

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6994

Date 10/05/26

Name

Rampyavush Grand

Add.

UP 57 BD 1378

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5500/-	
②	Legurd			680/-	
③	Vibor			1000/-	
④	Lever (R)			105/-	
⑤	Indicator Rear (R)			220/-	
⑥	Indicator (R)			220/-	
⑦	Labor charge			600/-	
TOTAL				8325/-	

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.	Rampurvash Gond
2	Vehicle No. / वाहन संख्या	0007533733
3	Policy No. / पालिसी संख्या	VP57BD1378
4	Period of Insurance / बीमा अवधि	MS/2025/7001/0/46575/415031
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/03/2025 to 9/03/2026
6	Place of Accident / दुर्घटना का स्थान	9/01/2026, 11:00A.M Rushinagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rishi Kumar Gond / VP57202400 10626 0007533733
8	Estimated Loss / अनुमानित हानि	8325/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी बाइक मेरा बेटा रितिक कुमार गोंड लैम्पर किसी माम से बजा रहे थे तभी अचानक सामने से एक बाइक वाला लैम्पर मार दिया तो बाइक मेरी दाहिने साइड गिरी से डमक 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 Poochayana

Date / दिनांक : 10/01/2026
हस्ताक्षर

- रितिक गोंड
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. M3/2025/7001/0/4657

Tel. No. _____

Period of Insurance 10/03/2025 to 9/03/2026
 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 : Rampkrishn Gaud
 (b) Address for correspondence : _____
 (c) Telephone : 8887533733

2. THE INSURED VEHICLE

Make & Year <u>H10/2021</u>	Engine No. <u>H11EDMHR65010</u> Chassis No. <u>MBLHAW124MHRB</u> <u>4964</u>	Registration No. <u>UP57BD</u> <u>1378</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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ritik Kumar Gaud
(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 : UP5720240010626
(h) Issuing Authority : _____
(i) Date of Expiry : 1/09/2024
(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 : 9/01/2026, 11:00AM
(b) Place : Kushinagar
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी कार में बहुत तेज गति में चला रहा था कि एक कार ने मुझे टक्कर मारी
(e) If any third party was responsible for this accident give the name and address : श्री. रमेश कुमार सिंह, राधा कृष्ण नगर, गोरखपुर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side
(b) Estimated cost of repairs : ₹ 25k
(c) When and where can the damaged vehicle be inspected : Swapti Automobile Padrauna

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 10/02/20 200

Signature of the insured रामधर शर्मा

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

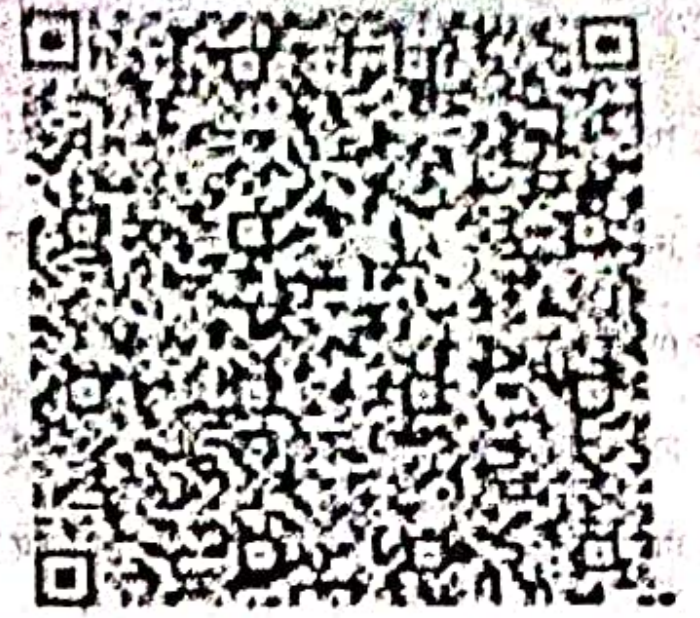
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA (KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BD1378 Registration Date : 07-Dec-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , ,
 Owner Name : RAMPRAVESH GOND Son/wife/daughter of : SHYAMTOLI GOND
 Full Address: (Permanent) : VILL-BHISWA SARKARI, POST-PAKADI BUZURG, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-BHISWA SARKARI, POST-PAKADI BUZURG, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304

Fitness UpTo : 06-Dec-2036 Tax UpTo : One Time
 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	Rear HSRP No	: AA2047694574
Front HSRP No	: AA2046927476	Month/Year of Manuf.	: 10/2021
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW124MHKB4964
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11EDMHK65818	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1236
Maker's Classification	: SPLENDOR + BLACK AND ACCENT	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK AND ACCENT	AC Fitted	: NO
Other Criteria	:		
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. 08-Nov-2021.

Purchase dt : 08-Nov-2021 Sale Amt : 68710/-
 OTT Date : 08-Nov-2021 Amount/Rcpt No : 6871 / UP57D21110002933
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 07-Dec-2021
 Other State/Transfer/Conversion Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 07-Dec-2021 to 06-Dec-2036

Date : 29-Dec-2021 15:19:01

Taxation Particulars / Advance Registration Mark Fee Details

RTO (A)
 KUSHI NAGAR
 Signature of Registering Authority
 Date : 29-Dec-2021

N 1090503



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



UP57 20240010626



Issue Date: 19-06-2024
Validity (NT): 01-04-2044
Validity (TRM):



Holder's Signature

Name: **RITIK KUMAR GOND**

Date of Birth: **02-04-2004**

Blood Group: **O+ VE**

Organ Donor: **N**

Son/Daughter/Wife of:

RAMPRAVESH GOND

Address:

**BHISAWA SARA KARI BHISWA SARKARI
KUSHINAGAR UTTAR PRADESH 274304**

19-06-2024

Date of First Issue

DL No: UP57 20240010626

UPDL000013841732



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	19-06-2024	NT			
	LMV	UP57	19-06-2024	NT			

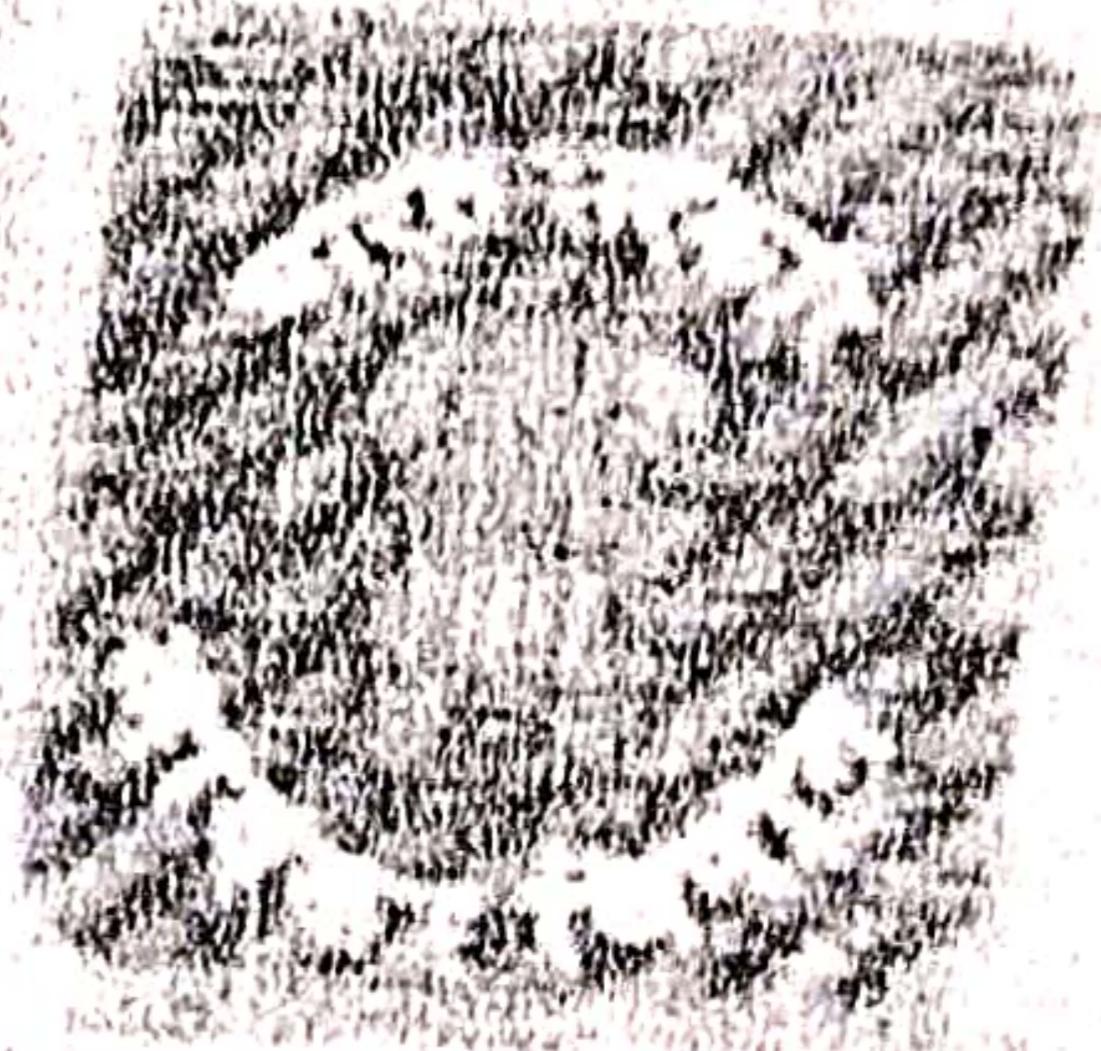
Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



RAMPRAVESH GOND

SHYAMTOLI GOND

10/02/1976

Permanent Account Number

CKDPG5093A

सहस्र लेख

Signature



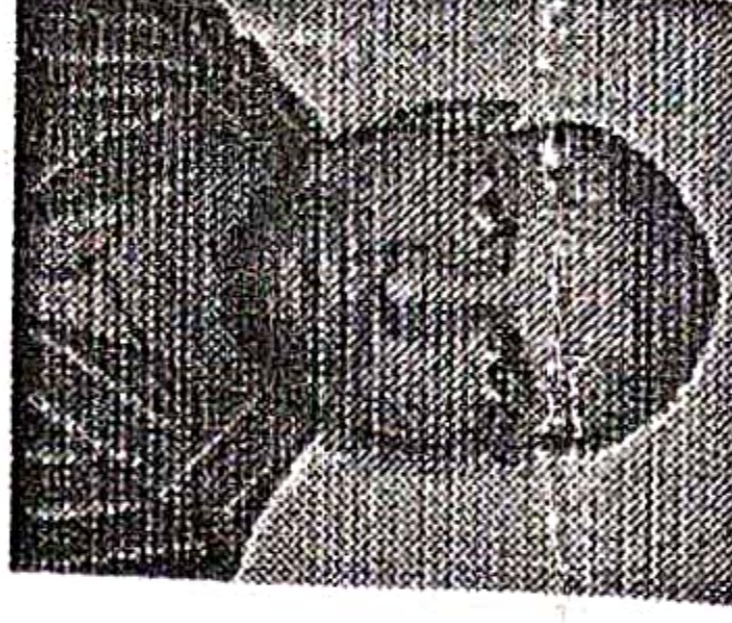
31122016



भारत सरकार
Government of India



Aadhaar no. issued: 28/10/2014



रामप्रवेश गोंड
Rampravesh Gond
जन्म तिथि/DOB: 10/02/1976
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) 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).

5485 3722 6203

भारत सरकार, भौतिक पहचान

Details as on: 16/10/2025



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

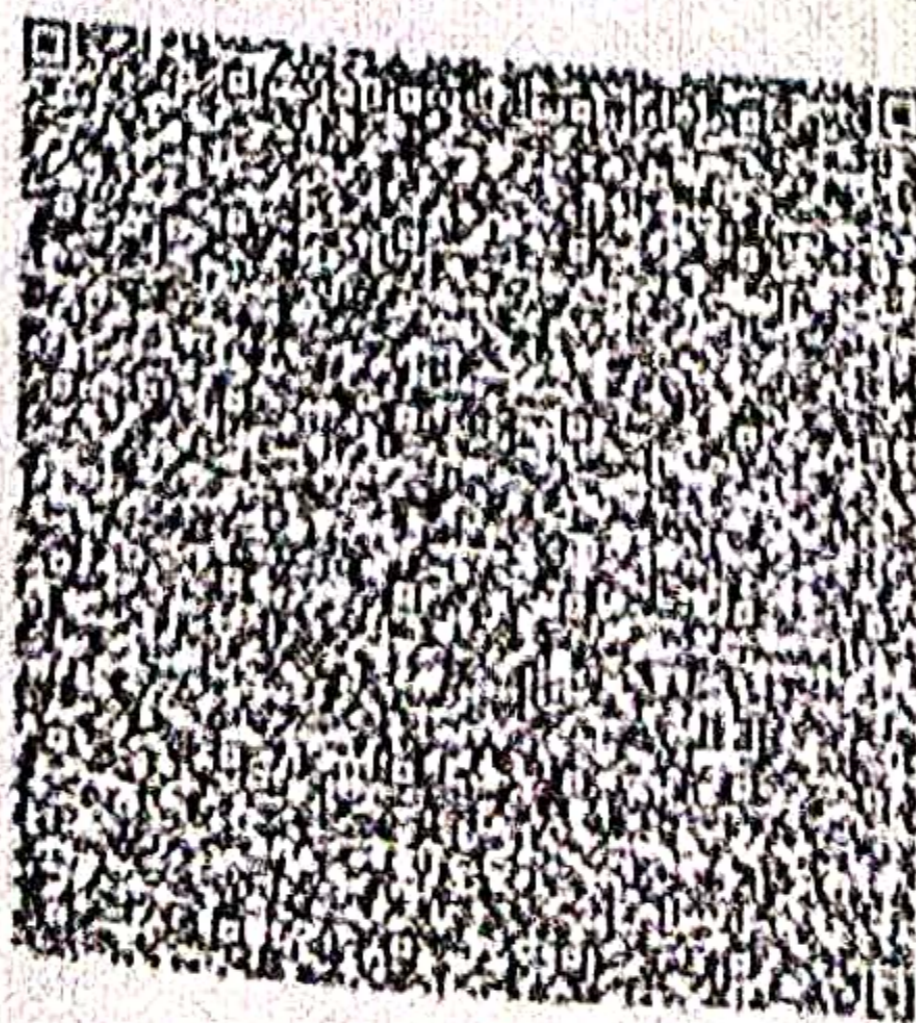


पता:
S/O स्वामती गोंड, ग्राम भिस्वा सरकारी पोस्ट मकड़ी बुजुर्ग,
भिस्वा सरकारी, पडरीना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O Shyamoli Gond, Gram Bhiswa Sarkari Post
Pakadi Buzurg, Bhiswa Sarkari, PO: Padrauna, DIST:
Kushinagar,
Uttar Pradesh - 274304

5485 3722 6203

VID : 9147 2883 6847 7991



1947

help@uidai.gov.in

www.uidai.gov.in