

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6982Date 6/02/25

Name

Amarjit Kumar

Add.

UP 57 BZ 9123

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1450/-	
②	Front Rim			4300/-	
③	Handle			500/-	
④	Handle			980/-	
⑤	mirror ④			140/-	
⑥	Mirror			1000/-	
⑦	Self switch			380/-	
⑧	Solar pipe R+L			2300/-	
⑨	Labor charge			700/-	
TOTAL				11750/-	

Authorised Signatory

Raj

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

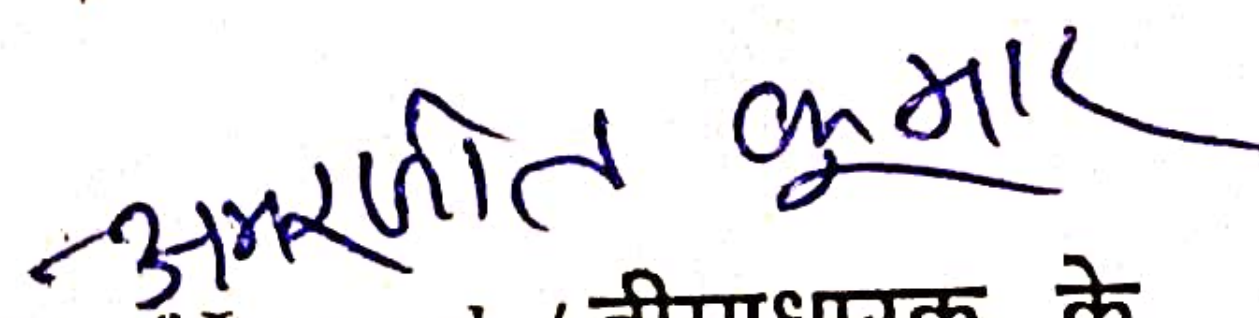
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Amarjot Kumar 7233042592
2	Vehicle No. / वाहन संख्या	UP57BZ9123
3	Policy No. / पालिसी संख्या	252400/31/2026/44246
4	Period of Insurance / बीमा अवधि	16/10/2025 to 15/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/01/2026, 3:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Gorakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amarjot Kumar, UP5720180010 833
8	Estimated Loss / अनुमानित हानि	11750/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी वाहन लेकर गोरखपुर जा रहा था। तभी अचानक एक गाड़ी आती सामने से टक्कर मार दिया तो वाहन मेरी डायरेक्शन 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 Gupta automobile Padraona

Date / दिनांक : 6/01/26
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)/2026/44246
 Tel. No. _____ Period of Insurance 16/10/2025 to 15/10/2026
 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 : Amarjit Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 7233042599

2. THE INSURED VEHICLE

Make & Year <u>H120/2025</u>	Engine No. <u>H11F7SMH24520</u> Chassis No. <u>MBLHAW480SMH46944</u>	Registration No. <u>UP57BZ</u> <u>9123</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
 (g) If Lorry/Jeep/Tractor, was trailor attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Amarjeet Kumar
 (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 : UP5720180010833
 (h) Issuing Authority : _____
 (i) Date of Expiry : 17/12/2033
 (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 : 4/01/2026, 3:00 A.M
 (b) Place : Charkapur
 (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 : मैं अपना वाहन लेकर दोरखपुर जा रहा था।
 वही अचानक ब्रेक बाड़ी वजह से सामने से एक गाड़ी सामने से टक्कर मारी जिससे मेरी ड्राइविंग लाइस
 ए।पी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Front end side
 (b) Estimated cost of repairs : 11750/-
 (c) When and where can the damaged vehicle be inspected : Crompton automobile Puchaura

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 6/01/26 200

Signature of the insured अनुराग अग्रवाल

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/-

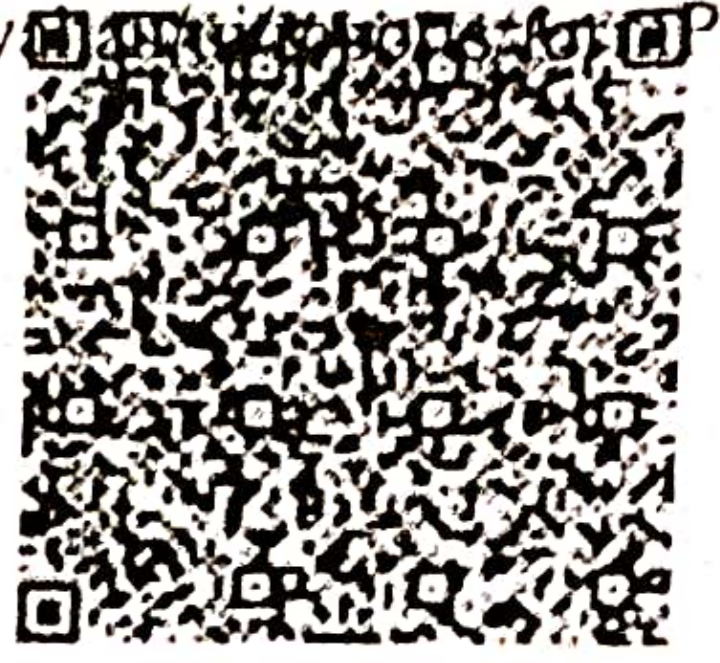
Witness
Name
Signature
Address

Signature *31/12/11*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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

https://vahan.parivahan.gov.in/vahan/v...Page



Registration No : UP57BZ9123
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : AMARJEET KUMAR
Full Address: (Permanent) : VILL-64 RAMPUR PATTI, POST -NATWALIYA, THANA-KASIA, KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : VILL-64 RAMPUR PATTI, POST -NATWALIYA, THANA-KASIA, KUSHINAGAR-UTTAR PRADESH-274402
Fitness UpTo : 18-Oct-2040
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2133167820
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11F7SHH24520
Horse Power(BHP) : 8.17
Maker's Classification : SPLENDOR+ (DRS)
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : Black Heavy Grey
Other Criteria :
Vehicle Purchase As : Fully Built
Registration Date : 19-Oct-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAMCHANDRA PRASAD
Owner Serial No : 1
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2134819642
Month/Year of Manuf. : 08/2025
Chassis No : MBLHAW480SHH46944
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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 16-Oct-2025.

Purchase dt : 16-Oct-2025
OTT Date : 16-Oct-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 15-Nov-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 73764/-
Amount/Rcpt No : 7377 / UP57D25100005242
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 19-Oct-2025 to 18-Oct-2040

Date : 12-Dec-2025 17:22:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 12-Dec-2025

Q 6219712



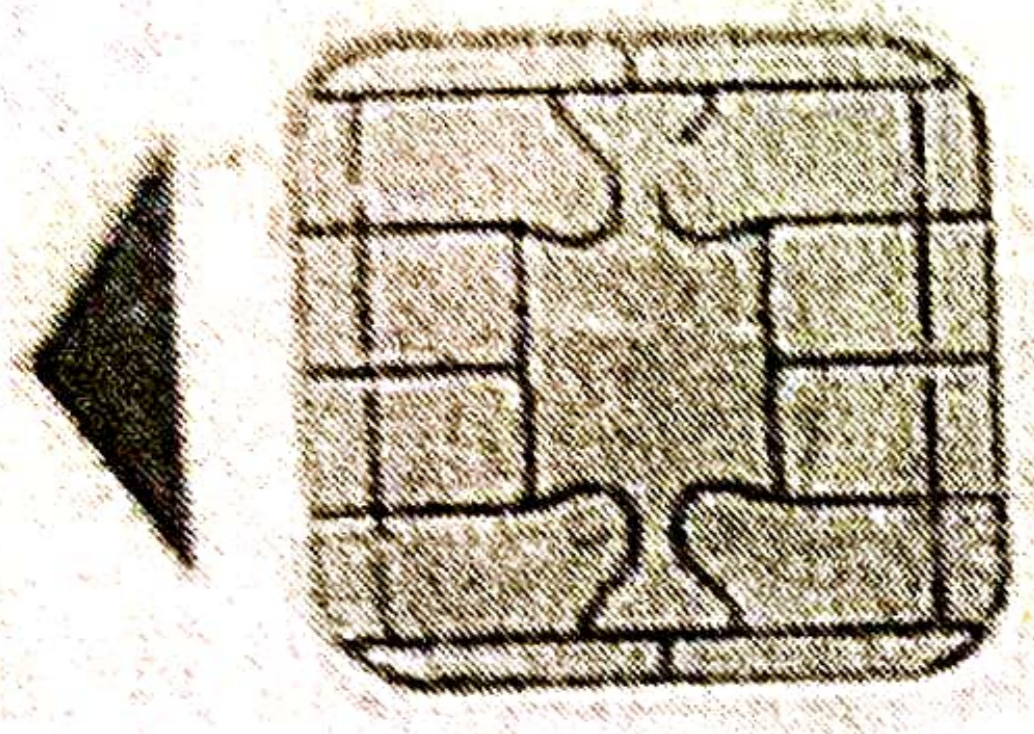
Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20180010833



Date of First Issue (18-12-2018)



Issue Date	Validity (NT)	Validity (TR)
30-10-2021	17-12-2038	29-10-2026

Holder's Signature

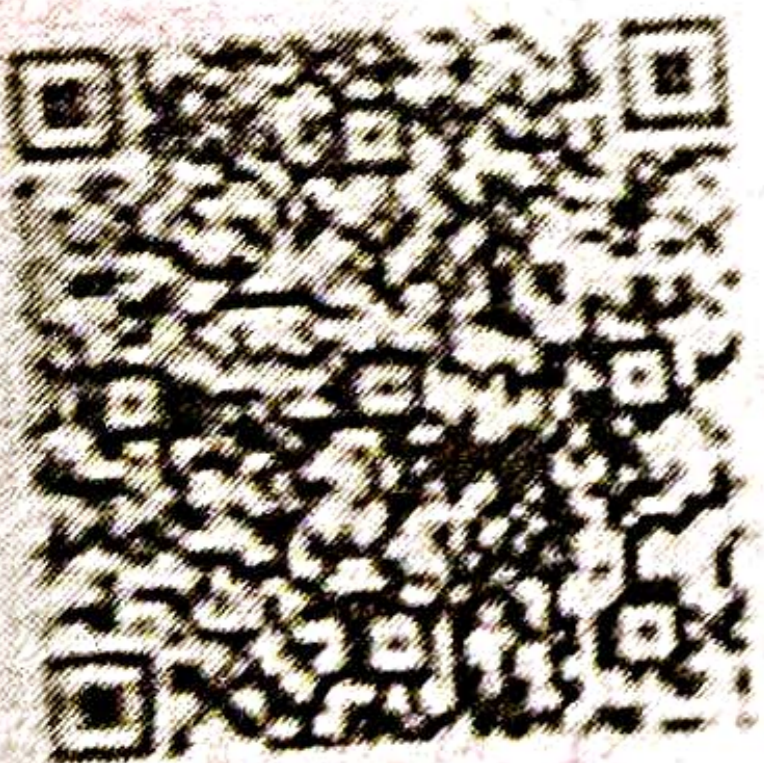
Name: **AMARJEET KUMAR**
 Date of Birth: **04-10-1998** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **RAMCHANDR PRASAD**

Address:
**VILLAGE RAMPUR PATTI POST AHIRALI
 BAZAR Kasya, Kushinagar, UP 274402**

Date of First Issue

DL No: UP57 20180010833

UPDL000008744163



Invalid Carriage (Regn Numbers)*

Hazardous Validity*

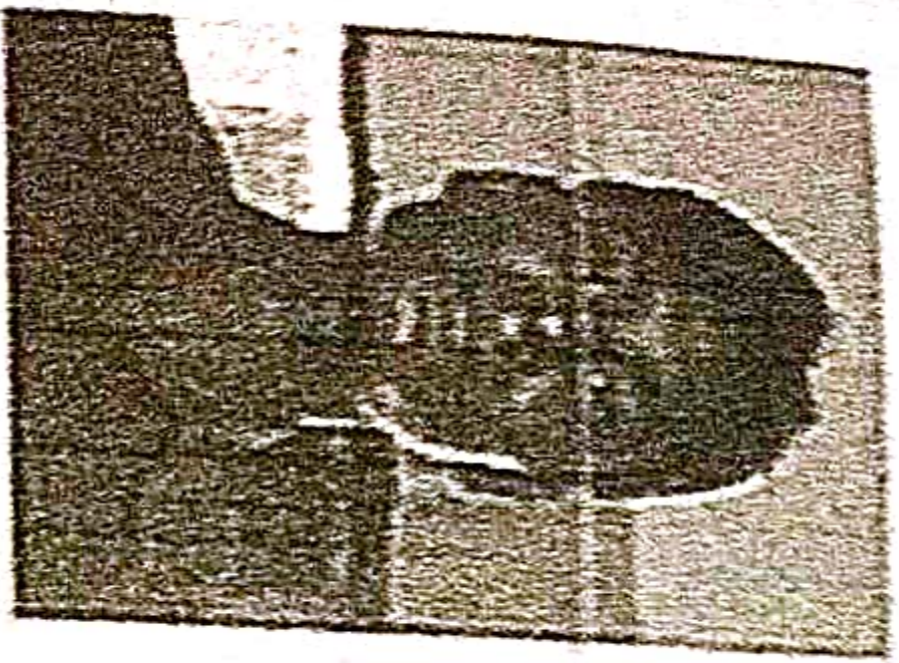
Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	MCWG	UP57	18-12-2018	NT			
LMV	LMV	UP57	18-12-2018	NT			
TRANS	TRANS	UP57	30-10-2021	TR			
MVSD							

Emergency Contact Number
 7408217477

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
Government of India



अमरजीत कुमार
Amarjeet Kumar
जन्म तिथि/DOB: 04/10/1998
पुरुष/ MALE

आधार पुर्याण का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वयूआर कोड/
ऑफलाइन एक्सएएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

2474 0467 2742

जेरा आधार, जेरी पहचान

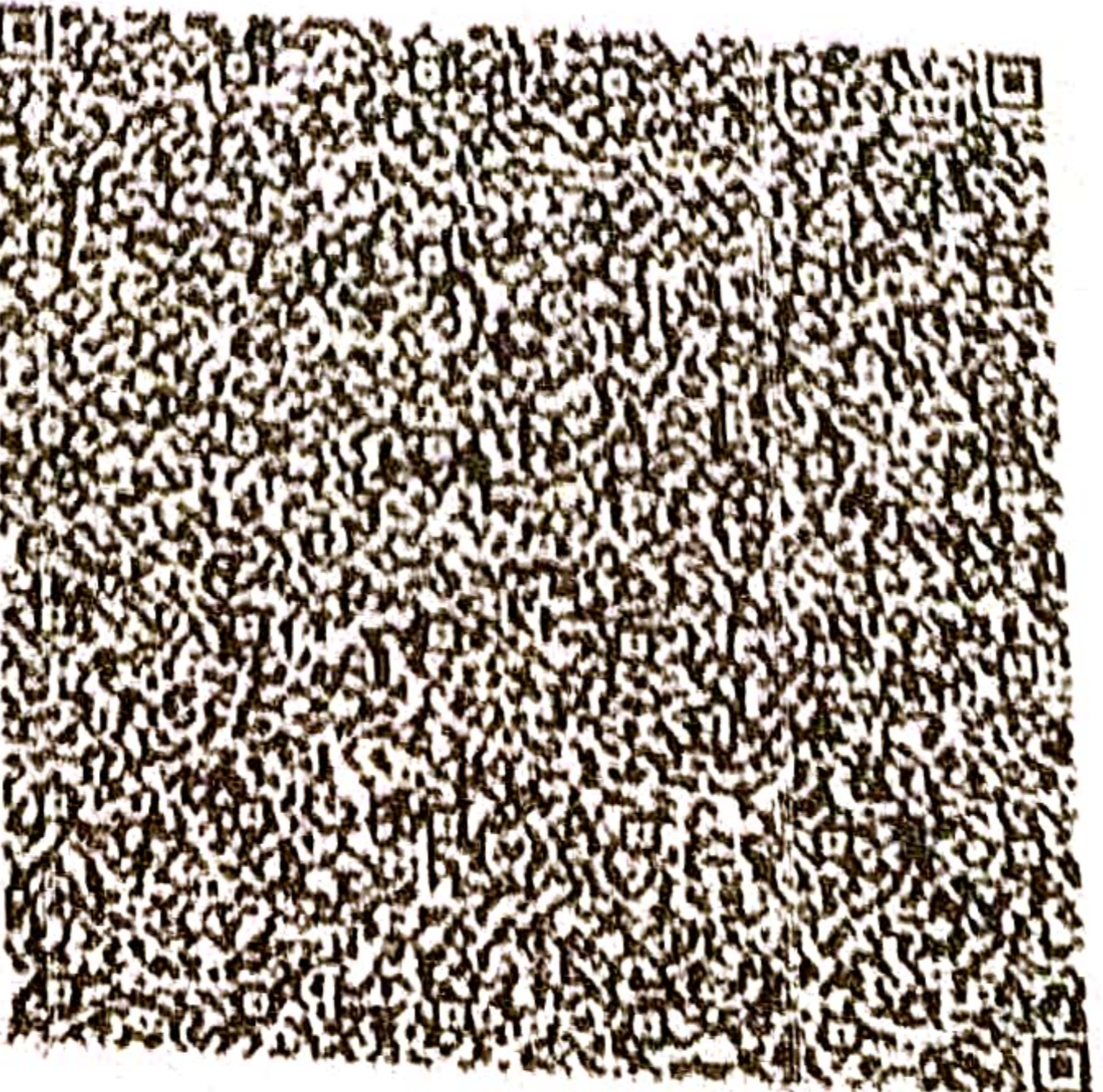
Details as on: 05/01/2026



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: रामचंद्र प्रसाद, 64, रामपुर पट्टी, अद्वितीय बाजार,
इशीनगर,
उत्तर प्रदेश - 274402
Address:
S/O: Ramchandra Prasad, 64, Rampur Patti, PO:
Ahranull Bazar, DIST: Kushinagar,
Uttar Pradesh - 274402



2474 0467 2742

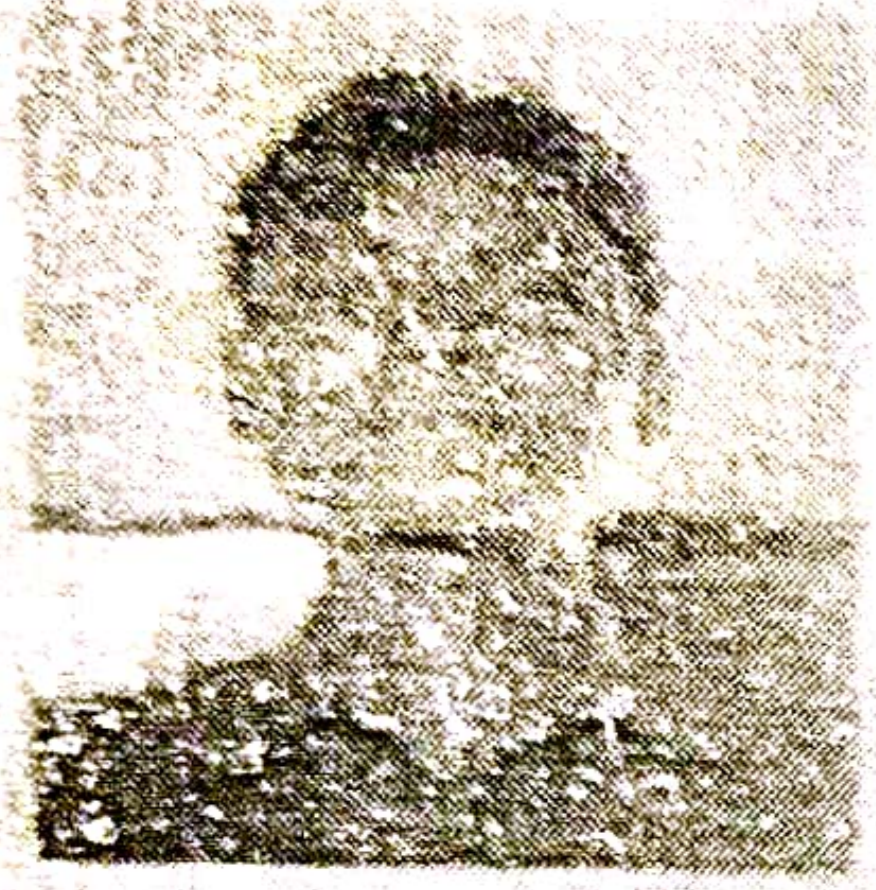
VID : 9166 1308 6946 1537

1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

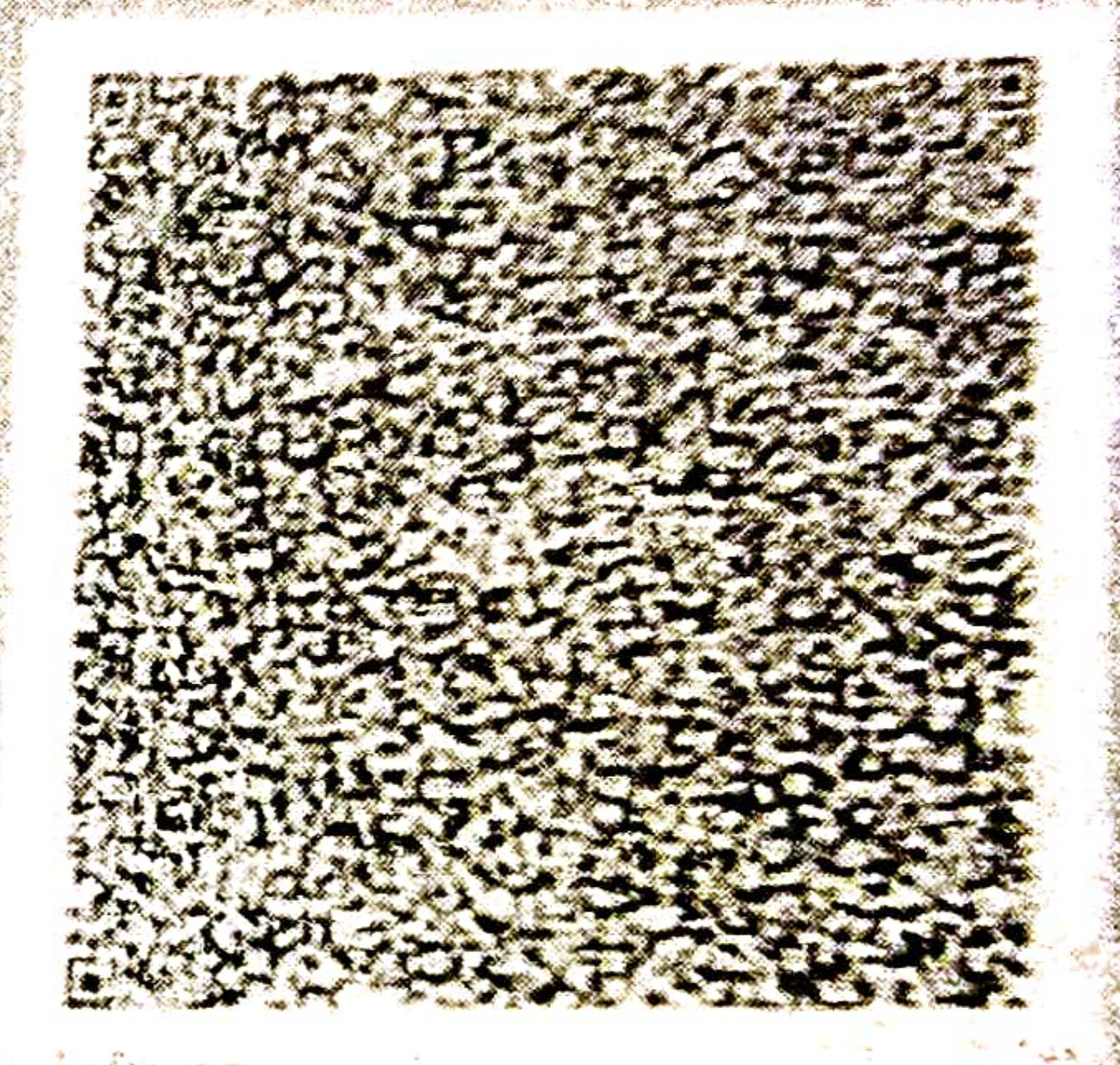


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EYHPK3403G



नाम / Name
AMARJEET KUMAR

पिता का नाम / Father's Name
RAMCHANDRA PRASAD

जन्म की तारीख /
Date of Birth
04/10/1998

EMI Application Digitally Signed, Card Not
Valid unless Physically Signed

अमरजीत कुमार