

Gupta

ESTIMATE

GSTN: 09AHNIPG0589P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6806**

Date **13/04/26**

Name

Pappu Madhusiya

Add.

UP57BY2927

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Vibor			1265/-	
②	Fender			1450/-	
③	Handle			510/-	
④	Handle			980/-	
⑤	Indicator (R)			220/-	
⑥	mirror - (R)			140/-	
⑦	Leguard			680/-	
⑧	Silencer cover			680/-	
⑨	Break Pedal			1080/-	
⑩	Labor charge			705/-	
TOTAL				7705/-	

Authorized Signatory

[Signature]

To / सेवा में,
The Oriental Insurance Co Ltd /
दो 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.	Pappu Modhesiya 9839101003
2	Vehicle No. / वाहन संख्या	UP57BY2927
3	Policy No. / पालिसी संख्या	252100/31/2026/20945
4	Period of Insurance / बीमा अवधि	6/06/2025 to 5/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/2026, 6.30 P.m.
6	Place of Accident / दुर्घटना का स्थान	Rawindra Nagar Padmauna.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Hemraj Guptha, UP5720/2000 9918112511, 8331
8	Estimated Loss / अनुमानित हानि	7705/-
09.	Cause of Accident / दुर्घटना का कारण:	घर से पड़रौना जाते वक़्त मेरा दोस्त हीरा लाल गुप्ता जो बर्डक लेकर जा रहा था उसी वक़्त एक बर्डक वाले ने सामने से ख़बर मार दिया जिससे मेरी बर्डक क्षतिग्रस्त 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 Guptha automobile Padmauna

Date / दिनांक : 13/02/26
हस्ताक्षर


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. 252400/31/2026/20945

Tel. No. _____

Period of Insurance 6/06/2025 to 5/06/2026
 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 : Pappu madhusheya
 (b) Address for correspondence : _____
 (c) Telephone : 9839101003

2. THE INSURED VEHICLE

Make & Year <u>H120/2025</u>	Engine No. <u>H111FBSHE29408</u> Chassis No. <u>MBLHAW335SHE20358</u>	Registration No. <u>UP57BY</u> <u>2927</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 trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Heera Lal Gupta
 (b) Age : _____
 (c) Address : Pushinagar
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : owner
 (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 : UP57 20120008331
 (h) Issuing Authority : _____
 (i) Date of Expiry : 17/06/2032
 (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 : 10/05/2026, 6:30 P.M
 (b) Place : Ravindnagar Puchayna
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : कार से लेकर मेरा दोस्त बस में जा रहा था लकीरों से
 (e) If any third party was responsible for this accident give the name and address : श्री राम बस में जा रहा था कार में गिरा जिससे कार
समय ही बस

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 7705/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Puchayna

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 Policy 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 13/02/76 200

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. _____

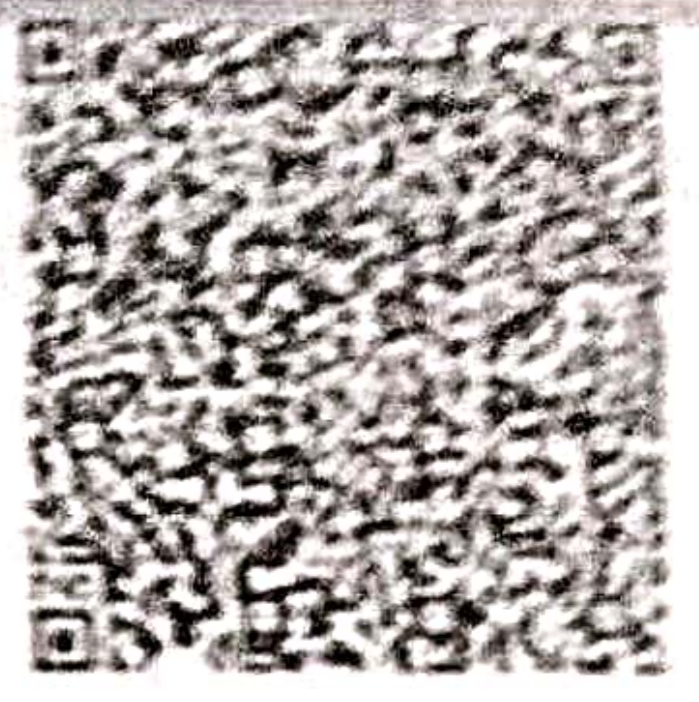
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Handwritten signature

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 : UP57BY2927 Registration Date : 09-Jun-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR, . .
 189-274403
 Owner Name : PAPPU MADDHESHIYA Son/wife/daughter of : CHHAGUR MADDHESHIYA
 Full Address: (Permanent) : VILL-SIDHUA BANGAR, POST -SIDHUA BANGAR, THAHA -RAVINDRA NAGAR,
 KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-SIDHUA BANGAR, POST -SIDHUA BANGAR, THAHA -RAVINDRA NAGAR,
 KUSHINAGAR-UTTAR PRADESH-274304
 Fitness Up To : 08-Jun-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 : AA2129128220 Rear HSRP No : AA1042050179
 Type of Body : SOLO WITH PILLION Monthly Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW335SHE28355
 Engine No : HA11FBSHE29408 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR* XTEC 2.0 (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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. 08-Jun-2025.

Purchase dt : 06-Jun-2025 Sale Amt : 88101/-
 OTT Date : 06-Jun-2025 Amount/Rcpt No : 8811 / UP57D25060001048
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Jun-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 09-Jun-2025 to 08-Jun-2040

Signature of Registering Authority
 KUSHINAGAR, 02-JUL-2025

Date : 12-07-2025 15:17:26
 Taxable Particulars : Advance Registration Mark Fee Details

Q 3741303

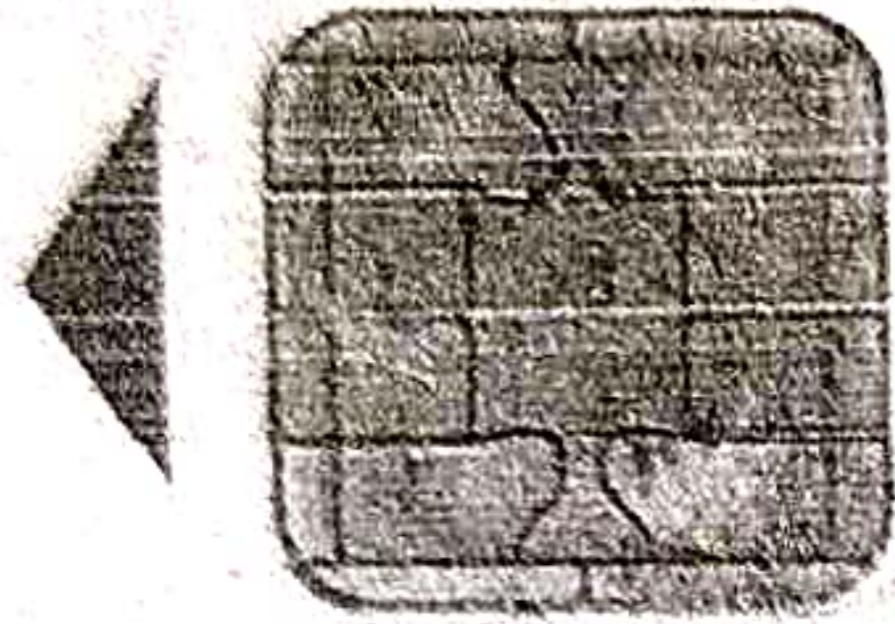


Indian Union Driving Licence

Issued by **Uttar Pradesh**



UP57 20120008331



Issue Date: 23-11-2021 Validity (NT): 17-06-2032 Validity (TR): 22-11-2026



Holder's Signature

Name: **HEERA LAL GUPTA**
 Date of Birth: **10-10-1991** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **BIHARI GUPTA**

Address:
**R/O- DHARMPUR BUJURG PAKARI BUJURG,
 KASIA PADRAUNA, KUSHINAGAR 274304**

Date of First Issue (18-06-2012)

DL No: **UP57 20120008331**

UPDL 000006879855



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	18-06-2012	NT			
	LMV	UP57	18-06-2012	NT			
	TRANS	UP57	03-01-2017	TR			

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
Government of India

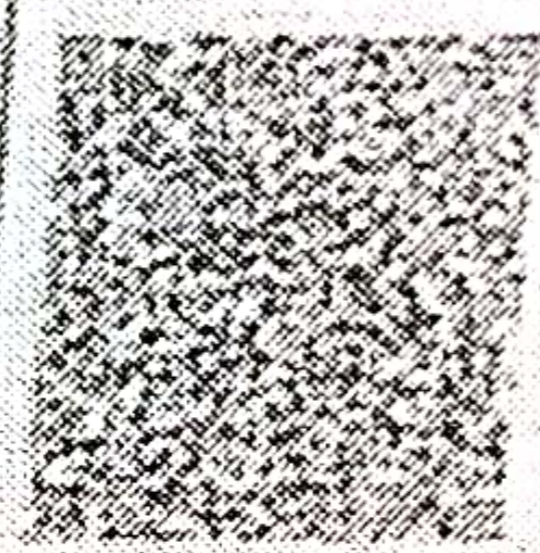
श्री. मधुसूदन
Pappu Maddhesiya
श्री. (M)/DOB: 01/01/2000
श्री. / MALE



4268 3468 8506

UID 911902196213051

श्री. मधुसूदन



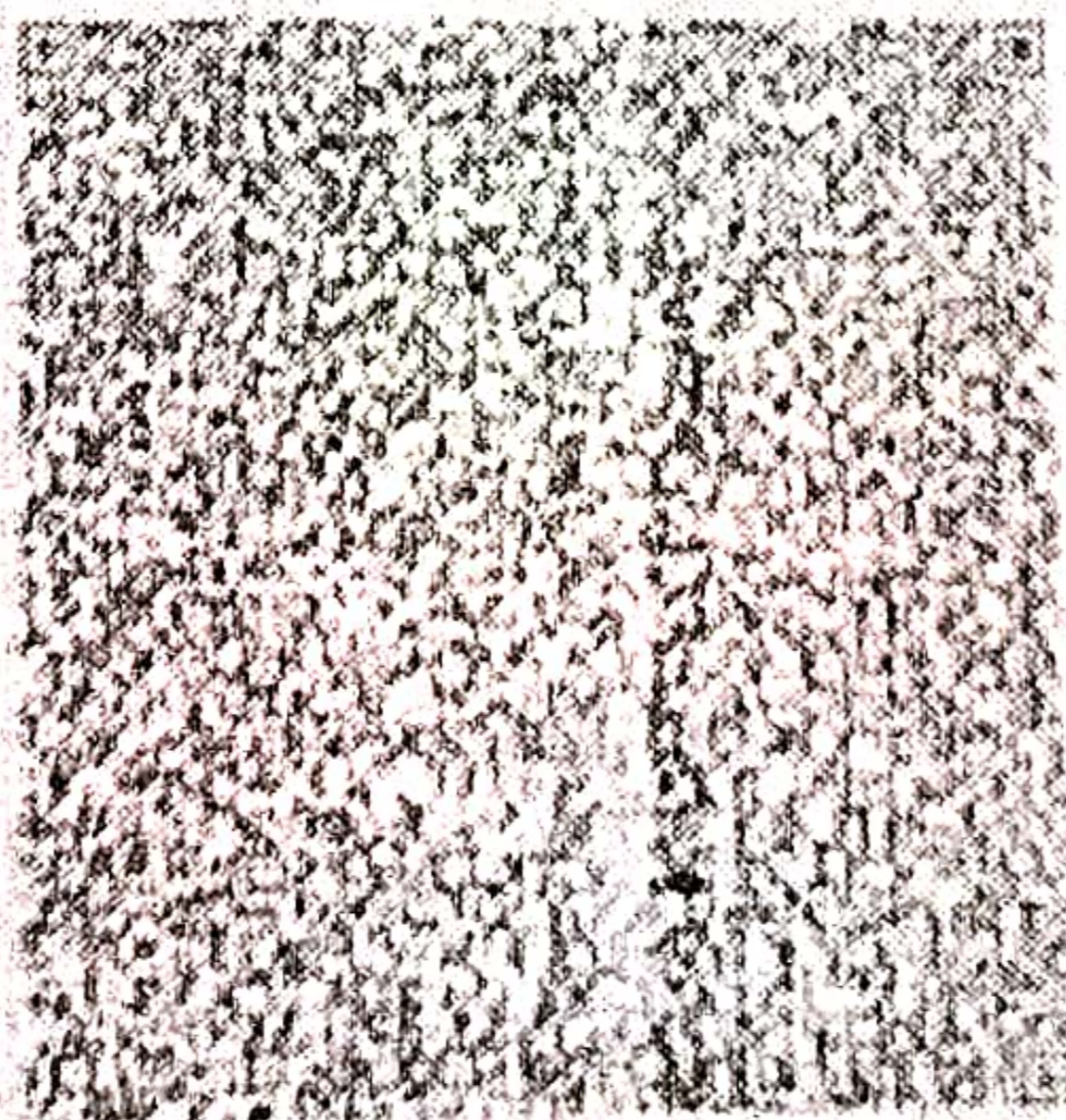
भारत सरकार
Unique Identification Authority of India

श्री. मधुसूदन
श्री. (M)/DOB: 01/01/2000
श्री. / MALE

Address:
S/O Chhagun Maddhesiya, 26, Sidhu,
Bajar Bhat, Kushinagar,
Uttar Pradesh - 274304

4268 3468 8506

UID 911902196213051



QR Code with Photograph

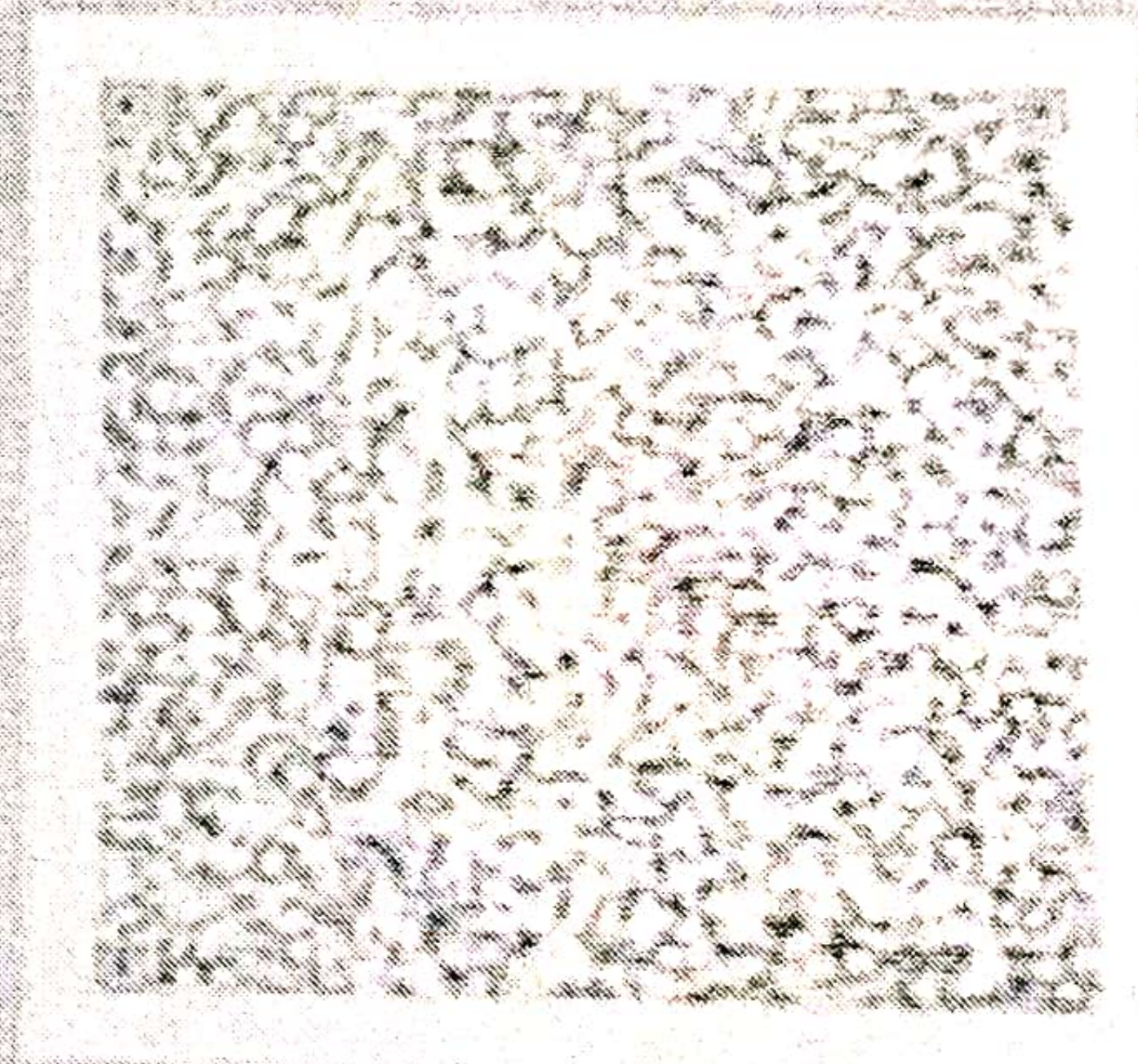
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FKZPM6398P



नाम / Name

PAPPU MADDHESIYA

पिता का नाम / Father's Name

CHHAGUR MADDHESIYA

जन्म की तिथि / Date of Birth

01/01/2000

पुपु मधेशिया