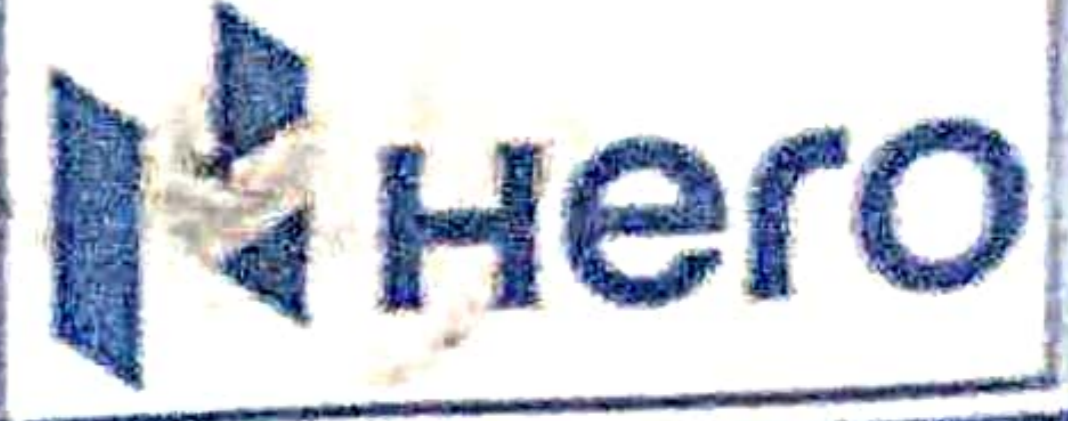


# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



## AUTOMOBILES

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

No. **6801**

Date 10/07/20

Name Perma Devi

Add. UP57BW2509

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT
				Rs. P.
①	visor			850/-
②	H/L			795/-
③	W/S			280/-
④	mirror (R)			215/-
⑤	lever (R)			110/-
⑥	fender			1580/-
⑦	upper			1600/-
⑧	lower			1500/-
⑨	Floy panel (R)			850/-
⑩	Body cover (R)			2500/-
⑪	muffler cover			480/-
⑫	visor inner			350/-
⑬	Fork			2500/-
⑭	Labor charge			1000/-
			<b>TOTAL</b>	<b>14640/-</b>

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.	Perma Devi 9838356003
2	Vehicle No. / वाहन संख्या	UP57BW5509
3	Policy No. / पालिसी संख्या	252400/31/2025/86217
4	Period of Insurance / बीमा अवधि	15/02/2025 to 14/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/01/2026, 6:00 AM
6	Place of Accident / दुर्घटना का स्थान	Khirkhira Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shudhis Singh, UP572025 6230249605 000 7191
8	Estimated Loss / अनुमानित हानि	14640/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी स्मूटी मेरे गाई लेग्गर मेंदिर जा रहे थे तभी अचानक सामने हुआ आ गया तो उसी को बचाते वक्त स्मूटी स्लिम कर गये साईड गिरने से डमिज 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 Uupta automobile Padrauna

प्रेमा देवी

Signature of Insured / बीमाधारक के

Date / दिनांक : 10/01/26  
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 \_\_\_\_\_

Certificate/Policy No. 252402/31/2025/86217

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

Period of Insurance 15/02/2025 to 14/02/2026  
 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 : Purma Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9038326003

2. THE INSURED VEHICLE

Make & Year <u>H110/2025</u>	Engine No. <u>JF17ERR01L00132</u> Chassis No. <u>MBLJFN357RG107</u> <u>990</u>	Registration No. <u>UP57BW</u> <u>5509</u>
---------------------------------	--	--

(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 : Sudhir Singh  
(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 : UP5720250007191  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 20/04/2035  
(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 : 8/07/2026, 6:00 A.M  
(b) Place : Rushinagar Padawanra  
(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 समूची मेरी भाईलेकर मंदिर पर रहे थे। तभी सामने कार आगम तो वही को बचाने के लिए समूची शिव मंदिर के सामने कार रुक गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end-side  
(b) Estimated cost of repairs : 14690/-  
(c) When and where can the damaged vehicle be inspected : anupma automobile Padawanra

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? : \_\_\_\_\_
- (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? : \_\_\_\_\_
- (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? : \_\_\_\_\_
- (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 10/07/26 200

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. \_\_\_\_\_

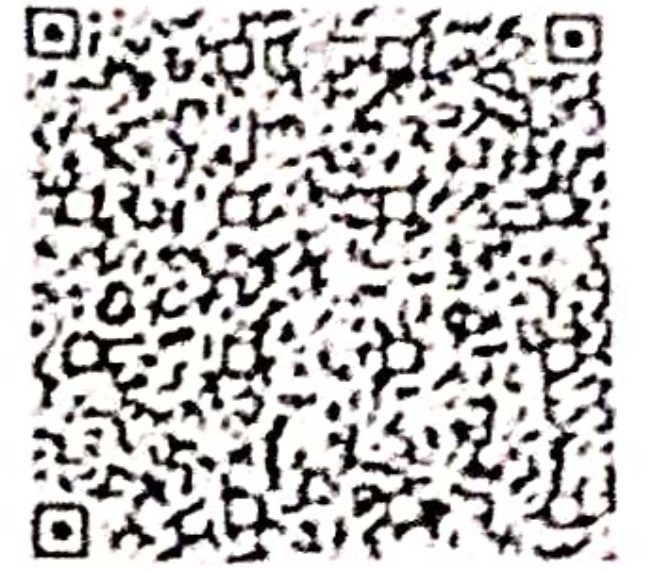
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

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

Signature ..... *अमी देव* .....  
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 : UP57BW5509      Registration Date : 17-Feb-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : DUP  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304  
 Owner Name : PERMA DEVI      Son/wife/daughter of : SHAILENDRA SINGH  
 Full Address: (Permanent) : VILL-PARSURAMPUR, POST-KOHARGADDI, THANA-KHADDA, KUSHINAGAR, UTTAR PRADESH-274802  
 Full Address: (Temporary) : VILL-PARSURAMPUR, POST-KOHARGADDI, THANA-KHADDA, KUSHINAGAR-UTTAR PRADESH-274802  
 Fitness UpTo : 16-Feb-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 : AA1038983343      Rear HSRP No : AA1039322159  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1      Chassis No : MBLJFN357RGL07998  
 Engine No : JF17ERRGL08132      Fuel : PETROL  
 Horse Power(BHP) : 8.98      Cubic Capacity : 124.60  
 Maker's Classification : DESTINI PRIME      Wheel base : 1245  
 Seating Cap(in-all) : ~~2~~      Standing Cap : 0  
 Sleepar Cap : 0      Unladen Wt (kgs) : 115  
 Colour : NOBLE RED      Laden/GV Wt (kgs) : 245  
 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-110057 w.e.f. 15-Feb-2025.

Purchase dt : 15-Feb-2025      Sale Amt : 75855/-  
 OTT Date : 15-Feb-2025      Amount/Rcpt No : 7586 /UP57D25020002266  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 21-Mar-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 17-Feb-2025 to 16-Feb-2040

**A.R.70. (A)**  
 Signature of Registering Authority  
 Date : 24-Dec-2025

Date : 24-Dec-2025 15:33:14  
 Taxation Particulars / Advance Registration Mark Fee Details



भारत सरकार  
Government of India



Aadhaar no. Issued: 26/03/2015



श्री देवी  
Pritu Devi  
जन्म तिथि DOB: 01/01/1993  
लिंग GENDER: FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन सत्यापन, या QR कोड/ऑनलाइन सत्यापन की सहायता से) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

5225 1001 2238

मेरा आधार, मेरी पहचान



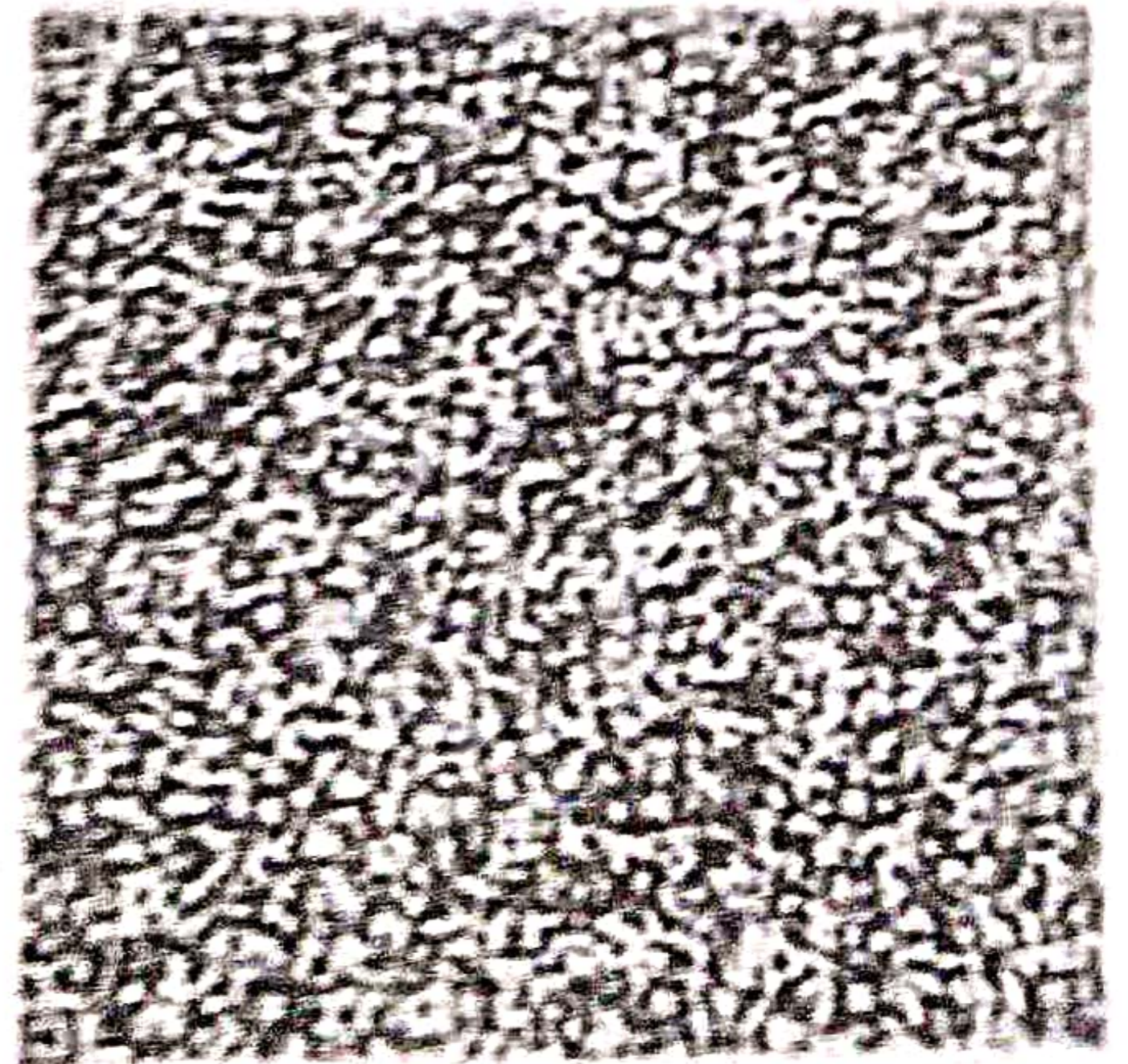
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 01/12/2025

पता:  
अर्पिता देवी, सीक्रेट मिन, परसू रामपुर, ब्योहरागढ़ी, कुशीनगर,  
उत्तर प्रदेश - 274802

Address:  
W/O: Shaileendra Singh, Parasu Rampur, PO:  
Kushnagar, DIST: Kushinagar,  
Uttar Pradesh - 274802



5225 1001 2238

VID : 9159 7080 2453 3982

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

PREMA DEVI

SURENDRA

01/01/1980

Permanent Account Number

BQDPD3974J

प्रेमा देवी

Signature



24032013



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

UP

**UP57 20250007191**



Issue Date    Validity (NT)    Validity(TR)\*  
21-04-2025    20-04-2035



Holder's Signature

Name: **SUDHIR SINGH**

Date of Birth: **08-05-1992**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RAMKALAP SINGH**

Address:

**3ADHAWALIYA BUZURG MATHIA NARAIPUR  
MATHIA NARAIPUR KASYA KUSHINAGAR UTTAR  
PRADESH 274402**

Date of First Issue 21-04-2025

**DL No: UP57 20250007191**

**UPDL571600010872**



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	21-04-2025	NT			
	LMV	UP57	21-04-2025	NT			
	MVSD						

Emergency Contact Number

**Licensing Authority  
UP57 KUSHINAGAR**

Form 7 Rule 16(2)