

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6821** Date **19/01/24**  
Name **Dhup Jharwar**  
Add. **UP57AZ2422**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Fenders			1400/-	
②	Indicator Rear (L)			220/-	
③	Side Panel (L)			800/-	
④	Handle			500/-	
⑤	Labor charge			500/-	
<b>TOTAL</b>				<b>3420/-</b>	

Authorised Signatory

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.	Dhup Khaswa 6386899809
2	Vehicle No. / वाहन संख्या	UP57A22422
3	Policy No. / पालिसी संख्या	MS/2025/7001/46575/48410
4	Period of Insurance / बीमा अवधि	25/10/2025 to 24/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/2026, 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	Rampur Chauvaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manoj Kumar, UK-062005000 9758182432 9910
8	Estimated Loss / अनुमानित हानि	3420/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे दादा मनीज कुमार लैमर मार्केट जा रहे थे तभी अनजान सामने से एक वाहन वाला टक्कर मार दिया तो वाहन मेरी दादा साईड 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.	9125197140 Gupta automobile Padmauna

Date / दिनांक : 19/01/2026  
हस्ताक्षर

Dhup Khaswa  
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. MS/2025/7003/46575/18  
 710

Tel. No. \_\_\_\_\_

Period of Insurance 25/10/2025 to 24/10/2026  
 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 : Dhup Khoswar  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 6386899809

2. THE INSURED VEHICLE

Make & Year <u>Huaso/2021</u>	Engine No. <u>JAO7ACL9H24494</u> Chassis No. <u>MBLJAW157L9H24656</u>	Registration No. <u>UP57A2</u> <u>2422</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 : Manoj Kumar  
 (b) Age : \_\_\_\_\_  
 (c) Address : Pushkarnagar  
 (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 : UK-0620050009910  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 6/06/2035  
 (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 : 15/01/2026, 11:00 AM  
 (b) Place : Rampur chauraha  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी बाइक मेरे दादा लेकर जा रहे थे। तभी सामने  
 (e) If any third party was responsible for this accident give the name and address : मेरी बाइक वाला तकरार मार दिया तो बाइक मेरी बाजे साई विरने से डामेन हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front mid side  
 (b) Estimated cost of repairs : 3420/-  
 (c) When and where can the damaged vehicle be inspected : carpenter automobile Poochawada

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

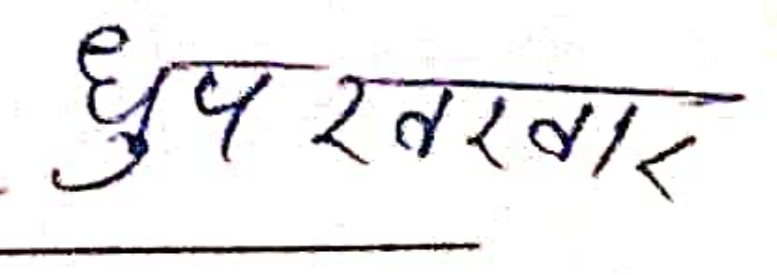
- (a) Give names and addresses of passengers/other  
Witness, if any : \_\_\_\_\_  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : N/A  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_

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 19/01/26 200

Signature of the insured — 

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 ..... *Signature* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

**FORM NO. 60**

[See second proviso to rule 114B]



**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant Dhup Kharwar
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

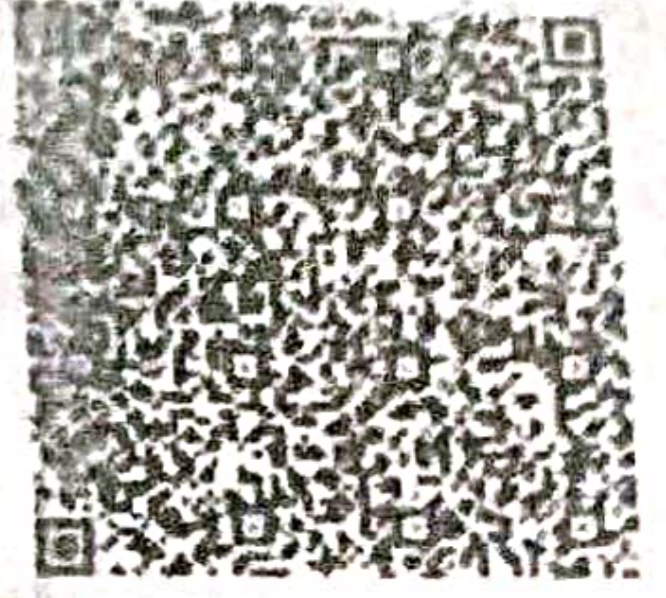
Verified today, the \_\_\_\_\_ day of \_\_\_\_\_,

Date : 19/02/26  
Place : Pad round

3422212  
Signature of the declarant

- Instructions :** Documents which can be produced in support of the address are :-
- (a) Ration Card
  - (b) Passport
  - (c) Driving licence
  - (d) Identity Card issued by any institution
  - (e) Copy of the electricity bill or telephone bill showing residential address
  - (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
  - (g) Any other documentary evidence in support of his address given in the declaration.

**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department PADRAUNA(KUSHI NAGAR)**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**



Registration No : UP57AZ2422      Registration Date : 08-Jan-2021  
Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . -  
Owner Name : DHUP KHARWAR      Son/wife/daughter of : BHUALA  
Full Address: (Permanent) : VILL-RAMPUR, POST-PADRAUNA, THANA-PADRAUNA, AMBEDKAR NAGAR, UTTAR  
PRADESH-274304  
Full Address: (Temporary) : VILL-RAMPUR, POST-PADRAUNA, THANA-PADRAUNA, AMBEDKAR NAGAR-UTTAR  
PRADESH-274304  
Fitness UpTo : 07-Jan-2036      Tax UpTo : One Time  
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 : AA2025654194      Rear HSRP No : AA2026373792  
Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 08/2020  
No of Cylinders : 1      Chassis No : MBLJAW157L9H24656  
Engine No : JA07ACL9H24494      Fuel : PETROL  
Horse Power(BHP) : 10.72      Cubic Capacity : 124.70  
Maker's Classification : GLAMOUR-DRUM-SELF-CAS Wheel base : 1273  
T  
Seating Cap(in all) : 2      Standing Cap : 0  
Sleepar Cap : 0      Unladen Wt (kgs) : 122  
Colour : Black Heavy Grey      Laden/GV Wt (kgs) : 252  
Other Criteria :      AC Fitted : NO  
Vehicle Purchase As : Fu../ 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 : 22-Nov-2020      Sale Amt : 71210/-  
OTT Date : 22-Nov-2020      Amount/Rcpt No : 71219 UP57D20110003168  
TaxUpTo : One Time      Vehicle is Govt./ Pvt. : PRIVATE  
Tax Exempted or Not : NOT EXEMPTED      Date of Approval : 08-Jan-2021  
Other State/Transfer/Conversion Details  
Previous Owner :      Previous RegNo :  
Old State :      Entry Date :  
Transfer Date :      Conversion Date :

This certificate is valid from 08-Jan-2021 to 07-Jan-2036

Date : 28-Oct-2021 15:41:09

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 28-Oct-2021



# UNION OF INDIA Driving Licence

UK NT-T

UK-0620050009910



Date of Issue  
11-07-2005

Valid till  
NT 06-06-2035  
T 07-03-2027



Date of Birth  
07-06-1985

Blood Group  
Unknown

Name  
MANOJ KUMAR

Father  
SHRI RAM PRASAD

UK-0620050009910



MOBILE  
11-07-2005

NT  
11-07-2005

TRANS  
13-09-2013

Mobile No  
\*\*\*\*\*2432

Endorsement Date  
08-03-2022

Endorsement No  
UK06 /DLR/0001144/2022

UK

Present Address  
JOPRI LAVER SIDE HALDI,  
PANTNAGAR,  
UDHAM SINGH NAGAR, UK.263146

holder's Signature

Issuing Authority Sign  
SUB RTO, JDHAMSINGH NAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India

धूप खरवार

Dhup Kharwar

जन्म तिथि / DOB : 01/01/1979

पुरुष / Male

2826 0191 9104



आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:

S/O: भुजाल, रामपुर, कुशीनगर,  
पड़रौना, उत्तर प्रदेश, 274304

Address:

S/O: Bhujala, Rampur,  
Kushinagar, Padrauna, Uttar  
Pradesh, 274304

2826 0191 9104

1800 300 1947

help@uidai.gov.in

www.uidai.gov.in