

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6807**

Date 13/07/26

Name rehalil

Add. VP57BX7748

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			1065/-	
②	inner			380/-	
③	meter			3800/-	
④	H/L			595/-	
⑤	H/L stand			280/-	
⑥	LED			980/-	
⑦	key set			675/-	
⑧	Handle			510/-	
⑨	meter stand			290/-	
⑩	Handle			980/-	
⑪	Fender			1450/-	
⑫	mirror			140/-	
⑬	Labor charge			800/-	
			TOTAL	11945/-	

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.	Khalil 9026034489
2	Vehicle No. / वाहन संख्या	UP57 BX 7748
3	Policy No. / पालिसी संख्या	252400/31/2026/10063
4	Period of Insurance / बीमा अवधि	4/05/2025 to 3/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/01/2026, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Tamluhi Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Aftab Alam, UP5720250007179 9648735501
8	Estimated Loss / अनुमानित हानि	11945/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी ठाईम मेरा ब्रदर अलम अलम लैकर तमलुही से घर आ रहे थे वो लकी अचानक आंख में आंखी पड़े से ठाईम डिस्कॉन्स होकर मोल में लम्बा गडि और ज़ंजेन 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.	9125134198 erupto auto mobile Padsauna

खलीम

Signature of Insured / बीमाधारक के

Date / दिनांक : 13/01/26
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. 252400/31/2026/10063

Tel. No. _____

Period of Insurance 1/05/2025 to 3/05/2025
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 : Rahil
(b) Address for correspondence : _____
(c) Telephone : 9026034489

2. THE INSURED VEHICLE

Make & Year <u>M170/2025</u>	Engine No. <u>HATTE7SHB00244</u> Chassis No. <u>MBLHAW29SHB00395</u>	Registration No. <u>UP57BX</u> <u>7748</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 : Aftab Alam
 (b) Age : _____
 (c) Address : Deerhingar
 (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 : UP5720250007179
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2025
 (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, 2:00 P.M
 (b) Place : Samruhi
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी गाड़ी में बालीका ने कार धर का आरु था लगे
 (e) If any third party was responsible for this accident give the name and address : ओरव मे मारवी मदन से हाइम डिस्टेंस-स हागर माल मे
कार का मर 5 म म डी गडि

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 11945/-
 (c) When and where can the damaged vehicle be inspected : crupta 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?

(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?

(d) If yes, to which Police Station?

(e) Date and Diary No.

N/A

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?

(h) Which Police Station?

(i) C.R. diary Number

N/A

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 past or future accident shall be forfeited.

Date 13/07/26 200

Signature of the insured खलील

Discharge Voucher

ACCIDENT

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 *खनील*

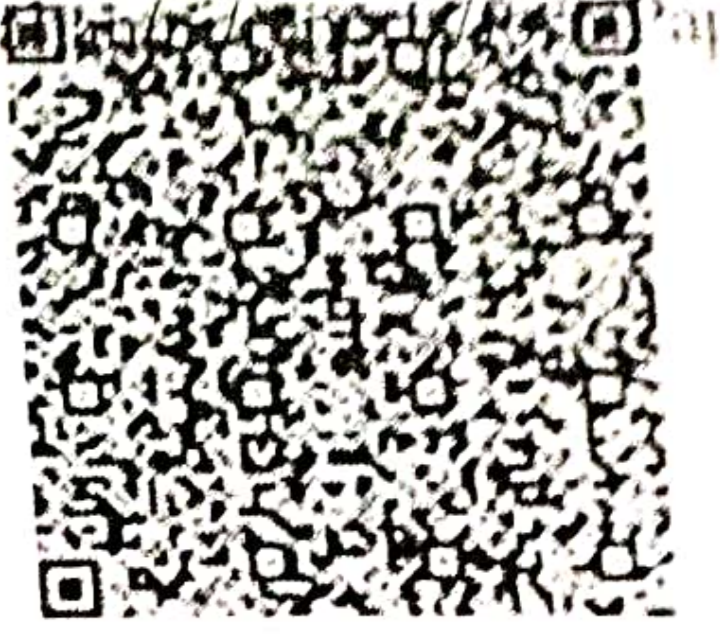
Occupation

Address

Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BX7748 Registration Date : 10-May-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 : KHALIL Son/wife/daughter of : BHIKHARI
 Full Address: (Permanent) : VILL- DUDAHI MAIHARAWA, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : VILL- DUDAHI MAIHARAWA, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR- UTTAR PRADESH-274302
 Fitness UpTo : 09-May-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 : AA2124519572 Rear HSRP No : AA2124119837
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLHAW219SHB00355
 Engine No : HA11E7SHB00244 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK TORNADO 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 w.e.f. .

Purchase dt : 04-May-2025 Sale Amt : 81601/-
 OTT Date : 04-May-2025 Amount/Rcpt No : 8161 / UP57D25050001898
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 29-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 10-May-2025 to 09-May-2040

Date : 09-Jun-2025 13:24:06

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 09-Jun-2025

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20250007179

Issue Date: 21-04-2025
Validity (NT): 31-12-2045



Name: AFTAB ALAM

Date of Birth: 01-01-2006 Blood Group: Organ Donor: N

Son/Daughter/Wife of: ASAGAR ALI

Address:

BATRAULI BAZAR KALYAN CHHAPRA PADRAUNA
KUSHINAGAR UTTAR PRADESH 274303

Holder's Signature

Date of First Issue: 21.04.25

DL No: UP57 20250007179

Invalid Carriage (Regn Numbers)
Hazardous Validity^a Hill Validity^a



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
LMV	LMV	UP57	21-04-2025	NT			
MVSD							

Emergency Contact Number

Issuing Authority



भारत सरकार

Government of India

खलील

Khalil

जन्म तिथि / DOB : 01/01/1984

पुरुष / Male

7245 9444 6282



आधार - आम आदमी का अधिकार



अधिकरण

Government of India

पता:

आत्मज: भिखारी, दुदही मैहरवा, दूध,
कशीनगर, दुधई, उत्तर प्रदेश,
274302

Address:

S/O: Bhikhari, dudahi maiharawa,
Dudhi, Kushinagar, Dudhai, Uttar
Pradesh, 274302

7245 9444 6282

1947
1800 300 1947



help @ uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

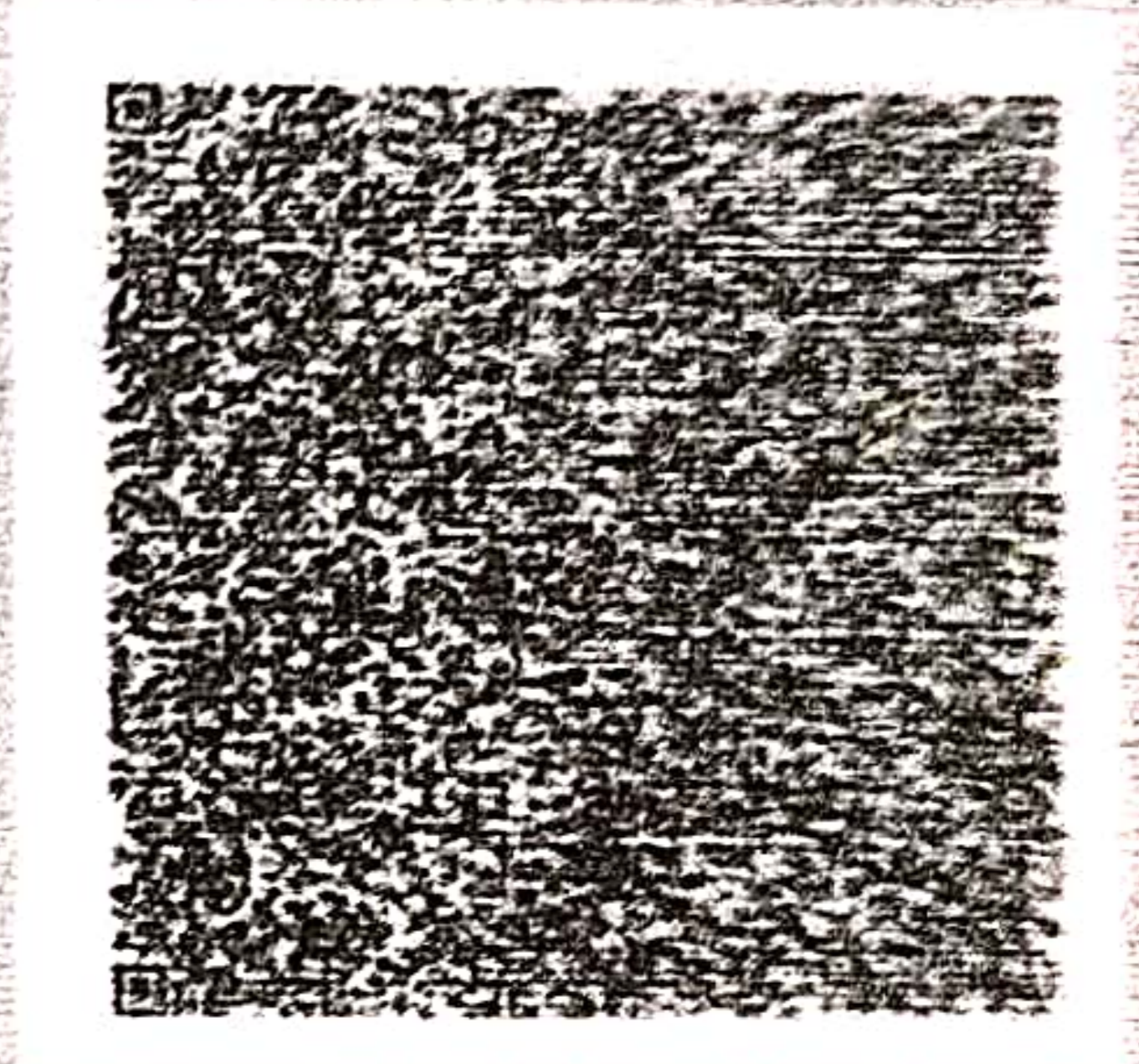


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


HKHPK2114M



नाम / Name
KHALIL

पिता का नाम / Father's Name
BHIKHARI

जन्म की तारीख /
Date of Birth
01/01/1984


हस्ताक्षर / Signature