

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1Z

AUTHORISED DEALER

## AUTOMOBILES



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

No.

6815

Date 12/04/26

Name

Pramod Gupta

Add.

UP57CA6042

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Tanki			5500/-	
②	visor			1065/-	
③	H/L			595/-	
④	LED			900/-	
⑤	Fenders			1450/-	
⑥	Leguard			680/-	
⑦	Indicators (R)			220/-	
⑧	H/L Stand			275/-	
⑨	Sokar pipe (R) (A)			2300/-	
⑩	meter inner			480/-	
⑪	Handle			500/-	
⑫	Handle			980/-	
⑬	Tool Box complete			450/-	
⑭	Labor charge			1000/-	
			<b>TOTAL</b>	<b>16475/-</b>	

Authorised Signatory

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.	Pranod Gupta 9721216144
2	Vehicle No. / वाहन संख्या	UP57 CA 6042
3	Policy No. / पालिसी संख्या	252400/31/2026/52895
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, 7:00 AM
6	Place of Accident / दुर्घटना का स्थान	Matuhaniya Buzurg
7	Name of the Driver, DL No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Ritesh Gupta, UP57 202500 8700495927 13509
8	Estimated Loss / अनुमानित हानि	16475/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी बर्डम मेरा भाई रितेश गुप्ता लेकर मारकेट जाने थे। और रोड पर साइड में गाड़ी खाड़ा कर मिसाव लखे गया था तभी एक गाड़ी वल्ला सामने से लेकर मार दिया तो बर्डम मेरी दात्रे साइड से मैड में लक्करा गई और डामण 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.	9125197140 Gupta automobile Panchsaran

Date / दिनांक : 15/01/26  
हस्ताक्षर

Pranod Gupta  
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. 252402/31/2026/52095

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 : Promod Gupta

(b) Address for correspondence : \_\_\_\_\_

(c) Telephone : 9721216144

2. THE INSURED VEHICLE

Make & Year <u>M120/2025</u>	Engine No. <u>H11E9SHR00033</u> Chassis No. <u>MBLHAW198SHR00110</u>	Registration No. <u>UP57CA 6042</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? NO

(d) If a Motor Cycle/scooter

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 : Ritesh Gupta  
(b) Age : \_\_\_\_\_  
(c) Address : Kushenagar  
(d) Is the Driver : \_\_\_\_\_  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
3. Owner's relative or friend? : \_\_\_\_\_  
(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 : UP5720250013509  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 20/07/2035  
(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, 7:00 AM  
(b) Place : Mateheniya Buzurg  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : \_\_\_\_\_  
(e) If any third party was responsible for this accident give the name and address : मेरी वॉल्व मेरा कार्ड ले कर मारफत गया था खाड़ा कर दिसाव कर रहा था तभी सामने से एक वॉल्व वाला लुम्कर मार देता वो वॉल्व मेरी कार से टकरा कर मेरे मंड में टक्करा कर जाया था वॉल्व

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : 13/01/2026, 7:00 AM  
(b) Estimated cost of repairs : 16475/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Pachrawan

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 15/02/20 200

Signature of the insured समोद गुप्त

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 ..... पुमोय शुभा .....  
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 : UP57CA6042 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 : PRAMOD GUPTA Son/wife/daughter of : RAMKISHOR GUPTA  
 Full Address: (Permanent) : VILL-AHIRAULI BUJURG, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR  
 PRADESH-274304  
 Full Address: (Temporary) : VILL-AHIRAULI BUJURG, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR  
 PRADESH-274304

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 : AA2140321669 Rear HSRP No : AA2141824241  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLHAW498SHK00110  
 Engine No : HA11F9SHK00033 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  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY 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.	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 : 27-Oct-2025 Sale Amt : 77982/-  
 OTT Date : 27-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100012205  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 08-Jan-2026  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

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

Date : 12-Jan-2026 17:13:18  
Taxation Particulars / Advance Registration Mark Fee Details

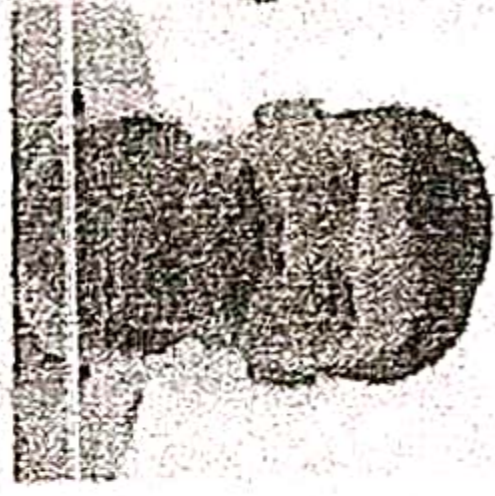
Signature of Registering Authority  
Date : 12-Jan-2026

Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20250013509

Issue Date 21-07-2025 Validity (NT) 20-07-2035 Validity (TR)\*



Holder's Signature

Name: RITESH GUPTA

Date of Birth: 05-06-1982 Blood Group: O+ VE Organ Donor: N

Son/Daughter/Wife of: RAM KISHOR GUPTA

Address:

GRAM-ABRAHILLI BUJURG POST-PADRAUNA  
PADRAUNA ABRAHILLI BUJURG PADRAUNA  
KUSHINAGAR UTTAR PRADESH 274304

Date of First Issue 21-07-2025

DL No: UP57 20250013509

UPDL571000023120



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*

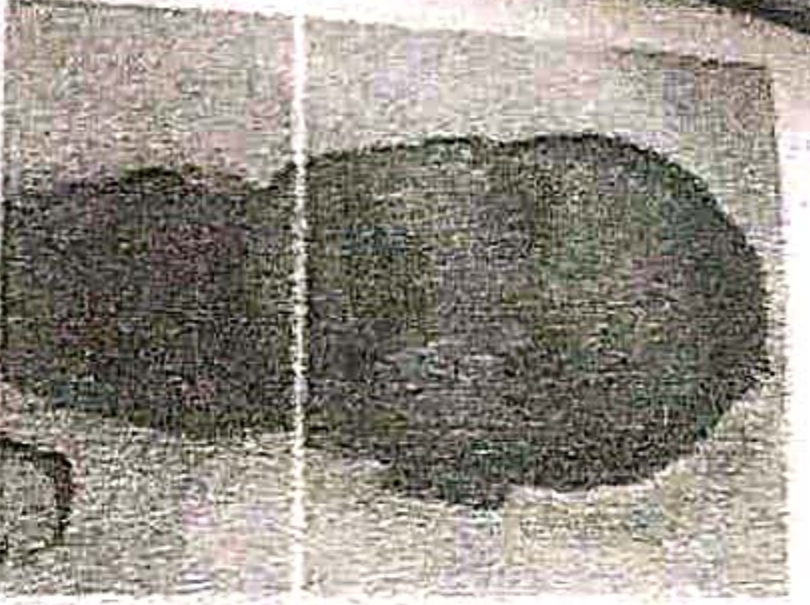
Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	LMV	UP57	21-07-2025	NT			
MVSD		UP57	21-07-2025	NT			

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

1202/01 17/03/2021



भारत सरकार  
Government of India

प्रमोद गुप्ता  
Pramad Gupta  
जन्म तिथि/DOB: 01/01/1979  
पुरुष/ MALE

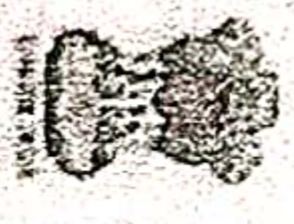


Issue Date: 09/03/2021

7650 8409 4267

VID : 9157 3056 4596 0949

भारत आदर्श, भोरी पहचान

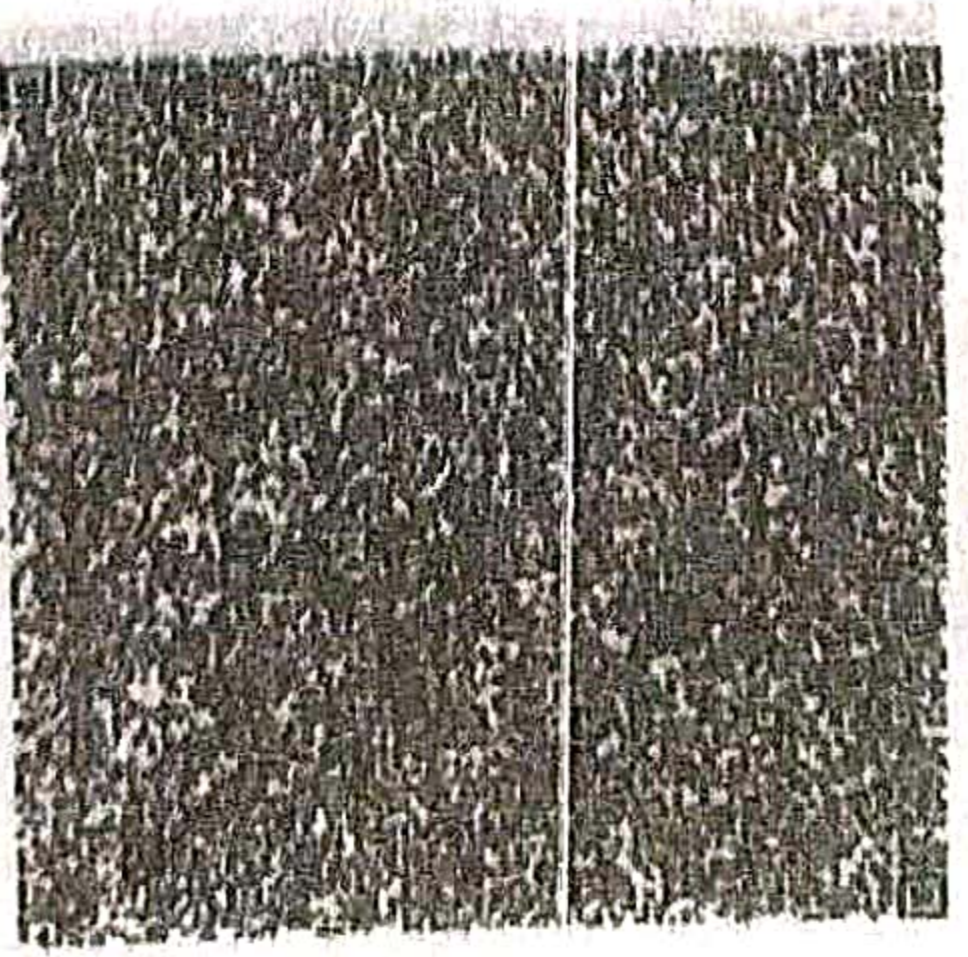


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पत्ता:  
S/O रामकिशोर गुप्ता, ग्राम-अहिरौली बुजुर्ग, पोस्ट-  
पडरौना, अहिरौली बुजुर्ग, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
S/O Ramkishor Gupta, gram-ahirauli bujung,  
post-padrauna, Ahirauli Buzurg, Kushinagar,  
Uttar Pradesh - 274304



7650 8409 4267

VID : 9157 3056 4596 0949



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help@uidai.gov.in



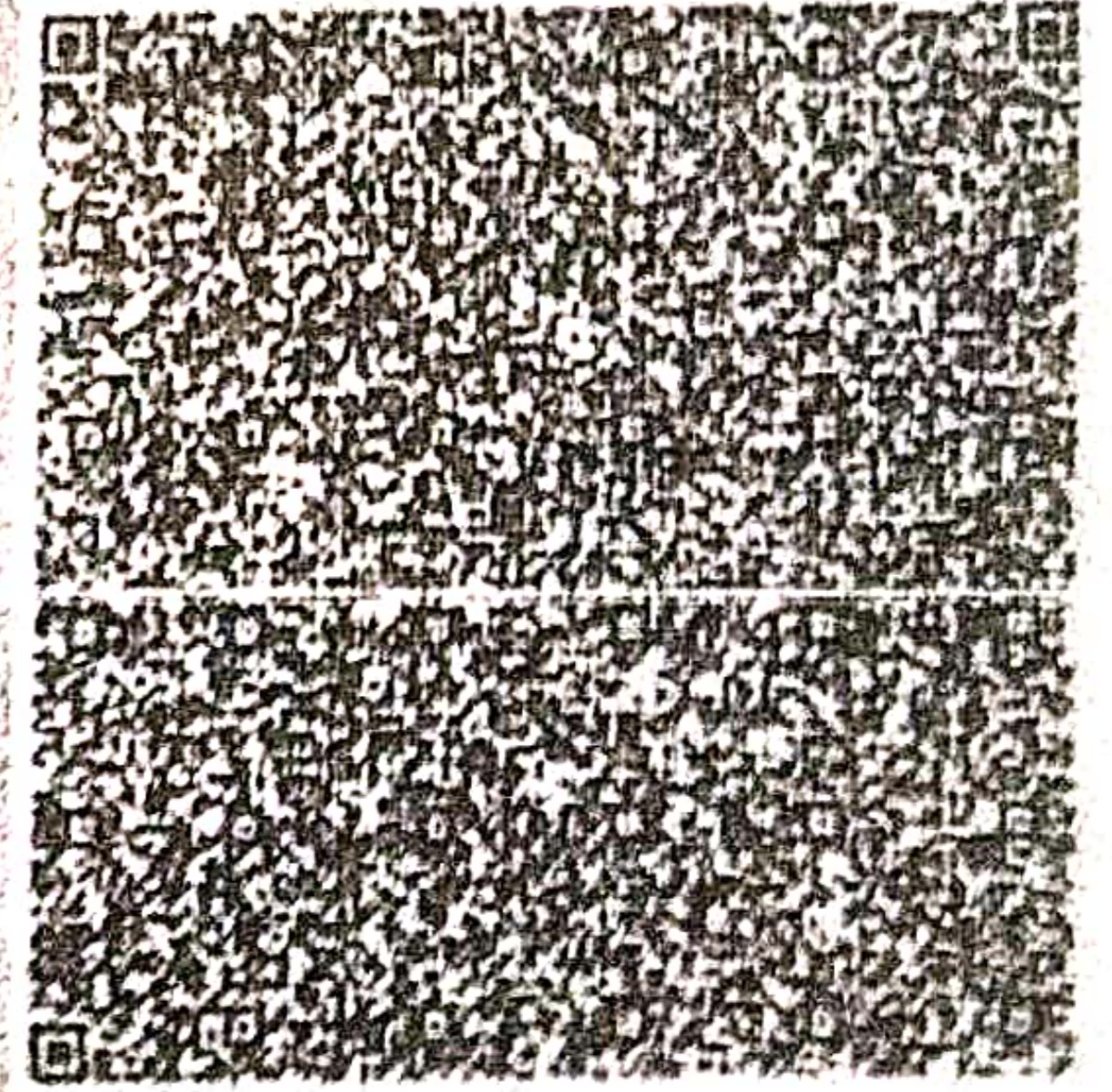
www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
CHQPG5746Q



नाम / Name  
PRAMOD GUPTA

पिता का नाम / Father's Name  
RAMKISHOR GUPTA

जन्म की तारीख / Date of Birth  
01/01/1979

A PAN Application Digitally Signed, Card Not Valid unless Physically Signed

20881