

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6998

Date 8/02/26

Name

Sanjay Afreen

Add.

UP57BW2400

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Rear fender			2500/- 400/-	
②	muffler cover			650/-	
③	muffler			25812/-	
④	engine cover (R)			690/-	
⑤	labor charge			500/-	
TOTAL				20132/-	

Authorised 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.	Tanya Afreen 9140385670
2	Vehicle No. / वाहन संख्या	UP57BW2480
3	Policy No. / पालिसी संख्या	252400/31/2025/79421
4	Period of Insurance / बीमा अवधि	21/01/2025 to 20/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/01/2026, 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Suraj Kumar Modanwal, UP572023 0000 864 8423565001
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैरी बाईम मैरी बाईम में दोस्त सुरज कुमार मोदनवाल लैमर मारने जा रहे थे। लभी अचानक मिला से रजम बाईम वाला लुकर मार दिमा ले बाईम मैरी बाईम साईड गिरे से जमैण 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 Padrauna

Date / दिनांक : 01/01/2026
हस्ताक्षर

Tanya Afreen
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. 252400/31/2025/79421

Tel. No. _____

Period of Insurance 21/01/2025 to 20/01/2026
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 : Tanya AFARIN
(b) Address for correspondence : _____
(c) Telephone : 9140385670

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>RC01ACRHM00031</u> Chassis No. <u>MBLRCV155RHM00152</u>	Registration No. <u>UP57BW</u> <u>2480</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? NO
 (d) If a Motor Cycle/scooter
 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 : Buraj Kumar Madanwal
 (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 : UP5720230000264
 (h) Issuing Authority : _____
 (i) Date of Expiry : 30/06/2041
 (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 : 5/01/2026, 5:00 P.M
 (b) Place : Podrauna
 (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 : मेरी गाड़ी में मेरे भाई के दोस्त लीकर मारकर लगा रहे हैं वहां मिले सेकम हाईम कारमर मार दिना तो नाम साइड गिरने से डमिया हो गि

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back and side
 (b) Estimated cost of repairs : 29132
 (c) When and where can the damaged vehicle be inspected : Crupta automobile Podrauna

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? : _____
- (g) When? : N/A
- (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 8/01/2006 200

Signature of the insured Tareq Ahsan

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/-

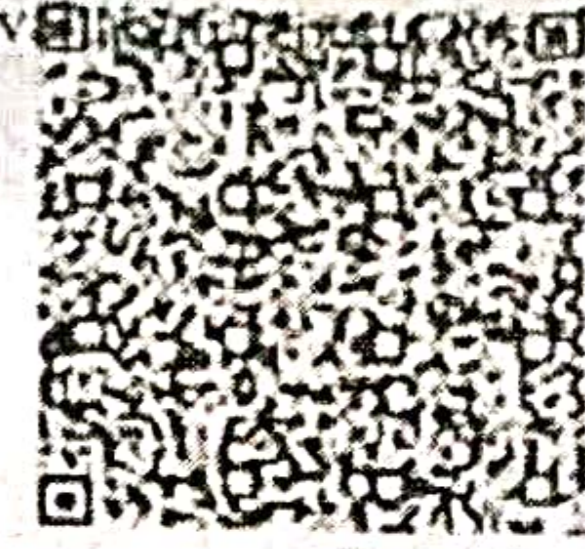
Witness
Name
Signature
Address

Signature *Tanya Ajean*
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 : UP57BW2480 Registration Date : 23-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 : TANYA AFAREEN Son/wife/daughter of : AHMAD ALI
 Full Address: (Permanent) : VILL-KANNAUJIYA WARD PURVI WARD NO., NO -8 POST -PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-KANNAUJIYA WARD PURVI WARD NO., NO -8 POST -PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 22-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 : AA1038982391 Rear HSRP.No : AA1039321209
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLKCU155RHM00152
 Engine No : KC01ACRHM00831 Fuel : PETROL
 Horse Power(BHP) : 14.74 Cubic Capacity : 163.14
 Maker's Classification : XTREME 160R 2V FLAT SEA Wheel base : 1327
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 144
 Colour : MATAXIS GRY BLACK ST 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 IDFC FIRST BANK LTD, PADRAUNA, ,, Kushinagar, Uttar Pradesh-274304.w.e.f. 22-Jan-2025.

Purchase dt : 22-Jan-2025 Sale Amt : 111611/-
 OTT Date : 22-Jan-2025 Amount/Rcpt No : 11162 / UP57D25010002397
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 23-Jan-2025 to 22-Jan-2040

Date : 03-Mar-2025 15:24:41

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 03-Mar-2025

A.R.T.O. (A)
Kushinagar (U.P.)

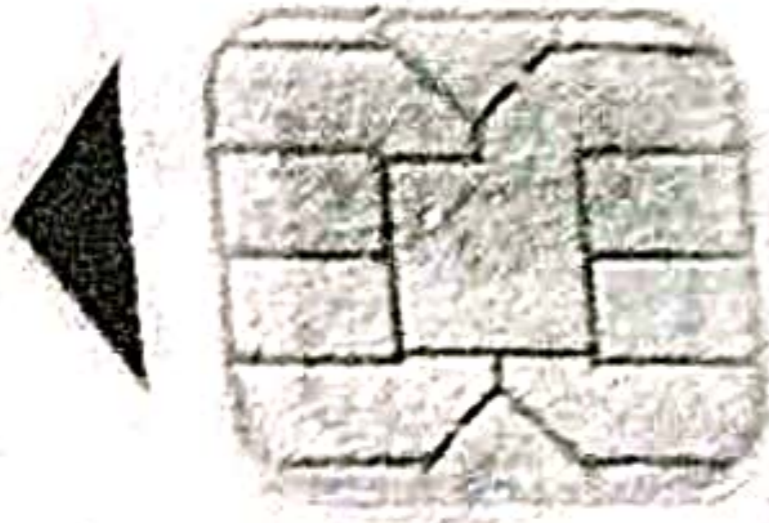
Q 1840484



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20230000864



Issue Date 17-01-2023 Validity (NT) 30-06-2041 Validity (TR) _____



Holder's Signature

Name: SURAJ KUMAR MODANWAL
 Date of Birth: 01-07-2001 Blood Group: _____ Organ Donor: N
 Son/Daughter/Wife of: MANOJ KUMAR MODANWAL
 Address:
 Balochaha Kushinagar Uttar Pradesh 274304

(17-01-2023)
Date of First Issue

DL No: UP57 20230000864

UPDL000010223762



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	17-01-2023	NT			
	LMV	UP57	17-01-2023	NT			
	MVSD						

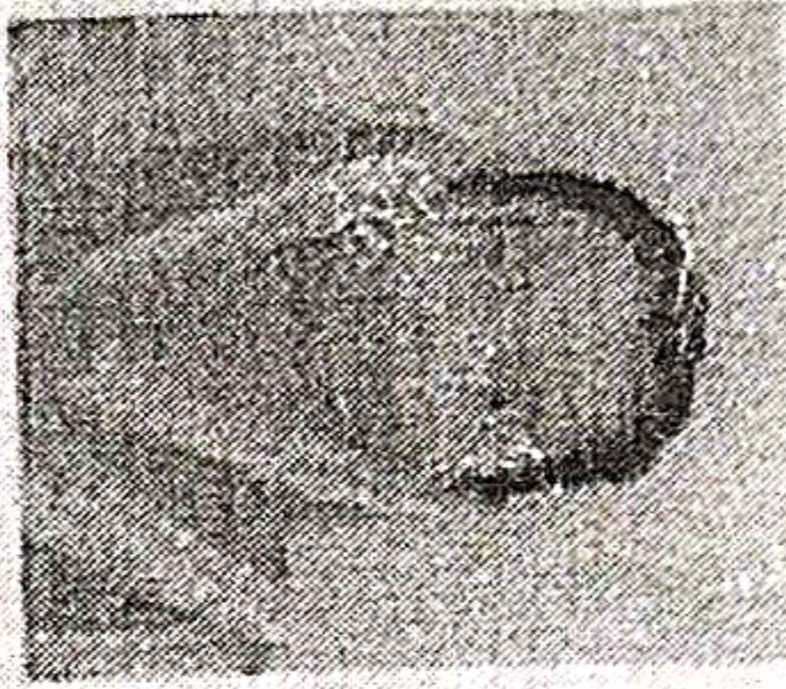
Emergency Contact Number _____

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

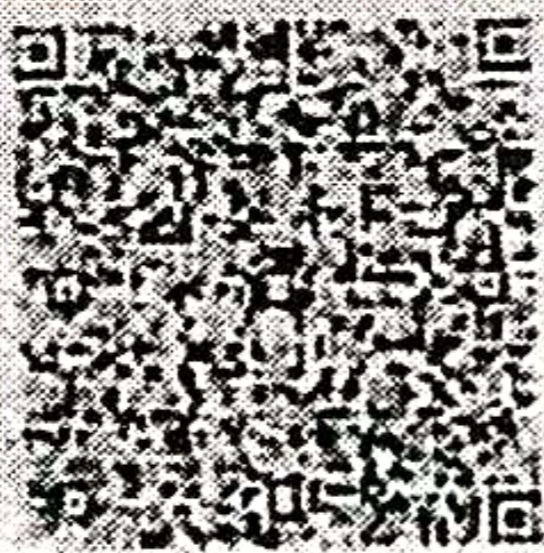


भारत सरकार
Government of India



तान्या आलारेन
Tanya Alareen
एन पी/IDDB: 18/04/2002
लिंग/ FEMALE

8549 3859 5151



भारत सरकार, भोली परदाता

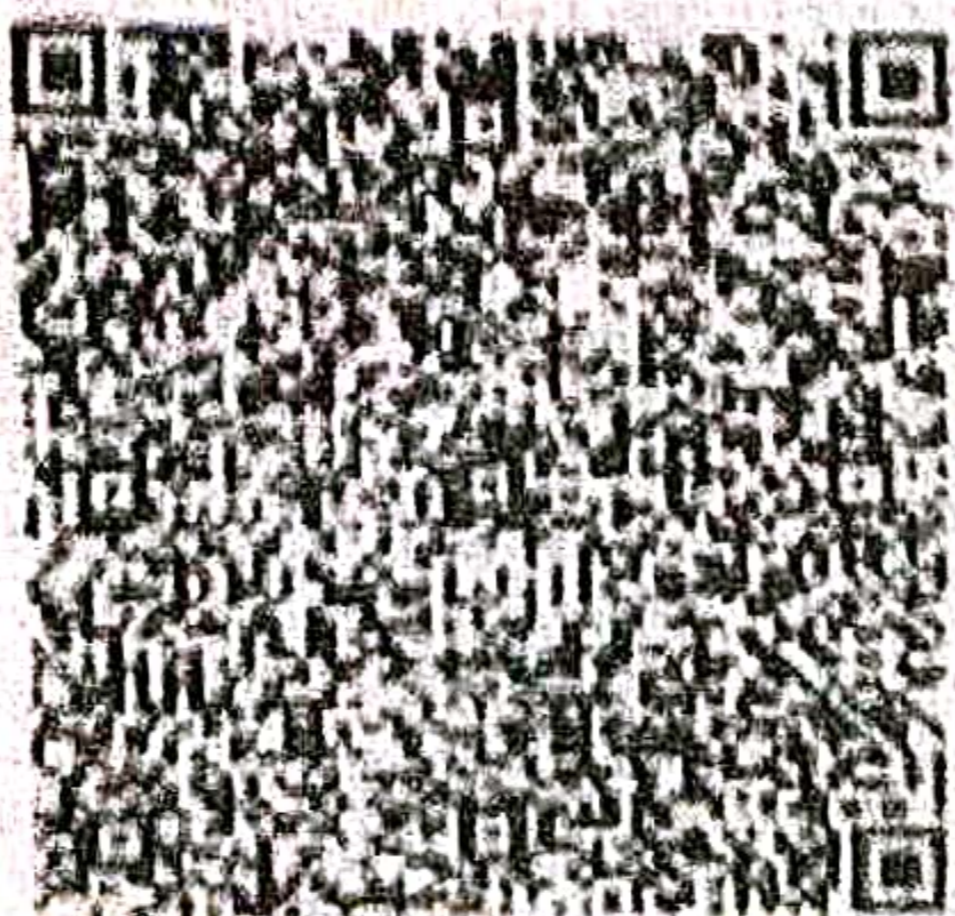


भारत सरकार
Unique Identification Authority of India

एन पी/IDDB: 18/04/2002
तान्या आलारेन
एन पी - 274304

Address:
D/O Ahmad Ali, Kannaujya Ward Purvi Ward No
08, Padrauna, Kushinagar,
Uttar Pradesh - 274304

8549 3859 5151



भारत सरकार

आयकर विभाग
INCOME TAX DEPARTMENT

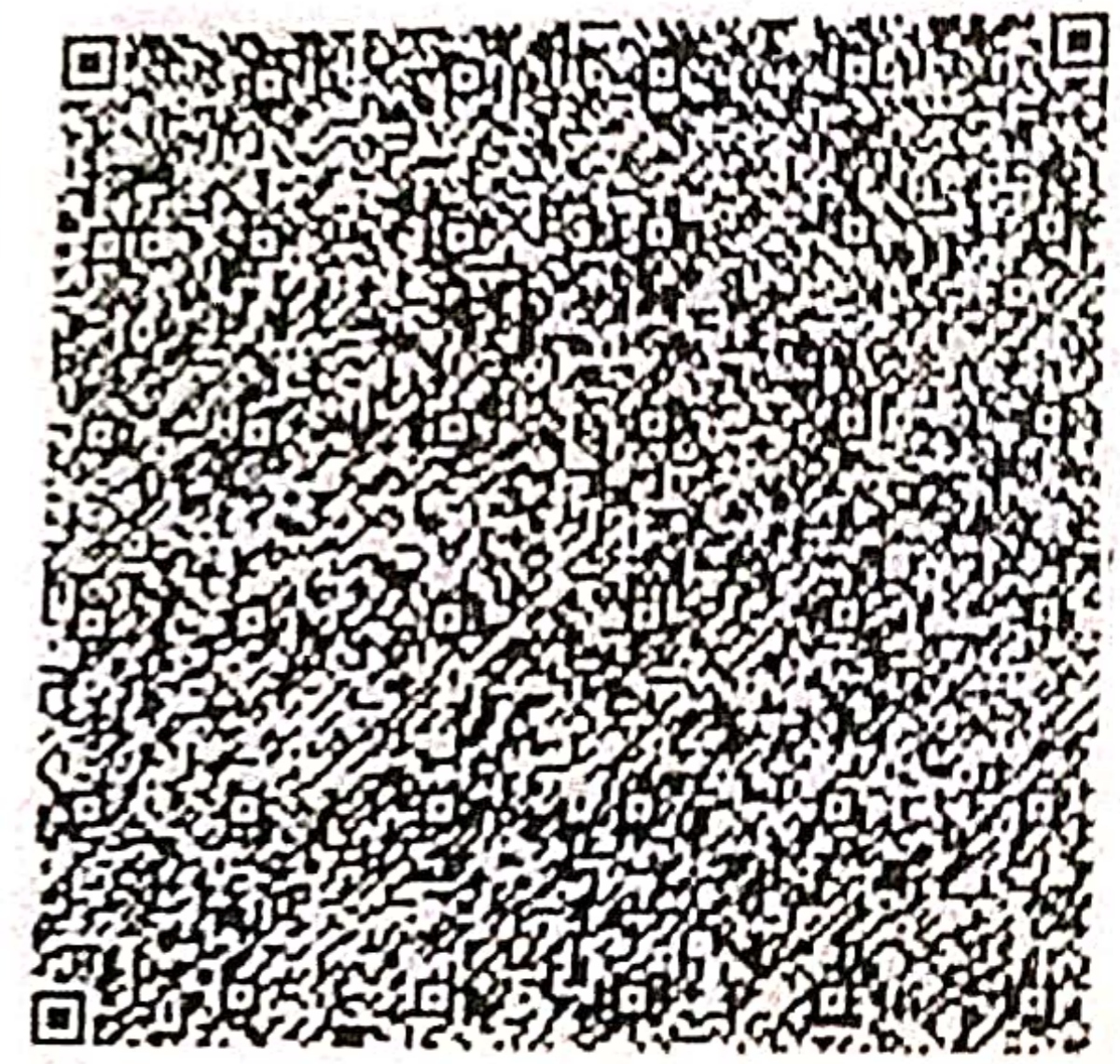


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DYPPA2919J



नाम / Name
TANYA AFAREEN

पिता का नाम / Father's Name
AHMAD ALI

जन्म की तारीख /
Date of Birth
18/04/2002

हस्ताक्षर / Signature

30122020