

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6802** Date 12/01/25
Name Kumari Rajal Singh
Add. UP 57 BW 2221

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			850/-	
②	mirror - (L)			285/-	
③	muffler cover			680/-	
④	Body cover (R)			2800/-	
⑤	UPPER Panel			1600/-	
	Labor charge			600/-	
TOTAL				6795/-	

Authorised Signatory

[Signature]

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Rumari Rajal Singh 8840419128
2	Vehicle No. / वाहन संख्या	UP57BW2221
3	Policy No. / पालिसी संख्या	25290/31/2025/79095
4	Period of Insurance / बीमा अवधि	20/01/2025 to 19/01/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/01/2025 , 03.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Gosakhpur.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Brijish Chaudhary, UP5720 9919912665 120012309
8	Estimated Loss / अनुमानित हानि	6795/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे भाई स्कूटी लेकर मारकेट जा जा रहे थे तभी एक व्यक्ति वाले ने मोड़ पे मेरी स्कूटी को सामने के साईड से खकर मार दिया मेरी स्कूटी दाये साईड गिरने से क्षतिग्रस्त हो गयी।
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 Gupto automobile Poolbama

Date / दिनांक : 12/01/26
हस्ताक्षर

- Kajal Singh
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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2025/79035
 Period of Insurance 20/05/2025 to 19/02/2026
 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 : Kumari Rajal Singh
 (b) Address for correspondence : _____
 (c) Telephone : 8840419128

2. THE INSURED VEHICLE

Make & Year <u>Mitro/2025</u>	Engine No. <u>JF17ERSGA00747</u> Chassis No. <u>MBLJFN359SGA00972</u>	Registration No. <u>UP57BW</u> <u>2221</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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Brijesh Chaudhary
 (b) Age : 38
 (c) Address : Kashinagar
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver?
 3. Owner's relative or friend?
 (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 : UP5720120012309
 (h) Issuing Authority : _____
 (i) Date of Expiry : 21/08/2032
 (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 : 9/08/2025, 3:00 PM
 (b) Place : Chauhanpur
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी सफ़्टी लिमिटेड कार चले जा रही थी। लगे सामने से एक कार आकर मुझे टक्कर मार दी। मेरी कार में से सामान निकल पड़ा।
 (e) If any third party was responsible for this accident give the name and address : दोसरे कार चालक का नाम और पता नहीं पता।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 6795/-
 (c) When and where can the damaged vehicle be inspected : Crup to automobile Poochana

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 : _____ N/A

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? : _____
- (g) When? : N/A
- (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 12/01/26 200

Signature of the insured - Kajal Singh

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 *Kajal Singh* ..
Occupation
Address
.....
.....

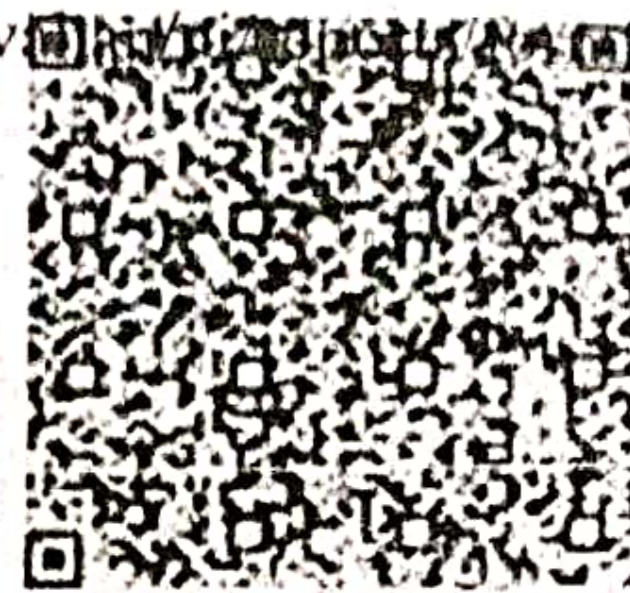
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW2221 Registration Date : 21-Jan-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 : KUMARI KAJAL SINGH Son/wife/daughter of : RAMKISHUN CHAUDHARI
 Full Address: (Permanent) : VILL-NARCHOCHWA NATAWALIA, POST -DHARMPUR, THANA-PIPRA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-NARCHOCHWA NATAWALIA, POST -DHARMPUR, THANA-PIPRA, KUSHINAGAR- UTTAR PRADESH-274304

Fitness UpTo : 20-Jan-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 : AA1038982417 Rear HSRP No : AA1039321235
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJFN359SGA00972
 Engine No : JF17ERSGA00747 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
 Sleeper Cap : 0
 Colour : PANTHER BLACK 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 WHEELS EMI PVT LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 21-Jan-2025.

Purchase dt : 20-Jan-2025 Sale Amt : 75855/-
 OTT Date : 20-Jan-2025 Amount/Rcpt No : 7586 / UP57D25010002131
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Feb-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-Jan-2025 to 20-Jan-2040

Signature of Registering Authority
 03-Mar-2025
A.R.T.O. (A)
Kushinagar (U.P.)

Q 1840467

आदर्श जगत

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



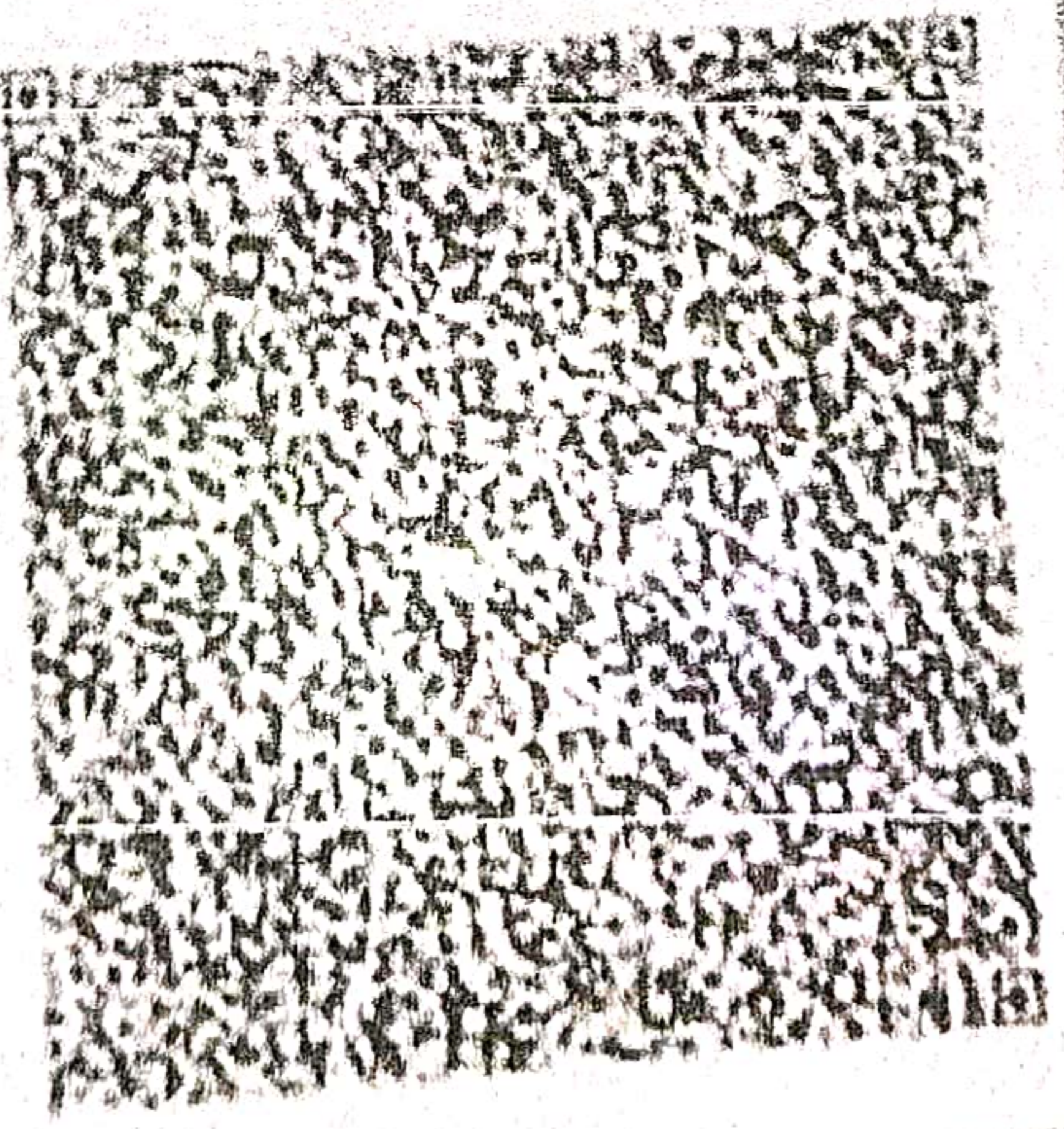
प्राची सेवा सेवा सेवा

Pensioner's Account Number Card

MPHPS44481

THE HON'ble
KUMAR KAJAL SINGH

प्राची सेवा / Father's Name
RANKISHUN CHAUDHARI



K. K. S. N. 1

01332



भारत सरकार
Government of India



कुमारी काजल सिंह
Kumari Kajal Singh
जन्म तिथि/ DOB: 10/02/1999
महिला / FEMALE



8229 1990 3074

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मजा: रामकिशुन चौधरी, ग्राम
नरचोचवा नटवलीया पोस्ट धर्मपुर,
पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

D/O: Ramkishun Chaudhari,
villeg narchochwa natawaliya
post dhrmpur, Padrauna,
Kushinagar,
Uttar Pradesh - 274304

8229 1990 3074

