

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

Date 7/02/23

No. **6985**

Name Sanjay Singh

Add. UP 57 BW 3448

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Vibor			1050/-	
②	Tanki			5500/-	
③	Indicator ②			220/-	
④	side panel ②			780/-	
⑤	Handle			500/-	
⑥	Labor charge			500/-	
TOTAL				8550/-	

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.	Sanjay Jaiswal 7398232194
2	Vehicle No. / वाहन संख्या	UP57BW3448
3	Policy No. / पालिसी संख्या	252400/31/2025/80792
4	Period of Insurance / बीमा अवधि	27/01/2025 to 26/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/01/2026, 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	Pachaura
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sanjay Jaiswal, UP57201600 14661
8	Estimated Loss / अनुमानित हानि	8550/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बर्डम लेजर मारकेट जा रहा था। तभी रोड पर मानी गिरने की वजह से बर्डम मेरी स्लिम मर गाने साइड गिरने से 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.	9125197148 Gupta Automobile Pachaura

Date / दिनांक : 7/1/2026
हस्ताक्षर

Sanjay Jaiswal
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. 252400/31/2025/80792

Tel. No. _____

Period of Insurance 27/01/2025 to 26/01/26
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 : Sanjay jaiswal
(b) Address for correspondence : _____
(c) Telephone : 7398232194

2. THE INSURED VEHICLE

Make & Year <u>Mxvo/2025</u>	Engine No. <u>H11E7RHL00371</u> Chassis No. <u>MBLHAW22XRHL00273</u>	Registration No. <u>UP57BW3448</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 trailor attached? : _____
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sanjay Jaiswal
 (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 : UP5720160014661
 (h) Issuing Authority :
 (i) Date of Expiry : 05/08/2036
 (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 : 3/05/2026, 8:00 A.M.
 (b) Place : Padrauna
 (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 सोमनी कास्टम टैक्सीर मारने का रहा भा लमी रि
 पर सोमनी रि रिने से कास्टम रि रिम लर कने साइड रि रिने
 कास्टम रि रिने रि रिने

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front metal side
 (b) Estimated cost of repairs : 8250/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Padrauna

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name :
 Address :
 Full Details of personal injury sustained :
 Name and address of any person/hospital giving medical attention to injured person : N/A
 Full details of property damaged :
 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 7/02/26 200

Signature of the insured श्रीमान राम शर्मा

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 *21/11/2012*
Occupation
Address
.....
.....

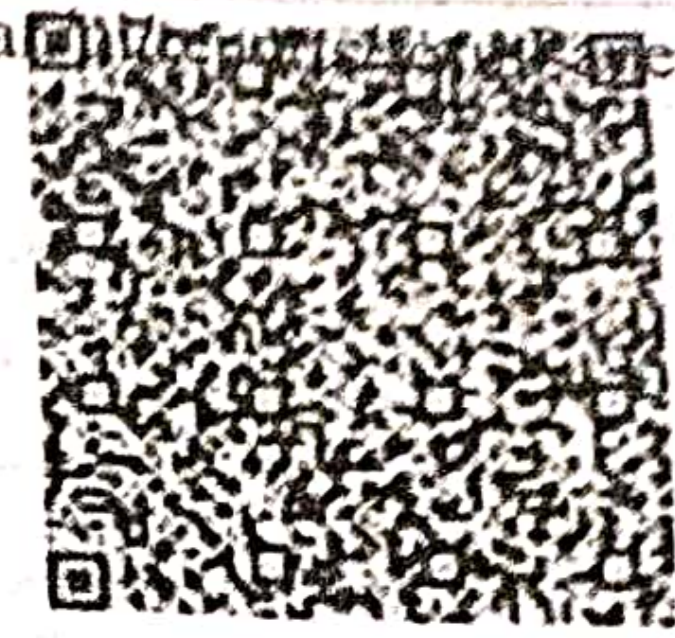
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW3448 Registration Date : 31-Jan-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 : SANJAY JAISWAL Son/wife/daughter of : KASHINATH JAISWAL
 Full Address: (Permanent) : VILL-DARBAR ROAD NARAYAN KATARA, PO-PADRAUNA, , KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-DARBAR ROAD NARAYAN KATARA, PO-PADRAUNA, , KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 30-Jan-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 : AA1038982604 Rear HSRP No : AA1039321422
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW22XRHL00273
 Engine No : HA11E7RHL00371 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : MATT GREY Laden/GV Wt (kgs) : 241
 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 : 28-Jan-2025 Sale Amt : 79866/-
 OTT Date : 28-Jan-2025 Amount/Rcpt No : 7987 / UP57D25010003492
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-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 31-Jan-2025 to 30-Jan-2040

Date : 21-Mar-2025 18:14:01

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 21-Mar-2025

Q 1915234

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20160014661



Issue Date
20-12-2022

Validity (NT)
05-08-2036

Validity (TR)



Holder's Signature

Name: SANJAY JAISWAL

Date of Birth: 25-12-1992

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: KASHINATH JAISWAL

Address:

R/O-DARBAR ROAD NARAYAN KATARA PADRAUNA
KUSHINAGAR 274304

(06-08-2016)

Date of First Issue

DL No: UP57 20160014661

UPDL000009868993



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
Car	MCWG	UP57	06-08-2016	NT			
LMV	LMV	UP57	20-12-2022	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

आयकर विभाग

INCOME TAX DEPARTMENT

SANJAY JAISWAL

KASHINATH JAISWAL

25/12/1992

Permanent Account Number

AYEPJ4154E

संस्थागत आयकर विभाग

Signature



भारत सरकार

GOVT. OF INDIA



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NO. 2347 6054
NO. 914 225 721 975
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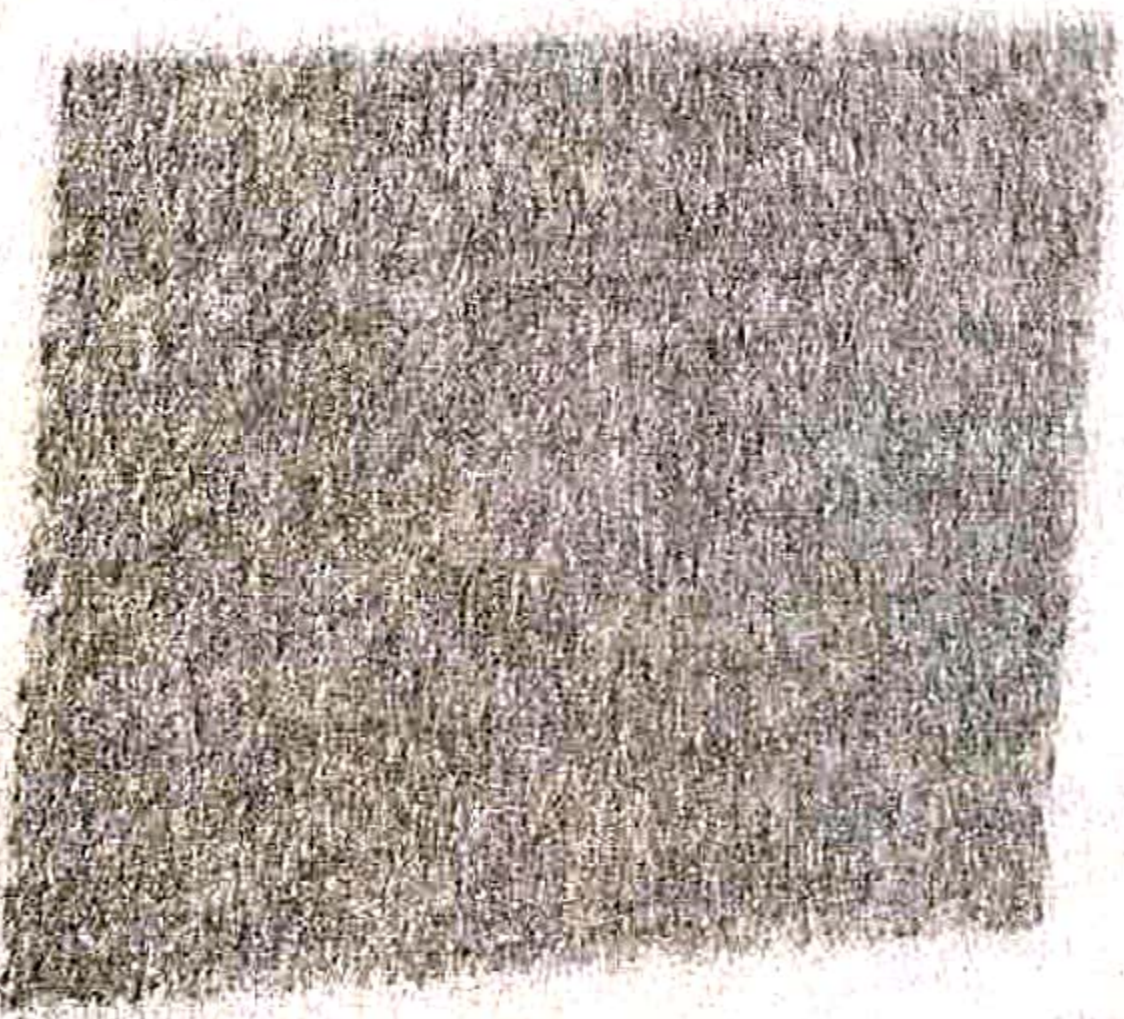
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