

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES

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

No. 6813 Date 19/02/26

Name Abro Alam

Add. UP 57 BY 46 RB

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor (R+L)			800/-	
②	H/L			3250/-	
③	LED			1800/-	
④	visor inner			210/-	
⑤	Fender			980/-	
⑥	Fork Pipe (R+L)			2800/-	
⑦	leguard			680/-	
⑧	Tank surround (L+R)			800/-	
⑨	side panel (L)			600/-	
⑩	mirror			4400/-	
⑪	Handle			400/-	
⑫	Handle T			1080/-	
⑬	Break Pad			980/-	
⑭	gear lever			180/-	
⑮	Disk plate			1800/-	
⑯	Foot Rest Holder (R)			480/-	
⑰	Labor charge			21160/-	

Authorized Signatory

21160/-

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय, Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Abdul Alam 7218905796
2	Vehicle No. / वाहन संख्या	UP57BY4686
3	Policy No. / पालिसी संख्या	252400/31/2026/23191
4	Period of Insurance / बीमा अवधि	17/06/2025 to 16/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/2026, 11:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Bishanpura
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Samabuddin, UP572012000 7701029654 0824
8	Estimated Loss / अनुमानित हानि	21160/-
09.	Cause of Accident / दुर्घटना का कारण :	मैसी बाइक मेरे चाचा सामासुद्दीन लेजर मारकेट से घर आ रहे थे। तभी अचानक सामने गाड़ी आ गई तो उसी ली उन्हाते वकत मैड से जा मरतकम्पा गई और हाँसे सईर गिरने
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.	912519 7140 Gupta automobile Performance

Date / दिनांक : 14/01/26
हस्ताक्षर

अबुल-आलम
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. 252102/31/2026/23191
 Tel. No. _____ Period of Insurance 17/06/2025 to 16/06/2026
 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 : Abdul Alam
 (b) Address for correspondence : _____
 (c) Telephone : F218905796

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JA07AVS9A07020</u> Chassis No. <u>MBLJAW442S9A02TT</u> <u>F</u>	Registration No. <u>UP57BY</u> <u>4686</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 : Samsuddin
 (b) Age : _____
 (c) Address : Kushinagar
 (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 20120000824
 (h) Issuing Authority : _____
 (i) Date of Expiry : 16/02/2032
 (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 : 10/01/2026, 11:00AM
 (b) Place : Bishanpura
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मोरी बस यात्रा के लिए रुक रही थी। हमी
 (e) If any third party was responsible for this accident give the name and address : सामा गाड़ी आरुति तो उसी को कचाले लकलपे स
जा लर लकलरा मुडि डिम
हो वरि

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front mid-side
 (b) Estimated cost of repairs : 21180/-
 (c) When and where can the damaged vehicle be inspected : Gupta 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 : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : N/A

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 14/01/2020

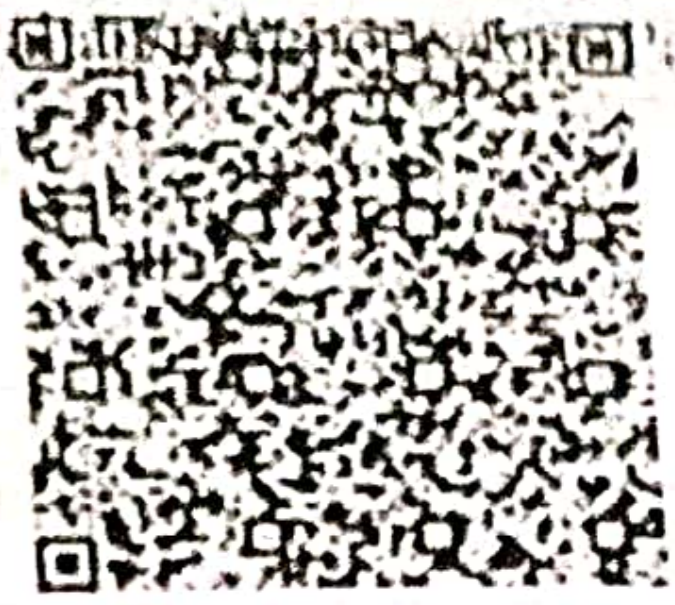
Signature of the insured अरुआलम

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY4686 Registration Date : 19-Jun-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 : ABRE ALAM Son/wife/daughter of : NIYAJ
 Full Address: (Permanent) : VILL-DUMAR BHAR, POST-DUMAR BHAR, THANA-RAVINDRANAGAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-DUMAR BHAR, POST-DUMAR BHAR, THANA-RAVINDRANAGAR, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 18-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 : AA1043240743 Rear HSRP No : AA1043058960
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJAW442S9A00777
 Engine No : JA07AVS9A07020 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R CBS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 137
 Colour : SPORT RED Laden/GV Wt (kgs) : 267
 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. 18-Jun-2025.
 Purchase dt : 17-Jun-2025 Sale Amt : 96311/-
 OTT Date : 17-Jun-2025 Amount/Rcpt No : 9632 / UP57D25060002952
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 23-Jun-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 19-Jun-2025 to 18-Jun-2040

Date : 26-Jul-2025 11:53:04
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 26-Jul-2025

A. B. D. (A)
Kushinagar (U.P.)

Indian Union Driving Licence
 Issued by Uttar Pradesh

UP57 20120000824

Issue Date: 22-09-2022
 Validity (NT): 16-01-2032
 Validity (TR): 21-09-2027



Holder's Signature

Name: SAMASUDDIN

Date of Birth: 07-08-1986

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: NASARUL

Address:

DUMMARBHAR PS, KASIA
 PADRAUNA, KUSHINAGAR, UP 274304

(17-01-2012)

Date of First Issue

DL No: UP57 20120000824

UPDL 000009332108

Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*



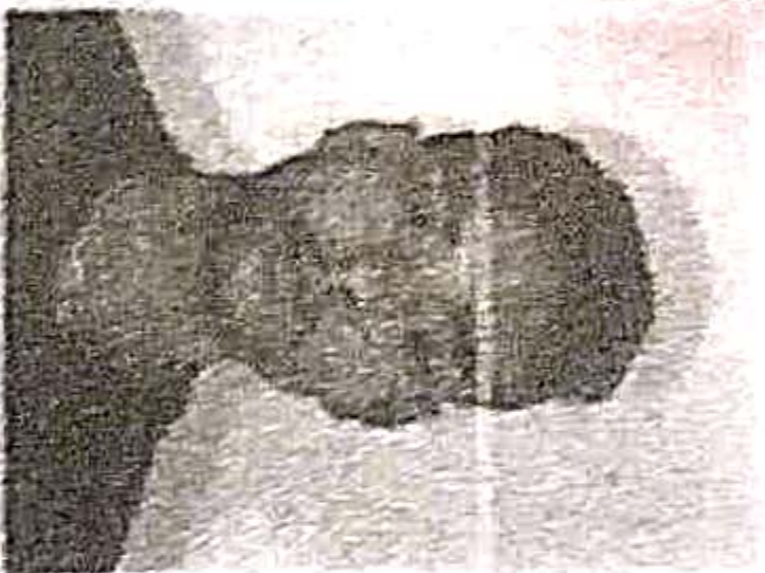
Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG		UP57	17-01-2012	NT			
LMV		UP57	17-01-2012	NT			
TRANS		UP57	17-06-2019	TR			
MVSD							

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR

Form 7 Rule 16(2)

Aadhaar no. issued: 281202014



भारत सरकार
Government of India

आधार आदेश
Abir Alam
जन्म तिथि/DOB: 05/01/2004
पुंलिंग/ MALE

आधार प्रमाण का प्रयोग है, नागरिकता या कर्मस्थिति का नहीं।
आधार प्रमाण प्रमाण (ऑनलाइन प्रमाणिकरण, या अंतर्जाल कोड/
ऑफलाइन प्रमाणिकरण की रीति) 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).

7669 5457 4405

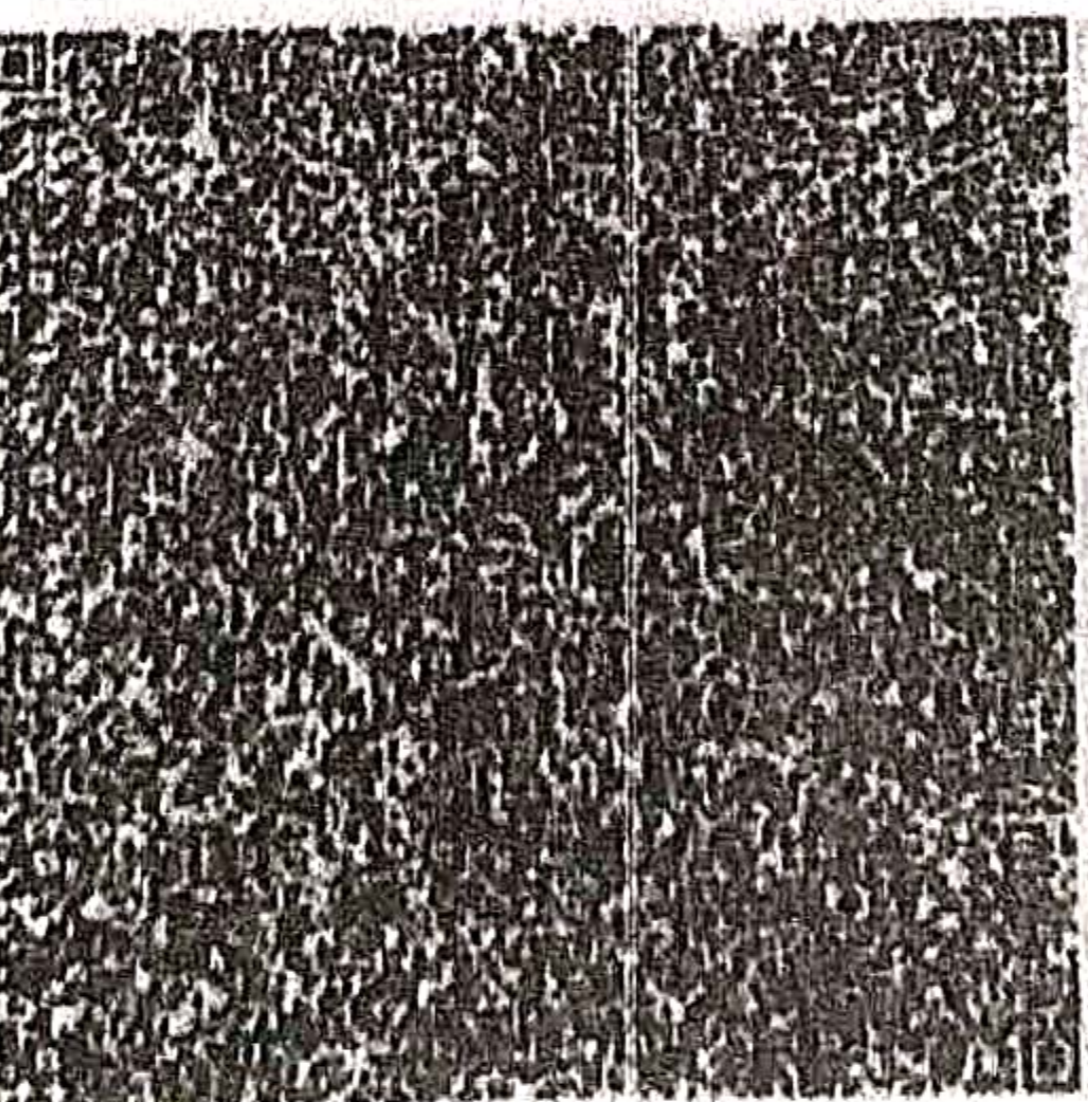
भारत सरकार, भूरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: निखिल, डुमर भार, पदरौना, कुशीनगर,
उत्तर प्रदेश - 274304
Address:
S/O: Niyaj, Dumar Bhar, PO: Padrauna,
DIST: Kushinagar,
Uttar Pradesh - 274304

Details as on: 24/06/2024



7669 5457 4405

VID : 9143 0483 7799 4014



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

FQTPA8171C

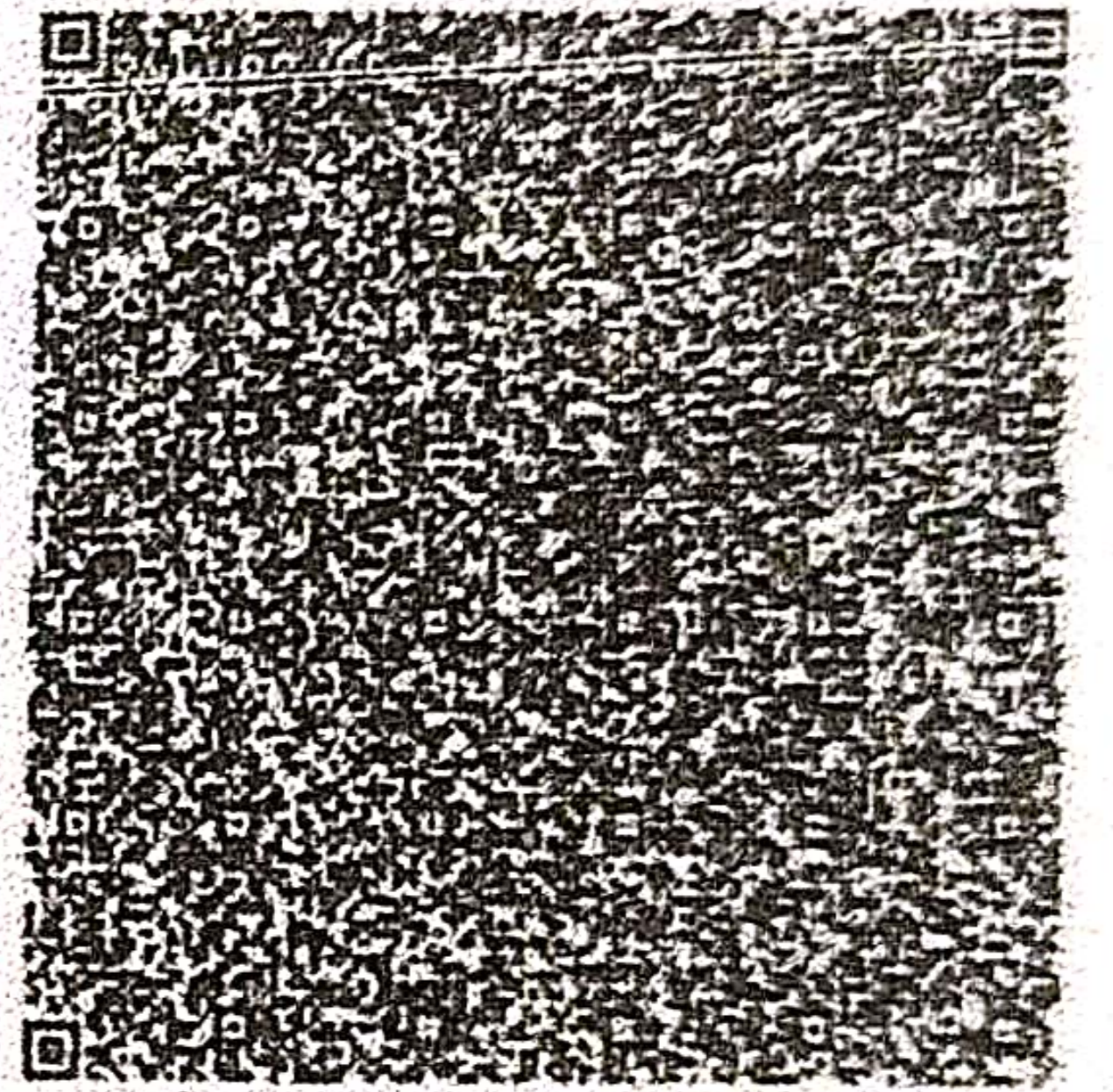


नाम / Name
ABRE ALAM

पिता का नाम / Father's Name
NIYAJ

जन्म की तारीख /
Date of Birth
05/01/2004

अबरेअलम



05062024

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed