

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No.

6989

Date 07/01/25

Name

Mamaj

Add.

UP57BX0535

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	विशत Handle Cover Front			500/-	
②	विशत शिमेस			410/-	
③	W/S			580/-	
④	Upper Panel - (R)			895/-	
⑤	Lower Panel - (R)			1750/-	
⑥	मिशन - (R)			245/-	
⑦	लेवर - (R)			115/-	
⑧	Body Cover (R)			2950/-	
⑨	Handle Cover Rear			535/-	
⑩	Labour charge			500/-	
TOTAL				8560/-	

Authorised Signatory

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.	Manoj
2	Vehicle No. / वाहन संख्या	9795625998
3	Policy No. / पालिसी संख्या	UP57 BX0535
4	Period of Insurance / बीमा अवधि	25/2400/31/2025/96867
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/03/2025 to 22/03/2026
6	Place of Accident / दुर्घटना का स्थान	5/01/2026, 11:00 AM Siswa Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manoj Kumar Gupta, UP5720200010340
8	Estimated Loss / अनुमानित हानि	8580/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी अपनी स्मूली लैमर मारकेट जा रहे थे तभी अचानक सामने एक लड़की आ गई तो उसी मा वक़्त दाया साइड लैमर गिर गया तो स्मूली मेरी ड्राइव 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 Pads...

Date / दिनांक : 7/03/2026  
हस्ताक्षर

Manoj Kumar  
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. 252400/31/2025/96867

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

Period of Insurance 23/03/2025 to 22/03/2026  
 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 : Manoj  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9795625998

2. THE INSURED VEHICLE

Make & Year <u>MARUTI/2025</u>	Engine No. <u>ECD001SGA03681</u> Chassis No. <u>MBLCEW046S6A0516</u>	Registration No. <u>UP57BX</u> <u>0535</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 : Manoj Kumar Gupta
- (b) Age : 45
- (c) Address : Fushingoda
- (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 : UP57202000/0340
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 13/09/2030
- (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 : 5/05/2026, 11:00 AM
- (b) Place : Siswan Road
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : मेरी अपनी स्कूटी लेकर मारुते जा रही थी तभी
- (e) If any third party was responsible for this accident give the name and address : अचानक साम साम लडकी आ गई तो उसी को घायल कर दिया।  
वक्त ठाम साईड ले कर निरगत की स्कूटी मेरी डामल डाली

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
- (b) Estimated cost of repairs : 8560/-
- (c) When and where can the damaged vehicle be inspected : Gupta automobile Pachrawan

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 : \_\_\_\_\_
- (f) Has notice of any claim been given to you? : N/A

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 7/02/2026 200

Signature of the insured [Signature]

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 .....  
.....  
.....

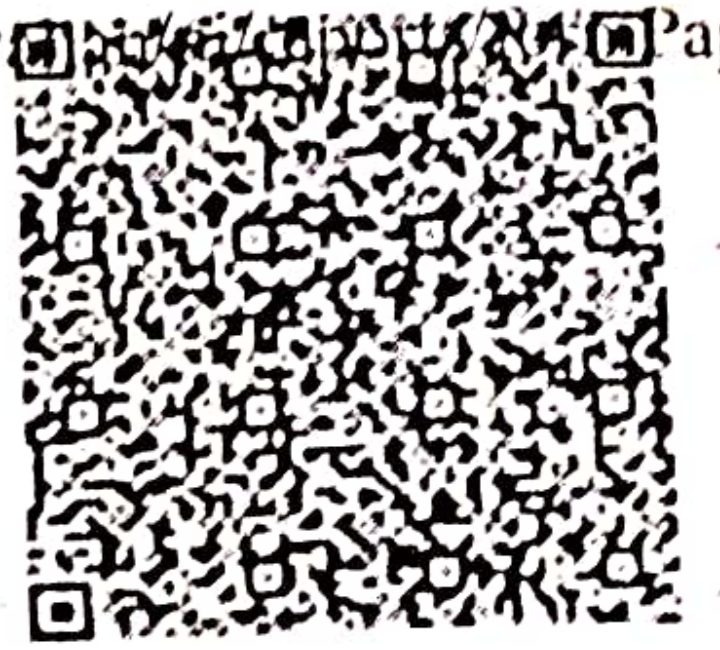
Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BX0535      Registration Date : 25-Mar-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : MANOJ      Son/wife/daughter of : RAMISHWAR  
 Full Address: (Permanent) : VILL-BISHUNPURA, BUZURG POST SISWA MANIRAJ, THANA-KHADDA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-BISHUNPURA, BUZURG POST SISWA MANIRAJ , THANA-KHADDA , KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 24-Mar-2040      Owner Serial No : 1  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Norms : Not Available  
 Maker's Name : HERO MOTOCORP.LTD  
 Front HSRP No : AA2113222022      Rear HSRP No : AA2116226451  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 01/2025  
 No of Cylinders : 0      Chassis No : MBLCEW046S6A01516  
 Engine No : ECD001S6A03681      Fuel : PURE EV  
 Horse Power(BHP) : 8.04      Cubic Capacity : 0.00  
 Maker's Classification : VIDA V2 PLUS      Wheel base : 1301  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleepar Cap : 0      Unladen Wt (kgs) : 124  
 Colour : MATT CYAN BLUE      Laden/GV Wt (kgs) : 274  
 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 : 22-Mar-2025      Sale Amt : 125000/-  
 OTT Date :      Amount/Rcpt No : /  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 28-Mar-2025

#### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 25-Mar-2025 to 24-Mar-2040

Signature of Registering Authority  
 Date : 12-May-2025



भारत सरकार

Government of India



पंजीकृत

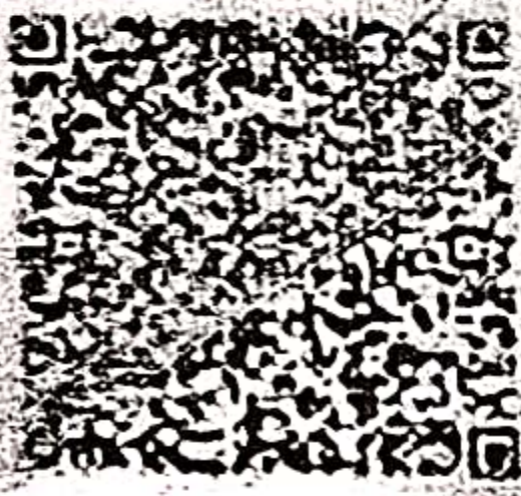
Manoj

जन्म तिथि/DOB: 01/01/1990

पुरुष / MALE

6309 7749 6449

सेरा आधार, सेरी पहचान



भारत विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:

आसुत: रामेश्वर, बिशुनपुरा बसुर्ग,

बुधनगर,

उत्तर प्रदेश - 274802

Address:

S/O: Ramishwar, Bishunpura

Buzurg, Kushinagar,

Uttar Pradesh - 274802

6309 7749 6449



help@uidai.gov.in



WWW.UIDAI.GOV.IN



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20200010340

Issue Date 14-09-2020 Validity (NT) 13-09-2030 Validity (TR)



Holder's Signature

Name: MANOJ KUMAR GUPTA

Date of Birth: 04-11-1986 Blood Group:

Organ Donor: N

Spouse/Daughter/Wife of: RAMASHRAYA GUPTA

Address:

BHAWPURA BUJURG PO SISWA MANIRAJ PS  
KHADIYA Padrauna, Kushinagar, UP 274802

Date of First Issue (14-09-2020)

DL No: UP57 20200010340

UP DL 0000037590-17



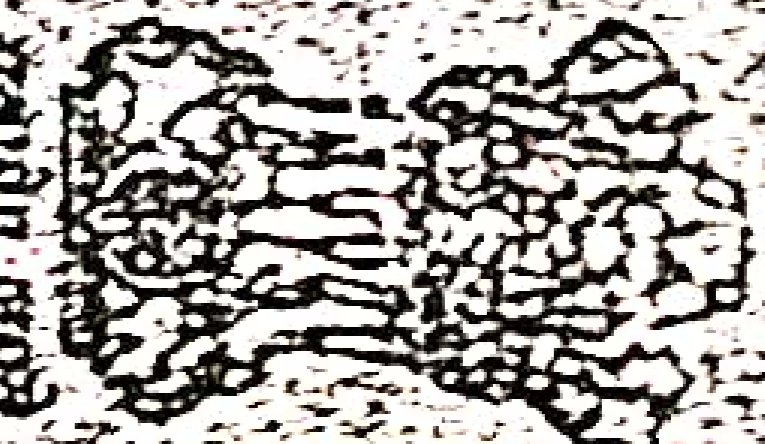
Invalid Carriage (Regn Numbers)\*

Hazardous Validity\* Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	MCWG	UP57	14-09-2020	NT			
	LAV	UP57	14-09-2020	NT			

आयकर विभागा

INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



नाम / Name  
MANOJ

स्थायी खाता नम्बर कार्ड

Permanent Account Number Card

GPVPM5461M

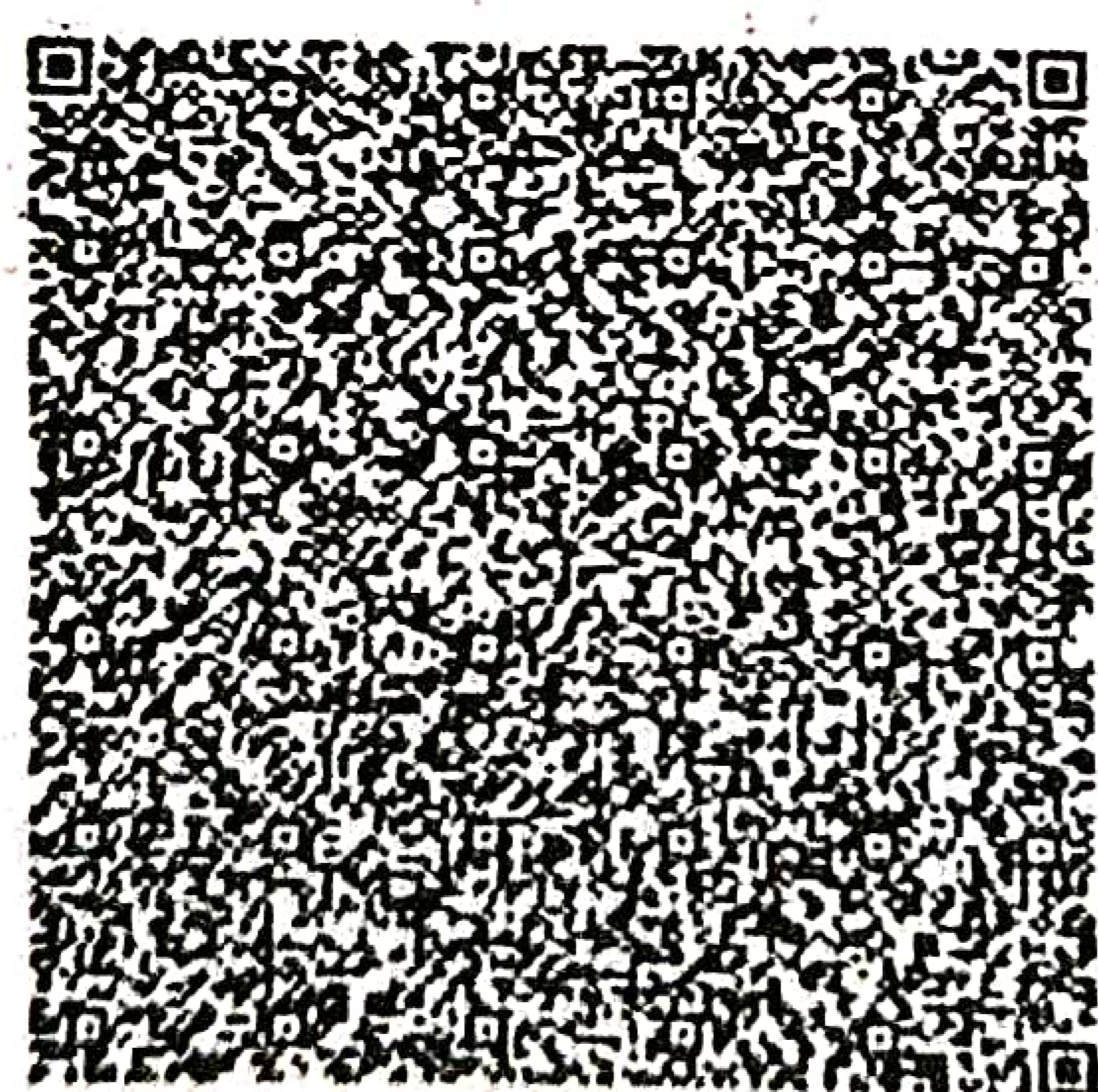
पिता का नाम / Father's Name

RAMISHWAR

सर्वोच्च न्यायालय / Supreme Court

01/01/1990

हस्ताक्षर / Signature



22499