

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

Date 7/07/26

Name

6984 Shukurulloh ali

Add.

UP57CA7791

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Handle			400/-	
②	mirror (L)			245/-	
③	Lever (L)			135/-	
④	Fender			980/-	
⑤	Side Panel (L)			600/-	
⑥	Side Surround (L)			400/-	
⑦	Side Surround Inner			170/-	
⑧	Visor Front Cowl (L)			350/-	
⑨	Side Surround Inner Front			220/-	
⑩	Side Surround Garnish			350/-	
⑪	Labour charge			600/-	
⑫	Head light			3230/-	
				1	
			<b>TOTAL</b>	<b>7680/-</b>	

Authorised Signatur

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.	Shukrullah ali 8423225190
2	Vehicle No. / वाहन संख्या	UP57CA7791
3	Policy No. / पालिसी संख्या	2524.00/31/2026/53785
4	Period of Insurance / बीमा अवधि	29/10/2025 to 28/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026, 2.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Lakhuo Lakhuo.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shukrullah ali, UP572013000 5715
8	Estimated Loss / अनुमानित हानि	7680/-
09.	Cause of Accident / दुर्घटना का कारण :	बाजार से वापस आते वक़्त सड़क के सामने एक बुर्जुग भा गया उसी को बचाते हुये सड़क स्वीप लेक्स छोड़े कार्ड गिरने के कारण 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 Workshop

शुक्रुल्लाह अली

Signature of Insured / बीमाधारक के

Date / दिनांक : 7/01/2026  
हस्ताक्षर



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. 252100/31/2026/53785

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

Period of Insurance 29/10/2025 to 28/10/2026

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
- (b) Address for correspondence
- (c) Telephone

Shukrullah cele

8423225190

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JA07A050703173</u> Chassis No. <u>MBLJAV05750707966</u>	Registration No. <u>UP57CA</u> <u>7791</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 : Shukrullah ali  
(b) Age : \_\_\_\_\_  
(c) Address : Rushenagar  
(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 : UP5720130005715  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 1/12/2034  
(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 : 6/01/2026, 2:30 P.M  
(b) Place : \_\_\_\_\_  
(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 : बुलंद शेर काभरा ठाँव बक्स बाईम के सामने रू. बुलंद आ गया उसी को बहाल बक्स बाँके सड़ि मिश से सामिल हो गइ

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side  
(b) Estimated cost of repairs : 7680/-  
(c) When and where can the damaged vehicle be inspected : crupto automobile Pachraima

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 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 7/07/26 200

Signature of the insured

शुभलाल अर्का

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. \_\_\_\_\_

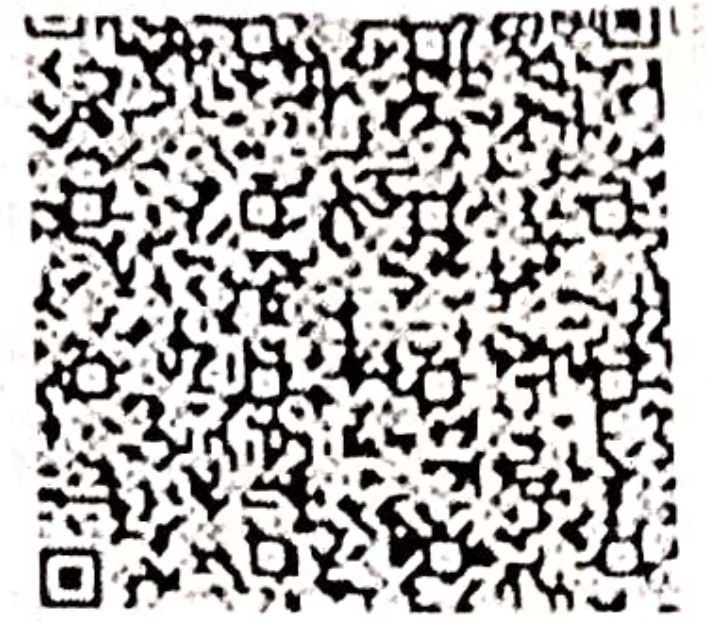
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

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

Signature [Handwritten 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 : UP57CA7791 Registration Date : 05-Nov-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 : SHUKRULLAH ALI Son/wife/daughter of : RAFIQUE  
Full Address: (Permanent) : VILL-HOUSE NO-7 BASDILA, POST-KHADDA KALAN, , KUSHINAGAR, UTTAR  
PRADESH-274802  
Full Address: (Temporary) : VILL-HOUSE NO-7 BASDILA, POST-KHADDA KALAN, , KUSHINAGAR-UTTAR  
PRADESH-274802

Fitness UpTo : 04-Nov-2040 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 : AA2142587297 Rear HSRP No : AA2141824818  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
No of Cylinders : 1 Chassis No : MBLJAU057SGG07966  
Engine No : JA07A0SGG03173 Fuel : PETROL  
Horse Power(BHP) : 11.39 Cubic Capacity : 124.70  
Maker's Classification : XTREME 125 R ABS SINGLE Wheel base : 1319  
SEAT  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 137  
Colour : BLACK Laden/GV Wt (kgs) : 267  
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. : As Regd. :  
Description Weight(in kgs)

- a) Front:  
b) Rear:  
c) Other:  
d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED  
DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 02-Nov-2025.

Purchase dt : 29-Oct-2025 Sale Amt : 95739/-  
OTT Date : 29-Oct-2025 Amount/Rcpt No : 9574 / UP57D25110001755  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 14-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-Nov-2025 to 04-Nov-2040

Date : 06-Jan-2026 15:49:45

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 06-Jan-2026  
Kushinagar (U.P.)



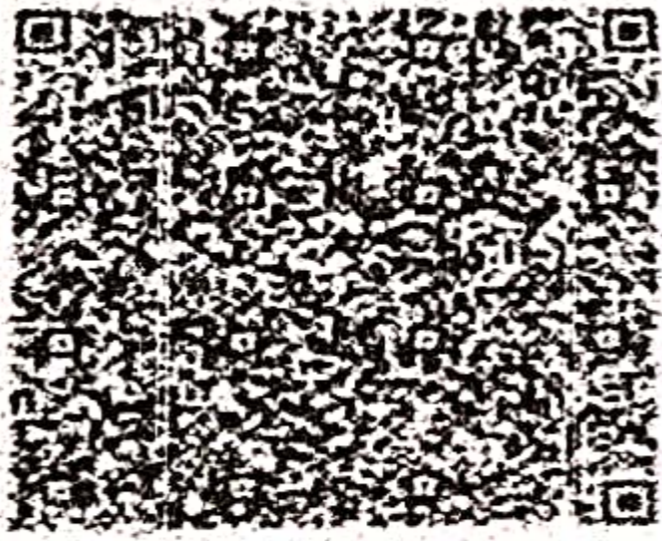
भारत सरकार

Government of India



शुक्रलाल अली  
Shukrullah Ali  
जन्म तिथि/DOB: 02/12/1974  
पुरुष/ MALE

8933 6219 4650



जेरा आधार, जेरी पहचान



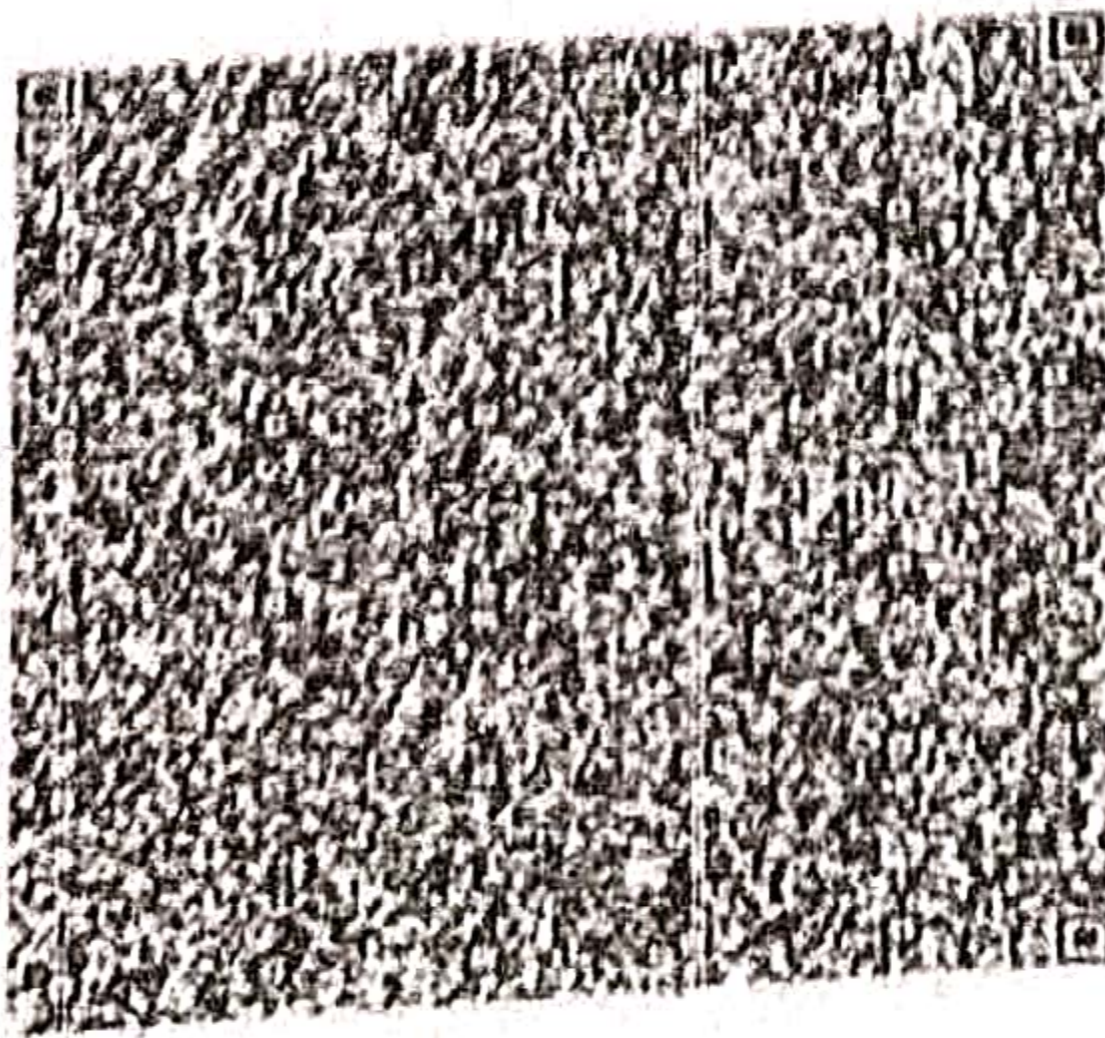
सामान्य विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:  
संबाधित: राफिक मिया, मकान न 7 बसडिला, ब्लॉक रोड,  
बासडिला, ब्लॉक गेट, जखिनिया, कुशीनगर,  
उत्तर प्रदेश - 274802

Address:  
S/O: Rafique Miyan, HNO 7 BASDILA, BLOCK  
ROAD, BASDILA, BLOCK GATE, Jakhinia,  
Kushinagar,  
Uttar Pradesh - 274802

8933 6219 4650



भारत सरकार



www.uidai.gov.in

Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20130005715

Issue Date 29-11-2024 Validity (NT) 01-12-2034  
Validity (TR)



Name: SHUKRULLAH ALI

Date of Birth: 02-12-1974 Blood Group: Organ Donor: N

Son/Daughter/Wife of: RAFIQUE

Address:

P/O- BASDILA MUHAMMADA  
BASDILA, KUSHINAGAR 274802

Holder's Signature

*[Signature]*

Date of First Issue 15-05-2013

DL No: UP57 20130005715

UPDL 00005715/07/2024



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
LMV	LMV	UP57	15-05-2013	NT			
MVSD							

Emergency Contact Number

*[Signature]*  
Licensing Authority  
UP57 KUSHINAGAR

आयकर विभाग

भारत सरकार

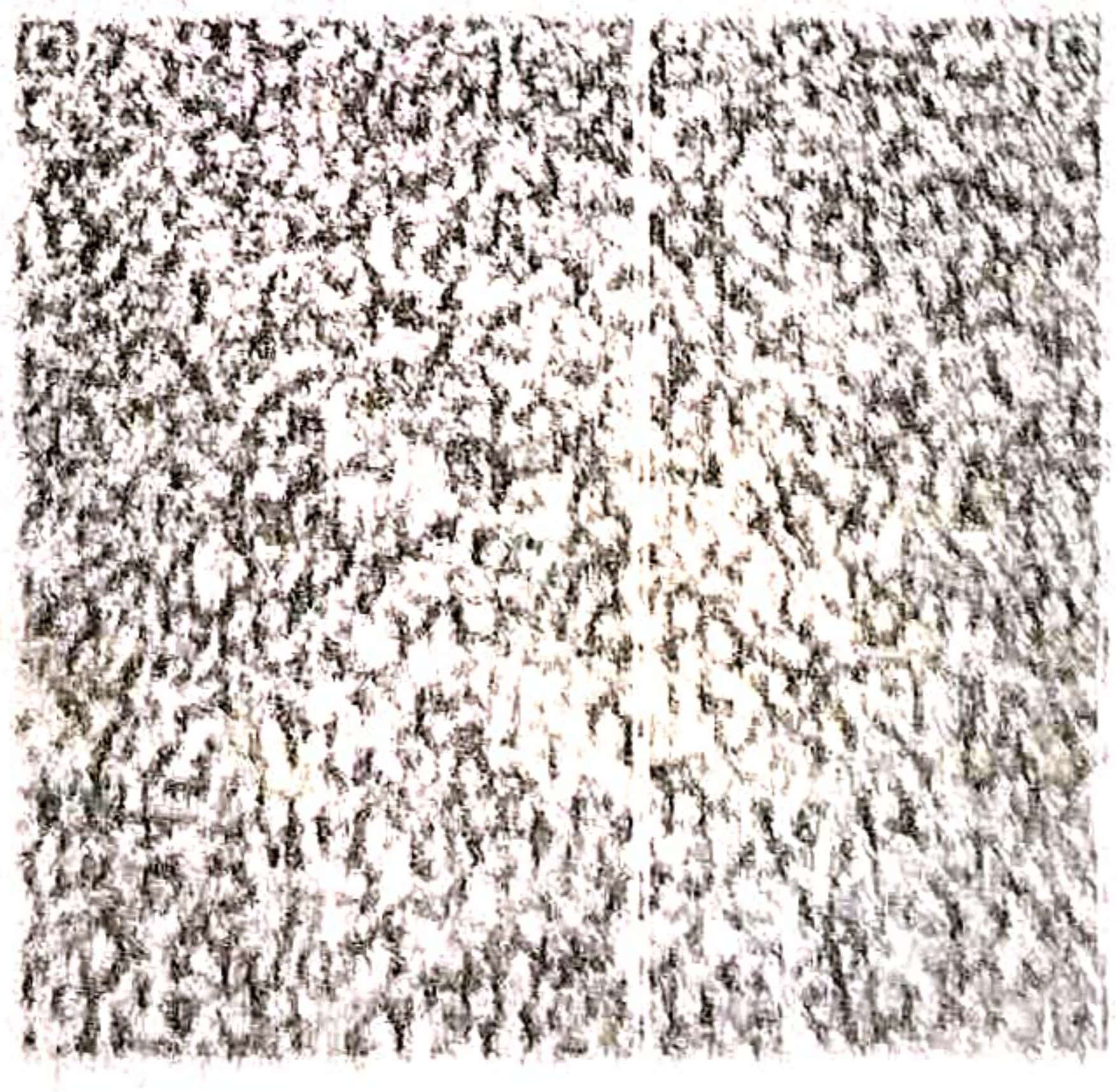
INCOME TAX DEPARTMENT

GOVT. OF INDIA

परमार्थ विभाग

Permanent Account Number Card

BOLP A6347A



नाम

SHUKRULLAH ALI

पिता का नाम

RAFIQUE

जन्म तिथि

Date of Birth

02/12/1974

सूचना

पैन नम्बर

020702