

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

**6988**Date 7/02/26

Name

Vermila Jaiswal

Add.

UP57BB9094

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Visor			1000/-	
②	Indicator (R)			220/-	
③	Indicator Rear (R)			220/-	
④	Front Rim			4800/-	
⑤	Muffler cover			600/-	
⑥	Small muffler cover			150/-	
⑦	Leg guard			680/-	
⑧	Handle			500/-	
⑨	Break Padal			1080/-	
⑩	Foot Rest (R)			275/-	
⑪	Labor charge			800/-	
			<b>TOTAL</b>	<b>10405/-</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.	Urmila jaiswal 9653087802
2	Vehicle No. / वाहन संख्या	UP57BB9094
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/918332
4	Period of Insurance / बीमा अवधि	20/03/2025 to 19/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/01/2026, 5:30 P.m
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Nikhil jaiswal, UP57201900 7897952440 11876
8	Estimated Loss / अनुमानित हानि	10405/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बाईक मेरे लडके नीखिल जयसवाल के साथ मारने से घर आ रहे थे लडकी अचानक राम बाईक वाता सामने से टक्कर मार दिया तो बाईक मेरी दाहिने साईड गिरने से डमरेन 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.	912597148 Gupto automobile Padrauna

आमला देवी जयसवाल

Date / दिनांक : 7/01/2026  
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. MS/2025/7001/0/46575/4  
833

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

Period of Insurance 20/03/2025 to 19/03/2026  
 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 : Urmila jaiswal  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 96530 87802

2. THE INSURED VEHICLE

Make & Year <u>Hero/2021</u>	Engine No. <u>HA11EDMHF20970</u> Chassis No. <u>MBLHAW129MHF22946</u>	Registration No. <u>UP57BB</u> <u>9094</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 trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nikhil Jaiswal  
(b) Age : \_\_\_\_\_  
(c) Address : Jeshinagar  
(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 : UP5720190011876  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 25/11/2040  
(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 : 4/05/2026, 5:30 P.M  
(b) Place : Padawan  
(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 वाहन मेरे लड़के ने कार चोर है श्री. लक्ष्मी राम  
वाहन वाला सामन से लक्ष्मी राम कार चोर है श्री. लक्ष्मी राम  
मेरी वाहन लॉर्ड मिले श्री. लक्ष्मी राम

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side  
(b) Estimated cost of repairs : 10905/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padawan

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 : N/A

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 7/07/20 200

Signature of the insured 31811 200 51221111

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  
this discharge receipt to the Company in full and final settlement of all my/our claims  
present or future arising directly/indirectly in respect of the said accident.

S. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

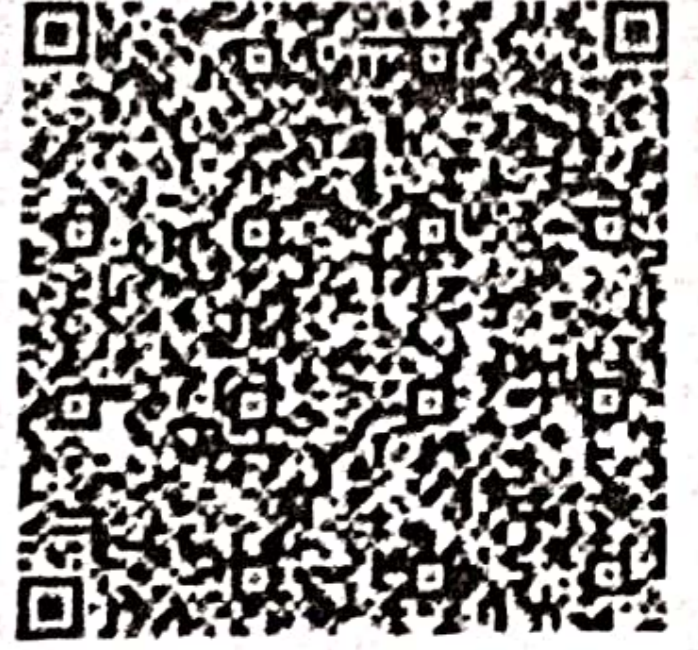
Witness  
Name .....  
Signature .....  
Address .....

Signature *3/1/11 1/10 1/12/11/11* .....  
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 : UP57BB9094 Registration Date : 04-Aug-2021  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -  
 Owner Name : URMILA JAISWAL Son/wife/daughter of : DEEPAK JAISWAL  
 Full Address: (Permanent) : ADD-H NO-58 MAIN ROAD MALAVIYA, NAGAR WARD NO-14, POST+THANA-  
 PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : ADD-H NO-58 MAIN ROAD MALAVIYA, NAGAR WARD NO-14, POST+THANA-  
 PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 03-Aug-2036 Tax UpTo : One Time  
 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 : AA2040678663 Rear HSRP No : AA2039879661  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2021  
 No of Cylinders : 1 Chassis No : MBLHAW129MHF22946  
 Engine No : HA11EDMHF20970 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR + BLACK AND A Wheel base : 1236  
 CCENT  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK AND ACCENT 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 CITY UNION FINANCE LTD, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 30-Jul-2021.

Purchase dt : 30-Jul-2021 Sale Amt : 67610/-  
 OTT Date : 30-Jul-2021 Amount/Rcpt No : 6761 / UP57D21070002556  
 TaxUpTo : One Time Vehicle Is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 04-Aug-2021  
**Other State/Transfer/Conversion Details**  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 04-Aug-2021 to 03-Aug-2036

Date : 08-Nov-2021 15:45:01

Signature of Registering Authority  
 Date : 08-Nov-2021

Taxation Particulars / Advance Registration Mark Fee Details



**Indian Union Driving Licence  
Issued by Uttar Pradesh**



**UP57 20190011876**



Issue Date **19-10-2019**    Validity (NT) **25-11-2040**    Validity (TR)\* \_\_\_\_\_



Holder's Signature

Name: **NIKHIL JAISWAL**  
 Date of Birth: **26-11-2000**    Blood Group: **O+VE**    Organ Donor: **N**  
 Son/Daughter/Wife of: **DEEPAK JAISWAL**

Address:  
**HOUSE NO 58 MAIN ROAD MALVIYA NAGAR  
 PADRAUNA Padrauna, Kushinagar, UP 274304**

Date of First Issue (19-10-2019)

**DL No: UP57 20190011876**

UPDL000001454627



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*
	<b>MCNG</b>	<b>UP57</b>	<b>19-10-2019</b>	<b>NT</b>			
<b>MVSD</b>							

Emergency Contact Number  
**9026526891**

Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 16(2)

Government of India

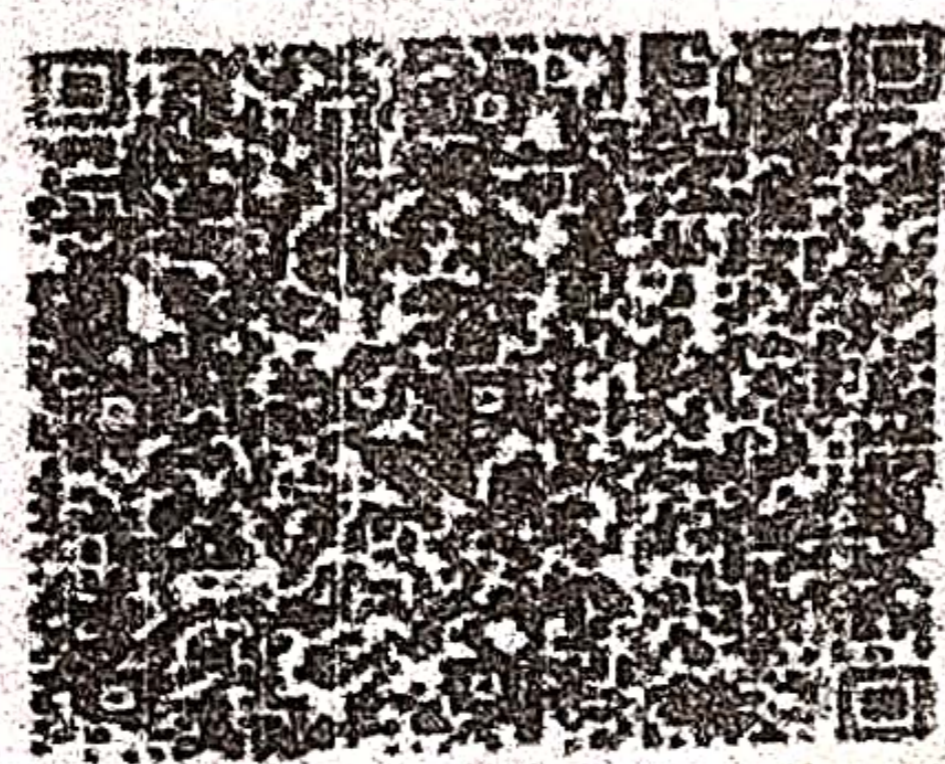
श्रीमती आयसवाल

Urmita Jaiswal

जन्म तिथि/DOB: 28/03/1976

लिंग / Female

2862 9990 9411



आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता: W/O: दीपक आयसवाल, श्रम नं 58

मैन रोड, मण्डियर नगर, ब्लॉक 14

पटवारा, पटवारा, कुशीनगर

उत्तर प्रदेश, 274304

Address: W/O: Deepak

Jaiswal, HOUSE NO. 58,

MAIN ROAD, MANDIYER

NAGAR, WARD 14, PATWARA

PATWARA, Kushinagar, Uttar

Pradesh, 274304

2862 9990 9411



1947

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

URMILA

KEDAR NATH JAISWAL

26/09/1976

Permanent Account Number

AEHPU6981P

उर्मिलादेवी जैसवाल

Signature



24012014