

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **7000**

Date **08/04/26**

Name **Mithilesh Kumar Pandey**

Add. **UP 57 BY 8116**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tail Light			1595/-	
②	Rear Fender			360/-	
③	Body Cover			2850/-	
④	Seat Tail Light Cover.			810/-	
⑤	Labour charge			500/-	
TOTAL				6115/-	

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.	Mithilesh Kumar Pandey 9161583050
2	Vehicle No. / वाहन संख्या	UP57BY8116
3	Policy No. / पालिसी संख्या	252402/31/2026/29248
4	Period of Insurance / बीमा अवधि	22/07/2025 to 21/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/01/2026 , 12.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Bishampur
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Shiv Sagar Pandey, UP572012000 1545 7459905889 ,
8	Estimated Loss / अनुमानित हानि	6115/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे पिता जी शिव सागर पण्डेय स्कूटी लेकर बाजार जा रहे थे तभी एक बर्डिक वाले ने पिछे से छक्कर मार दिया मेरी स्कूटी 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.	9125194148 Gupta automobile Poolwama

मिथिलेश पण्डेय
Signature of Insured / बीमाधारक के

Date / दिनांक : 08/05/2026
हस्ताक्षर



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. 252400/31/2026/29248

Tel. No. _____

Period of Insurance 22/07/2025 to 21/07/2026
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 : Mihir Kumar Pandey
(b) Address for correspondence : _____
(c) Telephone : 9161503050

2. THE INSURED VEHICLE

Make & Year <u>Hu 20/2025</u>	Engine No. <u>EC100156F0790J</u> Chassis No. <u>MBLCEW04656F07122</u>	Registration No. <u>UP57BY</u> <u>8116</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 : Shiv Sagar Pandey
(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 : UP5720120001545
(h) Issuing Authority : _____
(i) Date of Expiry : 14/07/2030
(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 : 7/07/2026, 12:00PM
(b) Place : Bishanpura
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी स्कूटी मिला जातेकर गया रूई भी तभी रुक
(e) If any third party was responsible for this accident give the name and address : बाइक बल्लू मिश्रा से एक मरु माय दिग/ले स्कूटी मेरी समिण से गडी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Back end side
(b) Estimated cost of repairs : 6115/-
(c) When and where can the damaged vehicle be inspected : Compta Automobile Padvaana

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 01/05/26 200

Signature of the insured

मिपेलक पाठेप

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/-

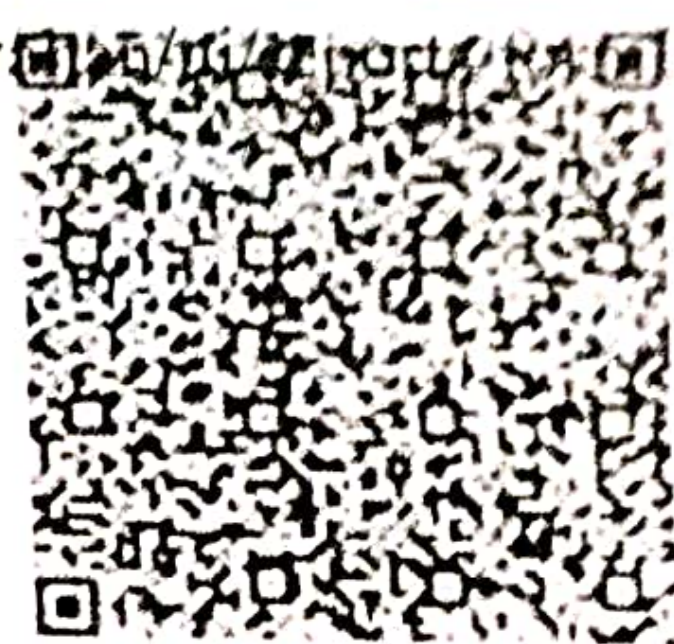
Witness
Name
Signature
Address

Signature मिथिलेश पांडेय
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 : UP57BY8116
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 23-Jul-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Purpose For Printing RC : NEW
Owner Name : MITHILESH KUMAR
Son/wife/daughter of : SHIVSAGAR
PANDEY
Full Address: (Permanent) : VILL-NANDLAL CHHAPRA, POST-KHESIA, THANA -JATHA BAZAR, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-NANDLAL CHHAPRA, POST-KHESIA, THANA -JATHA BAZAR, KUSHINAGAR- UTTAR PRADESH-274304
Fitness UpTo : 22-Jul-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Ownership : INDIVIDUAL
Norms : Not Available
Maker's Name : HERO MOTOCORP LTD
Rear HSRP No : AA2116226516
Front HSRP No : AA2113222087
Month/Year of Manuf. : 07/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLCEW046S6F07122
No of Cylinders : 0
Engine No : ECD001S6F07901
Fuel : PURE EV
Horse Power(BHP) : 8.04
Cubic Capacity : 0.00
Maker's Classification : VIDA V2 PLUS
Wheel base : 1301
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 124
Colour : SPORTS RED GLOSSY
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)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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 : 22-Jul-2025
Sale Amt : 125000/-
OTT Date :
Amount/Rcpt No : /
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 :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

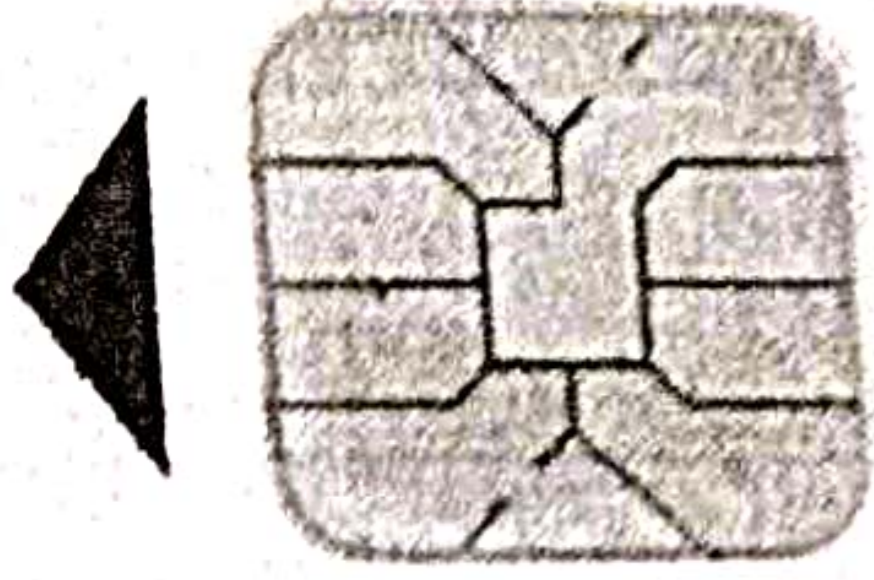
This certificate is valid from 23-Jul-2025 to 22-Jul-2040



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP57 20120001545



Issue Date Validity (NT) Validity (TR)*
15-01-2025 14-01-2030



Holder's Signature

Name: **SHIV SAGAR PANDEY**
Date of Birth: **10-01-1958** Blood Group: .
Son/Daughter/Wife of: **RAM ADHAR PANDEY**

Organ Donor: **N**

Address:
**NANDLALCHHAPARA KHESIYA - JATAHA BAZAR
PADRAUNA, KUSHINAGAR 274304**

Date of First Issue 15-01-2017

DL No: UP57 20120001545

UPDL571000000676



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	01-02-2012	NT			
	LMV	UP57	01-02-2012	NT			
MVSD							

Emergency Contact Number

[Signature]
Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MITHELESH KUMAR PANDEY

SHIVSAGAR PANDEY

05/11/1984

Permanent Account Number

BYEPP4227R

मिथिलेश पाण्डेय

Signature

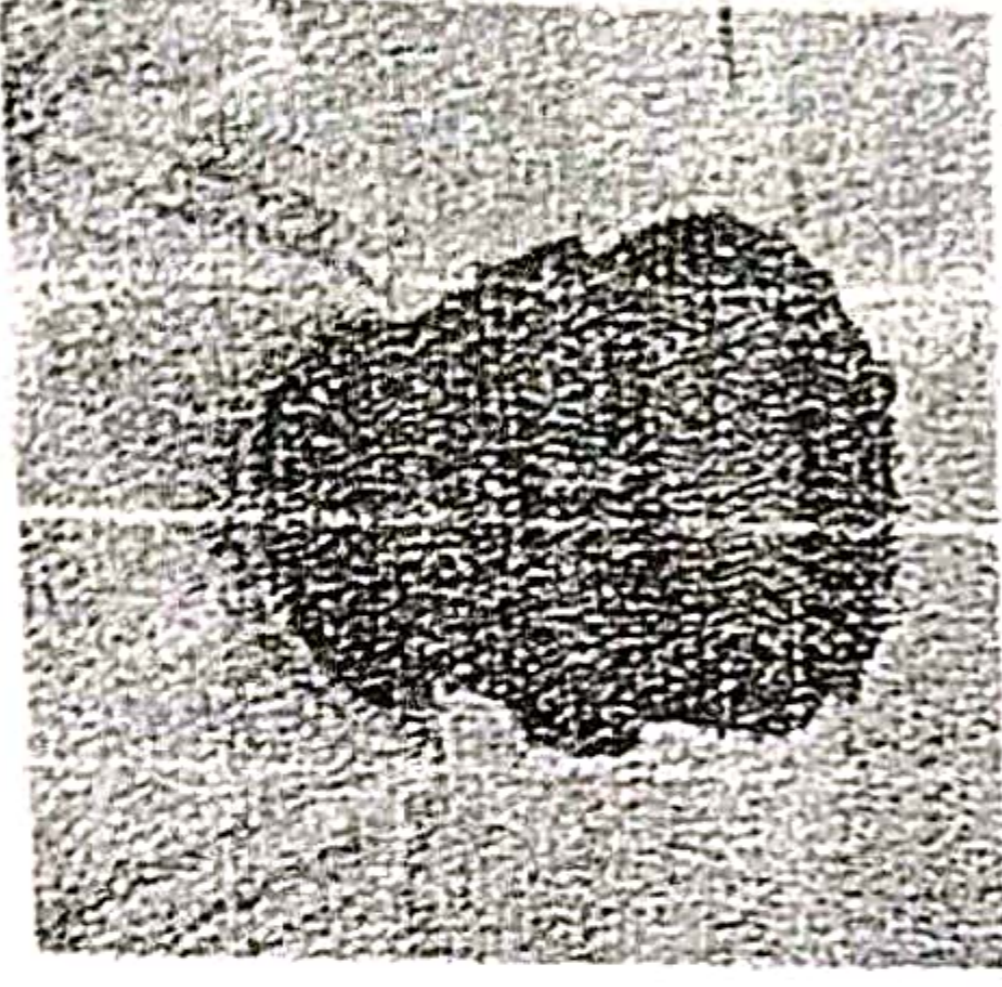


05062012



भारत सरकार
GOVERNMENT OF INDIA

भारत सरकार



मिथिलेश कुमार पाण्डेय
Mithilesh Kumar Pandey
जन्म तिथि/ DOB: 05/11/1984
पुरुष / MALE



4787 2502 3609

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

भारतीय विशिष्ट पहचान प्राधिकरण

पता:

S/O शिवमागर, ग्राम-
नन्दलाल छपरा, पोस्ट-
खेसिया, नन्द लाल छपरा,
कुशीनगर,
उत्तर प्रदेश - 274304

Address:

S/O Srusagar, all-narcal
Chhapra Post-Khesia, Nand Lal
Kushinagar
Uttar Pradesh - 274304

4787 2502 3609

MERA AADHAAR, MERI PEHACHAN