

Gupta

ESTIMATEGSTN: 09AHWPG0569P1ZE
AUTHORISED DEALER**AUTOMOBILES**

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

No. **6805**Date **12/02/26**Name **Chitarranjan**Add. **UP570B 1446**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			1000/-	
②	H/L			595/-	
③	H/L stand			275/-	
④	Indicators (R+L)			490/-	
⑤	meter innel			480/-	
⑥	Fender			1450/-	
⑦	Rim Front			4800/-	
⑧	Sokar pipe (R+L)			2300/-	
⑨	Sokar Buttom (L)			980/-	
⑩	legard			680/-	
⑪	Tanki			5500/-	
⑫	Grease tubes			280/-	
⑬	Chassis Repair			2000/-	
⑭	Handle			500/-	
⑮	Handle			980/-	
⑯	Tool Box			180/-	
⑰	Labor charge				
			TOTAL	10000/-	

Authorised Signatory
23440/-

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.	Chitra Sonjan 96 2864 7091
2	Vehicle No. / वाहन संख्या	UP57 CB 1446
3	Policy No. / पालिसी संख्या	252400/31/2026/59122
4	Period of Insurance / बीमा अवधि	14/11/2025 to 13/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/03/2026, 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Makhiya
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Indira Rati, UP57 2017 9936183663 0000478
8	Estimated Loss / अनुमानित हानि	23440/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बर्डम मेरे चाचा इन्डिवर बॉल लैंगर मारने से घबरा जा रहे थे। तभी अचानक सामने से एक बर्डम वाला ट्रक मार दिया तो बॉल साईड बर्डम गिरने से डमिया 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 Poolkhana

Chitra Sonjan

Signature of Insured / बीमाधारक के

Date / दिनांक : 12/03/26
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. 2524 00/31/2026/59122

Tel. No. _____

Period of Insurance 14/11/2025 to 13/11/202
 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 : Chitaranjan
 (b) Address for correspondence : _____
 (c) Telephone : 9628647891

2. THE INSURED VEHICLE

Make & Year <u>H280/2025</u>	Engine No. <u>H11F7SHL25506</u> Chassis No. <u>MBLHAW4889HL49</u> <u>035</u>	Registration No. <u>UP57CB</u> <u>1496</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 : Indivar Rae
(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 : UP572017000047A
(h) Issuing Authority : _____
(i) Date of Expiry : 20/05/2037
(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 : 11/08/2026, 7:00 PM
(b) Place : Maddiya
(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 बाइक में चलाते हुए एक लड़के ने बाइक से टक्कर मारी जिससे बाइक टूट गई। उसका नाम और पता नहीं पता।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Side
(b) Estimated cost of repairs : 23440/-
(c) When and where can the damaged vehicle be inspected : Mupta 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 12/02/26 200

Signature of the insured Shitranjan

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.

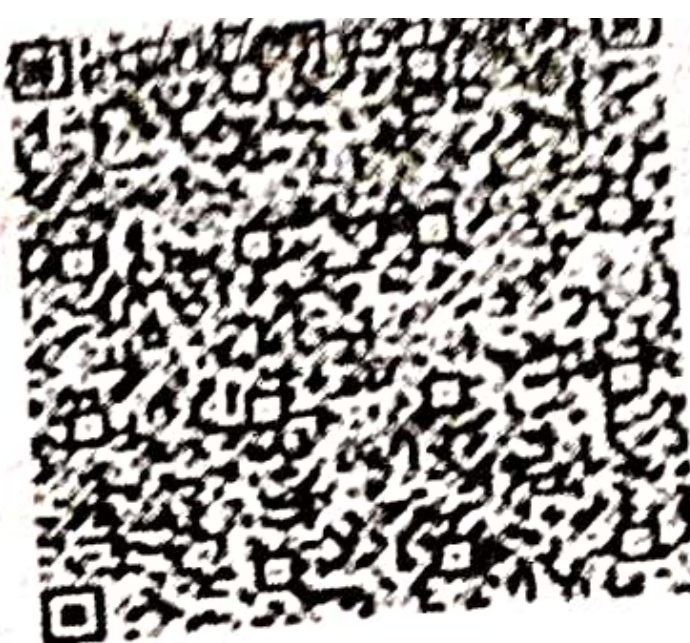
Rs. _____

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

Witness
Name
Signature
Address

Signature *Chitraman*
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
Description of Vehicle
Dealer's Name & Address
Owner Name
Full Address: (Permanent)

: UP57CB1446
: M-CYCLE/SCOOTER
: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
: CHITARANJAN
: VILL- GANDHI NAGAR, POST-KHADDA, THANA-KHADDA, KUSHINAGAR, UTTAR PRADESH-274802

Registration Date : 18-Nov-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : UGRASEN

Full Address: (Temporary)

: VILL- GANDHI NAGAR, POST-KHADDA, THANA-KHADDA, KUSHINAGAR-UTTAR PRADESH-274802

Fitness UpTo

: 17-Nov-2040

Owner Serial No

: 1

Detailed Description

Class of Vehicle

: M-CYCLE/SCOOTER

Link Vehicle No

: BHARAT STAGE VI

Ownership

: INDIVIDUAL

Norms

Maker's Name

: HERO MOTOCORP LTD

Rear HSRP No

: AA2144984172

Front HSRP No

: AA1047459000

Month/Year of Manuf.

: 11/2025

Type of Body

: SOLO WITH PILLION

Chassis No

: MBLHAW488SHL49835

No of Cylinders

: 1

Fuel

: PETROL

Engine No

: HA11F7SHL25506

Cubic Capacity

: 97.20

Horse Power(BHP)

: 8.17

Wheel base

: 1235

Maker's Classification

: SPLENDOR+ (DRS)

Standing Cap

: 0

Seating Cap(in all)

: 2

Unladen Wt (kgs)

: 113

Sleeper Cap

: 0

Laden/GV Wt (kgs)

: 243

Colour

: Black Heavy Grey

AC Fitted

: NO

Other Criteria

: Fully Built

Vehicle Purchase As

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.

As Regd.

Description

Weight(in kgs)

a) Front:

b) Rear:

c) Other:

d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt

: 14-Nov-2025

Sale Amt

: 73764/-

OTT Date

: 14-Nov-2025

Amount/Rcpt No

: 7377 / UP57D25110006018

Vehicle is Govt./ Pvt.

: PRIVATE

Tax Exempted or Not

: NOT EXEMPTED

Date of Approval

: 07-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 18-Nov-2025 to 17-Nov-2040

Date : 08-Jan-2026 16:51:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

A.R.T.O. (A)
Kushinagar (U.P.)

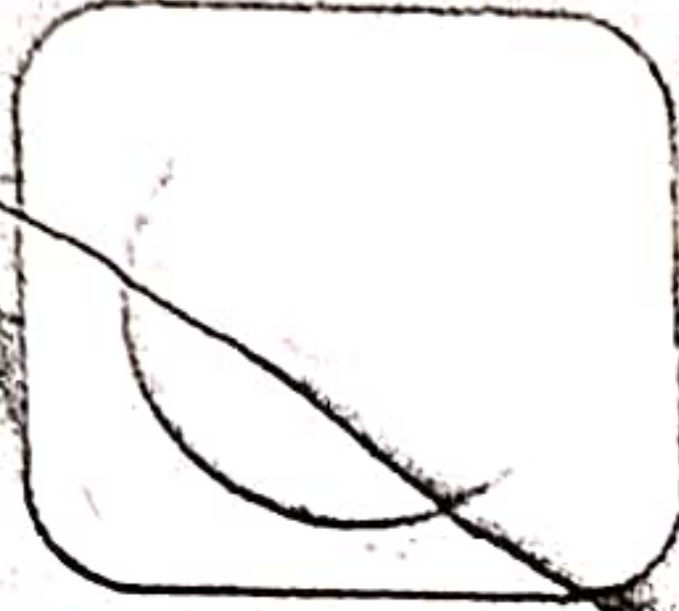
Date : 08-Jan-2026

Q 7169526

UNION OF INDIA Driving Licence

UP NT

UP57 20170000478



जारी करने की तिथि
Date of Issue
21/01/2017

वैधता / Validity
20/01/2037

NT

जन्म तिथि
Date of Birth
10/08/1988

Blood Group
UNKNOWN



नाम / Name

INDIVAR RAI

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

DIHANAI RAI

UP57 20170000478

UP04614779RS



MCWG

21/01/2017



UP

पता / Address
VILL-W.NO.5, GANDHI NAGAR KHADDA
KHADDA
KUSHINAGAR

Form 7 Rule 16(2)

इन्दिवर राय

Holder's Signature

जारीकर्ता / Issuing Authority Sign



भारत सरकार

GOVERNMENT OF INDIA



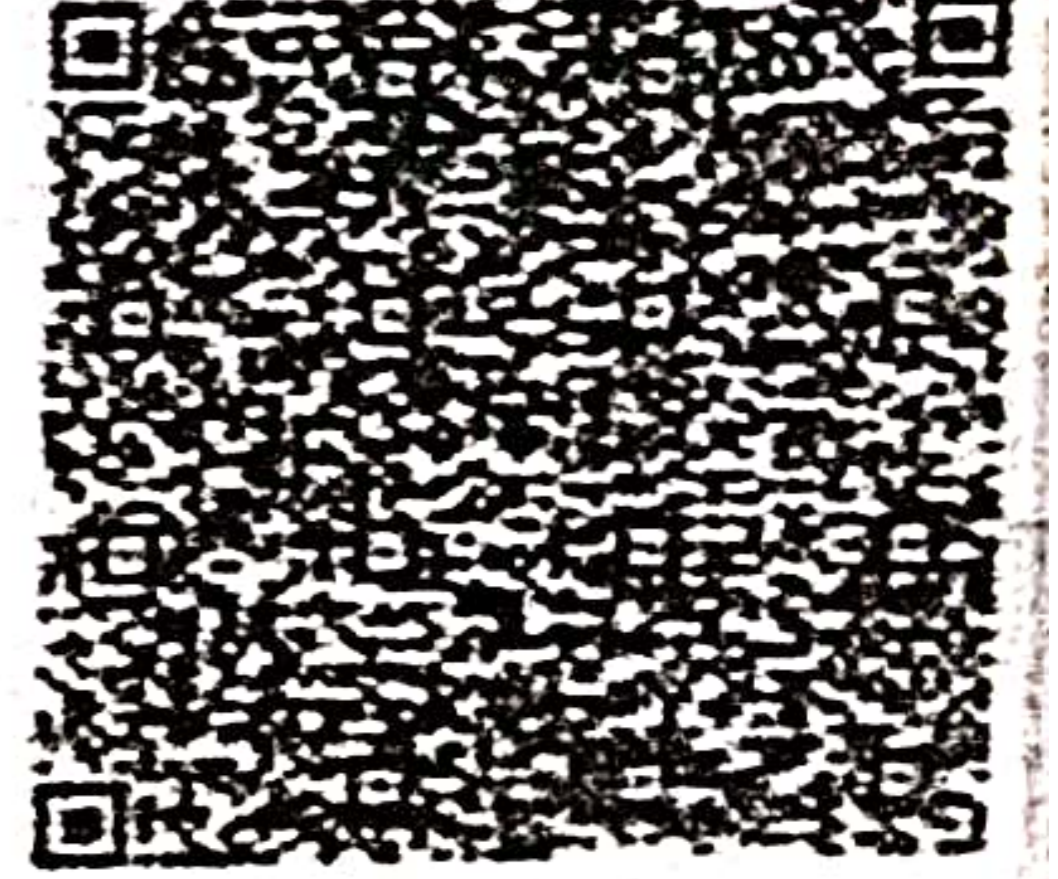
चितरंजन

Chitaranjan

जन्म तिथि/ DOB:

03/07/1998

पुरुष / MALE



4761 7792 6517

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: उग्रसेन, द, गाँधी नगर
नगर पंचायत, वार्ड न0 -5,
वॉर्ड 5, खड्डा कलां,
कुशीनगर,
उत्तर प्रदेश - 274802

Address:

S/O: Ugrasen, the, GANDHI
NAGAR NAGAR PANCHAYAT,
VARD N05, WARD 5, Khadda
Kalan, Kushinagar,
Uttar Pradesh - 274802

4761 7792 6517

MERA AADHAAR, MERI PEHACHAN

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BUDPC9817K

नाम / Name

CHITARANJAN

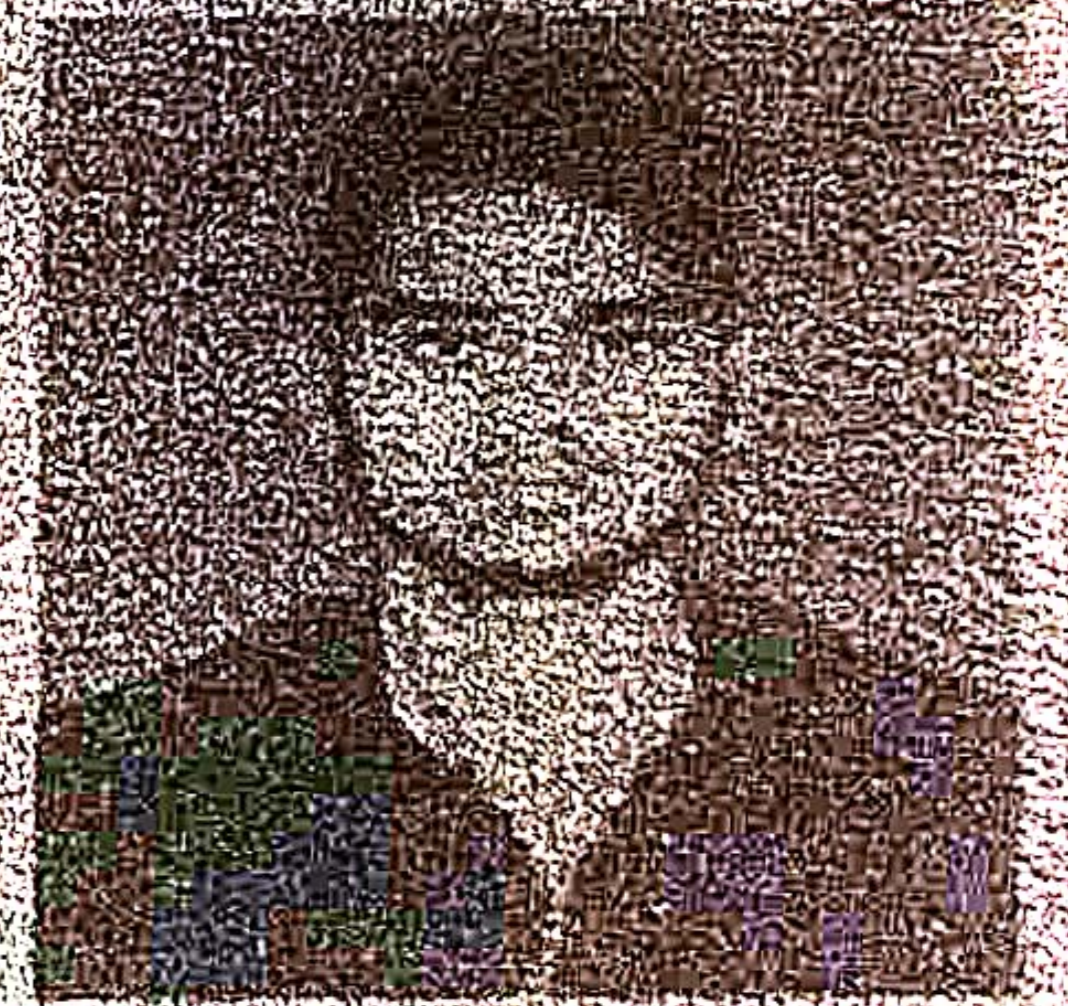
पिता का नाम / Father's Name

UGRASEN

जन्म की तारीख / Date of Birth

03/07/1998

हस्ताक्षर / Signature



11071998