

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **6960** Date 05/01/26  
Name Vikash kumar Patel  
Add. UP57BZ4548

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Visor			480/-	
②	Leg Guard			680/-	
③	Indicator Front - (R)			220/-	
④	Indicator Rear - (R)			220/-	
⑤	Handle			50/-	
⑥	Rear Grip			1480/-	
⑦	Lever - (R)			100/-	
⑧	Labourchase			50/-	
			<b>TOTAL</b>	<b>4690/-</b>	

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.	Vilraash Kumar Patel 8881188406
2	Vehicle No. / वाहन संख्या	UP57 BZ 1548
3	Policy No. / पालिसी संख्या	252400/31/2026/38823
4	Period of Insurance / बीमा अवधि	29/03/2025 to 28/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/01/2026, 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	Shivpoo
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Atul Kumar Pandey, UP572011 9456844866 0012267
8	Estimated Loss / अनुमानित हानि	4690/-
9.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे दोस्त अनुर कुमार साहिब लैंगर मारगेट से धर जा रहे थे तभी अचानक सामने वाहरी आ गई तो उसी मो वचते वदत दोमे साईड लेमर गिरने से वाहन मेरी डामेण 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.	912519 #118 crepta automobile Padoama

Date / दिनांक : 05/01/2026  
हस्ताक्षर

विलराश कुमार पटेल  
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. 252400/31/2026/38823

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

Period of Insurance 29/09/2025 to 28/09/2026  
 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 : Vikash Kumar Patel  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8881108406

2. THE INSURED VEHICLE

Make & Year <u>HR50/2025</u>	Engine No. <u>HAIIF7SGJ500794</u> Chassis No. <u>MBLHAW489SGJ00918</u>	Registration No. <u>UP57BZ 4548</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 : Atul Kumar Pandey  
 (b) Age : \_\_\_\_\_  
 (c) Address : Rushnagar  
 (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 : UP5720110012267  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 23/10/2031  
 (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 / 4.00 P.M  
 (b) Place : Shivpur  
 (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 : मेरी बर्लिन में दोस्त ले कार चला जा रहे थे। लकी अकार्ड सामने लगी कारवाइ तो उसी को दुखारे वक्त दानि कार्ड लेकर गिरी के कार्ड को देगा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side  
 (b) Estimated cost of repairs : 4600/-  
 (c) When and where can the damaged vehicle be inspected : Crusata automobile Padwanal

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? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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.

Date 05/01/26 200

Signature of the insured विकारस कुमार पटेल

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 .....





The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Page No: 1

The Document is digitally signed  
Signed By: THE ORIENTAL INSURANCE COMPANY LIMITED  
Date: 13-Nov-25 11:00:22 IST  
Reason: Signing Policy for OICL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 316 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, GSTIN: 09AAACT0627R4ZU

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	29-SEP-25
Policy No	252400.31/2026/38823	Proposal No. & Date	R/252400/31/2026/30817 & 29-SEP-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:28 ON 29/09/2025 TO MIDNIGHT OF 28/09/2026
Agent/Broker Name	ABHINAV BIJALI	Policy Period (LIABILITY)	FROM 15:28 ON 29/09/2025 TO MIDNIGHT OF 28/09/2030
Insured Name	VIKAS KUMAR PATEL (GSTIN: )	Lead/Breakin No	/
Insured Address	C/O RAJ KUMAR PATEL, VILL-SIHPUR BUZURG POST-SEKIHWANIA, THANA -KASIA KUSHINAGAR, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				ISSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP			Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	70077
Engine - Chassis No	HA1H7SGJ00794 - MBLHAW489SGJ00918			TMF CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTD Location					

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1174.49	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4027
AAI Membership (IMT-8)	0	GST	724
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	998	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	998	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4751
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	176	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT.7.10.28.	

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	HDB FINANCIAL SERVICES LIMITED	Financer Branch
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).  
Claim is not admissible if driving license is found fake or is not valid whether or not in the Knowledge of the insured.

We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 29-SEP-25

**IMPORTANT NOTICE**  
The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations as to use:** Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade

**Driver's Clause:** Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner. Driver is RS

**No Claim bonus:** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.  
\* This insurance excludes all pre existing damages

Approved By : 6992558MD

Approved On : 29-SEP-25

Place : MRT

Printed On : 13-NOV-25

For and on behalf of  
The Oriental Insurance Company Limited

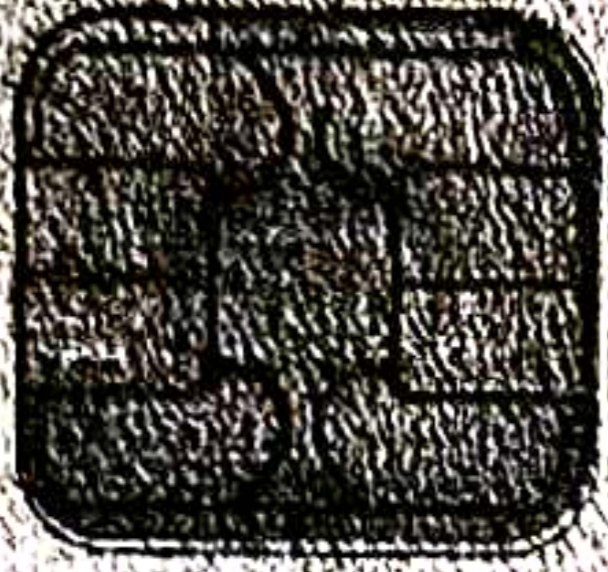
General Manager  
Authorized Signature



# UNION OF INDIA Driving Licence

UP NT

UP57 20110012267



जारी करने की तिथि  
Date of Issue  
24/10/2011

वेधता / Validity  
23/10/2031

जन्म तिथि  
Date of Birth  
15/07/1992

Blood Group  
UNKNOWN



नाम / Name

**ATUL KUMAR PANDEY**

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

**UPENDRA NATH PANDEY**

UP57 20110012267

UP02936375RS



LMV  
24/10/2011



MCWG  
24/10/2011

UP

Form 7 Rule 16(2)

पता / Address  
SHIVPUR BUJURG  
SAKHAWANIYA PS, KASIA  
KUSHINAGAR

*Atul Pandey*

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR

Issue Date: 17/02/2015



विनाय कुमार पटेल  
Vikas Kumar Patel  
जन्म तिथि/DOB: 27/05/2000  
लिंग/ GENDER: MALE

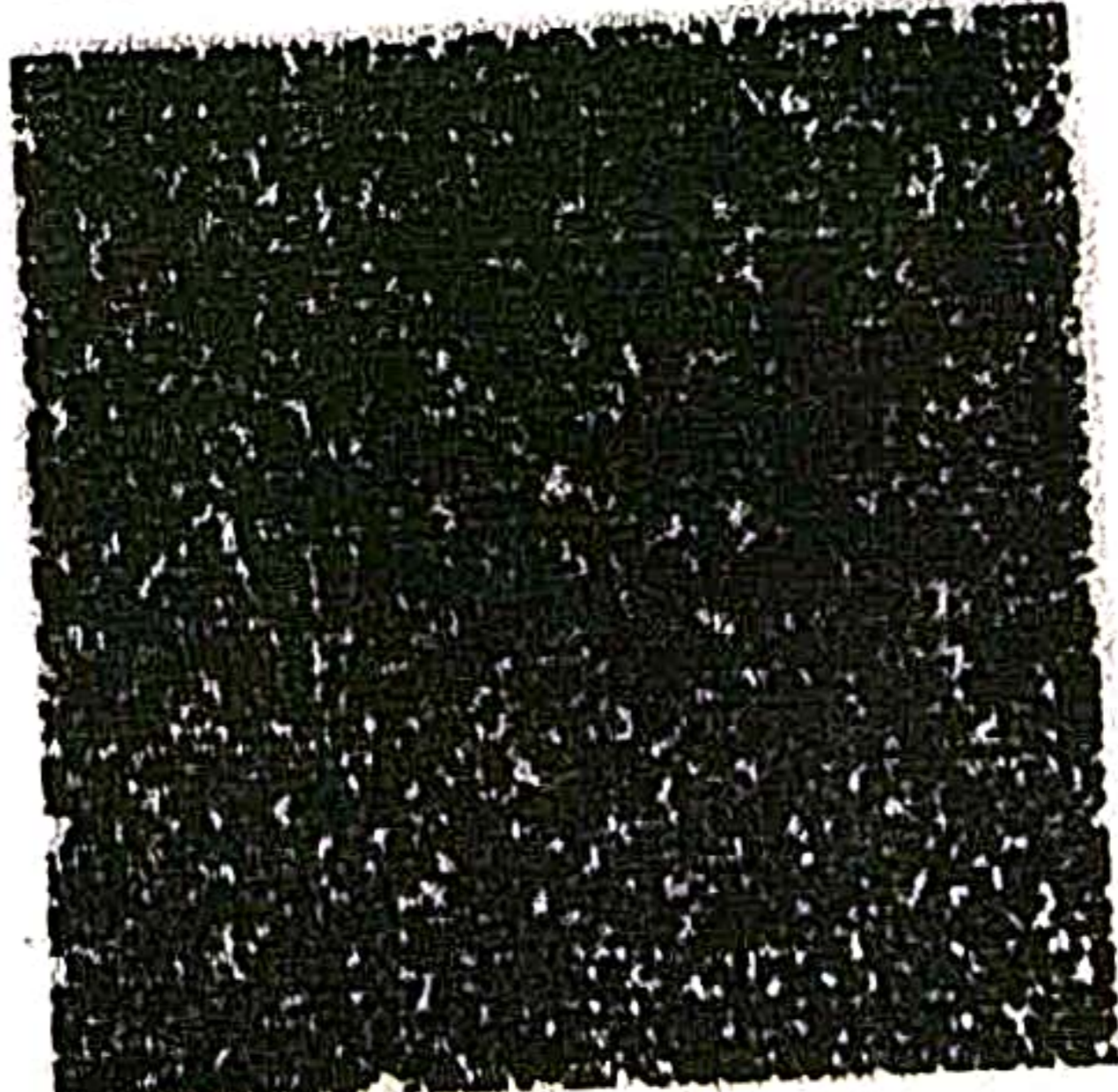
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मेरा आवाज, मेरी पहचान

पता:  
विनाय कुमार पटेल, शिवपुर बडुर्गा, शिवपुर बडुर्गा,  
कृष्णनगर,  
लखनऊ - 274402

Address:  
S/O: Vikas Kumar Patel, shivpur buzurg,  
Shivpur Buzurg, Kushinagar,  
Uttar Pradesh - 274402



5396 4255 4620

UID : 9109 7994 3010 4071

आयकर विभाग  
INCOME TAX DEPARTMENT

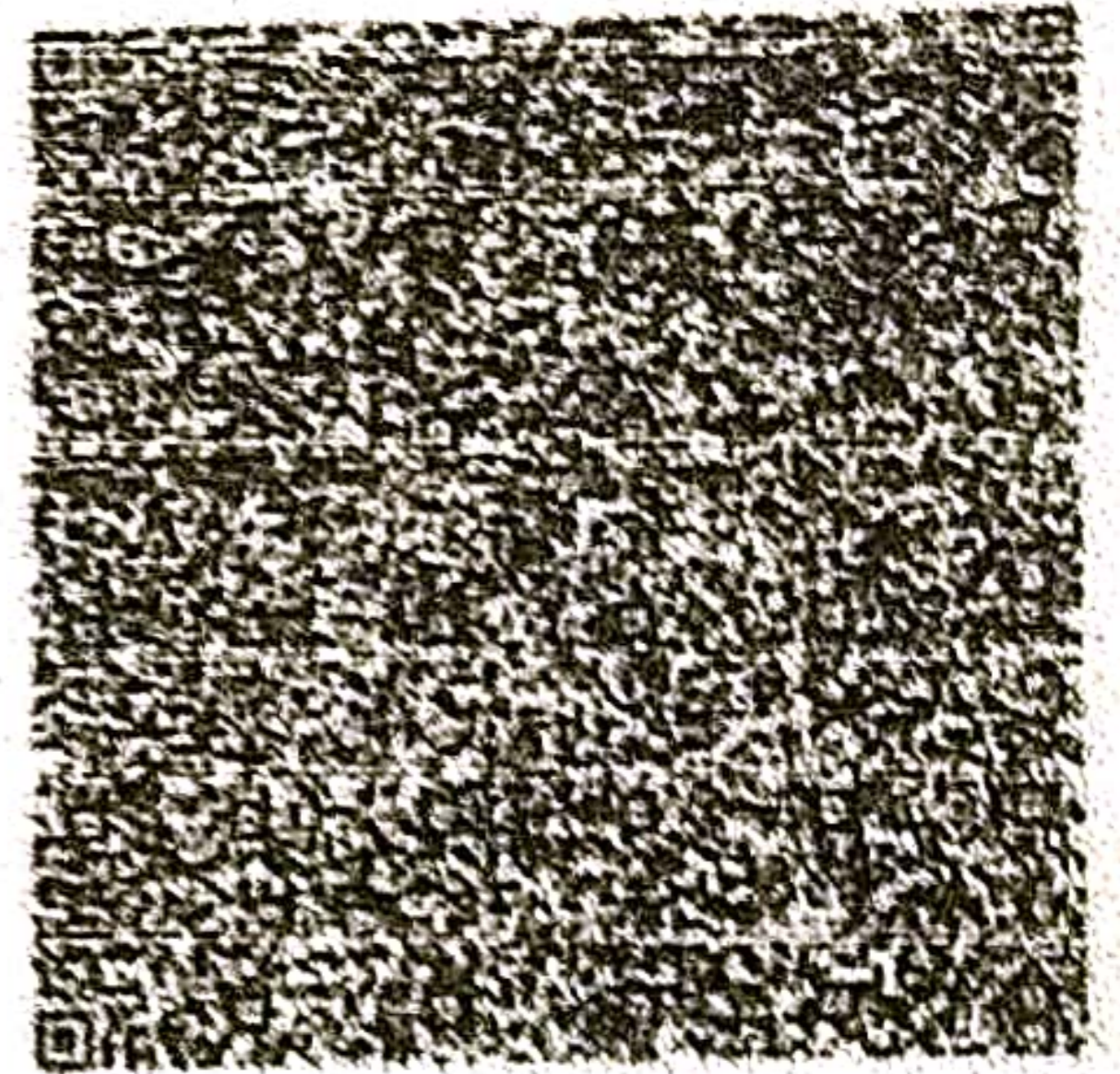


भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card



FKSPP8254G



नाम / Name  
VIKAS KUMAR PATEL

पिता का नाम / Father's Name  
RAJ KUMAR PATEL

मिति / Date  
Date of Birth  
27/05/2000

हस्ताक्षर / Signature