

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6936

Date 7/07/26

Name

Arvind Singh

Add.

UP 57 BH 9649

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	visor			1065/-	
②	H/L			595/-	
③	LED			980/-	
④	Indicator (L)			220/-	
⑤	meter inner			480/-	
⑥	Rear hub			980/-	
⑦	H/L stand			280/-	
⑧	charging point			950/-	
⑨	Labor charge			700/-	
TOTAL				6250/-	

Authorised Signatory

[Signature]

to / सेवा में,

The Oriental Insurance Co Ltd /
दो 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.	Arvind Singh 7838058324
2	Vehicle No. / वाहन संख्या	UP57BH 9649
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/466199
4	Period of Insurance / बीमा अवधि	10/09/2025 to 09/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/01/2026, 8:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Damaudiyu
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arvind Singh, UP572017 3307
8	Estimated Loss / अनुमानित हानि	6250/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बाईक लेकर मारमट से घर जा रहा था। तभी अचानक सामने लीलगाथ आ गई तो उसी में वक़्त खाले साइड लेकर बिरने से बाईक 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.	912515 9118 Gupta automobile Padsauna

Date / दिनांक : 7/01/2026
हस्ताक्षर

Arvind Singh
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/2025/7028/0/466199

Tel. No. _____

Period of Insurance 10/09/2025 to 9/09/2026

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 : Arvind Singh
 (b) Address for correspondence : _____
 (c) Telephone : 7838050324

2. THE INSURED VEHICLE

Make & Year <u>Hero/2022</u>	Engine No. <u>MA11EANKR47292</u> Chassis No. <u>MBLHAW178NHR13513</u>	Registration No. <u>UP57BH 9649</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? NO
 (d) If a Motor Cycle/scooter
 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 : Arvind Singh
(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 : UP57 2017 ODD 3307
(h) Issuing Authority :
(i) Date of Expiry : 11/07/2037
(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 : 5/08/2026, 8:00 PM
(b) Place : Damautiya
(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 अपनी पहिले कार चला रहा था तभी सामने लीलगा आ गई तो उसी को बचाते वकल रामे सडिड लेगा र गिरने वकल मेरी जामेन हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
(b) Estimated cost of repairs : 6250/-
(c) When and where can the damaged vehicle be inspected : Gupta Automobile Padma

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 7/05/2026 200

Signature of the insured Arvind Singh

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/-

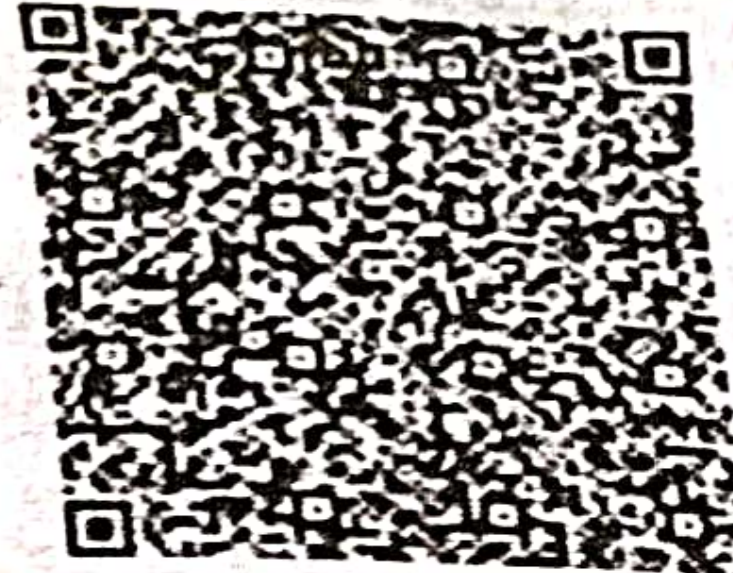
Witness
Name
Signature
Address

Signature - Arvind Singh
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 : UP57BH9649 Registration Date : 28-Oct-2022
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -
Owner Name : ARAVIND SINGH Son/wife/daughter of : CHANDRABHAN SINGH
Full Address: (Permanent) : VILL-KALYAN CHHAPRA, POST-BATRAULI BAZAR, THANA-KUBERSTHAN,
KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-KALYAN CHHAPRA, POST-BATRAULI BAZAR, THANA-KUBERSTHAN,
KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 27-Oct-2037 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : CHANDRABHAN SINGH
Relationship with the : Father Norms : BHARAT STAGE VI
Nominee
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2060422376 Rear HSRP No : AA2062646793
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2022
No of Cylinders : 1 Chassis No : MBLHAW178N HK13513
Engine No : HA11EANK47292 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC Wheel base : 1995
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK/TORNADO 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 w.e.f. ...

Purchase dt : 23-Oct-2022 Sale Amt : 76046/-
OTT Date : 23-Oct-2022 Amount/Rcpt No : 7605 / UP57D22100004381
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 21-Nov-2022
Other State/Transfer/Conversion Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 28-Oct-2022 to 27-Oct-2037

Date : 16-Dec-2022 14:32:30

Taxation Particulars / Advance Registration Mark Fee Details

A. R. T. O. (A)
Signature of Registering Authority
Kushinagar
Date : 16-Dec-2022

UP 57 2017 0003307



LMV
12/07/2017



MCWG
12/07/2017

UP04223225RS



UP

Form 7 Rule 16(2)

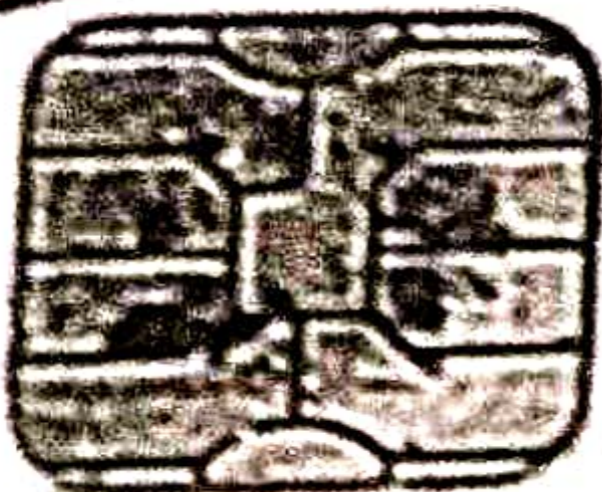
पता / Address
VILL-KALYAN CHHAPAR
PO-BATRAJI BAZAR PS-KUBERSTHAN
KUSHINAGAR

Holder's Signature

अधिकारी / Issuing Authority Sign

UNION OF INDIA Driving Licence (UP) (NT)

UP57 2017 0003307



जारी करने की तिथि
Date of Issue

12/07/2017

वैधता / Validity

11/07/2037

जन्म तिथि
Date of Birth

06/05/1999

Blood Group

UNKNOWN



नाम / Name

ARVIND SINGH

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

CHANDRABHAN SINGH

Arvind Singh

आयकर विभाग
INCOME TAX DEPARTMENT

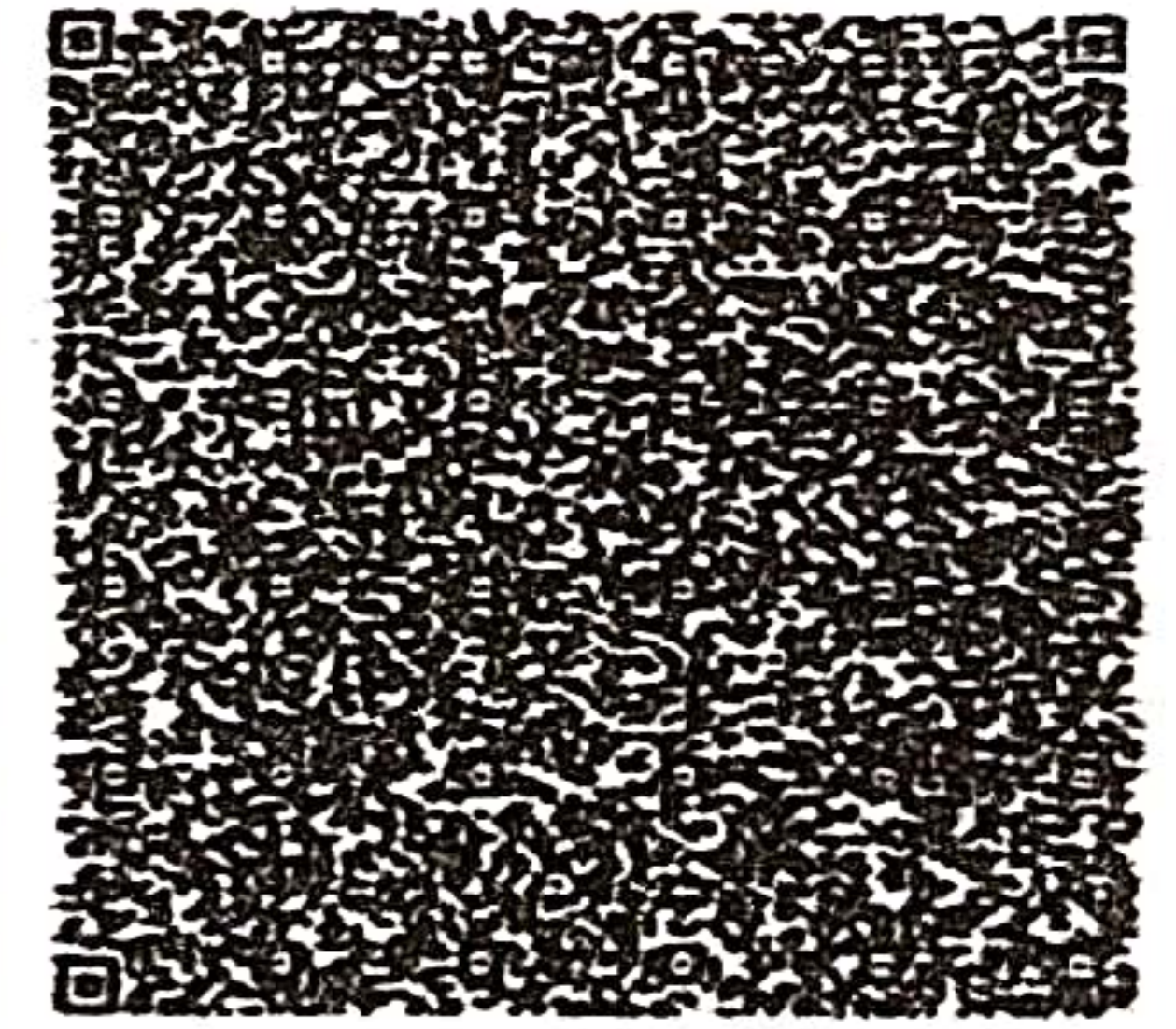


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GYUPS9086L



नाम / Name
ARAVIND SINGH

पिता का नाम / Father's Name
CHANDRABHAN SINGH

जन्म की तारीख /
Date of Birth
06/05/1999

Aravind Singh
हस्ताक्षर / Signature

19032021

भारत सरकार
Government of India

अरविन्द सिंह
Aravind Singh
जन्म तिथि/DOB: 06/05/1999
पुरुष/ MALE

2454 8530 1256
VID : 9144 4495 7556 9215

मेरा आधार, मेरी पहचान

Issue Date: 20/02/2015

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नाम:
S/O चन्द्रबान सिंह, -, - , ग्राम- कल्याण छपर, पोस्ट-
बतरौली बाजार, कुशीनगर, कल्याण छपरा, कुशीनगर,
उत्तर प्रदेश - 274303

Address:
S/O Chandrabhan Singh, -, -, Village- Kalyan
Chhapar, Post- Batrauli Bazar, Kushinagar,
Kalyan Chhapra, Kushinagar,
Uttar Pradesh - 274303

2454 8530 1256
VID : 9144 4495 7556 9215

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Download Date: 30/05/2022