

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **6804**

Date 12/01/26

Name Ramayan

Add. UP57CA 6838

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	visor			900/-	
②	w/s			380/-	
③	chrom			190/-	
④	H/L			3500/-	
⑤	H/L stand			275/-	
⑥	mirror inner			480/-	
⑦	mirror (R)			220/-	
⑧	labor charge			500/-	
TOTAL				6445/-	

Authorised Signatory

Ty

N/A

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.	Ramayan 9621182023
2	Vehicle No. / वाहन संख्या	UP57CA6338
3	Policy No. / पालिसी संख्या	252900/31/2026/52614
4	Period of Insurance / बीमा अवधि	26/10/2025 to 25/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/01/2026, 8:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Sisohan Prathilawa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ashok Chauhan, MH 2016000 6392016365 4262
8	Estimated Loss / अनुमानित हानि	6445/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरा बेल असोम चालन लेकर बेल में जा रहे थे। तभी अचानक सामने सिंथार आ गया तो उसी को बचते वक्त ब्रिक्म मर गये ब्रिक्म गेट में गिरने से वाहन मेरी 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 Gupta automobile Poojara

रामायण

Signature of Insured / बीमाधारक के

Date / दिनांक : 12/03/2026
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. 252400/31/2026/5261

Tel. No. _____

Period of Insurance 26/10/2025 to 25/10/2026

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 : Romayan
 (b) Address for correspondence : _____
 (c) Telephone : 9621182023

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JAO7A2S9G100035</u> Chassis No. <u>MBLJAW52759607030</u>	Registration No. <u>UP57CA 6338</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 : 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 : Anhok Anubhan
(b) Age : _____
(c) Address : Rashinagar
(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 : MH 2020160004262
(h) Issuing Authority : _____
(i) Date of Expiry : 9/02/2036
(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 : 11/02/2026, 8:00 AM
(b) Place : Sisaha Kohnilawa
(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 वाइफ मेरा बच्चा लेकर खेत में जा रहा था लगी सामने सिगार आ गया कसी को ठक्कर मारा साइड लेजर गिरने से डमेज हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
(b) Estimated cost of repairs : 6445/-
(c) When and where can the damaged vehicle be inspected : Crapta automobile Padraam

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 12/02/26 200

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



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Ramayan
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 12/08/26
Place : Padayana

[Signature]
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

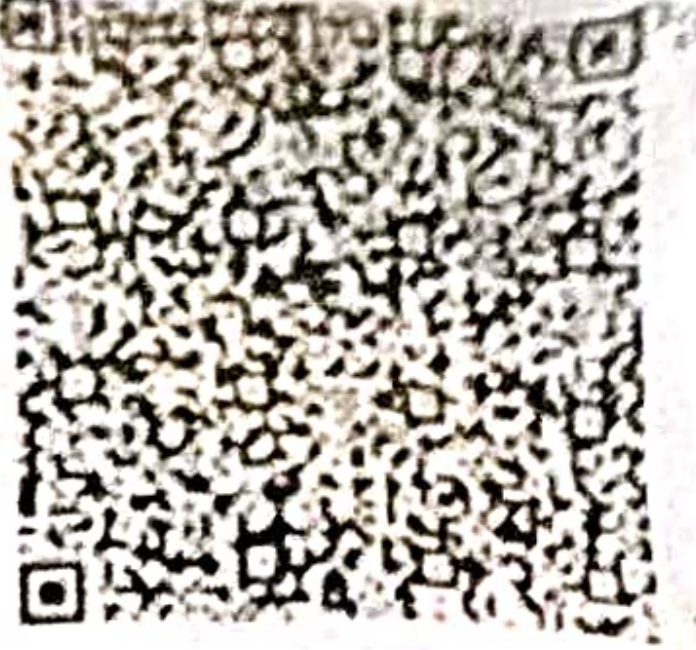
- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

104X

<https://vahan.parivahan.gov.in/vahan/>**GOVERNMENT OF UTTAR PRADESH**

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57CA6338 Registration Date : 01-Nov-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 : RAMAYAN Son/wife/daughter of : LALAI
 Full Address: (Permanent) : VILL-SISHAHAN, POST-MAGHI KOTHILAWA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-SISHAHAN, POST-MAGHI KOTHILAWA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 31-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 : AA2144475564 Rear HSRP No : AA2144976799
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLJAW527S9G07030
 Engine No : JA07AZS9G08035 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
 Sleepar 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-110057 w.e.f. 26-Oct-2025.

Purchase dt	: 26-Oct-2025	Sale Amt	: 78618/-
OTT Date	: 26-Oct-2025	Amount/Rcpt No	: 7862 / UP57D25110000187
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 05-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 01-Nov-2025 to 31-Oct-2040

Date : 19-Dec-2025 11:19:30

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 19-Dec-2025

Q 6301703

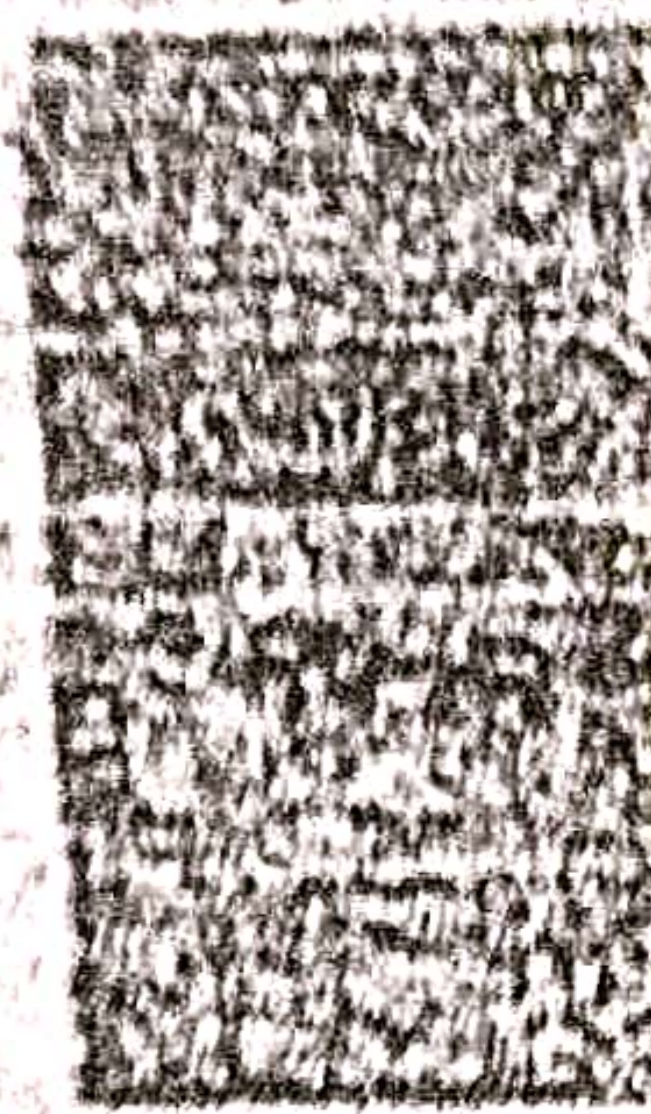
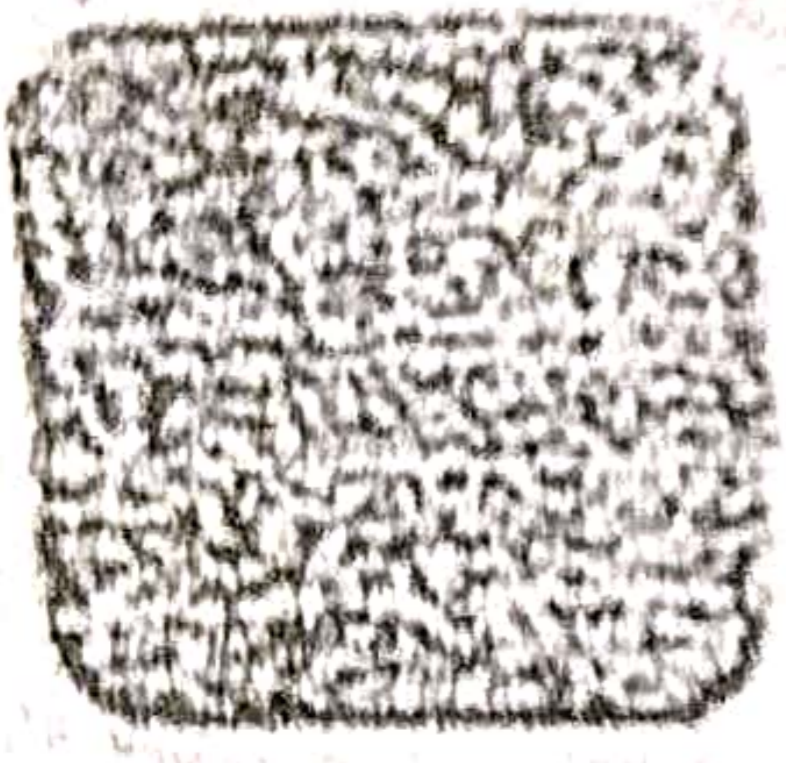
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No. MH20 20160004262
Valid Till : 09-02-2036 (NT)

DOI : 10-02-2016

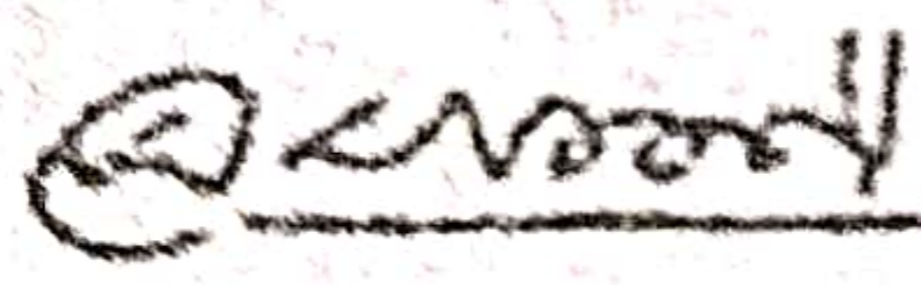
AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA


COV	DOI
LIV	10-02-2016
MCV/G	10-02-2016



DOB : 07-10-1992 BG :

Name : LASHOK H CHAVHAN
S/D/W of: NIRACHAND CHAVHAN
Add : 5557 JAI BHAVANI NAGAR, CIDCO, N-4, A-BC
DIST. AURANGABAD.

Pin : 431001
Signature & ID of Issuing Authority:  MH20 2016141


Signature/Thumb Impression of Applicant

भारत सरकार

व्यक्तिगत

पंजीयन

जन्म तिथि: D.O.B 01/10/1983

लिंग / GENDER: MALE



3597 5126 7615

आधार-आम आदमी का अधिकार

भारतीय विश्व पत्रिका प्रकाशन

भारतीय विश्व पत्रिका प्रकाशन ABHINAV OF INDIA

पता:

Address:

आत्मज: ललित, मिश्र
कोटिलवा, मगही कोटिलवा,
कुशीनगर,
उत्तर प्रदेश - 274304

S/O. Lalit Mishra
Maghi Kotilwa, Kushinagar,
UP, PIN - 274304

3597 5126 7615

Aadhaar-Aam Admi ka Adhikar