

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. 6814 Date 15/02/26
Name Bhukhal Chauhan
Add. UP57CA5999

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Fork pipe (R+L)			2300/-	
②	Tanki			5500/-	
③	meter			3800/-	
④	meter inner			480/-	
⑤	visor			1065/-	
⑥	Handle			500/-	
⑦	Handle T			980/-	
⑧	Fender			1450/-	
⑨	Leguard			680/-	
⑩	Hub			1000/-	
⑪	Buttom (L)			1250/-	
⑫	lever (R)			105/-	
⑬	Indicator Rear (R)			220/-	
⑭	Front Rim			4800/-	
⑮	Excel Road				
			TOTAL	115	
⑯	H/L			595	
⑰	Chassis Repair			2084/-	
				26840/-	

Authorised Signature

26840/-

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Bhukhal Chauhan 8140642779
2	Vehicle No. / वाहन संख्या	UP57CA5999
3	Policy No. / पालिसी संख्या	252400/31/2026/52908
4	Period of Insurance / बीमा अवधि	27/10/2025 to 26/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/01/2026, 5:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Zhulwadi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vijay Chauhan, UP572021000 888134101 7762
8	Estimated Loss / अनुमानित हानि	26040/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी बहन मेरा साथ में लड़के विजय चौहान लेकर मारवाट जा रहे थे। तभी अचानक सामने से एक बहन वाला कार मार दिया तो बहन मेरी दाहिने साइड गिरने से डामेज 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.	9125197118 Gupta automobile Pad 200000

Date / दिनांक : 15/01/26
हस्ताक्षर

— विजय चौहान
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. 252400/31/2025/52908

Tel. No. _____

Period of Insurance 27/10/2025 to 26/10/2026
 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 Bhuphal Chauhan
 (b) Address for correspondence _____
 (c) Telephone 0140642779

2. THE INSURED VEHICLE

Make & Year <u>Muxo/2025</u>	Engine No. <u>HA11FB5H1206099</u> Chassis No. <u>MBLHAW464SHK7270</u>	Registration No. <u>UP57CA 5999</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 : Vijay Chauhan
 (b) Age : _____
 (c) Address : Rushinagar
 (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 : UP572021000 FF62
 (h) Issuing Authority : 3
 (i) Date of Expiry : 30/09/2042
 (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 : 13/01/2026, 5:00 AM
 (b) Place : Shubhal pati
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी बाइक साइड में लड़के लेकर जा रहे मोतमी सामने से
 (e) If any third party was responsible for this accident give the name and address : राम बड़म बाली टकमर मार दिमा लौ बाली मेरी बाइक साइडिंग से डमरेन हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 26840/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Patna

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 : N/A
 (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 15/01/26 200

Signature of the insured विजय चौधरी

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 विजय चौहान

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 : UP57CA5999 Registration Date : 31-Oct-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 : BHUKHALCHAUHAN Son/wife/daughter of : RAMPRASAD CHAUHAN
Full Address: (Permanent) : VILL-PIPRA JATANPUR, POST-PIPRA JATAMPUR, THANA-KUBERSTHAN,
KUSHINAGAR, UTTAR PRADESH-274303
Full Address: (Temporary) : VILL-PIPRA JATANPUR, POST-PIPRA JATAMPUR, THANA-KUBERSTHAN,
KUSHINAGAR-UTTAR PRADESH-274303

Fitness UpTo : 30-Oct-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 : AA2140321662 Rear HSRP No : AA2141824234
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
No of Cylinders : 1 Chassis No : MBLHAW464SHK72704
Engine No : HA11F6SHK06099 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK SPARKING BLUE Laden/GV Wt (kgs) : 243
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. : As Regd. :
Description : Weight(in kgs)

- a) Front:
- b) Rear:
- c) Other:
- d) Total:

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LTD,
PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 31-Oct-2025.

Purchase dt : 27-Oct-2025 Sale Amt : 77982/-
OTT Date : 27-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100012164
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 20-Dec-2025
Other Date/Transfer/Conversion/Reassign Details
Previous RegNo :
Entry Date :
Conversion Date :
Transfer Date :
Previous Owner :
Old State :
Transfer Date :

This certificate is valid from 31-Oct-2025 to 30-Oct-2040

A.P.T.O. (A)
Kushinagar (P)
Signature of Registering Authority
Date : 13-Jan-2026

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20210007762

Issue Date 01-07-2021 Validity (NT) 30-04-2042 Validity (TR) *



Holder's Signature

(01-07-2021)

Name: VIJAY CHAUHAN
Date of Birth: 01-05-2002 Blood Group:
Son/Daughter/Wife of: SUDARSAN CHAUHAN
Organ Donor: N

Address:
VILL ROAARI NANKATIYA POST ROAARI
Padrauna, Kushinagar, UP 274305

Date of First Issue

DL No: UP57 20210007762

UPDL000005777628



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	MCWG	UP57	01-07-2021	MT			
LMV	LMV	UP57	01-07-2021	MT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार
Government of India



Aadhaar no issued: 25/03/2015



भूखल चौहान
Bhukhal Chauhan
जन्म तिथि/DOB: 05/06/1979
पुरुष/ MALE

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

3571 8476 9400

मेरा आधार, मेरी पहचान



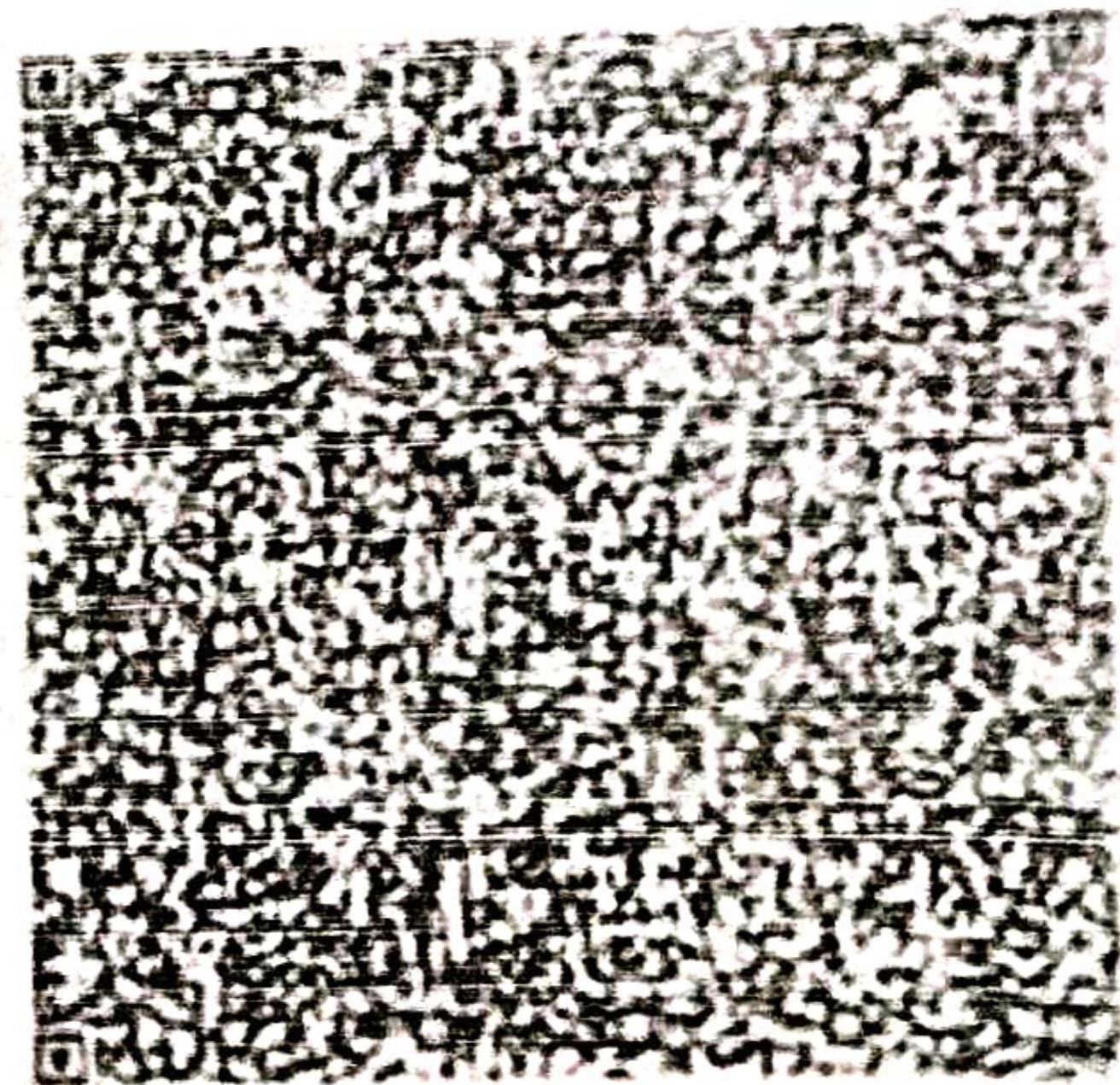
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता
श्रीधर रामप्रसाद चौहान, नौका टोला, पिपरा जतानपुर,
पिपरा जतानपुर, कुशीनगर,
उत्तर प्रदेश - 274303

Address
S/O. Ramprasad Chauhan, nauka tola, Pipra
Jatanpur, PO: Pipra Jatampur, DIST:
Kushinagar,
Uttar Pradesh - 274303

Details as on: 18/03/2024



3571 8476 9400

VID : 9141 4822 9423 4295



1047



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

AYUPC2115Q

नाम / Name

BHUKHAL CHAUHAN

पिता का नाम / Father's Name

RAMPRASAD CHAUHAN

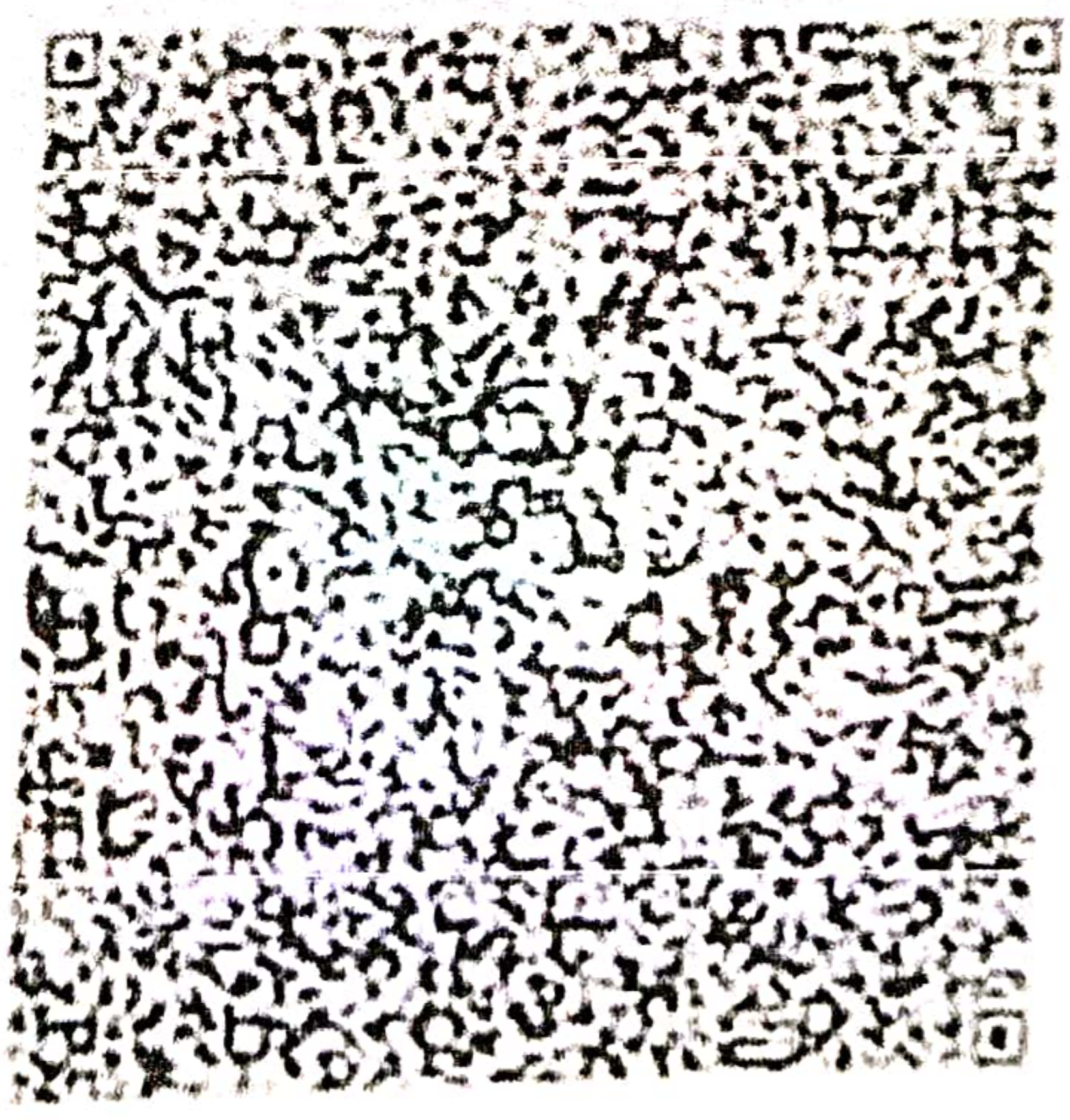
जन्म की तिथि /

Date of Birth:

05/05/1979

हस्ताक्षर

Signature



24/04/2024