

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6999**

Date 8/05/26

Name Amay

Add. VP57 AC 0475

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	H/L			795/-	
②	Tanki			7800/-	
③	Labor charge			300/-	
TOTAL				8895/-	

Authorized Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Amay 9936941112
2	Vehicle No. / वाहन संख्या	UP57AC 8475
3	Policy No. / पालिसी संख्या	MS/2025/7005/0/16575/397303
4	Period of Insurance / बीमा अवधि	13/01/2025 to 18/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/01/2026, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Padawan
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Rahul Kishori, UP572017000 3618 9506430881
8	Estimated Loss / अनुमानित हानि	8095/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे बेटे राहुल केशरी लेकर मारने जा रहे थे। तभी अचानक सामने माला आ गया तो उसी को बचाने के लिए दाहिने साईड लेकर गिरने से साईड मेरी डायरेक्शन 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 Padawan

Date / दिनांक : 01/01/20
हस्ताक्षर


Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rohal Keshari
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP5720170003610
 (h) Issuing Authority : _____
 (i) Date of Expiry : 20/07/2037
 (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 : 6/05/2026, 3:00 PM
 (b) Place : Padrauna
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी वाहन मेरे ठेकेदार जा रहे थे। तभी सामने कुल
 (e) If any third party was responsible for this accident give the name and address : श्री. राजा इसी के बचाने बाद बने साइड गिरने से
श्री. राजा इसी के बचाने बाद बने साइड गिरने से
श्री. राजा इसी के बचाने बाद बने साइड गिरने से

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 9895/-
 (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 : N/A
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____

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

TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ४८)

FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत

ASSISTANT REGIONAL TRANSPORT OFFICE, KUSHI NAGAR

Registration Number (पंजीकरण संख्या)	UP57AC8475	Registration Date (पंजी. तिथि)	11-Dec-2016
Owner's Name & Address (स्वामी का नाम एवं पता)	AMAR	Owner's Serial (वाहन स्वामी क्रमांक)	1
Son/wife/daughter of:	SHANKAR	Manufacturing Year (निर्माण का वर्ष)	10/2016
Full Address: (Permanent)	VILL-VISHUNPURA RAMDHAM POST+THANA-PADRAUNA KUSHINAGAR -	No. of Cylinders (सिलेन्डर की संख्या)	1
Full Address: (Current)	VILL-VISHUNPURA RAMDHAM POST+THANA-PADRAUNA KUSHINAGAR -	Unladen Weight (खाली भार)	107 kgs
Dealer's Name & Address (दिलर का नाम)	GUPTA AUTOMOBILES RAM KOLA ROAD PADRAUNA	Laden Weight (भरा हुआ भार)	260 kgs
Vehicle Class	MOTOR CYCLE	Seating Capacity (सीट क्षमता)	2 (Including driver)
Chassis Number (संख्या)	MBLHA10BSGHK28680	Colour (रंग)	BHG
Engine Number (संख्या)	HA10EVBGHK30368	Horse Power (अश्व शक्ति)	1 HP / 97 CC
Type of Body (प्रकार)	SOLO	Fuel Used (इंधन)	PETROL
Manufacturer's Name (उत्पादक का नाम)	PASSION PRO HERO MOTOCORP LTD	Tax paid upto (कर भुगतान)	Life Time
Lease Agreement with (लेंड/लीज समझौता किससे)	HERO FINCORP LIMITED DELHI VASANT BIHAR NEW DELHI DELHI, 110057.	Tax Rate (कर-दर)	Life Time (RT- Rs. 5276)
	05-Dec-2016	Fitness Valid upto (पंजीयन की वैधता)	10-Dec-2031
Registration and Size of Tyres (वहन विवरण एवं आकार)		Wheel Base (व्हील बेस)	1553
Front Axle (फ्रन्ट एक्सल)		Registered Axle Weight (पंजीकृत एक्सल भार)	
Rear Axle (रियर एक्सल)		(a) Front Axle (फ्रन्ट एक्सल)	
Any other Axle (अन्य कोई एक्सल)		(b) Rear Axle (रियर एक्सल)	
Tandem Axle (टेन्डम एक्सल)		(c) Any other Axle (अन्य कोई एक्सल)	
		(d) Tandem Axle (टेन्डम एक्सल)	
	Vehicle Registered Against NEW VEHICLE Case Air Conditioner (A.C.) Fitted-No Standing Capacity - 0 Sleeper Capacity - 0		
	Entered By: PSINGH 07-Jan-2017		

No. RC.AB- 0938503

Specimen Signature of the Owner
वाहन स्वामी के हस्ताक्षर

Specimen Signature of Financier

Signature of Registration Authority
पंजीकरण अधिकारी के हस्ताक्षर



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20170003618

Issue Date 16-04-2022 Validity (NT) 20-07-2037 Validity (TR) 15-04-2027



Holder's Signature

Name: RAHUL KESHARI
Date of Birth: 15-07-1994 Blood Group: Organ Donor: N
Son/Daughter/Wife of: AMARNATH KESHARI
Address:

VILL-JANGAL VISHUNPURA RAMDHAM,
PO+PS-PADRAUNA,JUNGLE BISHUNPURA
PADRAUNA,KUSHINAGAR,UP 274304

Date of First Issue (21-07-2017)

DL No: UP57 20170003618

UPDL 00000804 1868



Invalid Carriage (Regn Numbers)²

Hazardous Validity² Hill Validity²

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number¹	Badge Issued Date¹	Badge Issued By²
MCWG	LMV	UP57	21-07-2017	NT			
TRANS	TRANS	UP57	23-01-2019	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CFPPA7546P

नाम / Name
AMAR

पिता का नाम / Father's Name
SHANKAR

जन्म की तारीख / Date of Birth
01/01/1966

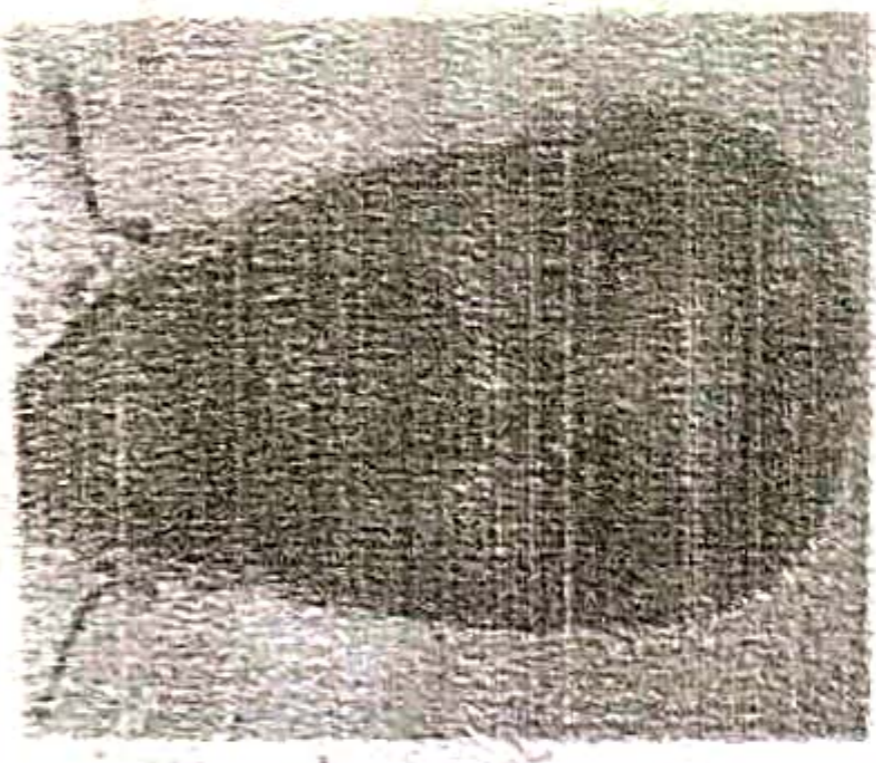
हस्ताक्षर / Signature

14052017



भारत सरकार

भारतीय प्रजासत्ताक



अमर

Amar

जन्म तिथि/ DOB: 01/01/1966

पुरुष / MALE



6375 6473 8686

अमर अदमि का अधिकारी



भारतीय प्रजासत्ताक

भारत सरकार

पता:

आत्मानंद शंकर, विशुनपुरा

राजराज, पहरौना,

कुशीनगर,

उत्तर प्रदेश - 274304

Address:

S/O: Shankar, Vishunpura ramdham,
Padrauna, Kushinagar,
Uttar Pradesh - 274304

6375 6473 8686

Aam Admi ka Adhikar