

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6818

Date 20/01/26

Name

Ramayam

Add.

ep 57 BY 0832

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Front Rim			4500/-	
②	Rear Rim			4800/-	
③	Labour charge			500/-	
TOTAL				9800/-	

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.	Ramayan 9335053688
2	Vehicle No. / वाहन संख्या	UP57BY0032
3	Policy No. / पालिसी संख्या	252400/31/2026/16873
4	Period of Insurance / बीमा अवधि	23/05/2025 to 22/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/01/2026, 8:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Laxmipur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Sonjay Bhardi, UP57201200 7897088416 12481
8	Estimated Loss / अनुमानित हानि	9800/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी कार मेरे रिश्तेदार सजय भारतीज लेजर समुदाय से घर आ रहे थे। तभी अचानक से रोड पर गढ़ा था तो कार मेरी उसी गढ़े में गिर गया जो कार मेरी ड्राइव हो गई गढ़े में जाने से।
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 Padrauna

Date / दिनांक : 20/01/2026
हस्ताक्षर

- Ramayan
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. 252400/31/2026/16873

Tel. No. _____

Period of Insurance 23/05/2025 to 22/05/2026
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 : Ramayan
(b) Address for correspondence : _____
(c) Telephone : 9335053683

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>H11F4SHD00174</u> Chassis No. <u>MBLHAW430SHD13</u> <u>113</u>	Registration No. <u>UP57BY</u> <u>0832</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
 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 : Sanjay Bhavati
(b) Age : 38
(c) Address : Feus hena gor
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720120012401
(h) Issuing Authority :
(i) Date of Expiry : 23/08/2032
(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 : 19/01/2025, 08:00 A.M.
(b) Place : Laxmipur
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : बाइक का पहिया गड्ढे में जाने से रिम
(e) If any third party was responsible for this accident give the name and address : क्षतिग्रस्त हो गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Rear
(b) Estimated cost of repairs : 9800/-
(c) When and where can the damaged vehicle be inspected : Gupta 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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :
10/11

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
(b) If yes, give full details

~~_____~~
~~_____~~
~~_____~~
N/A

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any

~~_____~~
~~_____~~

- (b) Did a Police Constable take particulars of
The accident?

~~_____~~
~~_____~~
N/A

- (c) Was accident reported to Police? If not, Why? :

~~_____~~
~~_____~~

- (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?
(g) When?
(h) Which Police Station?
(i) C.R. diary Number

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
N/A

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 20/01/2026

Signature of the insured Ramayan

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 *Ramayan*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

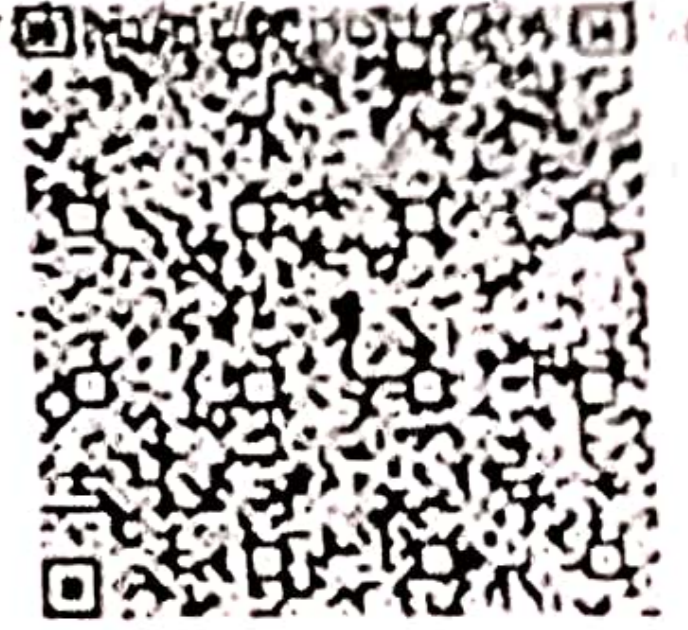


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY0832 Registration Date : 27-May-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 : RAMAYAN Son/wife/daughter of : CHANDRIKA
 Full Address: (Permanent) : VILL-KARHIYA HAJARIPATTI, POST-DUMARBHAR, THANA-KASIA, KUSHINAGAR,
 UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-KARHIYA HAJARIPATTI, POST-DUMARBHAR, THANA-KASIA, KUSHINAGAR-
 UTTAR PRADESH-274304

Fitness UpTo : 26-May-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 : AA1042556988 Rear HSRP No : AA1042387406
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
 No of Cylinders : 1 Chassis No : MBLHAW430SHD13113
 Engine No : HA11F4SHD80174 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 23-May-2025.

Purchase dt : 23-May-2025 Sale Amt : 65000/-
 OTT Date : 23-May-2025 Amount/Rcpt No : 6500 / UP57D25050005188
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-May-2025 to 26-May-2040

Date : 20-Jun-2025 15:23:51

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 20-Jun-2025

Kushinagar (U.P.)



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20120012481

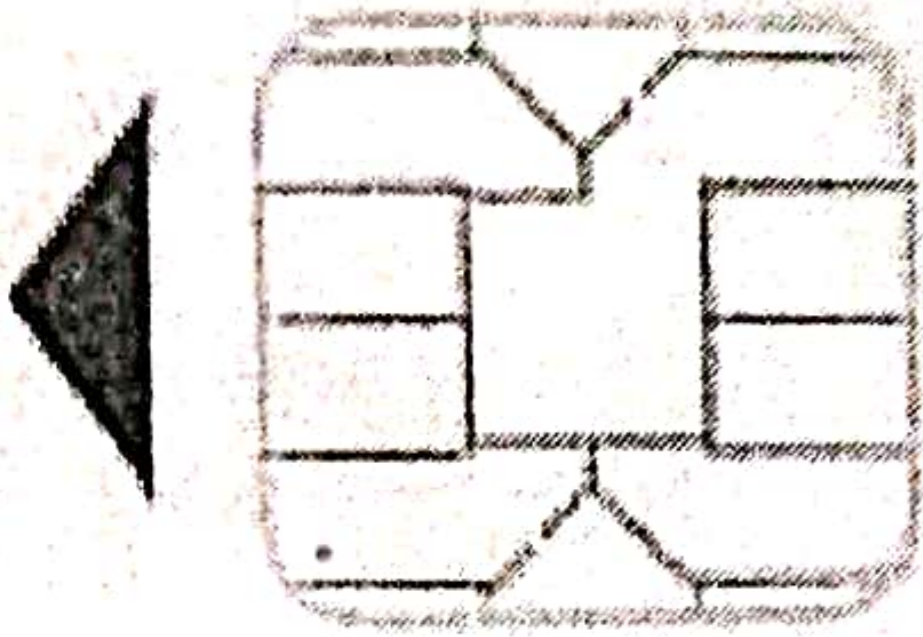


24-08-2012

Issue Date
28-04-2023

Validity (NT)
23-08-2032

Validity (TR)



Holder's Signature

Name:

SANJAY BHARATI

Date of Birth: 10-07-1986

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **FOOLBADAN PRASAD**

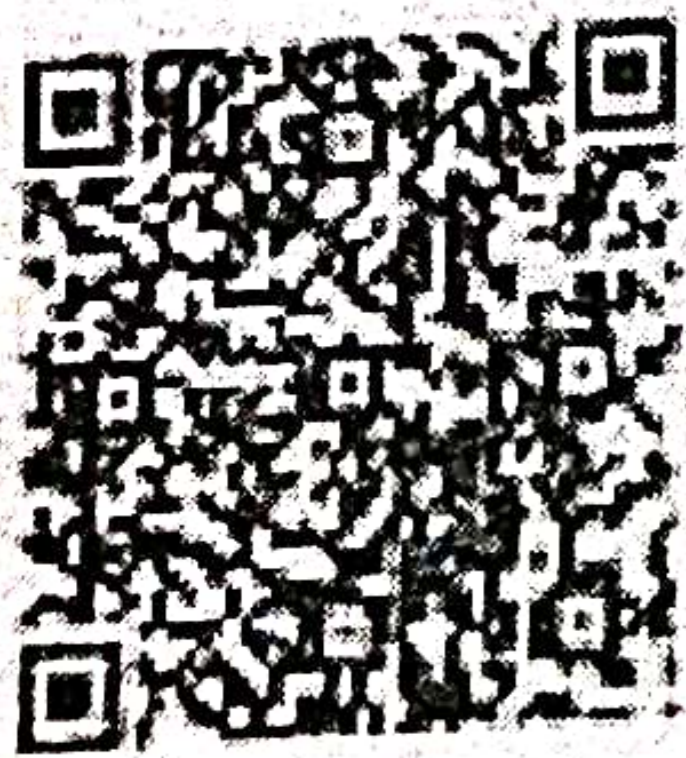
Address:

**CHAKDEYA HETIMPUR - KASIA
KASIA, KUSHINAGAR 274206**

Date of First Issue

DL No: **UP57 20120012481**

UPDL000011084387



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*
Car	MCWG	UP57	24-08-2012	NT			
Truck	LMV	UP57	24-08-2012	NT			
Motorcycle							
Bus							
Moped							
MVSO							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

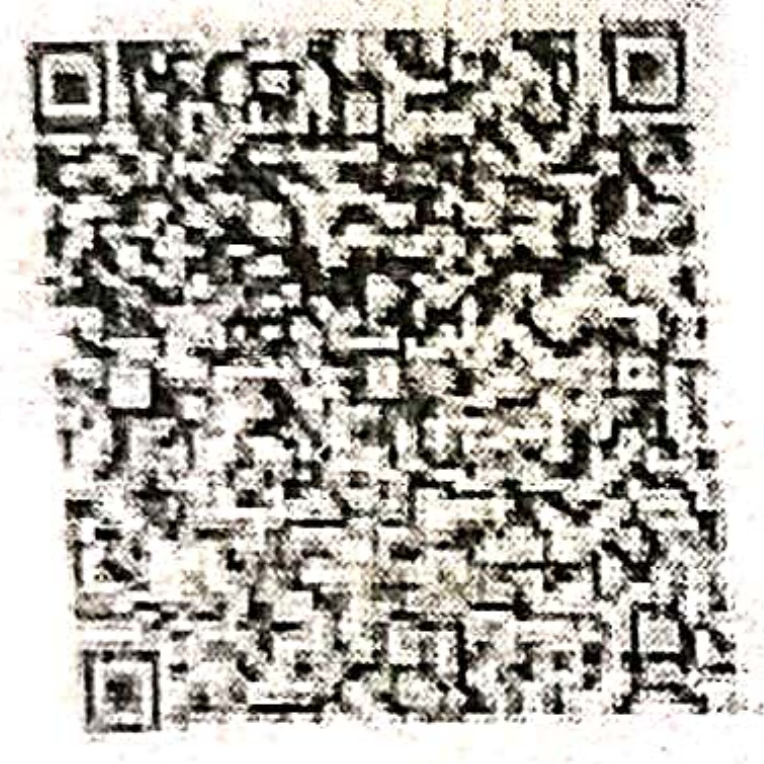
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CEHPR8919A



नाम / Name
RAMAYAN

पिता का नाम / Father's Name
CHANDRIKA

जन्म की तारीख / Date of Birth
01/01/1992

Ramayana
हस्ताक्षर / Signature



26022018



भारत सरकार
Government of India



रमायन

Ramayan

जन्म तिथि/DOB: 01/01/1992

पुरुष/ MALE

Mobile No: 9335053683

7806 1024 7506

VID : 9115 1273 2005 7409

Issue Date: 24/02/2015

मेरा आधार, मेरी पहचान

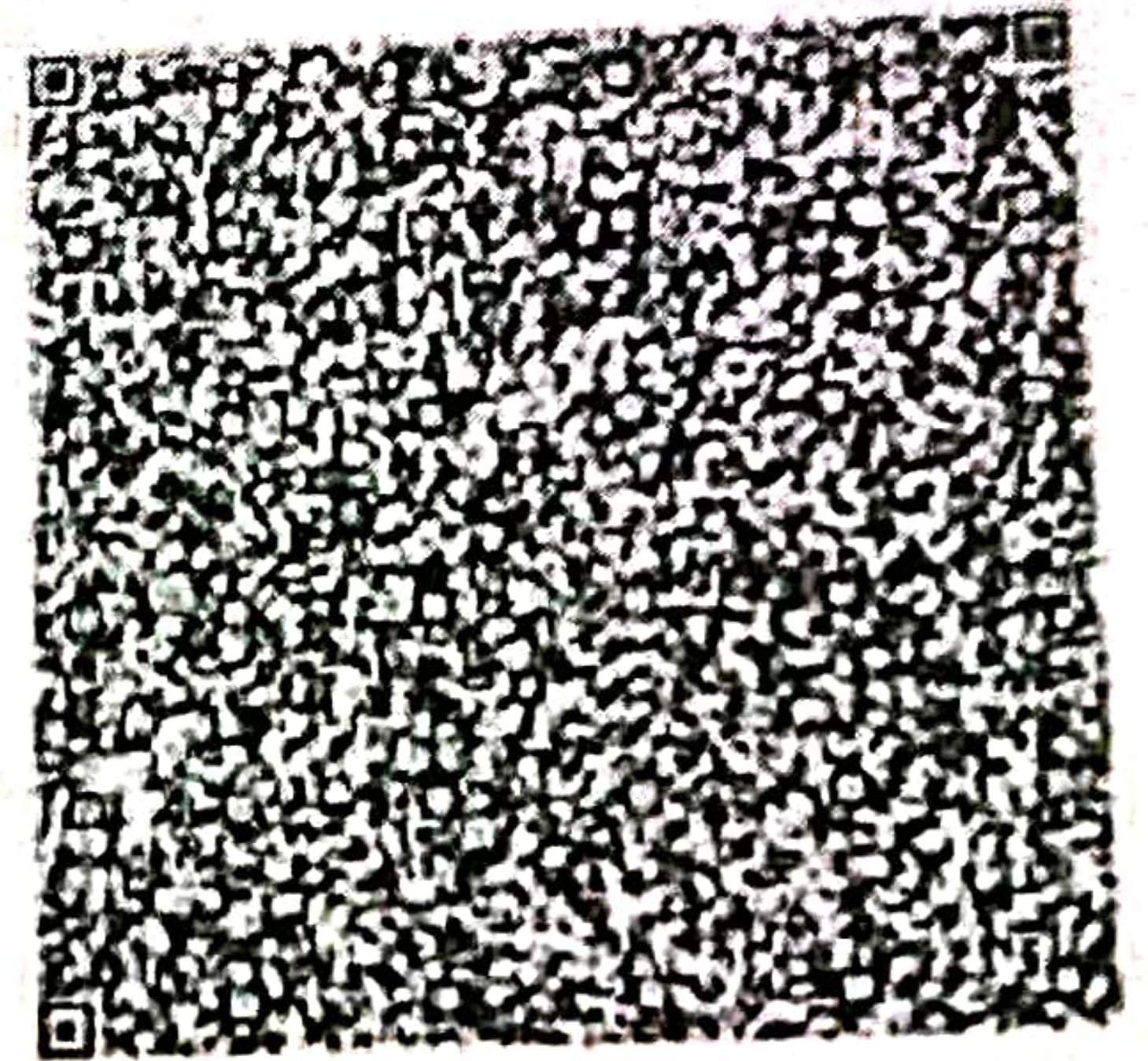


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: चन्द्रिका, करहिया हजारी पट्टी, डूमर भर,
कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Chandrika, karhiya hajari pattii, Dumar
Bhar, Kushinagar,
Uttar Pradesh - 274304



7806 1024 7506

VID : 9115 1273 2005 7409



1947



help@uidai.gov.in



www.uidai.gov.in