

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

Date 16/07/26

Name

6817 Pappu Sharma

Add.

VP57CA 7824

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5500/-	
②	Legurd			680/-	
③	Indicator (R+L)			440/-	
④	Fender			1450/-	
⑤	visor			1065/-	
⑥	Tool. BOX cover			275/-	
⑦	Labor charge			600/-	
			TOTAL	10010/-	

Authorised Signatory

Pay

Co / 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.	Pappu Sharma 9555572910
2	Vehicle No. / वाहन संख्या	UP57CA7829
3	Policy No. / पालिसी संख्या	252400/31/2026/55664
4	Period of Insurance / बीमा अवधि	3/11/2025 to 2/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/01/2026 , 07.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Jajaha Bazar.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Bashindhar, UP57 20190010 778 9569358668
8	Estimated Loss / अनुमानित हानि	10010/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे चान्चा के लड़के वसिन्दर अईत लेकर जा रहे थे तभी एक इरिश्का वाले ने सामने के हाथे ऊपर की झुक गए दिया जि लुकि मेरी कार का लानिस्त 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.	9125197148 Gupta automobile Padsome.

Date / दिनांक : 16/02/26
हस्ताक्षर

Pappu Sharma
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. 252402/31/2026/55664

Tel. No. _____

Period of Insurance 3/11/2025 to 2/11/2026
 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 : Pappu Sharma
 (b) Address for correspondence : _____
 (c) Telephone : 9555572910

2. THE INSURED VEHICLE

Make & Year <u>Hiero/2025</u>	Engine No. <u>HA11F6SHR47983</u> Chassis No. <u>MBLHAW460SHR7292</u>	Registration No. <u>UP57CA</u> <u>7824</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 : Bashindhar
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP57 2019 00 10 778
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2037
 (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 : 14/01/2026, 07:00 P.M
 (b) Place : Safaha Bazar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मोटरवाहन में दुर्घटना घटित हुई जिसमें एक व्यक्ति की मौत हुई
 (e) If any third party was responsible for this accident give the name and address : डिफेंस फोर्स का वाहन जो सड़क में लगे हुए वाहन को टक्कर मारी जिससे मोटरवाहन में क्षति हुई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Side
 (b) Estimated cost of repairs : 1000/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Pachaura

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? : N/A
(f) Has theft been reported to Police? : _____
(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 16/10/2006 200

Signature of the insured Pappu Sharma

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. _____

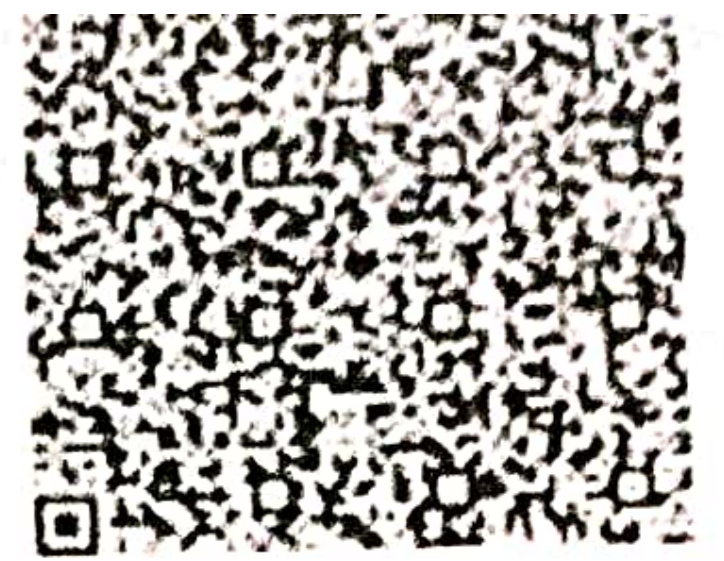
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature P. P. P. Sheetal
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 : UP57CA7824 Registration Date : 05-Nov-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 : PAPPU SHARMA Son/wife/daughter of : SHISHUPAL
Full Address: (Permanent) : VILL-ARNAHAWA, POST-MAGHI KOTHILWA, THANA-PADRAUNA, KUSHINAGAR, UTTAR
PRADESH-274304
Full Address: (Temporary) : VILL-ARNAHAWA, POST-MAGHI KOTHILWA, THANA-PADRAUNA, KUSHINAGAR-UTTAR
PRADESH-274304
Fitness UpTo : 04-Nov-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 : AA2142504163 Rear HSRP No : AA2144983283
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
No of Cylinders : 1 Chassis No : MBLHAW460SHK72912
Engine No : HA11F6SHK47983 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.	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 IDFC FIRST BANK LTD,
PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 03-Nov-2025.

Purchase dt : 03-Nov-2025 Sale Amt : 77982/-
OTT Date : 03-Nov-2025 Amount/Rcpt No : 7799 / UP57D25110001786
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 20-Dec-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 05-Nov-2025 to 04-Nov-2040

Date : 12-Jan-2026 17:43:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date 12-Jan-2026

7190553



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP57 20190010778



Issue Date 21-09-2019
Validity (NT) 31-12-2037

Validity (TR) #



Holder's Signature

Name:

BASHINDHAR

Date of Birth: **01-01-1998** * Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RAMESH YADAV**

Address:

**VILL ARNHAWA MAGHI POST PADRAUNA
PADRAUNA Padrauna, Kushinagar, UP 274304**

Date of First Issue (21-09-2019)

DL No: **UP57 20190010778**

UPDL000001185422



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	21-09-2019	NT			
	LMV	UP57	21-09-2019	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR



भारत सरकार
Government of India



Download Date: 25/07/2021



पप्पु शर्मा
Pappu Sharma
जन्म तिथि / DOB : 01/01/1995
पुरुष / MALE

Issue Date: 25/06/2021

3788 8346 4361

मेरा आधार, मेरी पहचान

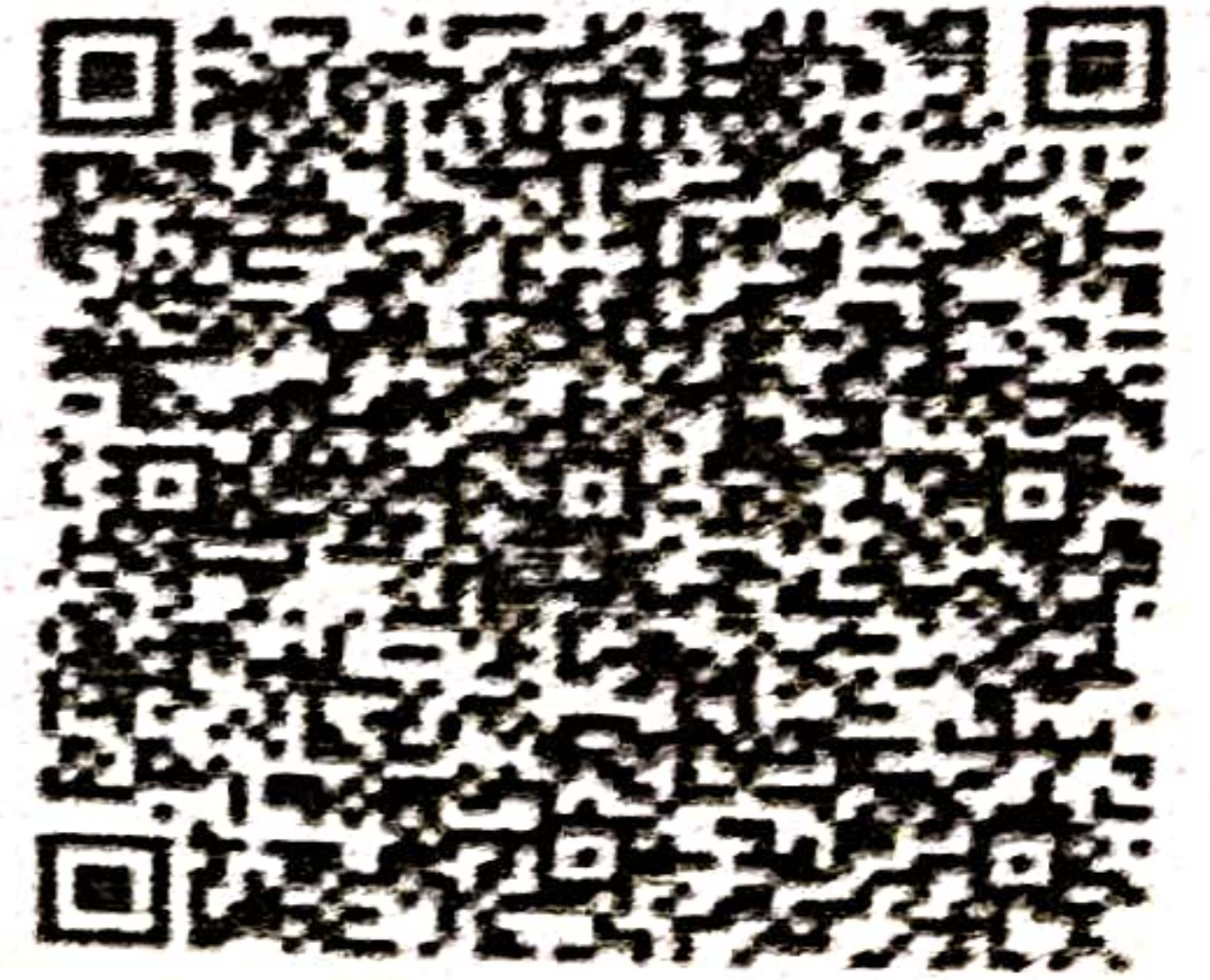


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O. शिशुपाल, अरनाहवा, माघी कोठीलवा, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O. Shishupal, Arnahawa,, Maghi Kothilawa,
Kushinagar, Uttar Pradesh - 274304



3788 8346 4361

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

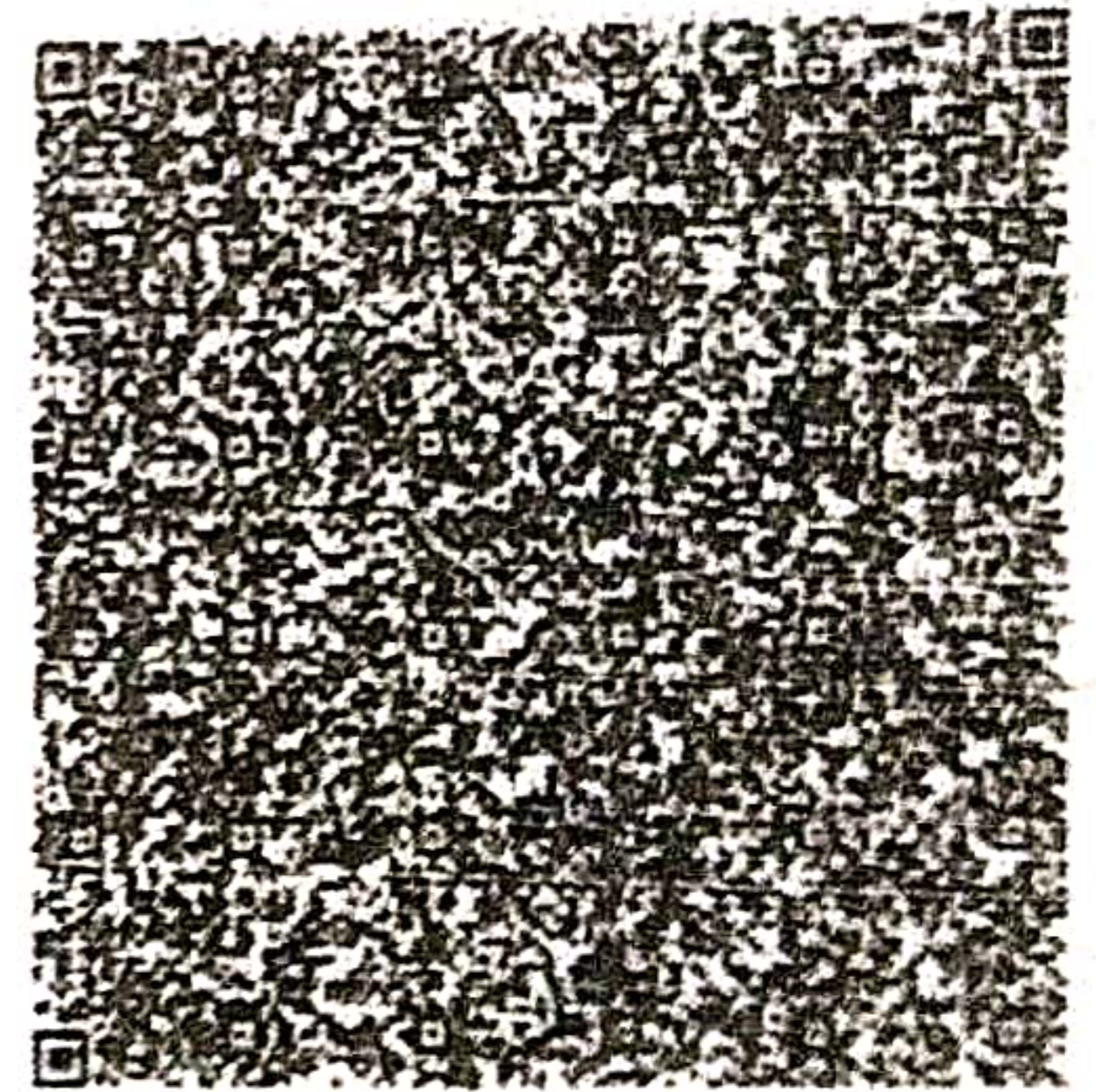


भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



PJSP97768P



नाम / Name

PAPPU SHARMA

पिता का नाम / Father's Name

SHISHUPAL

जन्म तिथि / Date of Birth

01/01/1995

हस्ताक्षर / Signature

07986