

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6990

Date 08/01/26

Name

Raju Dhonukh

Add.

UP57CA6008

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	4'800			1265/-	
②	H/L			3500/-	
③	hammer			480/-	
④	Handle			510/-	
⑤	Feodar			880/-	
⑥	Labour charge			500/-	
			TOTAL	7135/-	

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.	Raju Dhamukh 8726723315
2	Vehicle No. / वाहन संख्या	UP57CA6008
3	Policy No. / पालिसी संख्या	252400/31/2026/53360
4	Period of Insurance / बीमा अवधि	29/10/25 to 28/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026 , 10.50 P.m.
6	Place of Accident / दुर्घटना का स्थान	Bahwapatti
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720230020120 9559 678289 , Shailendra Kumar
8	Estimated Loss / अनुमानित हानि	₹135/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश आई शैलेंद्र कुमार बसके लेकर किसी काम से जा रहा था तभी बसके के सामने अन्याय से कुत्ता आ गया उसी की वजह से हुये मेरी बसके बचे 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 Padgaon

Date / दिनांक : 08/01/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
राजू



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. 252400/31/2026/53360

Tel. No. _____

Period of Insurance 29/10/25 to 28/10/26

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 : Raju Dhamukh
(b) Address for correspondence : _____
(c) Telephone : 8726723315

2. THE INSURED VEHICLE

Make & Year <u>Hesio/2025</u>	Engine No. <u>HA11FB5HK36471</u> Chassis No. <u>MBLHAW331SHK36587</u>	Registration No. <u>UP57CA</u> <u>6008</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 : Shailendra kumar
(b) Age : _____
(c) Address : kushinagar Padsama
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720230020120
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2040
(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 : 05/01/26 to 10.00 P.m.
(b) Place : Bahwapatti
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बाइक के सामने अचानक कुत्ता आ गया उसी
(e) If any third party was responsible for this accident give the name and address : को बचाते हुये बर्क बायें कार्ड गिरने से क्षतिग्रत हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : ₹125/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padsama.

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? : _____

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~~

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 Policy Station? : _____
(i) C.R. diary Number : _____

~~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 08/01/20 200

Signature of the insured [Signature]

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

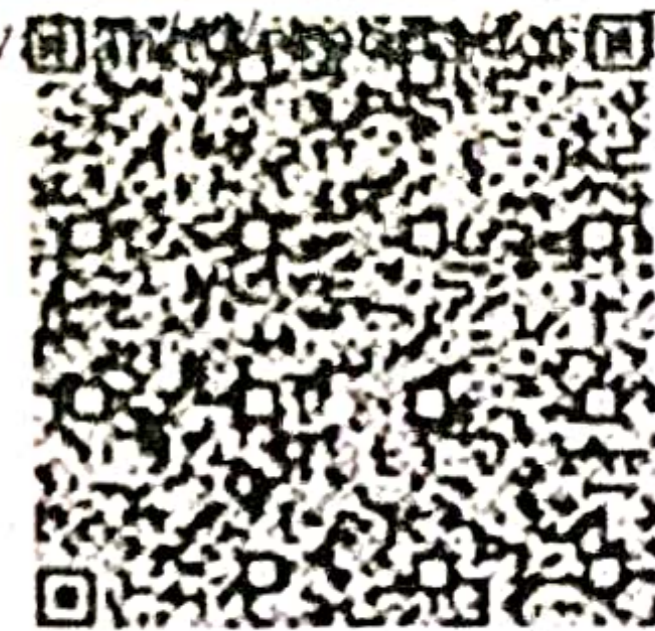
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA6008 Registration Date : 31-Oct-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 : RAJU DHANUKH Son/wife/daughter of : CHANCHAL DHANUKH
 Full Address: (Permanent) : VILL-GOBARAHA AMWA KHAS, POST-BARWAPATTI, THANA-BARWAPATTI,
 KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL-GOBARAHA AMWA KHAS, POST-BARWAPATTI, THANA-BARWAPATTI,
 KUSHINAGAR-UTTAR PRADESH-274303
 Fitness UpTo : 30-Oct-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 : AA2140321666 Rear HSRP No : AA2141824238
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW331SHK36587
 Engine No : HA11FBSHK36471 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 S)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 31-Oct-2025.

Purchase dt : 28-Oct-2025 Sale Amt : 80517/-
 OTT Date : 28-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100012171
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-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 31-Oct-2025 to 30-Oct-2040

Date : 07-Jan-2026 14:21:30

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Kushinaga Date : 07-Jan-2026

Q 6239608

UP57 20230020120

UPDL571000007670

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	29-12-2023	NT			
MV		UP57	29-12-2023	NT			
TRANS		UP57	19-03-2025	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

Indian Union Driving Licence

Issued by Uttar Pradesh

UP57 20230020120

Issue Date 19-03-2025 Validity (NT) 31-12-2040 Validity (TR)* 18-03-2030



Name:

SHALENDRA KUMAR

Date of Birth: 01-01-2001

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

CHANCHAL MAHATO

Address:

AMAVAKHAS TOLA GOBRAHA DASARWA
KUSHINAGAR UTTAR PRADESH 274302

Holder's Sig



आयकर विभाग
INCOME TAX DEPARTMENT

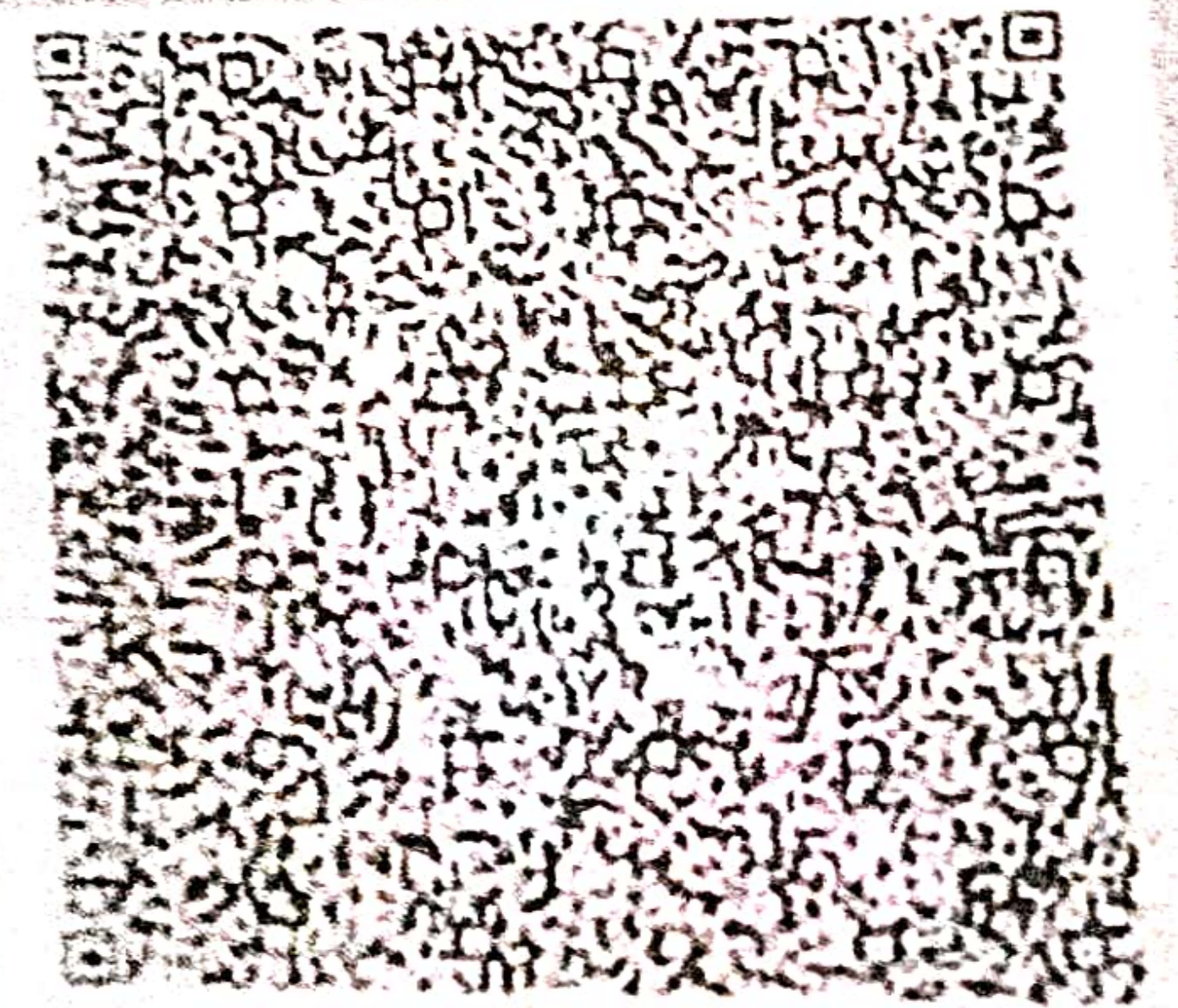


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

KRBPD9036H



नाम / Name

RAJU DHANUKH

पिता का नाम / Father's Name
CHANCHAL DHANUKH

06112025

जन्म की तारीख /
Date of Birth
10/07/1990

राजु
हस्ताक्षर / Signature



भारत सरकार
Unique Identification Authority of India

पता:
आत्मज: चंचल धानुख, गोवरहा,
अमवा खास, दूधि, कुशीनगर, दुधई,
उत्तर प्रदेश, 274302

Address:
S/O: Chanchal Dhanukh,
gobaraha, amwa khas, Dudhi,
Kushinagar, Dudhal, Uttar
Pradesh, 274302

7275 0068 2165



1947
10 300 1047



help@uidai.gov.in



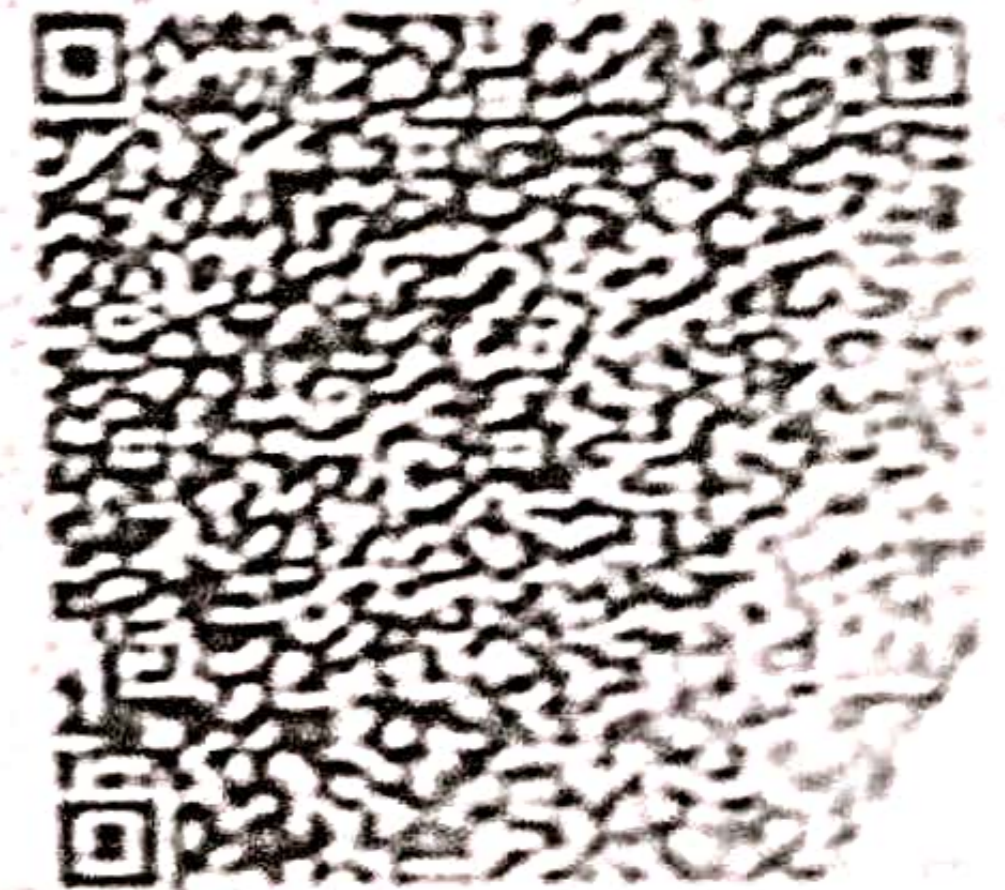
www.uidai.gov.in



भारत सरकार
Government of India

राजू धानुख
Raju Dhanukh
जन्म तिथि / DOB : 10/07/1990
पुरुष / Male

7275 0068 2165



आधार - आम आदमी का अधिकार