

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

Date 19/01/26

No.

6820

Name

Ramkish Paswan

Add.

UP57BX3869

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1450/-	
②	Tanki			5500/-	
③	visor			1000/-	
④	Handle			500/-	
⑤	Handle T			980/-	
⑥	Chassis Repair			2000/-	
⑦	Labor charge			700/-	
<b>TOTAL</b>				12130/-	

Authorised Signatory

*[Signature]*

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.	Kamlesh Paswan 7485054092
2	Vehicle No. / वाहन संख्या	UP57BX 3869
3	Policy No. / पालिसी संख्या	252400/31/2026/3559
4	Period of Insurance / बीमा अवधि	14/04/2025 to 13/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/04/2026, 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Marchahwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pravind Gupta, UP57202400 9199324758 20787
8	Estimated Loss / अनुमानित हानि	12130/-
09.	Cause of Accident / दुर्घटना का कारण :	<p>मेरी वाहन मेरी दास्त पुलि-6 गुप्ता लैमर मारिमत से घर आ रहे थे। तभी अचानक सामने दाते साइड से लकमर मार दिना तो वाहन मेरी दास्त हो गई।</p>
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 Padmauna

Date / दिनांक : 19/04/2026  
स्ताक्षर

Kamlesh Paswan  
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. 252400/31/2026/3559

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

Period of Insurance 14/09/2025 to 13/04/2026  
 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 : Ramkish Paswan  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7425054092

2. THE INSURED VEHICLE

Make & Year <u>Huay/2025</u>	Engine No. <u>HATIEBRHDS7765</u> Chassis No. <u>MBLHAW230RHD9137</u>	Registration No. <u>UP57BX3869</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

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pravin Chupta  
 (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 : UP 57 202 100 20787  
 (h) Issuing Authority :  
 (i) Date of Expiry : 18/01/2039  
 (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, 4:00 P.M.  
 (b) Place : Marchahwa  
 (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 :  
 मरी डिमि मेरे वास लेमर जा रहे थे लकी डेवा-न  
 सामन वास साईड से लकर मार दिया ले डिमि मेरे  
 सिमक है ज

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side  
 (b) Estimated cost of repairs : 12130/-  
 (c) When and where can the damaged vehicle be inspected : Chupta 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 : 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 19/01/2020

Signature of the insured Kamlesh Paswan

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 ..... *Kamlesh Paswan* .....  
Occupation .....  
Address .....  
.....  
.....

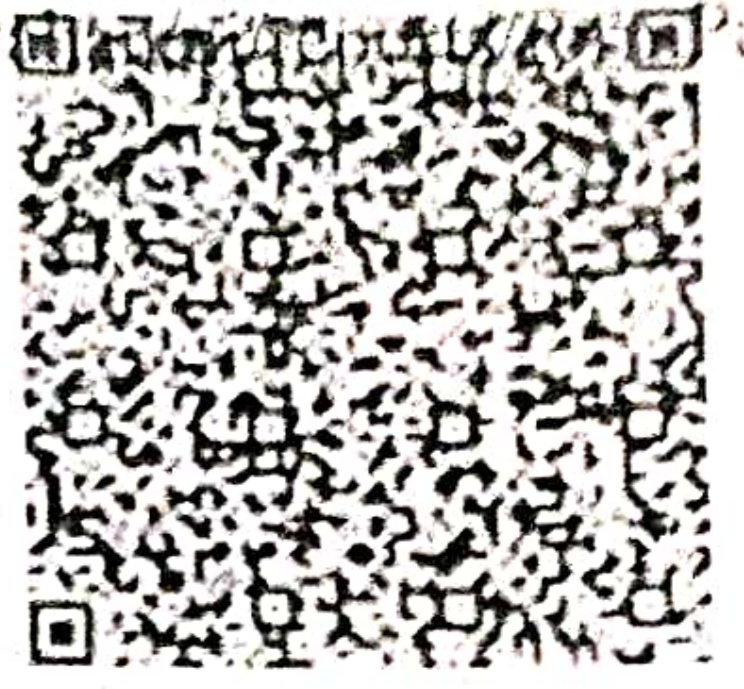
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX3869 Registration Date : 17-Apr-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 : KAMLESH PASWAN Son/wife/daughter of : RAMANAND PASWAN  
 Full Address: (Permanent) : VILL-MARICHAWA, POST-MADHUBANI, , PASHCHIM CHAMPARAN, BIHAR-845404  
 Full Address: (Temporary) : JUNGLE SUKHPURA, PADRAUNA, , KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 16-Apr-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 : AA1039725785 Rear HSRP No : AA2121566148  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2024  
 No of Cylinders : 1 Chassis No : MBLHAW230RHD91937  
 Engine No : HA11E8RHD57765 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 109  
 Colour : BLUE BLACK Laden/GV Wt (kgs) : 239  
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, Gorakhpur, Uttar Pradesh-273001 w.e.f. 17-Apr-2025.

Purchase dt : 16-Apr-2025 Sale Amt : 77026/-  
 OTT Date : 16-Apr-2025 Amount/Rcpt No : 7703 / UP57D25040002636  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 13-May-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 17-Apr-2025 to 16-Apr-2040

Union Driving Licence  
Issued by Uttar Pradesh



UP57 20240020787

Issue Date: 20-11-2024  
Validity (NT): 18-04-2039  
Validity (TR):



Holder's Signature

Name: PRAVIND GUPTA

Date of Birth: 19-04-1999  
Blood Group:

Organ Donor: N

Son/Daughter/Wife of: RAMESH GUPTA

Address:

PADRAUNA JUNGLE SUKHPURA PADRAUNA  
KUSHINAGAR UTTAR PRADESH 274304

Date of First Issue: 20-11-2024

DL No: UP57 20240020787

UPDL 0000014926721



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	20-11-2024	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR



भारत सरकार  
Government of India

कर्मलेश पासवर्ग  
Karmlesh Passwan  
जन तिथि/DOB: 25/08/1998  
लिंग/ GENDER: MALE

9627 1833 0568

UID: 9124 0951 0255 2030



भारत आभार, भरी पहचान



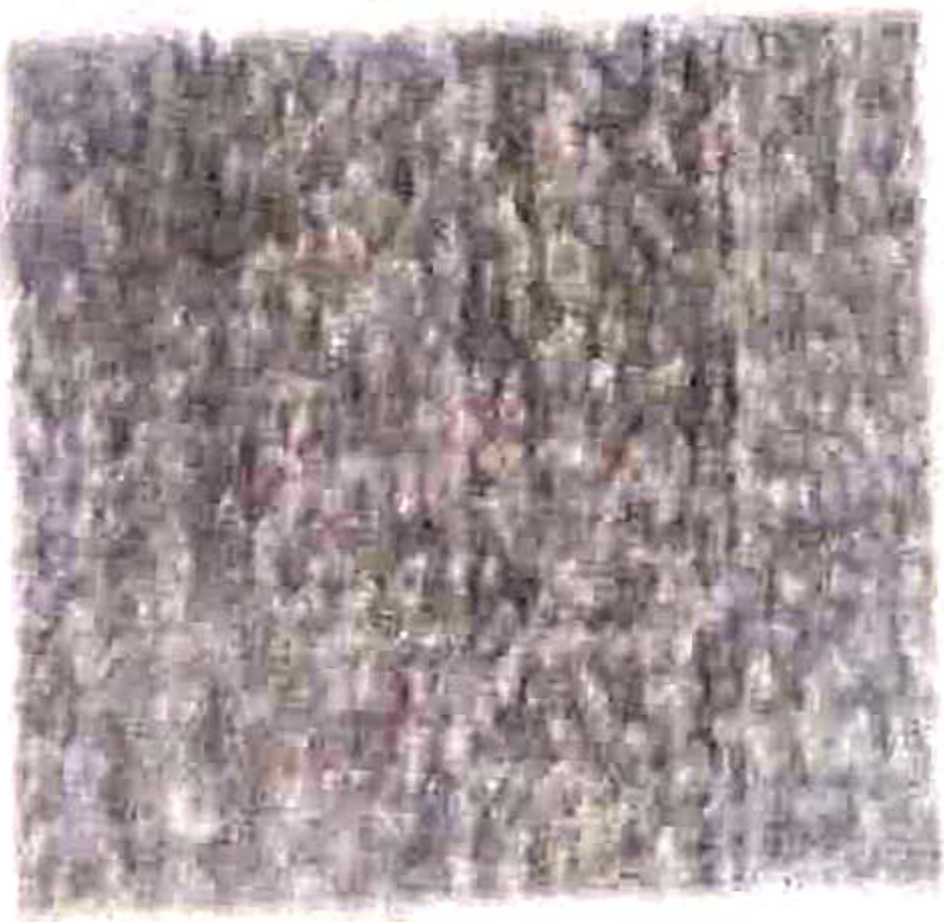
भारत सरकार  
Government of India

पता:  
आसरा, रामराम पासवर्ग, वार्ड 20-08,  
मरिचवा, मधुबनी, बिहार - 845404

Address:  
S/O. Ramram Passwan, ward 20-08,  
marichawa, Madhubani, West Champaran,  
Bihar - 845404

9627 1833 0568

UID: 9124 0951 0255 2030



भारत आभार, भरी पहचान

आयकर विभाग



भारत सरकार

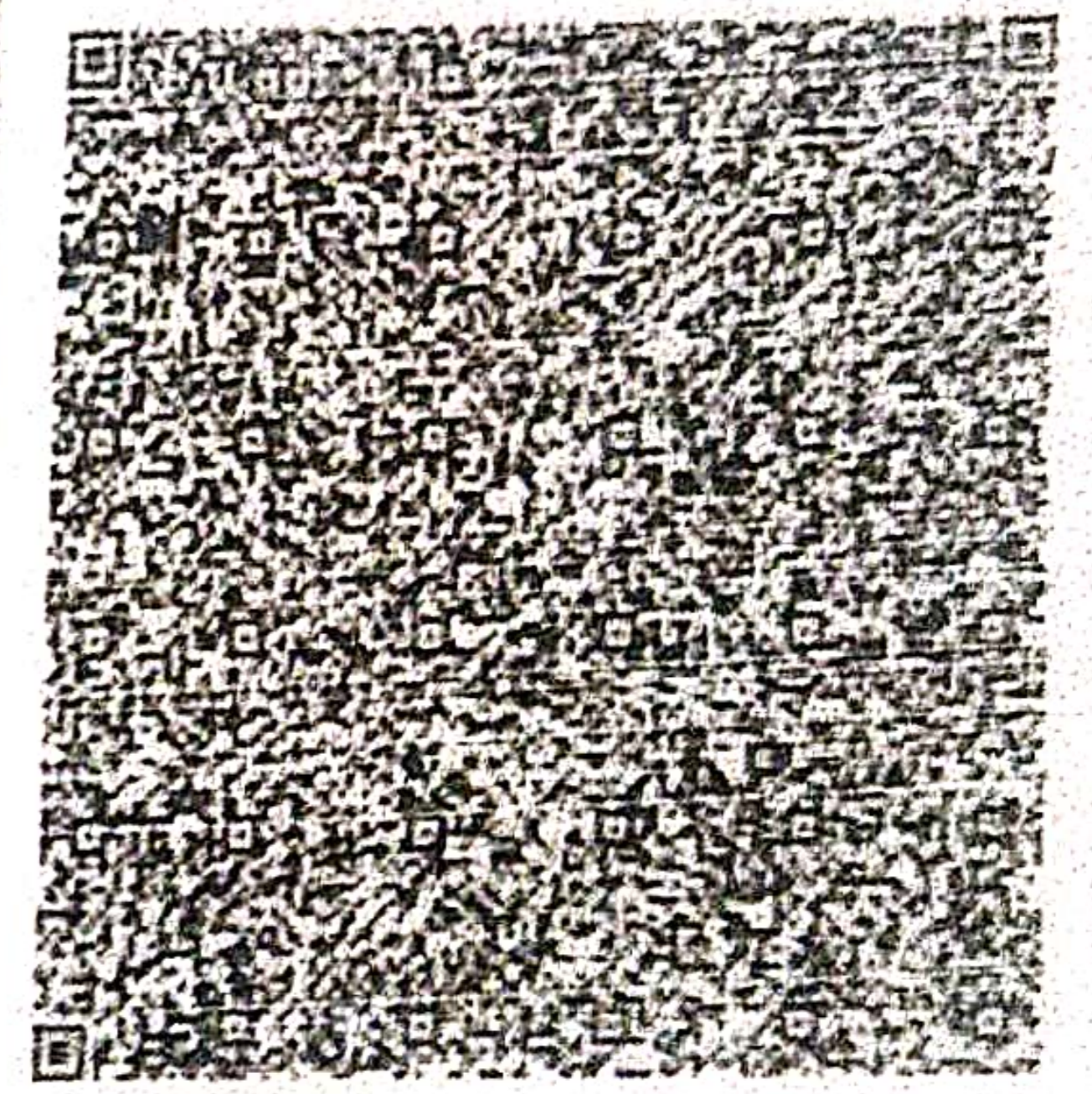
INCOME TAX DEPARTMENT

GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

FCWPP8554D



नाम / Name

KAMLESH PASWAN

पिता का नाम / Father's Name

RAMANAND PASWAN

*Kamlesh Paswan*

जन्म की तारीख / Date of Birth

25/08/1998

हस्ताक्षर / Signature