KRISHNA KUMAR MADDHESHIYA

पुत्र/पुत्री या पति / Son/Daughter/Wife of

RAMNATH MADDHESHIYA



UP57 20130017280



LMV

06/12/2013



MCWG

06/12/2013

UP00660944RS

Form 7 Rule 16(2)

पता / Address

VILL-BHAINSAHI

PO-AHIRAULI BAZAR,PS-KASIA

KUSHINAGAR

हस्ताक्षर / Signature

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



भारत सरकार

Government of India



कृष्ण कुमार मद्धेशिया

Krishna Kumar Maddheshiya

जन्म तिथि / DOB : 09/07/1978

पुरुष / Male

3495 0516 2056



आधार - आम आदमी का अधिकार



भारतीय विधिकरण प्रणाली अधिकरण

Unique Identification Authority of India

पता:

आत्मज: रामनाथ मद्धेशिया, भैसाही,
अहिरौली बाजार, कुशीनगर, उत्तर
प्रदेश, 274402

Address:

S/O. Rammath Maddheshiya,
Bhaisahi, Ahirauli Bazar,
Kushinagar, Uttar Pradesh,
274402

3495 0516 2056

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

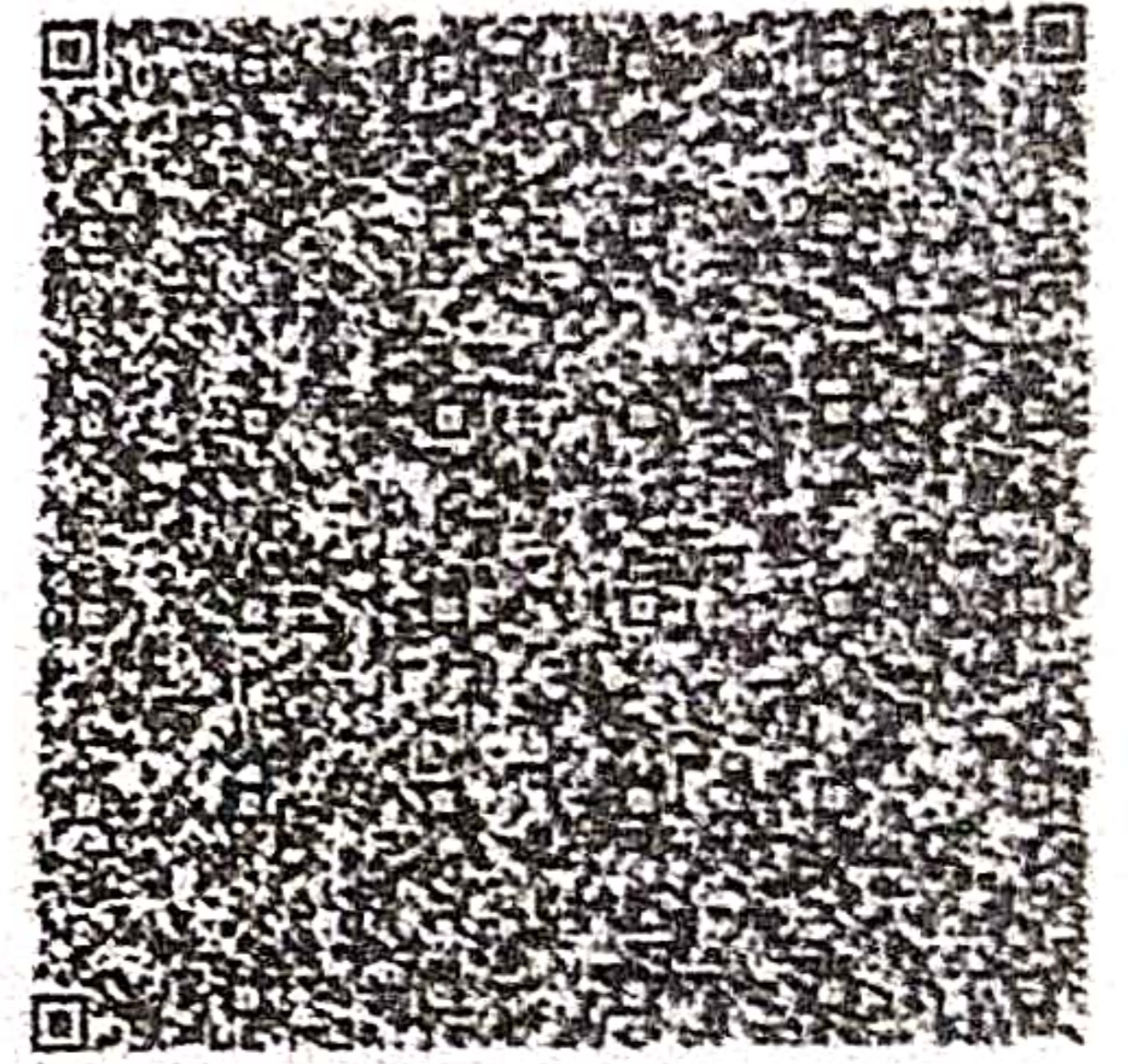


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IMNPM8842P



नाम / Name

KRISHNA KUMAR MADDHESHIYA

पिता का नाम / Father's Name

RAMNATH MADDHESHIYA

जन्म का तिथि / Date of Birth

09/07/1978

हस्ताक्षर / Signature

13168