

# Gupta

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**

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

No. **6976**Date 5/01/2026Name DulahiAdd. UP57CA 2872

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Handle			510/-	
②	Handle			9800/-	
③	Front Rim			4500/-	
④	mirror - (R)			145/-	
⑤	Lever - (R)			110/-	
⑥	visor			1265/-	
⑦	Indicator - (R)			220/-	
⑧	Labor charge			600/-	
<b>TOTAL</b>				<b>17150/-</b>	

Authorised Signatory

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Dukhi 6389647759
2	Vehicle No. / वाहन संख्या	UP57CA2872
3	Policy No. / पालिसी संख्या	252400/31/2026/52568
4	Period of Insurance / बीमा अवधि	26/10/2025 to 25/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/01/2026, 09.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Dhulhai
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Fanindra Singh, UP5720130012 822 9648484747
8	Estimated Loss / अनुमानित हानि	17150/-
09.	Cause of Accident / दुर्घटना का कारण:	मेशी बाईक लेकर मेरे कोस्त फुनिन्दर सिंह गौरीश्रीराम से घर की तरफ आ रहा था तभी दुधई के पास एक जईक वाले ने सामने से छक्कर मार दिया बाईक दाये साईड गिरने से क्षतिग्रत हो गयी
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 Padraona

Date / दिनांक : 5/01/2026  
हस्ताक्षर

  
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. 252400/31/2026/52568

Tel. No. \_\_\_\_\_

Period of Insurance 26/10/2025 to 25/10/2026  
 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 : Durki  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 6309647759

2. THE INSURED VEHICLE

Make & Year <u>Hu 70/2025</u>	Engine No. <u>HA11FB5HR32955</u> Chassis No. <u>MBLHAW33SHR33276</u>	Registration No. <u>UP57CA</u> <u>2872</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 : Farindra Singh  
(b) Age : Kushinagar  
(c) Address :  
(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 : UP5720130012822  
(h) Issuing Authority :  
(i) Date of Expiry : 19/09/2033  
(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 : 3/01/2026, 9:00 PM  
(b) Place : Badoli  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : मेरी कार्डिन मेरा ट्रैक्टर लेकर आ रहा था तभी सामने से एक कार्डिन वाला ट्रैक्टर आया जिसने मेरी कार्डिन को टक्कर मारी जिससे कार्डिन से ज़रूरत पड़ी।  
(e) If any third party was responsible for this accident give the name and address : मि. रजि. से. कार्डिन वाला

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side  
(b) Estimated cost of repairs : 17150/-  
(c) When and where can the damaged vehicle be inspected : Crupta Automobile Pachwan

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 5/02/2026 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 .....

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



Registration No : UP57CA2872 Registration Date : 26-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 : DUKHI Son/wife/daughter of : VANSHI  
Full Address: (Permanent) : VILL-SEMARA HARDO, POST-KATHKUIYA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
Full Address: (Temporary) : VILL-SEMARA HARDO, POST-KATHKUIYA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 25-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 : AA2142495593 Rear HSRP No : AA2141829141  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
No of Cylinders : 1 Chassis No : MBLHAW332SHK33276  
Engine No : HA11FBSHK32955 Fuel : PETROL  
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 20-Oct-2025.

Purchase dt : 20-Oct-2025 Sale Amt : 80517/-  
OTT Date : 20-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100008975  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 24-Dec-2025

Other State/Transfer/Conversion/Reassign Details  
Previous Owner :  
Old State :  
Transfer Date :  
Previous RegNo :  
Entry Date :  
Conversion Date :

This certificate is valid from 26-Oct-2025 to 25-Oct-2040

Signature **A.B.T.O. (A)**  
Registering Authority  
KUSHI NAGAR  
29-Dec-2025

Date 29-Dec-2025 17:15:59  
Taxation Particulars / Advance Registration Mark Fee Details

Q 6239099

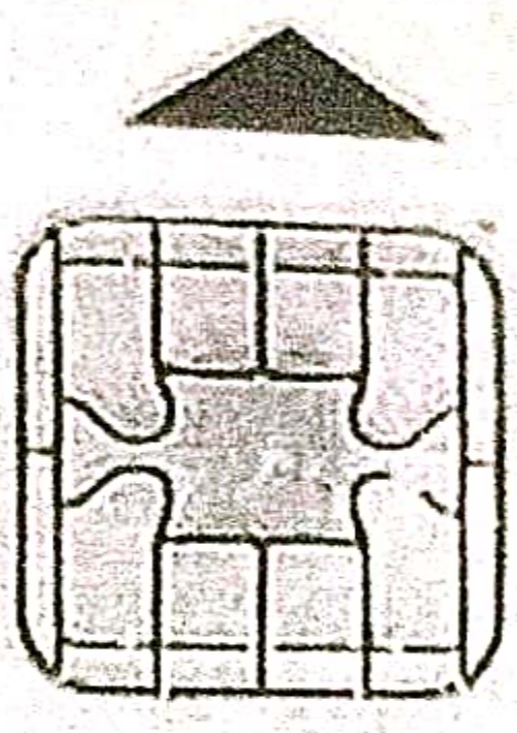


Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20130012822

Issue Date 17-08-2019 Validity (NT) 19-09-2033 Validity (TR) \*



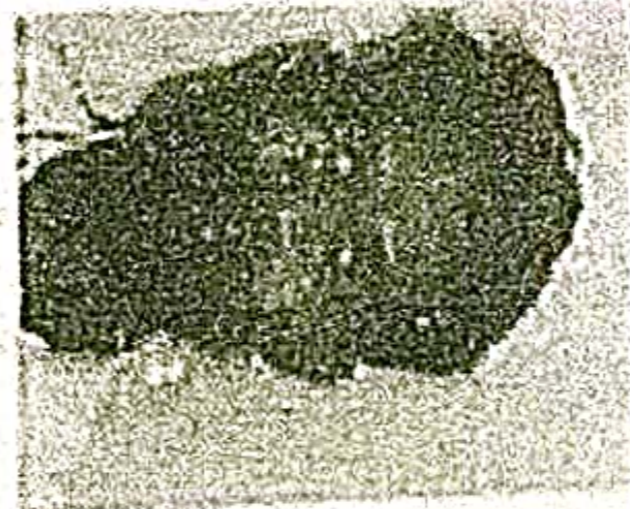
Name: FANINDRA SINGH

Date of Birth: 28-08-1992 Blood Group: Organ Donor: N

Son/Daughter/Wife of: MANKESHWAR SINGH

Address:

VILL-SEMRA HARDO  
PO-KATHKUIYAN, PS-KUBERSTHAN  
PADRAUNA, KUSHINAGAR 274303



Holder's Signature

Date of First Issue (20-09-2013)

DL No: UP57 20130012822

UPDL000000912171



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	LMV	UP57	20-09-2013	NT			
MVSD							

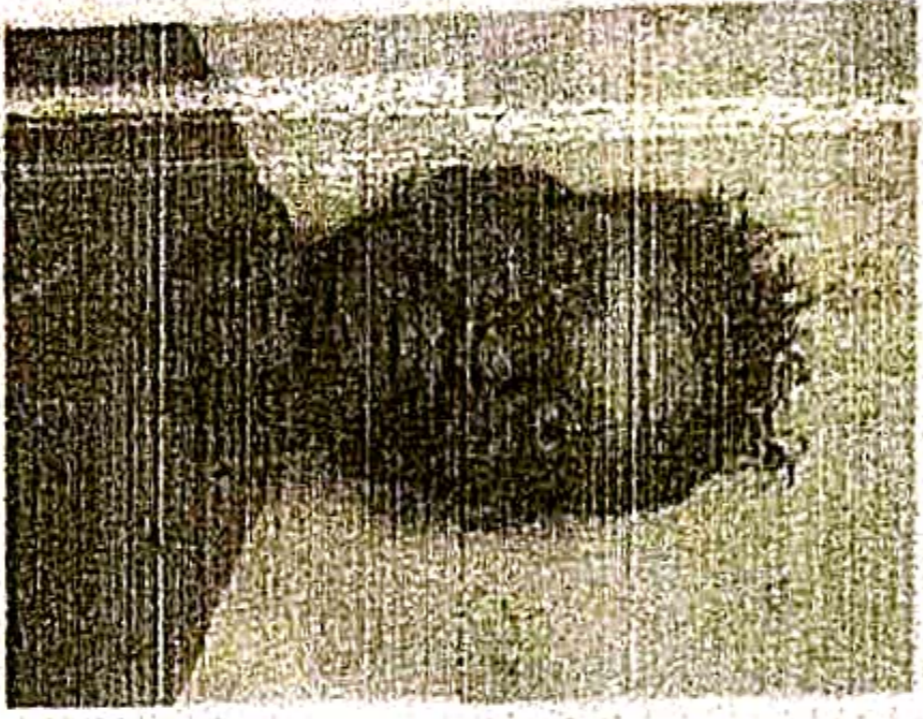
Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR



भारत सरकार

Government of India



दुखी

Dukhi

जन्म तिथि / DOB : 01/01/1974

पुरुष / Male

4741 2981 0698



आधार - आम आदमी का अधिकार



भारतीय रिजर्व आम आदमी

Unique Identification Authority of India

पता: S/O: वंशी, सेमरा हरदो,  
कुशीनगर, काठ बुढ़या, उत्तर प्रदेश,  
274303

Address: S/O: Vanshi, Semara Hardo,  
Kushinagar, Kath Kuyar, Uttar Pradesh,  
274303

4741 2981 0698

1800 300 1947



mail@uidai.gov.in



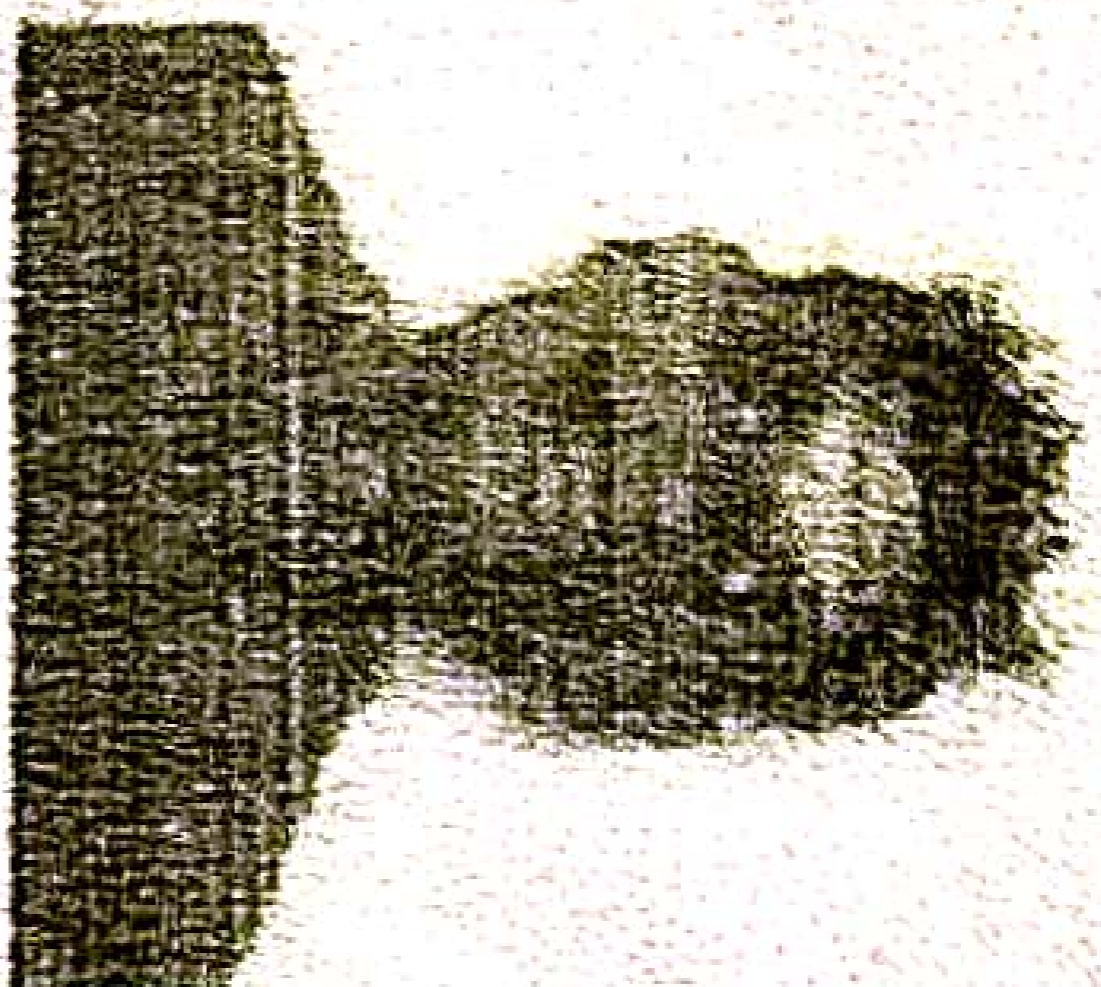
www.uidai.gov.in

आयकर विभाग

आयकर विभाग

INCOME TAX DEPARTMENT

GOVT. OF INDIA



कर्मचारी विभाग

Permanent Account Number

KREPPD541TD

नाम / Name

Dukhi

जन्म तिथि / Date of Birth

01/01/1974

हस्ताक्षर / Signature

