

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

Date 13/02/26

No.

6808

Name

Punam Devi

Addr.

UP57BY2151

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			850/-	
②	Handle			500/-	
③	Handle			980/-	
④	Legurd			680/-	
⑤	Lever-(R)			105/-	
⑥	H/L			595/-	
⑦	Mirror-(R)			140	
⑧	Fork Pipe-(R)			2300/-	
⑨	Labor charge			700/-	
TOTAL				6850/-	

Authorised Signatory

[Signature]

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.	Punam Devi 9920529911
2	Vehicle No. / वाहन संख्या	UP57BY2151
3	Policy No. / पालिसी संख्या	252400/31/2026/16348
4	Period of Insurance / बीमा अवधि	21/05/2025 to 20/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/2026, 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	Suburban
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	992052991, MH0320100000 77 Anshikant Sharma
8	Estimated Loss / अनुमानित हानि	6850/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे माते लेकर मारुट जा रहे थे तभी अचानक सामने दुला आ गया उसी मो मेंते तबत वाने साईड लेकर गिरे से वाहन मेरी डमिण 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 / फोन नं.	9125197140 Gupta Automobile Pachwan

Date / दिनांक : 13/01/26
हस्ताक्षर

पुनम देवी
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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/16348
 Period of Insurance 21/05/2025 to 20/05/202
 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 : Punam Devi
 (b) Address for correspondence : _____
 (c) Telephone : 9920529911

2. THE INSURED VEHICLE

Make & Year <u>Huay/2025</u>	Engine No. <u>HAF4SHE01009</u> Chassis No. <u>MBLHAW43XSHE00050</u>	Registration No. <u>UP57BY</u> <u>2151</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 : Shrikant Sharma
 (b) Age : _____
 (c) Address : Jayshinagar
 (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 : MH03201000077
 (h) Issuing Authority : _____
 (i) Date of Expiry : 15/01/2027
 (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 : 10/08/2026, 11:00 AM
 (b) Place : Ruberathan
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी वाहन मेरे महीलेकर ह्या स्ट्रेको लमी सामी
 (e) If any third party was responsible for this accident give the name and address : मुता गावका कुसी मा अचानक वास्तु काभि साईड लेकर गिरने सो जाम जहा गडि

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 6850/-
 (c) When and where can the damaged vehicle be inspected : muhta 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 13/08/26 200

Signature of the insured [Signature]

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 *सुम देवी*
Occupation
Address
.....
.....

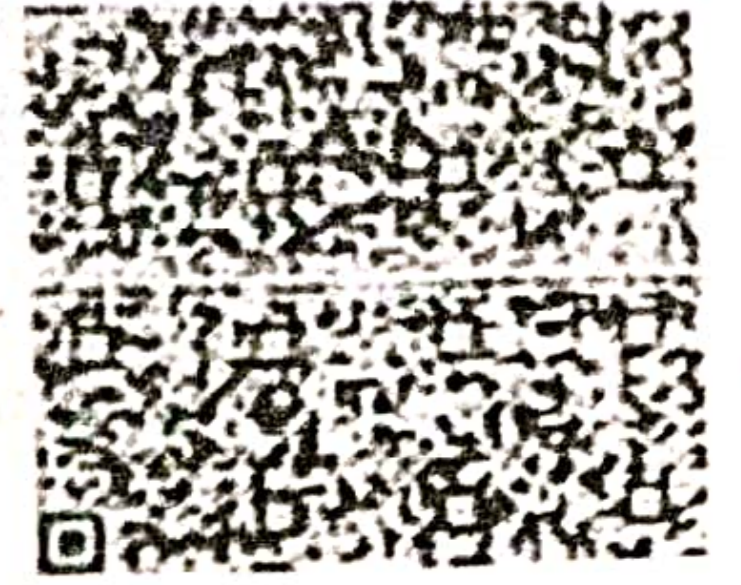
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY2151 Registration Date : 26-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 : PUNAM DEVI Son/wife/daughter of : SHRIKANT SHARMA
 Full Address: (Permanent) : VILL KUCHIYA MATHIYA NAUKA TOLA, POST FAZILNAGAR, THANA PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401
 Full Address: (Temporary) : VILL KUCHIYA MATHIYA NAUKA TOLA, POST FAZILNAGAR, THANA PATHERWA, KUSHINAGAR UTTAR PRADESH-274401
 Fitness UpTo : 25-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 : AA1042556925 Rear HSRP No : AA2124120893
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW43XSHE00856
 Engine No : HA11F4SHE01009 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DKS) 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. 24-May-2025.

Purchase dt : 21-May-2025 Sale Amt : 65000/-
 OTT Date : 21-May-2025 Amount/Rcpt No : 6500 / UP57D25050004849
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 02-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 26-May-2025 to 25-May-2040

Date : 20-Jun-2025 16:07:24

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)
 Signature of Registering Authority
 Date : 20-Jun-2025

Q 3764126



सत्यमेव जयते

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

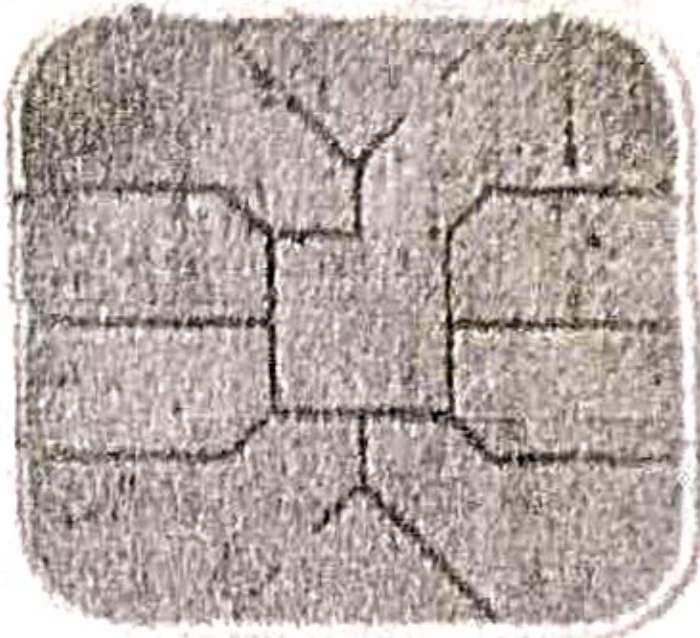


DL No. : MH03 201000000077
Valid Till : 15-01-2027 (NT)

DOI : 16-01-2007
28-02-2027 (TR)
07-03-2022

FORM 7
RULE 16 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA



COV DOI
LMV-TR 16-01-2007
MCWG 16-01-2007

DOB : 12-08-1980 BG :

Name : SHRIKANT SHARMA
SIDM of : SURAT SHARMA
Add : BORBADEVI NAGAR, OPP.
DEONAR DEPO, S.T. ROAD,
GREATER MUMBAI, MUMBAI SUBURBAN
PIN : 400088

Signature & ID Of
Issuing Authority

MH03

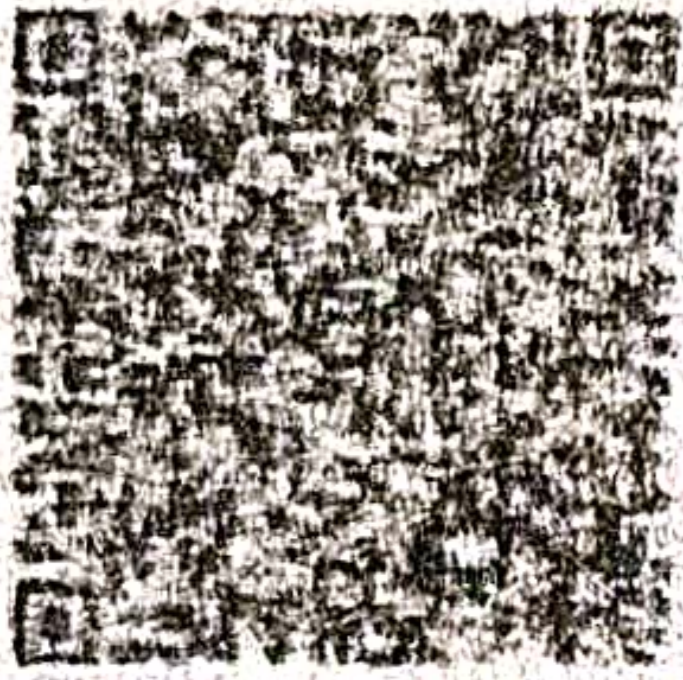
Signature/Thumb
Impression of Holder



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EAPPD5845H

नाम / Name

PUNAM DEVI

पिता का नाम / Father's Name

SUKAI SHARMA

जन्म की तारीख / Date of Birth

02/03/1990

पुनम देवी

हस्ताक्षर / Signature



10122017



भारत सरकार
Government of India



Issue Date: 20/02/2015



पुनम देवी
Punam Devi
जन्म तिथि/DOB: 02/03/1990
महिला/ FEMALE

5289 9087 0662

VID : 9178 7863 0208 1379

मेरा आधार, मेरी पहचान



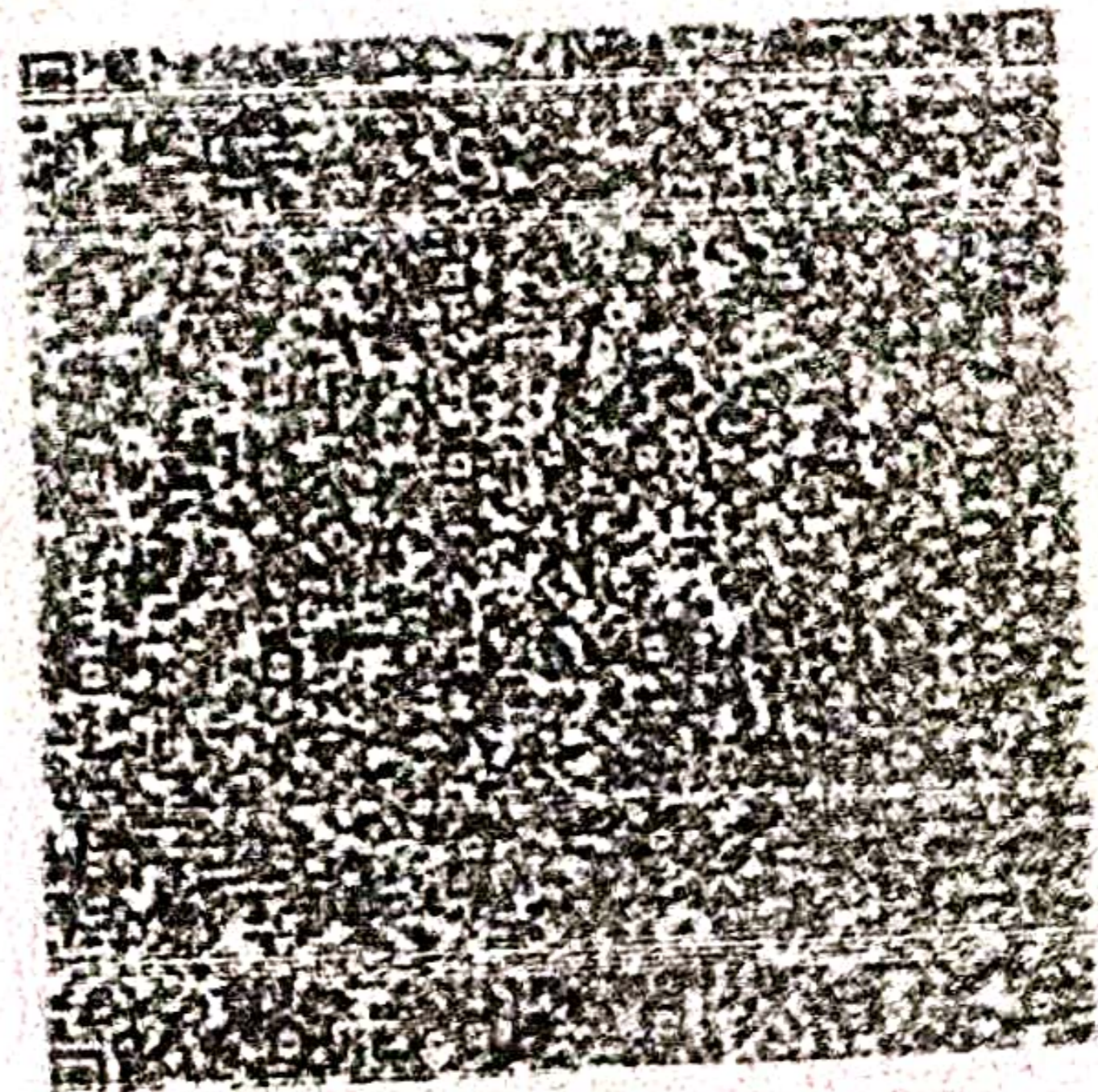
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 20/10/2022

पता:
C/O श्रीकान्त शर्मा, कुचिया मठिया नौका टोला,
फाजिलनगर, मठिया, कुशीनगर,
उत्तर प्रदेश - 274401

Address:
C/O Shrikant Sharma, Kuchiya Mathiya Nauka
Tola, Fazilnagar, Mathia, Kushinagar,
Uttar Pradesh - 274401

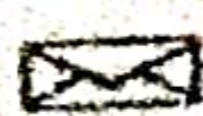


5289 9087 0662

VID : 9178 7863 0208 1379



1947



help@uidai.gov.in



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