

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6992

Date 9/02/26

Name

Ramush Verma

Add.

UP57 BX 9814

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
				Rs.	
①	visor			900/-	
②	H/L			3500/-	
③	visor funny			380/-	
④	H/L stand			200/-	
⑤	Indicator (L)			180/-	
⑥	Sokar (R+L) pipe			2300/-	
⑦	Button (L) sokar			1050/-	
⑧	Fender			1170/-	
⑨	Lever (L)			110/-	
⑩	mirror (L)			245/-	
⑪	Handle			500/-	
⑫	Handle r			980/-	
⑬	Tonki			7800/-	
⑭	w/s			380/-	
⑮	chrom			190/-	
			TOTAL	3800/-	
⑯	miter				
⑰	miter funny				
⑱	labor charge				
				1000/-	
				29685/-	

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.	Ramish Verma 9140621054
2	Vehicle No. / वाहन संख्या	UP57 BX 9814
3	Policy No. / पालिसी संख्या	252400/31/2026/15403
4	Period of Insurance / बीमा अवधि	19/05/2025 to 18/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	7/01/2026, 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	Dhabaha Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Prakash Soni, UP57 201500 8756444877 19828
8	Estimated Loss / अनुमानित हानि	24685/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे भतीजा पुनर खोनी लैमर मारने से घर आ रहे थे। लम्बी अचानक राम वाहन वाला सामने से लैमर मार दिया तो वाहन मेरी वाहन साईड गिरने से डमेज 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 Padawan

Signature of Insured / बीमाधारक के

Date / दिनांक : 9/01/26
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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/15403
 Period of Insurance 19/05/2025 to 18/05/2026
 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 : Ramish Verma
 (b) Address for correspondence : _____
 (c) Telephone : 9140621054

2. THE INSURED VEHICLE

Make & Year <u>Hu70/2025</u>	Engine No. <u>JAO7A2S9E01297</u> Chassis No. <u>MBLJAW522S9E009</u> <u>65</u>	Registration No. <u>UP57BX</u> <u>9814</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
 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 : Prakash Sone
 (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 : UP5F20150019028
 (h) Issuing Authority : _____
 (i) Date of Expiry : 14/03/2035
 (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 : 7/01/2026, 7:00 P.M
 (b) Place : Dhabaha Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी कार मेरे ब्रदर के सामने आ रहे थे और कार मेरे ब्रदर के सामने से टकरा गई थी।
 (e) If any third party was responsible for this accident give the name and address : कार मेरे ब्रदर के सामने से टकरा गई थी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 24685/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Pachrawan

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 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 9/02/26 200

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
Occupation
Address
.....
.....

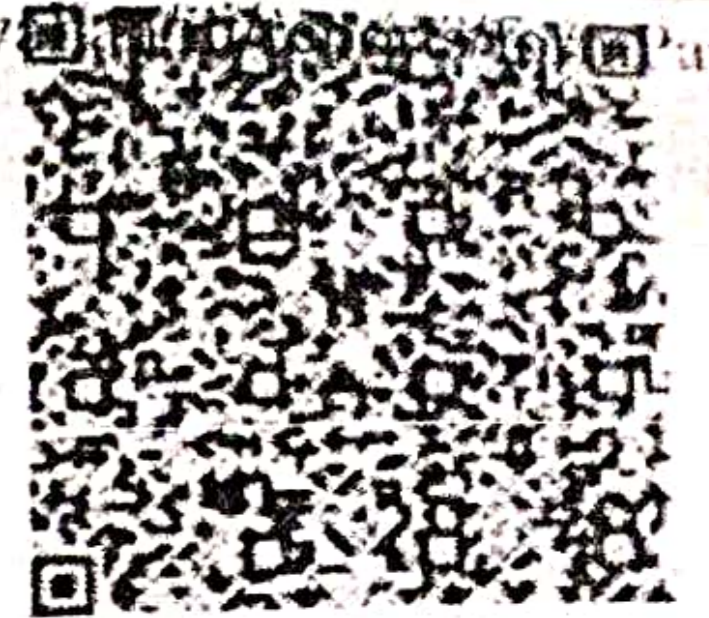
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX9814 Registration Date : 21-May-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 : RAMESH VERMA Son/wife/daughter of : RAMCHANDRA PRASAD
 Full Address: (Permanent) : VILL-DARBAR ROAD JAYPRAKASH NAGAR, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-DARBAR ROAD JAYPRAKASH NAGAR, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 20-May-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 : AA1042556636 Rear HSRP No : AA2124120600
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No-of Cylinders : 1 Chassis No : MBLJAW522S9E00965
 Engine No : JA07AZS9E01297 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 252
 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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110054 w.e.f. 20-May-2025.

Purchase dt : 19-May-2025 Sale Amt : 84461/-
 OTT Date : 19-May-2025 Amount/Rcpt No : 8447 / UP57D25050004148
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 31-May-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 21-May-2025 to 20-May-2040

Signature of Registering Authority

19-Jun-2025
KUSHI NAGAR (U.P.)



भारत सरकार

GOVERNMENT OF INDIA



रमेश वर्मा
Ramesh Verma

जन्म वर्ष / Year of Birth : 1982
पुन्य / Male

6059 0139 4303



आम आदमी का अधिकार



अधार

भारतीय विशिष्ट पहचान प्राधिकरण
भारतीय विशिष्ट पहचान प्राधिकरण
GOVERNMENT AUTHORITY OF INDIA

पता : S/O रामचंद्र प्रसाद, दरवार रोड
जय प्रकाश नगर, पडरौना, पडरौना,
कुशीनगर, उत्तर परदेस, 274304

Address: S/O Ramchandra
Prasad, darbar road jay prakash
nagar, Padrauna, Padrauna,
Kushinagar, Uttar Pradesh,
274304

1947
1800 180 1947

help@uidai.gov.in



www.uidai.gov.in

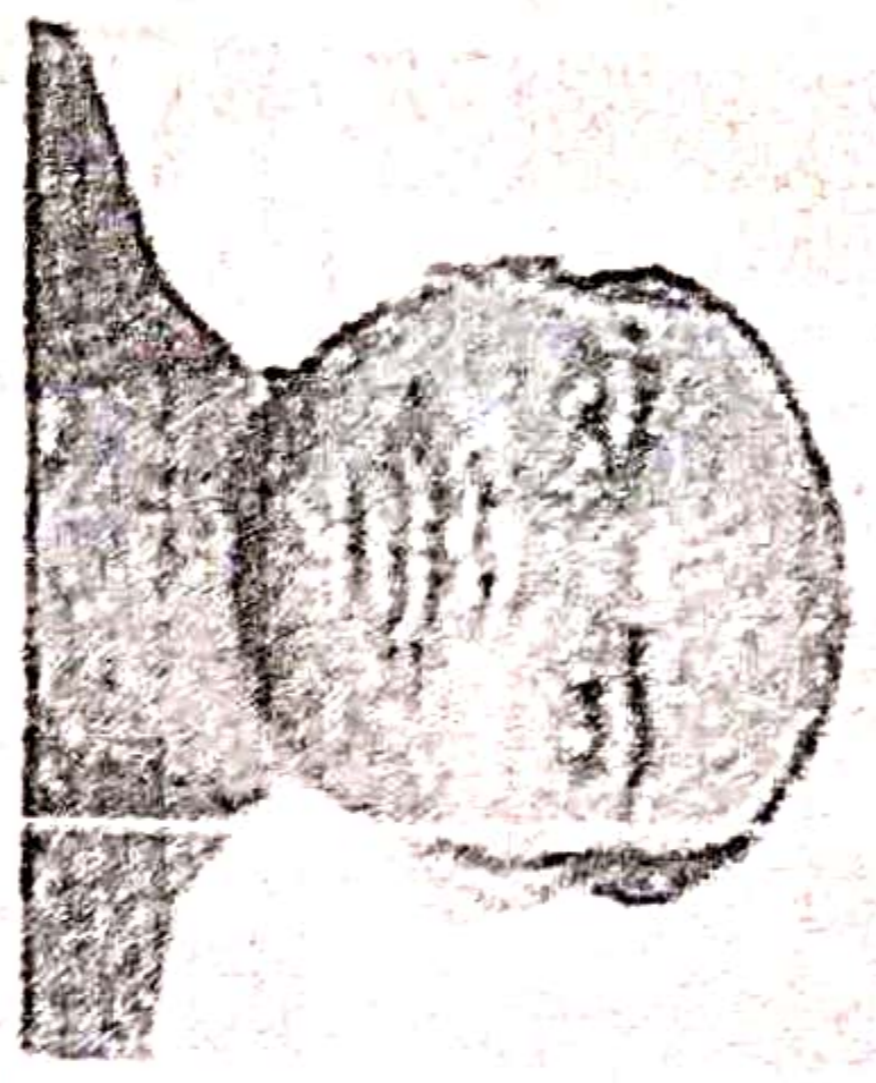
WWW

P.O. Box No. 1947,
Bengaluru-560 001

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

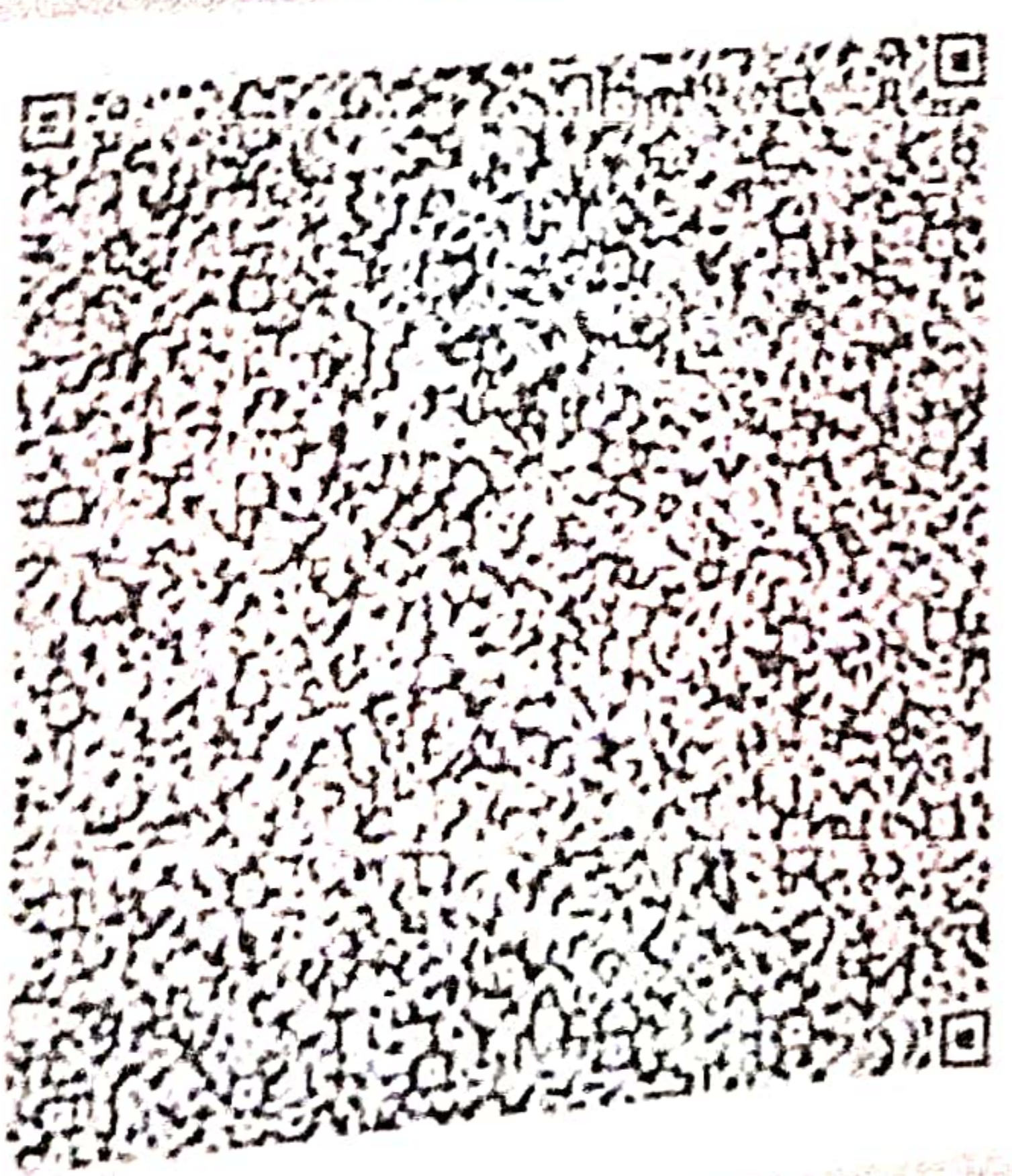


नाम / Name
RAMESH VERMA

पिता का नाम / Father's Name
RAMCHANDRA PRASAD

जन्म की तारीख /
Date of Birth
21/11/1982

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AMYPV7274M



01012025

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

UNION OF INDIA Driving Licence



UP57 20150019828



नाम / Name

PRAKASH SONI

पिता/पति का नाम / Son/Daughter/Wife of

GANESH SONI

जारी करने की तिथि
Date of Issue
15/09/2015

शेषता/Validity
14/09/2035

जन्म तिथि
Date of Birth
02/10/1992

Blood Group
UNKNOWN



UP57 20150019828

LMV
15/09/2015



MCMG
15/09/2015

पता / Address
R/O NEHRU NAGAR(SONARI) GALI DWARDE NO.19, PADRA
PAL RAJUA
KUSHINAGAR 274304

Holder's Signature

अधिकारी / Issuing Authority

KUSHINAGAR



UP53040817R