

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES

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

No. **6996** Date 07/07/26
Name Divakar Pandey
Add. UP27BY4683

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
①	Mirror (L)			245/-	
②	Body cover (R)			2050/-	
③	Reflector light			160/-	
④	Indicator Rear (L)			345/-	
⑤	Labor charge			500/-	
TOTAL				4100/-	

Authorised Signatory

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./ वीमाधारक का नाम & मोबाइल नं.	Divakar Pandey 9838201740
2	Vehicle No. / वाहन संख्या	UP57BY4683
3	Policy No. / पालिसी संख्या	252400/31/2026/23374
4	Period of Insurance / बीमा अवधि	17/06/2025 to 16/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/01/2026, 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	Matiharwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Deepak Kumar Pandey, UP57 200 30341715 9140913695
8	Estimated Loss / अनुमानित हानि	4100/-
9	Cause of Accident / दुर्घटना का कारण :	<p>मेरी स्मूटी मेरे भाई विमल कुमार माण्डेन लेकर मारकर जा रहे थे। तभी अचानक मुझे से एक बाईक आला टक्कर मार दिया तो स्मूटी मेरी बायें साइड मारने से स्मूटी मेरी बायें हो गई।</p>
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 Crupto automobile Pachwan

Date / दिनांक : 8/01/26
हस्ताक्षर

Divakar Pandey
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. 252402/31/2026/23374

Tel. No. _____

Period of Insurance 17/06/2025 to 16/06/2026
 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 : Diva Kax Pandey
 (b) Address for correspondence : _____
 (c) Telephone : 9838201710

2. THE INSURED VEHICLE

Make & Year <u>Hero/</u>	Engine No. <u>EC00156D00507</u> Chassis No. <u>MBLCEW043S6D00478</u>	Registration No. <u>UP57BY</u> <u>4683</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 trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Deepak Kumar Pandey
 (b) Age : _____
 (c) Address : Rushinagar
 (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 : UP57 20030341715
 (h) Issuing Authority : _____
 (i) Date of Expiry : 8/10/2033
 (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 : 6/02/2026, 4:00 PM
 (b) Place : Matiharwa
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी सड़की में आदिले कर जा रहे थे लम्बी
 (e) If any third party was responsible for this accident give the name and address : जायसोन मिहरे से स्कम सड़क वाला, एकतरु मार
दिना ले सड़की बाजे साइड मार
जिन हा मार

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back and side
 (b) Estimated cost of repairs : 4100/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Patnaura

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? : 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 00/01/26 200

Signature of the insured शिवकर पांडे

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. _____

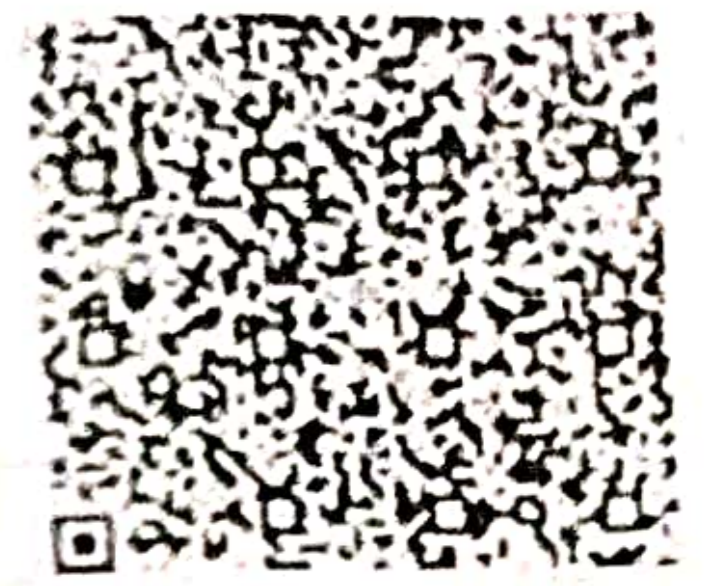
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature विवाकर पाण्डे
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
 Description of Vehicle
 Dealer's Name & Address
 Owner Name
 Full Address: (Permanent)
 Full Address: (Temporary)
 Fitness Up To
 Detailed Description
 Class of Vehicle
 Ownership
 Maker's Name
 Front HSRP No
 Type of Body
 No of Cylinders
 Engine No
 Horse Power(BHP)
 Maker's Classification
 Seating Cap(in all)
 Sleeper Cap
 Colour
 Other Criteria
 Vehicle Purchase As

: UP57BY4683
 : M-CYCLE/SCOOTER
 : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304
 : DIVAKAR PANDEY
 : TRILOKPUR KHURD, SINGHAPATTI, , KUSHINAGAR, UTTAR PRADESH-274304
 : TRILOKPUR KHURD, SINGHAPATTI, , KUSHINAGAR-UTTAR PRADESH-274304
 : 18-Jun-2040
 : M-CYCLE/SCOOTER
 : INDIVIDUAL
 : HERO MOTOCORP LTD
 : AA2113222068
 : SOLO WITH PILLION
 : 0
 : ECD001S6D00507
 : 8.04
 : VIDA V2 PLUS
 : 2
 : 0
 : SPORTS RED GLOSSY
 :
 : Fully Built

Registration Date : 19-Jun-2025
 Purpose For Printing RC : NEW
 : 189-274304
 : INDRAJEET PANDEY
 : 1
 Link Vehicle No :
 Norms : Not Available
 : AA2116226497
 Rear HSRP No : 04/2025
 Month/Year of Manuf. : MBLCEW043S6D00476
 Chassis No : PURE EV
 Fuel : 0.00
 Cubic Capacity : 1301
 Wheel base : 0
 Standing Cap : 124
 Unladen Wt (kgs) : 274
 Laden/GV Wt (kgs) : NO
 AC Fitted

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-Jun-2025
 Sale Amt : 125000/-
 OTT Date :
 Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 23-Jun-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Previous RegNo :
 Old State :
 Entry Date :
 Transfer Date :
 Conversion Date :

This certificate is valid from 19-Jun-2025 to 18-Jun-2040

Date : 26-Jul-2025 11:52:34

Taxation Particulars / Advance Registration Mark Fee Details

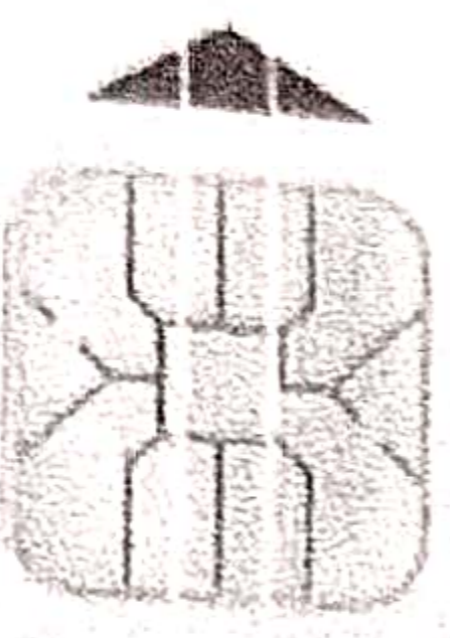
Signature of Registering Authority
 Date: 26-Jul-2025

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20030341715

Issue Date: 17-02-2025
 Validity (NT): 08-10-2033
 Validity (TR)*:



Holder's Signature

Name: **DEEPAK KUMAR PANDAY**

Date of Birth: 11-03-1983
 Blood Group:

Son/Daughter/Wife of: **INDRAJIT PANDAY**

Organ Donor: **N**

Address:

**TRILOKPUR SINGHAPATTI
 PADRAUNA, KUSHINAGAR 274304**

Date of First Issue: 25-04-2003

DL No: **UP57 20030341715**

UP57 20030341715



Invalid Carriage (Regn Numbers)*

Hazardous Validity* **Nil Validity***

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Badge Number
veh	MCWG	UP57	25-04-2003	NT			
	LMV	UP57	25-04-2003	NT			

Emergency Contact Number

Issuing Authority
UP57 20030341715

आयकर विभाग

भारत सरकार

ACCOUNT TAX DEPARTMENT

GOVT. OF INDIA

DIVAKAR PANDAY

INDRAJEET PANDAY

1710451984

FORMER ACCOUNT NUMBER
COHPPO850G

इन्द्रजित पण्डे





भारत सरकार

Government of India

विवाकर पाण्डेय

Divakar Pandey

जन्म तिथि / DOB : 17/04/1984

पुरुष / Male

6862 3880 0233



आधार - आभ आदमी का अधिकार



Unique Identification Authority of India

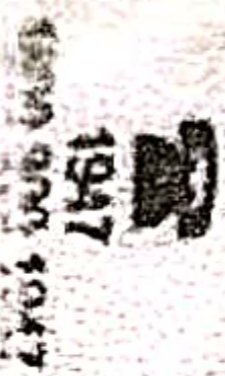
पता

S/O: इन्द्रजीत पाण्डेय, तिरकोपुर
ब्लॉक, कुशीनगर, सिंघा पट्टी, उत्तर
प्रदेश, 274304

Address:

S/O: Indrajeet Pandey, Tirhokpur
Khurd, Kushinagar, Singha Patti,
Uttar Pradesh, 274304

6862 3880 0233



1947
1947 999 9947



भारत सरकार



भारत सरकार, 2017