

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **6981**Date 5/02/26Name SonmatiAdd. UP 57 BX 5720

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT Rs. | P. |
|-------|--------------|------|--------------|---------------|----|
| ① | Tanki | | | 5500/- | |
| ② | Labor charge | | | 400/- | |
| | | | TOTAL | 5900/- | |

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. | Sonmati |
| 2 | Vehicle No. / वाहन संख्या | MF80131912 |
| 3 | Policy No. / पालिसी संख्या | UP57BX5720 |
| 4 | Period of Insurance / बीमा अवधि | 25/24/07/31/2026/7073 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 28/04/2025 to 27/04/2026 |
| 6 | Place of Accident / दुर्घटना का स्थान | 2/04/2026, 7:00 P.M |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Shamrahardo Navshad, UP5720240023224 8090650406 |
| 8 | Estimated Loss / अनुमानित हानि | 5900/- |
| 9 | Cause of Accident / दुर्घटना का कारण: | मेरी वाहन मेरे लड़के के दोस्त नासाद लैम्प मारने से घर उता रहे थे तभी अचानक मोड़ पर मुता आ गया उसी को बचाते वक्त दोन सड़ि लैम्प बिर ले वाहन मेरी 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 Uupto automobile Panchsaran |

Date / दिनांक : 5/05/2026
हस्ताक्षर

 सोनमती
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. 252900/31/2026/7873
 Tel. No. _____ Period of Insurance 28/04/2025 to 27/04/2026
 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 : Sonmati
 (b) Address for correspondence : _____
 (c) Telephone : 7780131912

2. THE INSURED VEHICLE

| | | |
|--------------------------------|--|---|
| Make & Year <u>MAR/2025</u> | Engine No. <u>HA11F7SHD24093</u> Chassis No. <u>MBLHAW408SHD49644</u> | Registration No. <u>UP57 BX</u> <u>5720</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 : Navshad
- (b) Age : _____
- (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 : UP5720240023224
- (h) Issuing Authority : _____
- (i) Date of Expiry : 31/12/2045
- (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 : 2/02/2026, 7:00 P.M
- (b) Place : Shimsha harda
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : _____
- (e) If any third party was responsible for this accident give the name and address : गुरु ठाडम मेरे लड़के को दोस्त लिफार का बहा भावमी सामने मुला का गंगा से उसी को बचाते वक्त दाहिने साइड लेफ्ट गिरावट जमिण द

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Right
- (b) Estimated cost of repairs : 5900/-
- (c) When and where can the damaged vehicle be inspected : Gupta automobile Peshawar

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 : N/A
- (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 5/01/2026 200

Signature of the insured



सो नमला

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/-



Handwritten signature

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 : UP57BX5720
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA. . . 189-274304
 Owner Name : SONMATI
 Full Address: (Permanent) : VILL-SEMARA HARDO, POST -KATHKUIYAN, THANA -KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL-SEMARA HARDO, POST -KATHKUIYAN, THANA -KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274303
 Fitness UpTo : 28-Apr-2040
 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2124518931
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F7SHD24893
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : Black Heavy Grey
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2124902544
 Month/Year of Manuf. : 04/2025
 Chassis No : MBLHAW488SHD49644
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kgs) : 243
 AC Fitted : NO

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 IDFC FIRST BANK LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 29-Apr-2025.

Purchase dt : 28-Apr-2025
 OTT Date : 28-Apr-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 06-May-2025
 Sale Amt : 78776/-
 Amount/Rcpt No : 7878 / UP57D25040004666
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Apr-2025 to 28-Apr-2040

Date : 19-Jun-2025 10:39:32

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Kushi Nagar (UP)
 Date: 19-Jun-2025

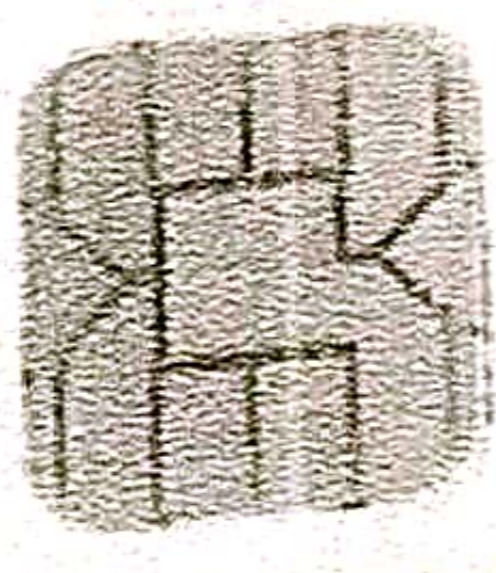
Q 3786808

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20240023224

Issue Date: 23-12-2024
 Validity (NT): 31-12-2045
 Validity (TR): *



Holder's Signature

Name: NAVSHAD
 Date of Birth: 01-01-2006
 Blood Group:
 Son/Daughter/Wife of: ANNUL
 Organ Donor: N

Address: SIKAT A GHORGHATIA PADRAUNA KUSHINAGAR
 Uttar Pradesh 274303

Date of First Issue 23-12-2024

DL No: UP57 20240023224

UP DL 0000148885



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 |
|------------------|------|-----------|---------------|------------------|--------------|-------------------|-----------------|
| LMV | MCWG | UP57 | 23-12-2024 | NT | | | |
| MVSD | | | | | | | |

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

आयकर विभाग

INCOME TAX DEPARTMENT



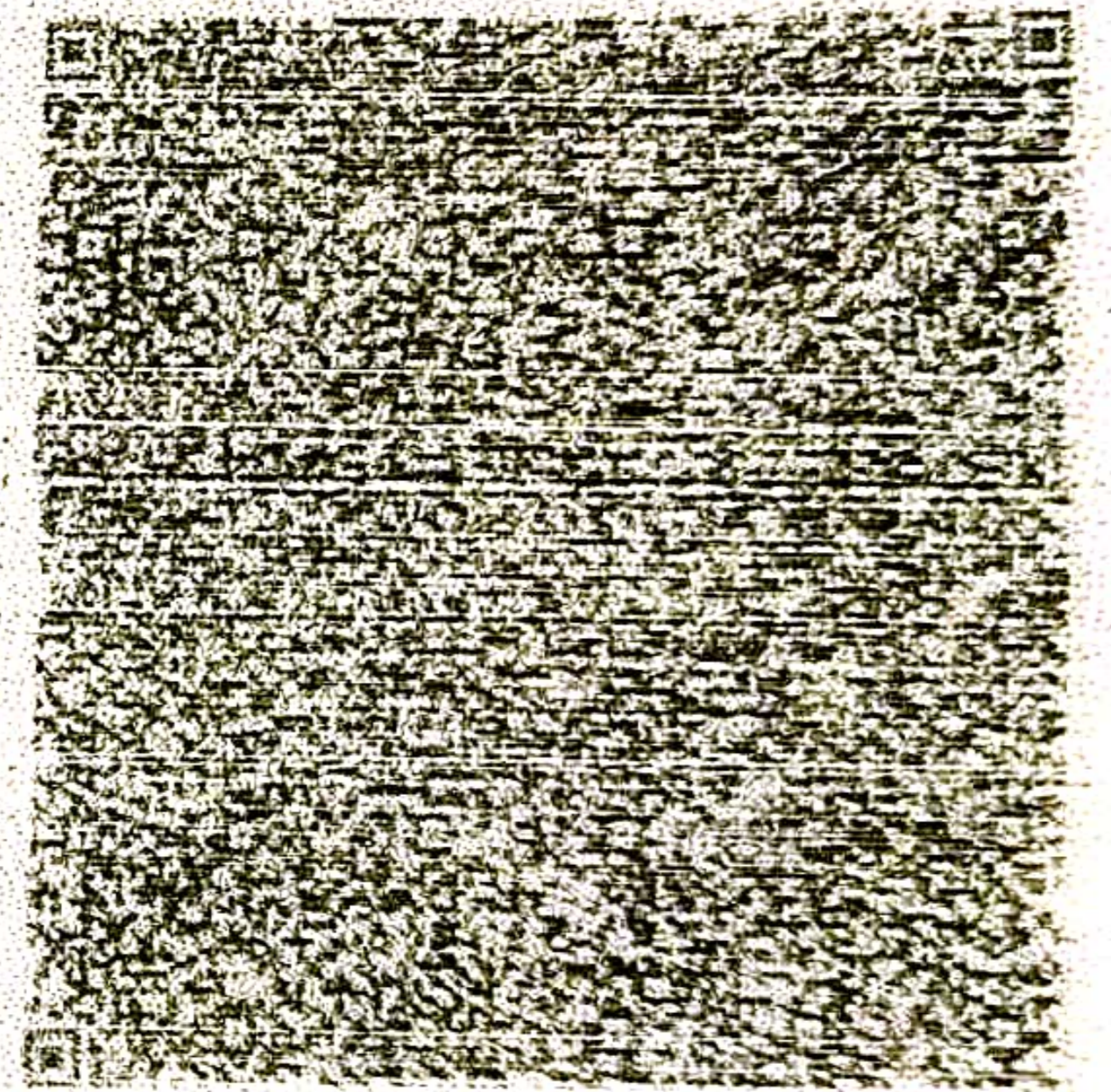
भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LKKPS1902A



नाम / Name
SONMATI

पिता का नाम / Father's Name
RAMPAT PRASAD

जन्म की तिथि / Date of Birth
01/01/1990

प्रमाणित / Certified



भारत सरकार

Government of India



सोनमती

Sonmati

जन्म तिथि / DOB : 01/01/1990

महिला / Female



2510 1152 8920

आधार - आम आदमी का अधिकार



आधार

प्राधिकरण
Unique Identification Authority of India

पता:

W/O: शिवलाल, सेमरा हरदो,
कुशीनगर, काठ कुइयां, उत्तर प्रदेश,
274303

Address:

W/O: Shivilal, Semara Hardo,
Kushinagar, Kath Kuiyan, Uttar
Pradesh, 274303

2510 1152 8920



1947

1800 208 1947



help@uidai.gov.in

WWW

www.uidai.gov.in