

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No.

6997

Date 8/01/26

Name

Parmod Gupta

Add.

UP57CA0878

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Rear Rim			4000/-	
②	Labor Charge			500/-	
			<b>TOTAL</b>	5300/-	

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.	Pramod Gupta 8657139830
2	Vehicle No. / वाहन संख्या	UP57CA0878
3	Policy No. / पालिसी संख्या	252400/31/2026/46007
4	Period of Insurance / बीमा अवधि	18/10/2025 to 17/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/01/2026, 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	Bishanpura Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Kamlesh Kushwaha, UP5720 9898024134 220001017
8	Estimated Loss / अनुमानित हानि	5300/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरी पत्नी ममलेश मशौदा लैमर मारने जा रहे थे। तभी रोड पर वाहन हानि का कारण उसी गेट में गिरने से वाहन मेरी ड्राइवर है गी।
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 Pad...

Date / दिनांक : 8/01/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के

- PRAMOD



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. 252400/31/2020/46007

Tel. No. \_\_\_\_\_

Period of Insurance 10/10/2025 to 17/10/2025  
 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 : Parmod Gupta  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8657139830

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>H11FB5HJ06204</u> Chassis No. <u>MBLHAW33XSHJ0660</u>	Registration No. <u>UP57CA</u> <u>0078</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 : Kamlesh Kushwaha  
(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 : UP5720220001017  
(h) Issuing Authority :  
(i) Date of Expiry : 13/03/2042  
(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 : 6/04/2026, 11:00 A.M.  
(b) Place : Bishanpura  
(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 कार्डम मेरे मोटोकार्ड लिये जा रहे थे तभी  
हर गलत होने से गलत में गिरने से कार्डम मेरी  
गोमज ही एस

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back side  
(b) Estimated cost of repairs : 5300/-  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile Pachwanra

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 03/05/20 200

Signature of the insured PRAMOD

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. \_\_\_\_\_

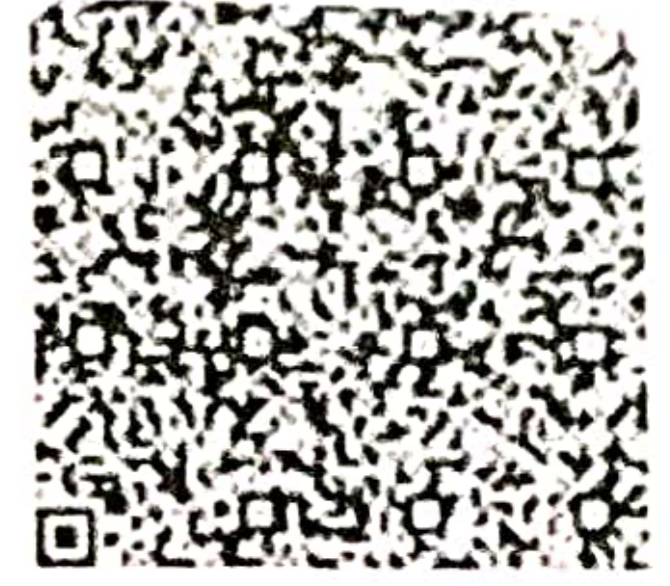
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature ..... PRAMOD  
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 : UP57CA0878 Registration Date : 23-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 : PARMOD GUPTA Son/wife/daughter of : BAIJNATH GUPTA  
Full Address: (Permanent) : VILL- BISHUNPURA BUJURG, POST- SISWA GOITI, THANA- KHADDA, KUSHINAGAR,  
UTTAR PRADESH-274802  
Full Address: (Temporary) : VILL- BISHUNPURA BUJURG, POST- SISWA GOITI, THANA- KHADDA, KUSHINAGAR-  
UTTAR PRADESH-274802  
Fitness UpTo : 22-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 : AA2140319216 Rear HSRP No : AA2138242388  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
No of Cylinders : 1 Chassis No : MBLHAW33XSHJ06601  
Engine No : HA11FBSHJ06284 Fuel : PETROL  
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar 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. : As Regd. :  
Description 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-Oct-2025 Sale Amt : 80517/-  
OTT Date : 17-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100006948  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 03-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 23-Oct-2025 to 22-Oct-2040

Date : 06-Jan-2026 15:48:12

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 06-Jan-2026

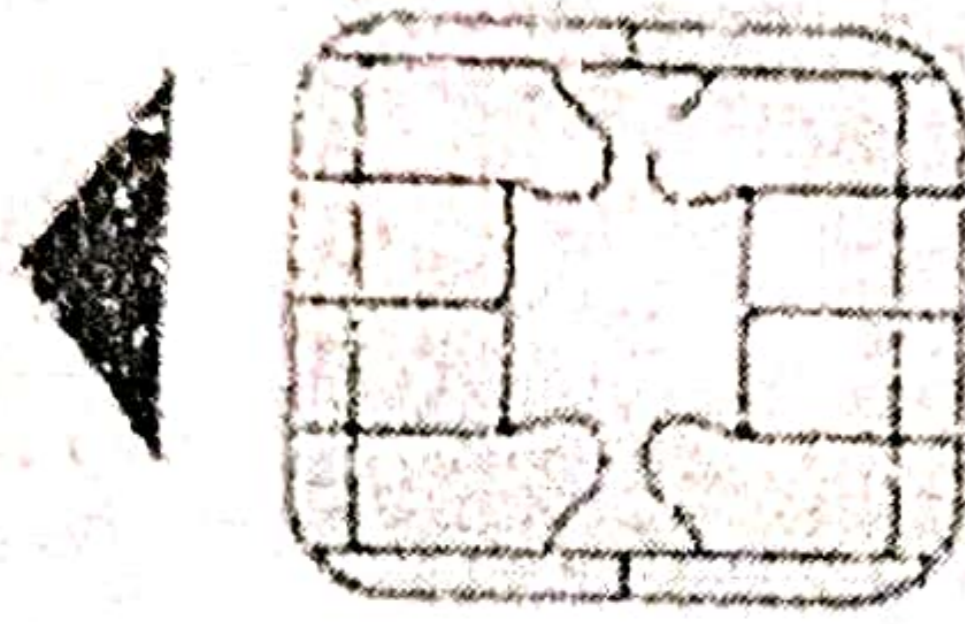
Q 6239442



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20220001017



Issue Date: 21-01-2022  
Validity (NT): 13-03-2042  
Validity (TR): \_\_\_\_\_



Holder's Signature

Name: **KAMALESH KUSHWAHA**  
Date of Birth: **14-03-2002** Blood Group: \_\_\_\_\_ Organ Donor: **Y**  
Son/Daughter/Wife of: **RAJENDRA KUSHWAHA**  
Address:

**Mathia Khurd  
Padrauna, Kushinagar, UP 274305**

(21-01-2022)  
Date of First Issue

DL No: UP57 20220001017



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 Validity
	MCV6	UP57	21-01-2022	NI			
	L16V	UP57	21-01-2022	NI			

Emergency Contact Number: \_\_\_\_\_

Licensing Authority

UP57 KIKUMACAD



भारत सरकार

Government of India



Issue Date: 27/08/2015



प्रमोद गुप्ता  
Pramod Gupta  
जन्म तिथि/DOB: 10/06/2002  
पुरुष/ MALE

7305 4512 5608

VID : 9118 0737 1200 3658

मेरा आधार, मेरी पहचान



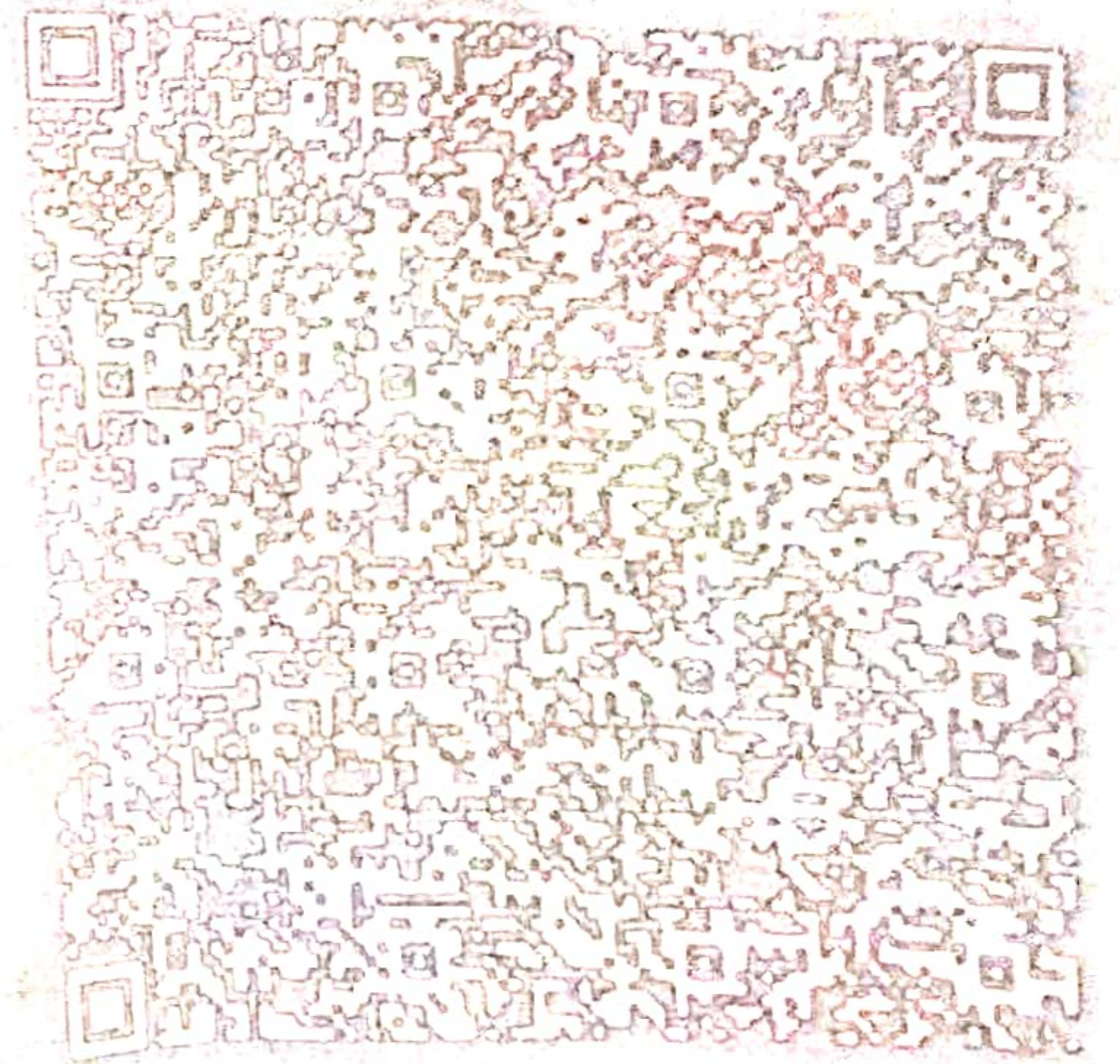
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:  
श्रीमान: वैजनाथ गुप्ता, बिरुनपुरा बुझा, कुशीनगर,  
उत्तर प्रदेश - 274802

Address:  
S/O: Bajnath Gupta, Bishunpura Buzurg,  
Kushinagar,  
Uttar Pradesh - 274802



7305 4512 5608

VID : 9118 0737 1200 3658



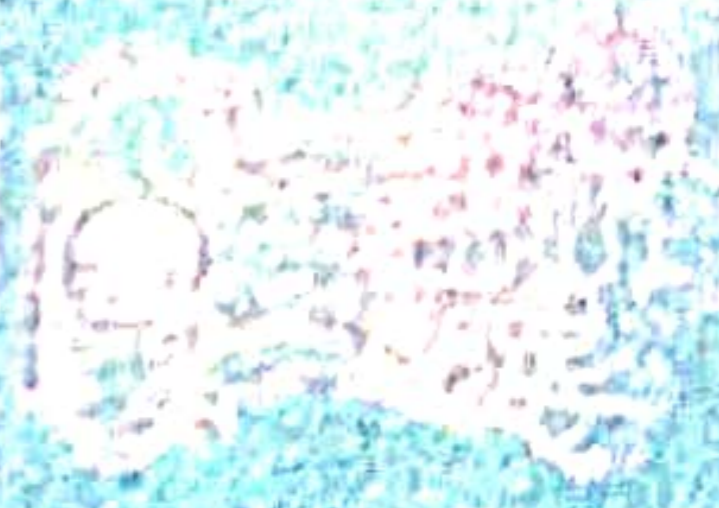
1047

help@uidai.gov.in

www.uidai.gov.in

डीएसटीएन डीएसटीएन

INDIAN TAX IDENTIFICATION



Emblem of India

भारत सरकार

GOVT. OF INDIA



प्रमाणित करदाता

Permanent Assessee Identification Card

DSUPPER423M

नाम / Name

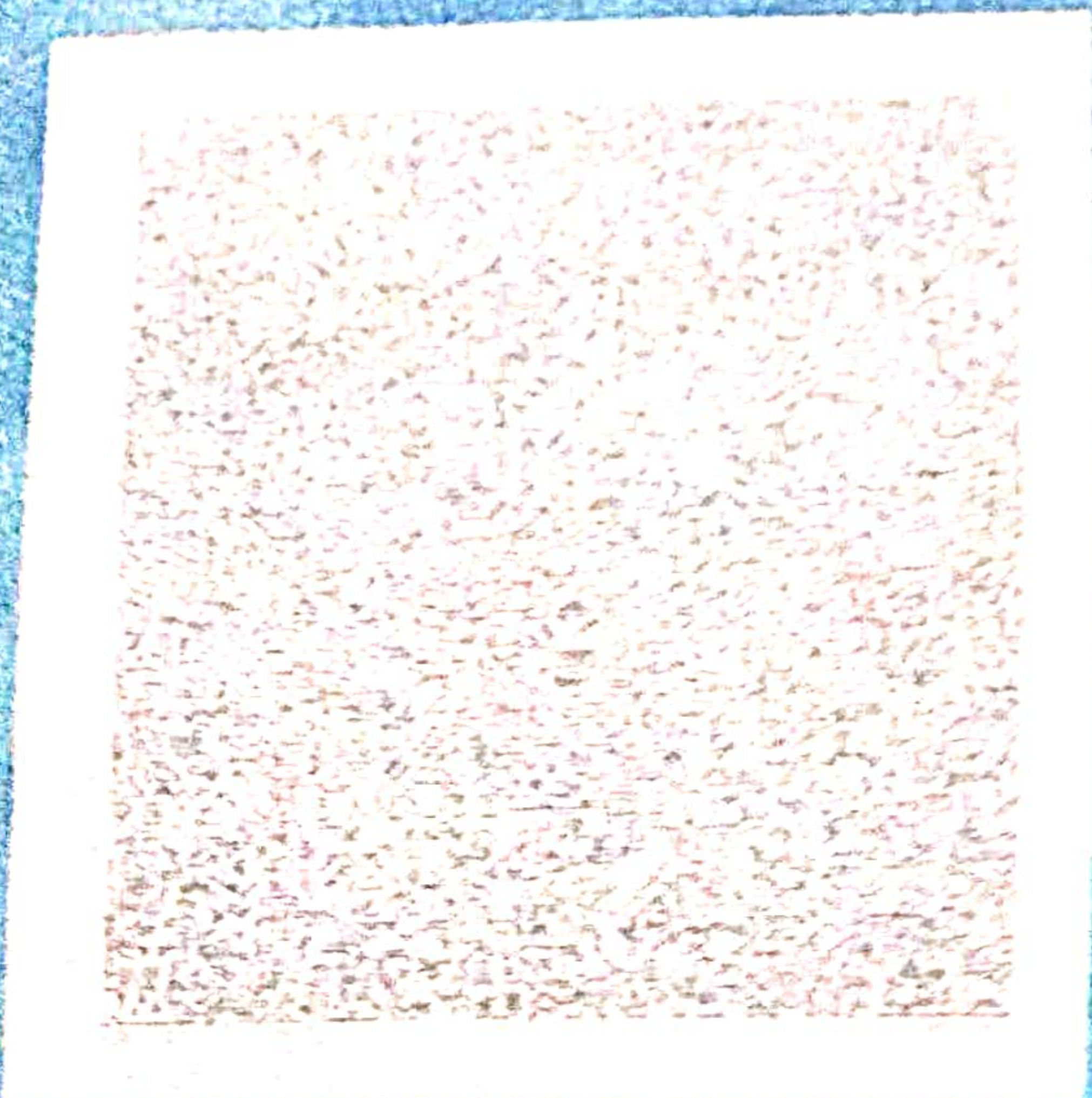
PRAAMOD KUMAR

पिता का नाम (Father's Name)

BAIJUNATH CHANDRA

जन्म का तारीख (Date of Birth)

10/06/2002



हस्ताक्षर / Signature

22409