

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

Date 13/08/26

Name

6809

Abhinash Kumar Sharma

Add.

UP57 BX 1877

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT Rs. | P. |
|-------|--------------|------|------|---------------|----|
| ① | Handle | | | 500/- | |
| ② | Panel | | | 7800/- | |
| ③ | visor | | | 850/- | |
| ④ | Labor charge | | | 500/- | |
| TOTAL | | | | 9650/- | |

Authorised Signatory

Ray

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. | Abhinash Kumar Sharma 7852069236 |
| 2 | Vehicle No. / वाहन संख्या | UP57 BX 1877 |
| 3 | Policy No. / पालिसी संख्या | 252900/31/2026/123 |
| 4 | Period of Insurance / बीमा अवधि | 1/04/2025 to 31/03/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 10/01/2026, 04.00 P.m. |
| 6 | Place of Accident / दुर्घटना का स्थान | Bansi |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Laxman Kumar Sharma, UP57 9125069502 20063054868 |
| 8 | Estimated Loss / अनुमानित हानि | 9650/- |
| 09. | Cause of Accident / दुर्घटना का कारण : | मैरा भाई लक्ष्मण कुमार शर्मा बिहार से घर आ रहा था तभी एक कार्डेक वाले ने सामने से छकर मार दिया जिससे मेरी कार्डेक 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 Anupma Automobile Padma |

Date / दिनांक : 13/01/26
हस्ताक्षर

Abhinash Kumar Sharma
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. 25240/31/2026/123
 Tel. No. _____ Period of Insurance 1/04/2025 to 31/03/2026
 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 : Abhinash Kumar Sharma
 (b) Address for correspondence : _____
 (c) Telephone : 7052069236

2. THE INSURED VEHICLE

| | | |
|---------------------------------|--|--|
| Make & Year <u>H200/2025</u> | Engine No. <u>MA11F4SHC50339</u> Chassis No. <u>MBLHAW431SHC09982</u> | Registration No. <u>UP57BX</u> <u>1077</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 : Laxman Kumar Sharma
(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 : UP5720063054868
(h) Issuing Authority : _____
(i) Date of Expiry : 16/10/2026
(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 : 10/01/2026, 4:00 PM
(b) Place : Bombay
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरा गाड़ी ब्रॉकिंग लेमर आ बघ आ लमी रूम ब्रॉकिंग
(e) If any third party was responsible for this accident give the name and address : ने सामने से लेमर मार दिया तो ब्रॉकिंग डमेज हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
(b) Estimated cost of repairs : 9650/-
(c) When and where can the damaged vehicle be inspected : Coupto 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 13/01/26 200

Signature of the insured -अमित कुमार 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 *31/11/21*
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 : UP57BX1877 Registration Date : 03-Apr-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 : ABHINASH KUMAR Son/wife/daughter of : MOTI CHAND
 SHARMA
 Full Address: (Permanent) : VILL-INDIRA NAGAR, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR
 PRADESH-274304
 Full Address: (Temporary) : VILL-INDIRA NAGAR, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR
 PRADESH-274304
 Fitness UpTo : 02-Apr-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 : AA1039719850 Rear HSRP No : AA2121573370
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW431SHC04482
 Engine No : HA11F4SHC50339 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE 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. 01-Apr-2025.

Purchase dt : 01-Apr-2025 Sale Amt : 65000/-
 OTT Date : 01-Apr-2025 Amount/Rcpt No : 6500 / UP57D25040000407
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-May-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 03-Apr-2025 to 02-Apr-2040

Date : 12-May-2025 12:45:17
Taxation Particulars / Advance Registration Mark Fee Details

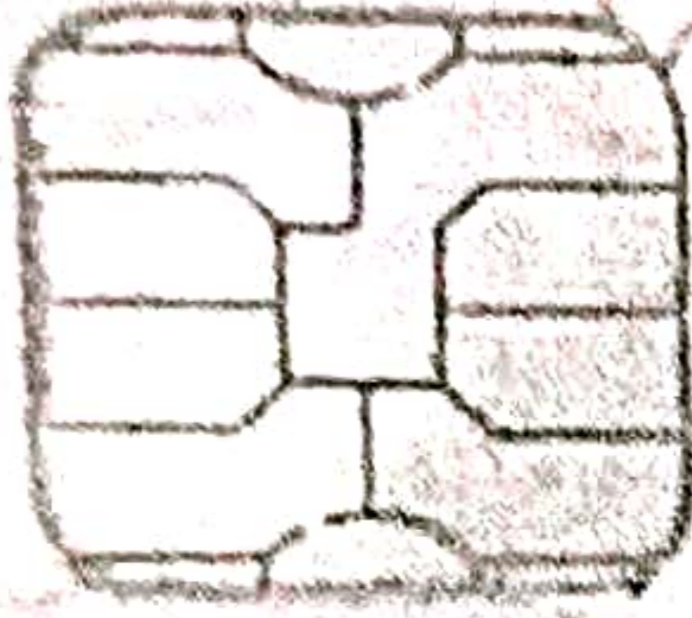
Signature of Registering Authority
Date : 12-May-2025

Q 3351640



UNION OF INDIA Driving Licence (UP) (NT)

UP57 20063054868



जारी करने की तिथि
Date of Issue
17/10/2006

वैधता / Validity
(NT) 16/10/2026

जन्म तिथि
Date of Birth
24/02/1984

Blood Group
A+



नाम / Name

LAXMAN KUMAR SHARMA

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

MOTICHANDRA SHARMA

UP57 20063054868



LMV



MCV

17/10/2006 17/10/2006



VALMICHANDRA SHARMA
MOTICHANDRA SHARMA (P)

34

VALMICHANDRA SHARMA



भारत सरकार
Government of India



Aadhaar no. issued: 15/05/2015



अभिनाश कुमार शर्मा
Abhinash Kumar Sharma
जन्म तिथि/DOB: 12/03/1993
पुरुष/ MALE

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

4280 9055 2365

मेरा आधार, मेरी पहचान



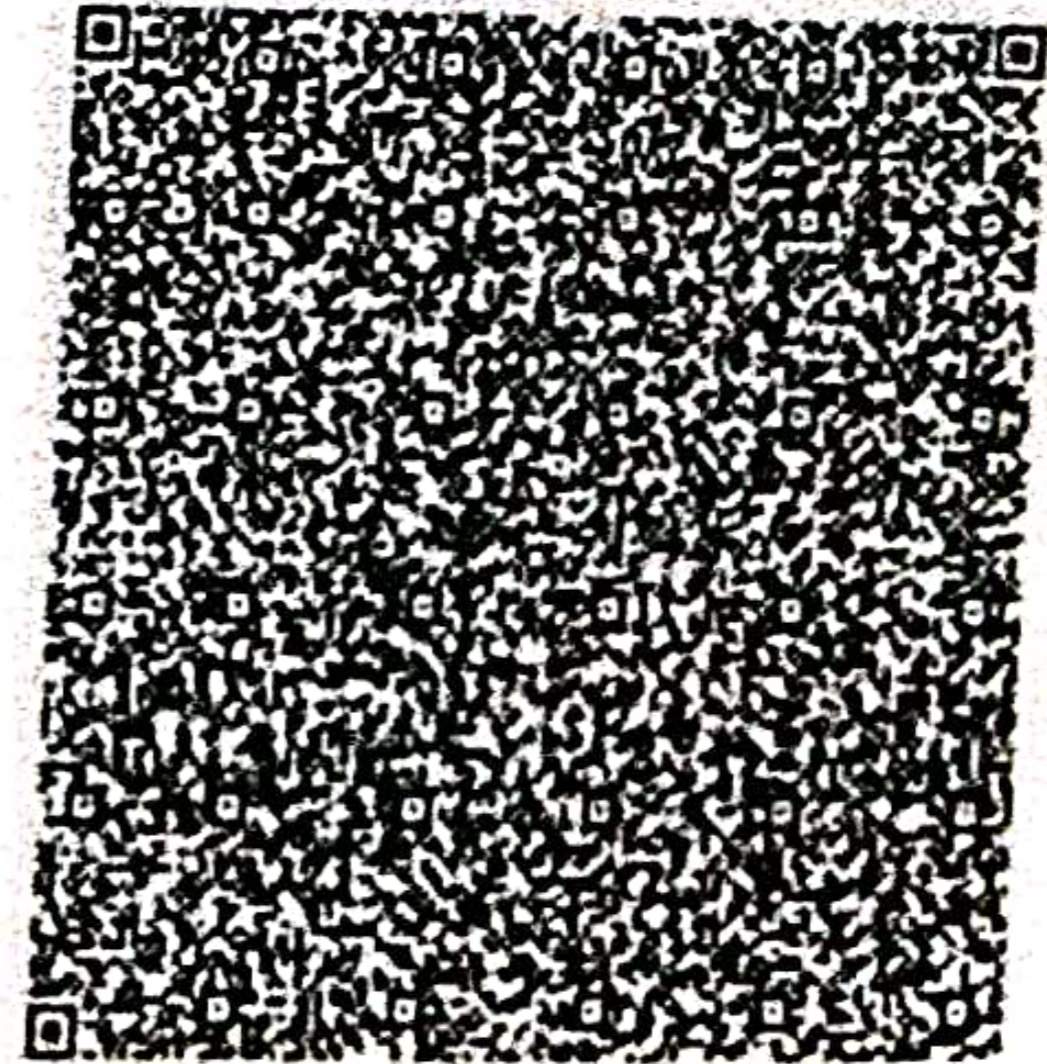
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 05/05/2025

पता:
आत्मज: मोती चंद शर्मा, कन्नौजीया वॉर्ड पूर्वी, इन्दिरा नगर,
पडरौना, पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Moti Chand Sharma, kannaujiya ward purvi,
indira nagar, Padrauna, PO: Padrauna, DIST:
Kushinagar,
Uttar Pradesh - 274304



4280 9055 2365

VID : 9113 4613 4308 6719

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JPXPS0059Q

MUM-REGD-190398
157520234
41 - 34

नाम/Name
ABHINASH KUMAR SHARMA

पिता का नाम / Father's Name
MOTI CHAND SHARMA

जन्म की तारीख / Date of Birth
12/03/1993

अभिनश कुमार शर्मा
हस्ताक्षर / Signature

