

Gupta

ESTIMATE

AUTHORISED DEALER

AUTOMOBILES



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 930723663

No.

6972

Date 06/01/25

Name

Brijomshu Singh

Add.

UP57BW1797

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	4'8051	—	—	985/-	
	Handle	—	—	510/-	
	Tanki	—	—	5560/-	
	Indicators - (L+L)	—	—	360/-	
	Levers - (L)	—	—	105/-	
	labour charge	—	—	600/-	
			TOTAL	8120/-	

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.	Singh Bijayanshu, 7458845960
2	Vehicle No. / वाहन संख्या	UP57BW1797
3	Policy No. / पालिसी संख्या	252400/31/2025/78450
4	Period of Insurance / बीमा अवधि	17/01/2025 to 16/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/26, 5:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Kabla
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Aditya Bhatnagar Singh, UPS72023 7458845960, 0002440
8	Estimated Loss / अनुमानित हानि	8120/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे मोर्सी का लडका आदित्या प्रताप सिंह घर से रामकोला की लडका जा रहे थे लडकी एक बर्क वाले ने सामने से छक्कर मार किया मेरी बर्क बायें साईड गिरने से क्षतिग्रस्त 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.	Gupta automobile Palnana

Date / दिनांक : 06/01/2026
हस्ताक्षर

प्रभाशु सिंह
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Aditya Pratap Singh
(b) Age : _____
(c) Address : Kushinagar Padrauna
(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 : UP5720230002440
(h) Issuing Authority : _____
(i) Date of Expiry : 30/04/2041
(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 : 05/01/2026, 05.30 P.M.
(b) Place : KORIA
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक बाइक वाले ने सामने से टक्कर मारू किया
(e) If any third party was responsible for this accident give the name and address : बाइक वाले साईड विस् से क्षतिगत हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : ₹120/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padrauna,

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? : _____

PIA

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? :
(d) If yes, to which Police Station?
(e) Date and Diary No.

_____ N/A

_____ N/A

_____ N/A
_____ N/A

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?
(g) When?
(h) Which Police Station?
(i) C.R. diary Number

_____ N/A

_____ N/A

_____ N/A
_____ N/A

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 06/01/26 200

Signature of the insured पिंपरु सिंह

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. _____

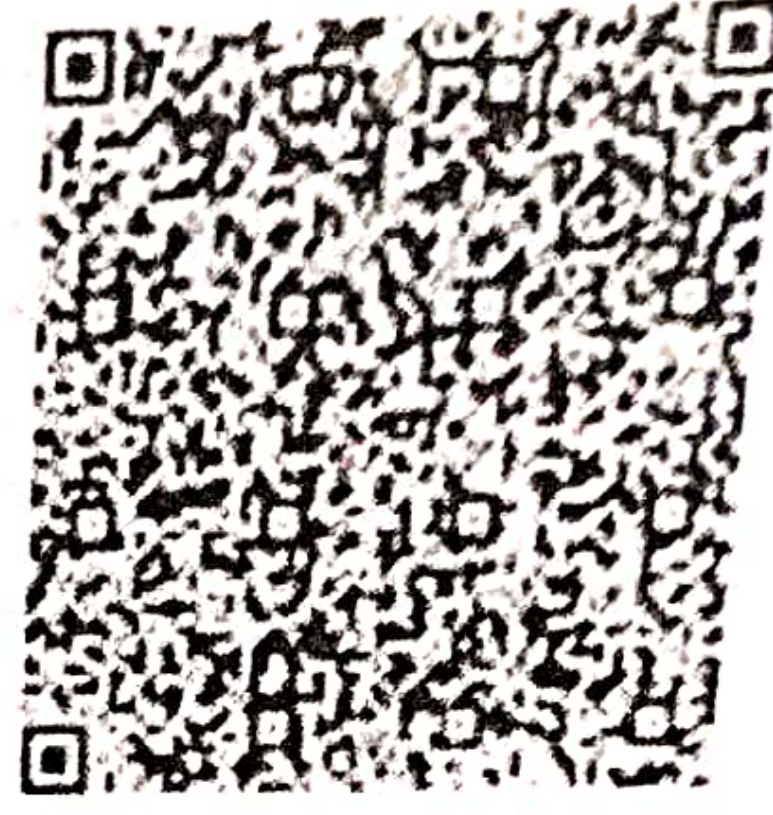
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

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 : UP57BW1797 Registration Date : 18-Jan-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : TO
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : PRIYANSHU SINGH Son/wife/daughter of : MAHENDRA SINGH
Full Address: (Permanent) : BAHORAPUR, SAKHOPAR, KASIA, KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : BAHORAPUR, SAKHOPAR, KASIA, KUSHINAGAR-UTTAR PRADESH-274402
Fitness UpTo : 17-Jan-2040 Owner Serial No : 2
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 : AA2118640475 Rear HSRP No : AA2116800298
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW217RHL10234
Engine No : HA11E7RHL17689 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
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. .

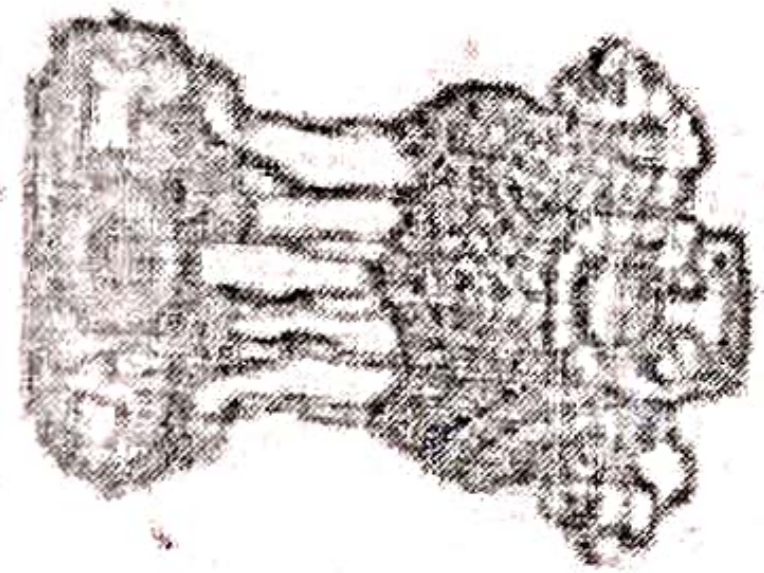
Purchase dt : 17-Jan-2025 Sale Amt : 81601/-
OTT Date : 17-Jan-2025 Amount/Rcpt No : 8161 / UP57D25010001652
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 25-Jul-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : ADITYA SINGH Previous RegNo :
Old State : Entry Date :
Transfer Date : 25-Jul-2025 Conversion Date :

This certificate is valid from 18-Jan-2025 to 17-Jan-2040

कर/पंजीमन आधिकारी
Signature of Registering Authority
Date : 29-Jul-2025
कुशीनगर

Date : 29-Jul-2025 12:29:10

Exation Particulars / Advance Registration Mark Fee Details



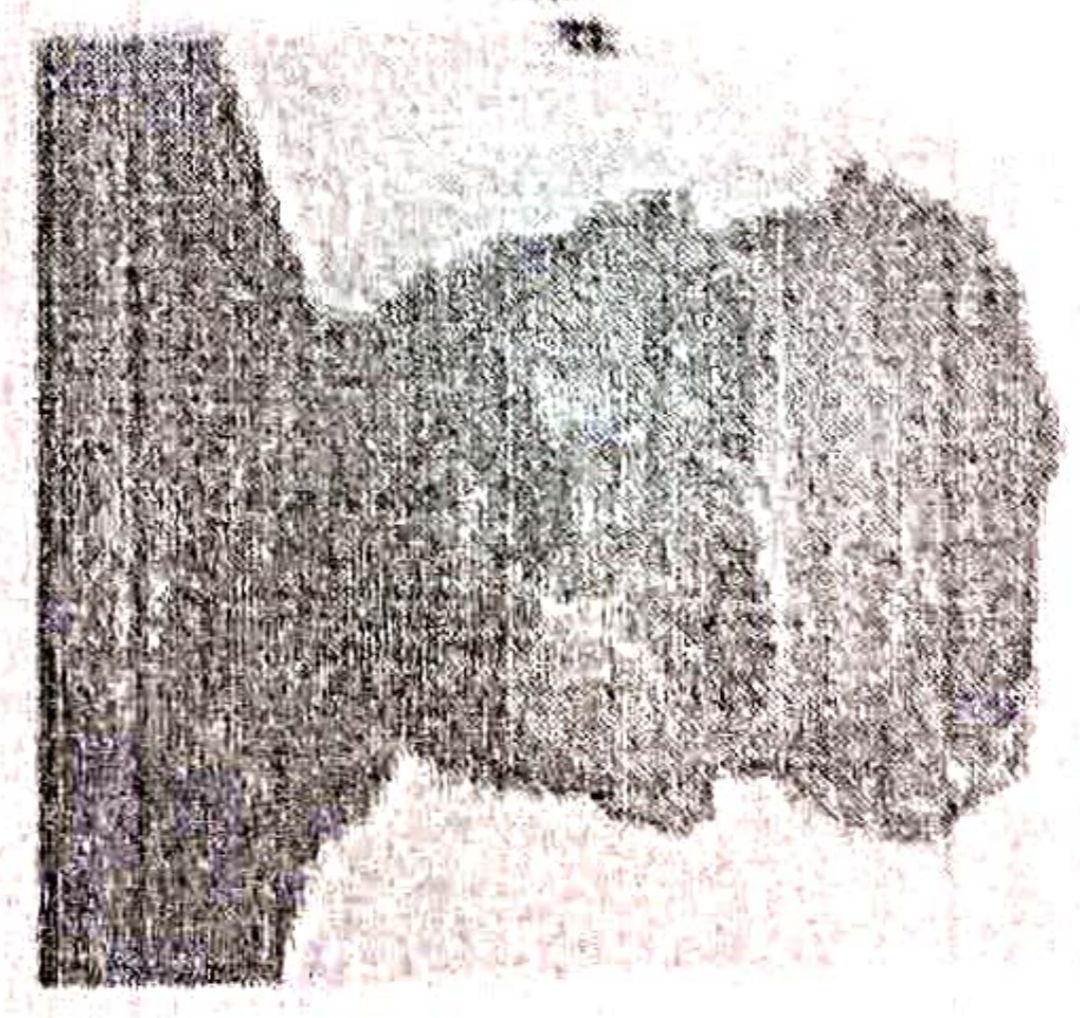
सत्यमेव जयते

Indian Union Driving Licence

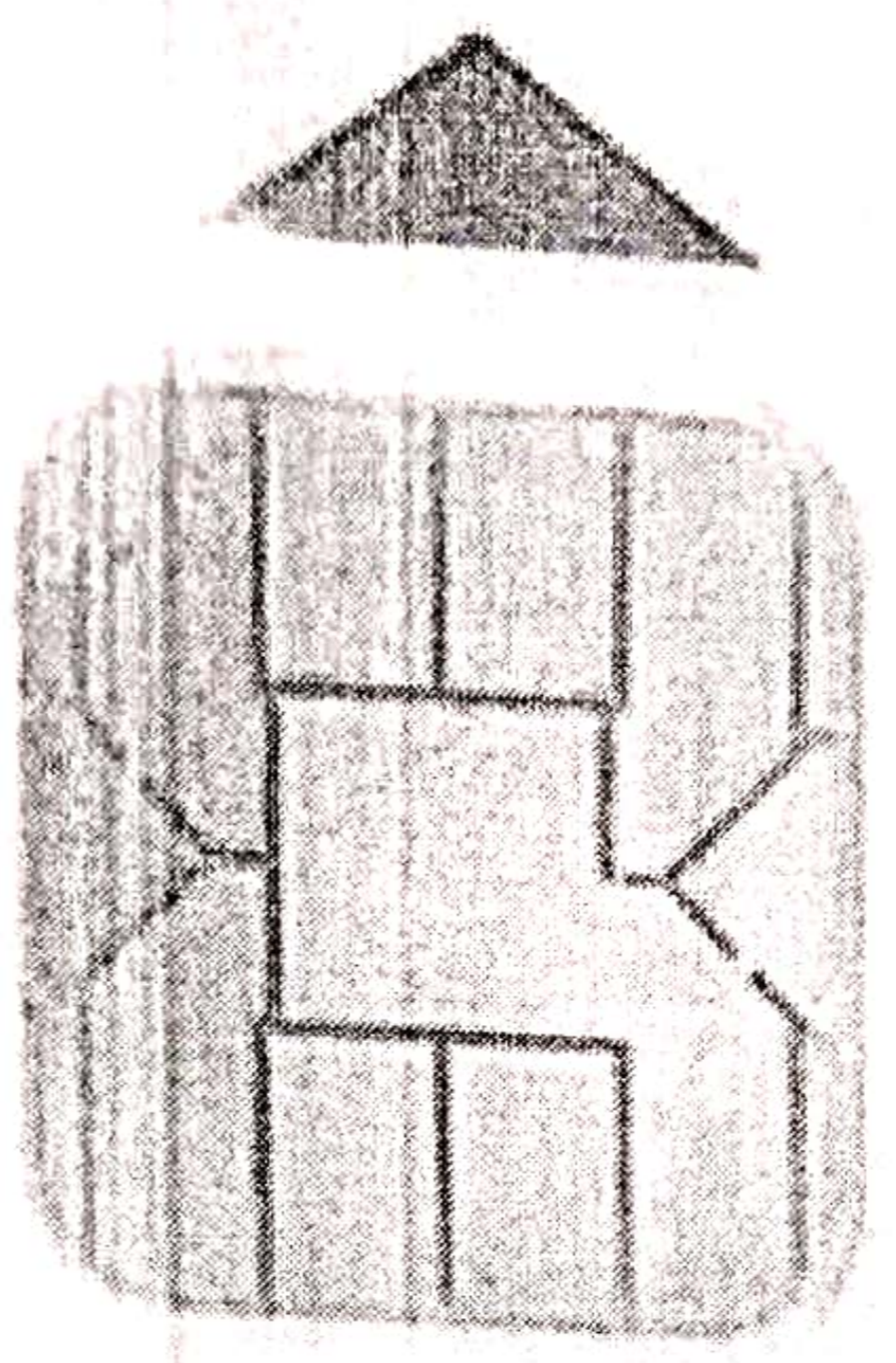
Issued by Uttar Pradesh



UP57 20230002440



(14-02-2023)



Holder's Signature

Name:

ADITYA PRATAP SINGH

Date of Birth: 01-05-2001

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: SURESH SINGH

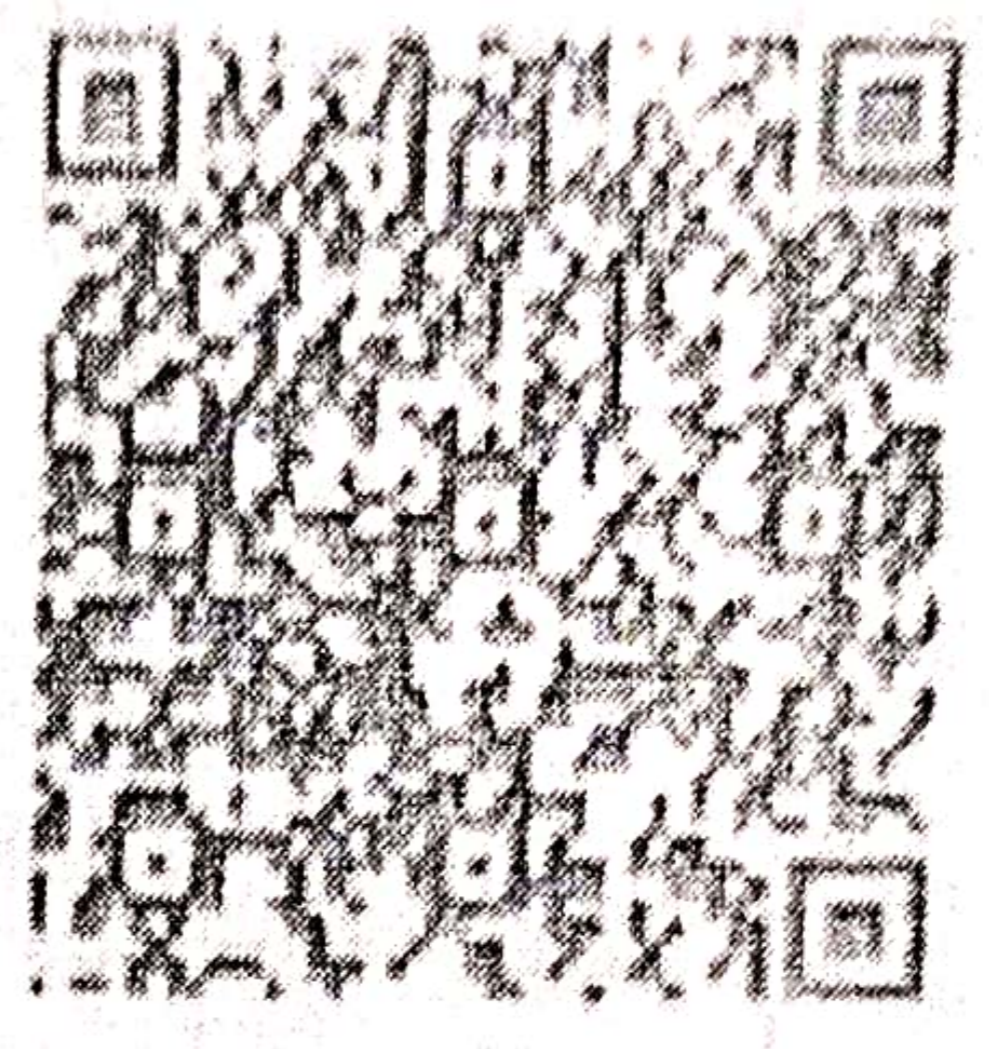
Address:

66 vill sakhopaar Sakhopar Kushinagar
Uttar Pradesh 274402

Date of First Issue




DL No: UPP57 20230002440

UPDL000010266028



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	14-02-2023	NT			
	LMV	UP57	14-02-2023	NT			
							
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार
Government of India



Aadhaar no. issued: 29/08/2017



प्रियान्शु सिंह
Priyanshu Singh
जन्म तिथि/DOB: 17/08/2005
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता का जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑफलाइन प्रमाणीकरण की सहायता से) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline MML)

9540 9092 2855

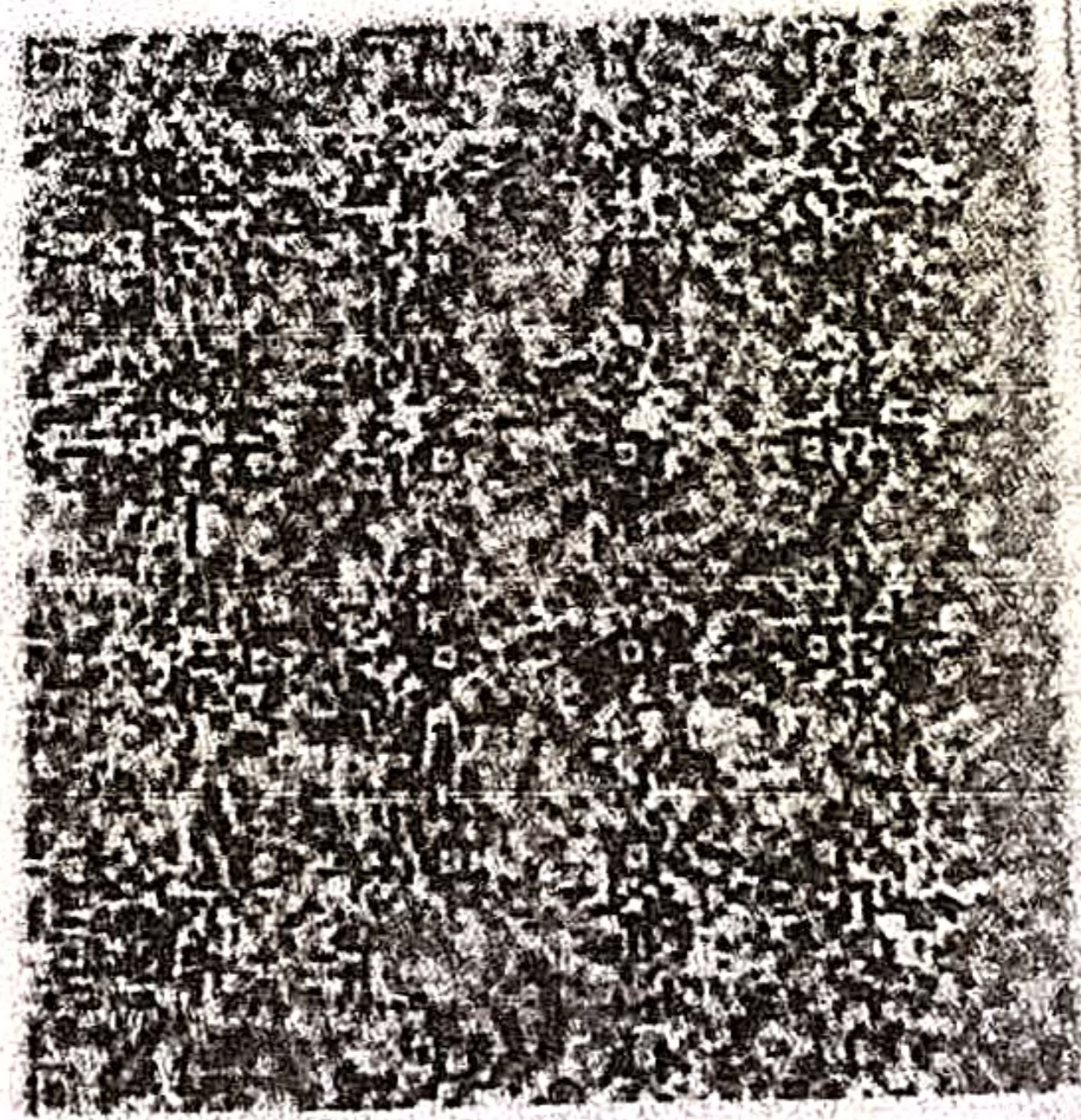
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज महेंद्र सिंह, 7, ग्राम बहोरापुर, बहोरापुर, सखोपार,
कुशीनगर,
उत्तर प्रदेश - 274402
Address:
S/O: Mahendra Singh, 7, village bahorapur,
Bahorapur, PO: Sakhopar, DIST: Kushinagar,
Uttar Pradesh - 274402



9540 9092 2855

VID : 9110 0134 1405 9197



1947



help@uidai.gov.in



www.uidai.gov.in

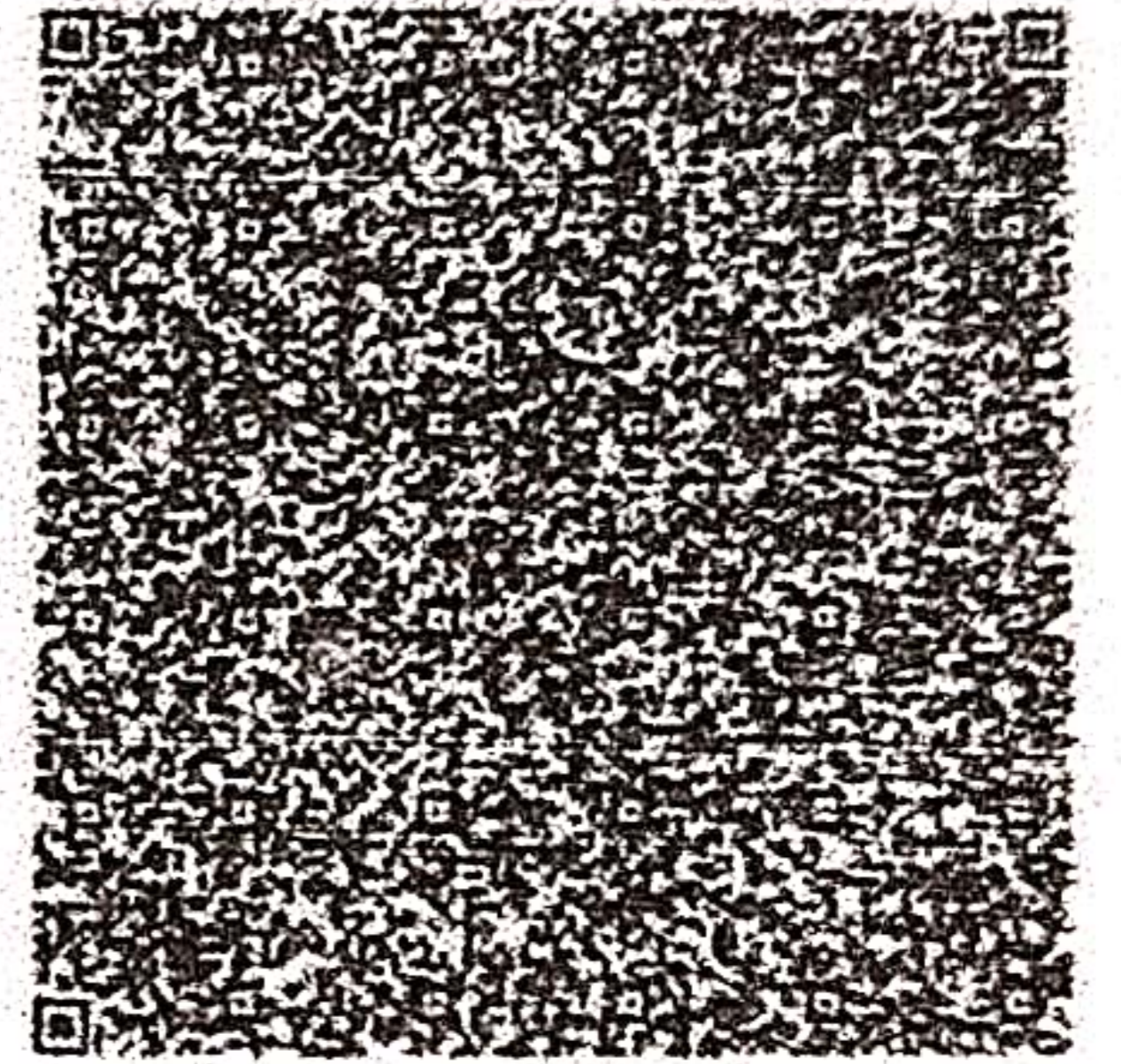
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
LVIPS3115E



नाम / Name
PRIYANSHU SINGH

पिता का नाम / Father's Name
MAHENDRA SINGH

05092023

जन्म की तारीख /
Date of Birth
17/08/2005

प्रियंशु सिंह
हस्ताक्षर / Signature