

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

6819Date 20/01/26

Name

Sanju Dew

Add.

UP57 BZ3419

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	V18051			1265/-	
	H/L			3500/-	
	मिशन - (R)			265/-	
	Leveer - (R)			105/-	
	Tom/4			5000/-	
	Muffler Cover			600/-	
	Labour charge			600/-	
			TOTAL	11415/-	

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.	Sanju Devi 7408154766
2	Vehicle No. / वाहन संख्या	UP57B23419
3	Policy No. / पालिसी संख्या	252400/31/2026/37460
4	Period of Insurance / बीमा अवधि	24/09/2025 to 23/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/01/2026, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nayal Yadav, UP5 नं 2012000 8902 8090500698
8	Estimated Loss / अनुमानित हानि	11415/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे पड़ोसी नमाल याद लेकर मारने जा रहे थे। तभी अचानक मिट्टी से कम वाहन वाला टकरा मार दिया तो वाहन मेरी दाहिने साइड गिरे से डैमेज 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.	912519 7148 Gupta Automobile Padrauna

Date / दिनांक : 20/01/26.
हस्ताक्षर

संजु देवी
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. 252400/31/2026/37460

Tel. No. _____

Period of Insurance 24/09/2025 to 23/09/2026
 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 : Sanju Devi
 (b) Address for correspondence : _____
 (c) Telephone : 7400154766

2. THE INSURED VEHICLE

Make & Year <u>Muxo/2025</u>	Engine No. <u>HA11FBSHF18079</u> Chassis No. <u>MBLHAW331SHF192</u> <u>97</u>	Registration No. <u>UP57BZ</u> <u>3419</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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Nayal Yadav
 (b) Age : _____
 (c) Address : Kashinagar
 (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 : No.
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP57201200008902
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29/06/2032
 (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 : 17/02/2026, 2:00 PM
 (b) Place : Padrauna
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी ठोकर मेरे मड़ल सी लोकर जाई मे तभी मिले से
 (e) If any third party was responsible for this accident give the name and address : मम ठोकर वाला कारवा मार विमली ठोकर मेरी कार
साईड गिरने से उभरे टांके

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 11415/-
 (c) When and where can the damaged vehicle be inspected : Crupita 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? : _____
(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? : _____
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

~~N/A~~

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 20/01/26 200

Signature of the insured - 216 दा

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ3419
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : SANJU DEVI
 Full Address: (Permanent) : VILL-BARWA MAHADEVA, POSTPARSAUNI, THANA-PAMKOLA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-BARWA MAHADEVA, POST-PARSAUNI, THANA-PAMKOLA, KUSHINAGAR-UTTAR PRADESH-274304

Registration Date : 27-Sep-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : VISHAL SHARMA
 Fitness UpTo : 26-Sep-2040
 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Rear HSRP No : AA2133718863
 Front HSRP No : AA1043460142
 Month/Year of Manuf. : 06/2025
 Type of Body : SOLO WITH PILLION
 Chassis No : MBLHAW331SHF19297
 No of Cylinders : 1
 Engine No : HA11FB SHF18879
 Fuel : PETROL
 Horse Power(BHP) : 8.17
 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)
 Wheel base : 1235
 Seating Cap(in all) : 2
 Standing Cap : 0
 Sleeper Cap : 0
 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey
 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LIMITED, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 24-Sep-2025.

Purchase dt : 24-Sep-2025
 Sale Amt : 80517/-
 OTT Date : 24-Sep-2025
 Amount/Rcpt No : 8052 / UP57D25090002249
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 29-Sep-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-Sep-2025 to 26-Sep-2040

Date : 30-Oct-2025 14:39:32
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 30-Oct-2025

Q 5874666

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20120008902

Issue Date: 18-10-2024 Validity (NT): 24-06-2032 Validity (TR): 10-10-2029

Name: **NAVAL YADAV**

Date of Birth: 18-03-1992 Blood Group: Organ Donor: **N**

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

Address: **R/O- YADWA MAMA DEVA PARSALUMI, RAMKOLA
 KATA, KUSHNAGAR 274305**

Date of First Issue: 25-06-2012

DL No: **UP57 20120008902** UPDL000024367777

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	25-06-2012	NT				
LMV	UP57	25-06-2012	NI				
TRANS	UP57	18-10-2013	TR				
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHNAGAR

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT

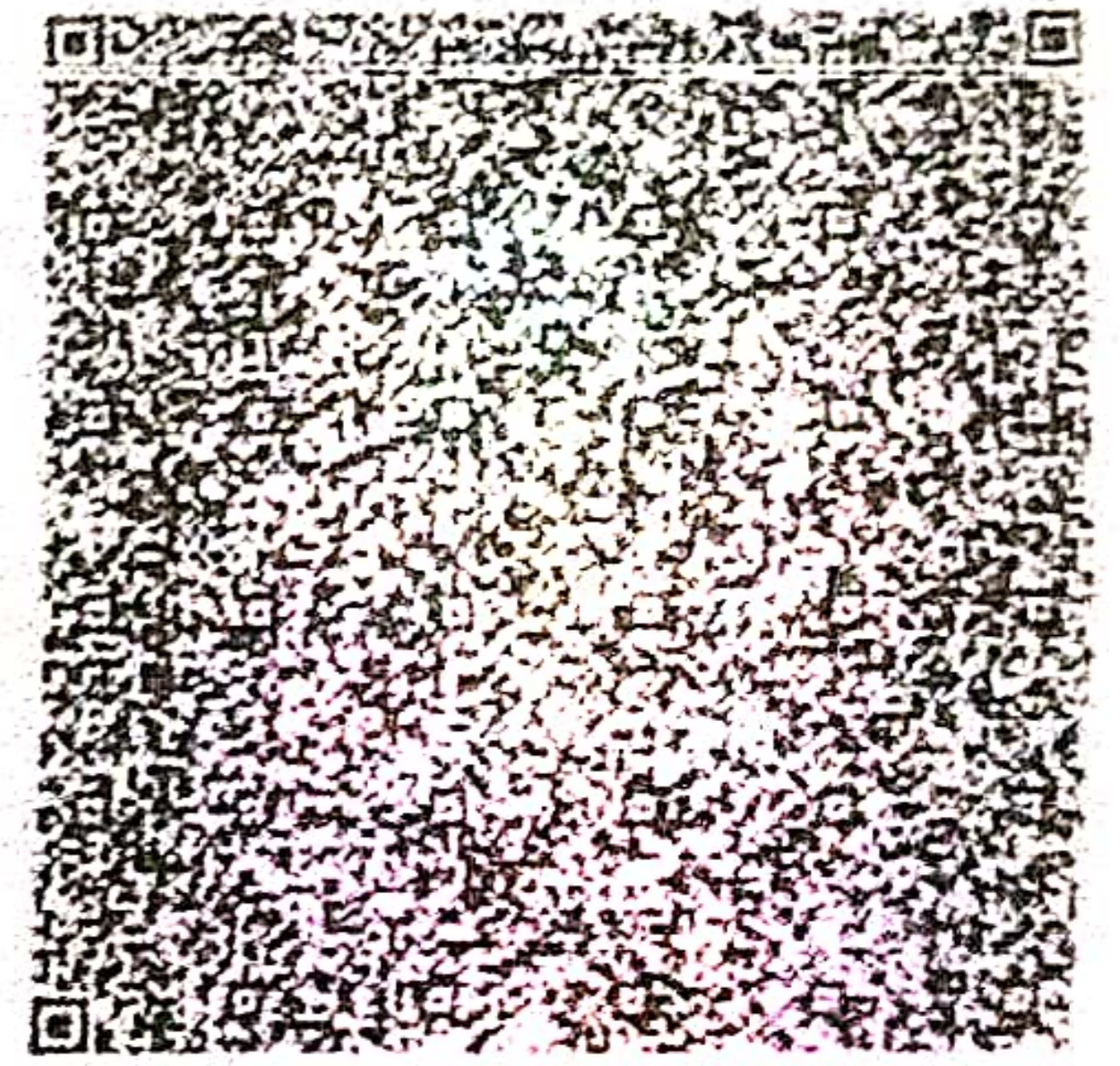


भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



JHYPD9732G



नाम / Name
SANJU DEVI

पिता का नाम / Father's Name
CHOKAT SHARMA

19122023

जन्म की तारीख /
Date of Birth
01/01/1999

संजु देवी
हस्ताक्षर / Signature

Issue Date: 08/12/2016



भारत सरकार
Government of India

संजु देवी
Sanju Devi
जन्म तिथि/DOB: 01/01/1999
शरणा/ FEMALE



8168 9988 6813

VID : 9116 0178 6493 3973

भारत सरकार, श्री पहचान

Download Date: 11/01/2022

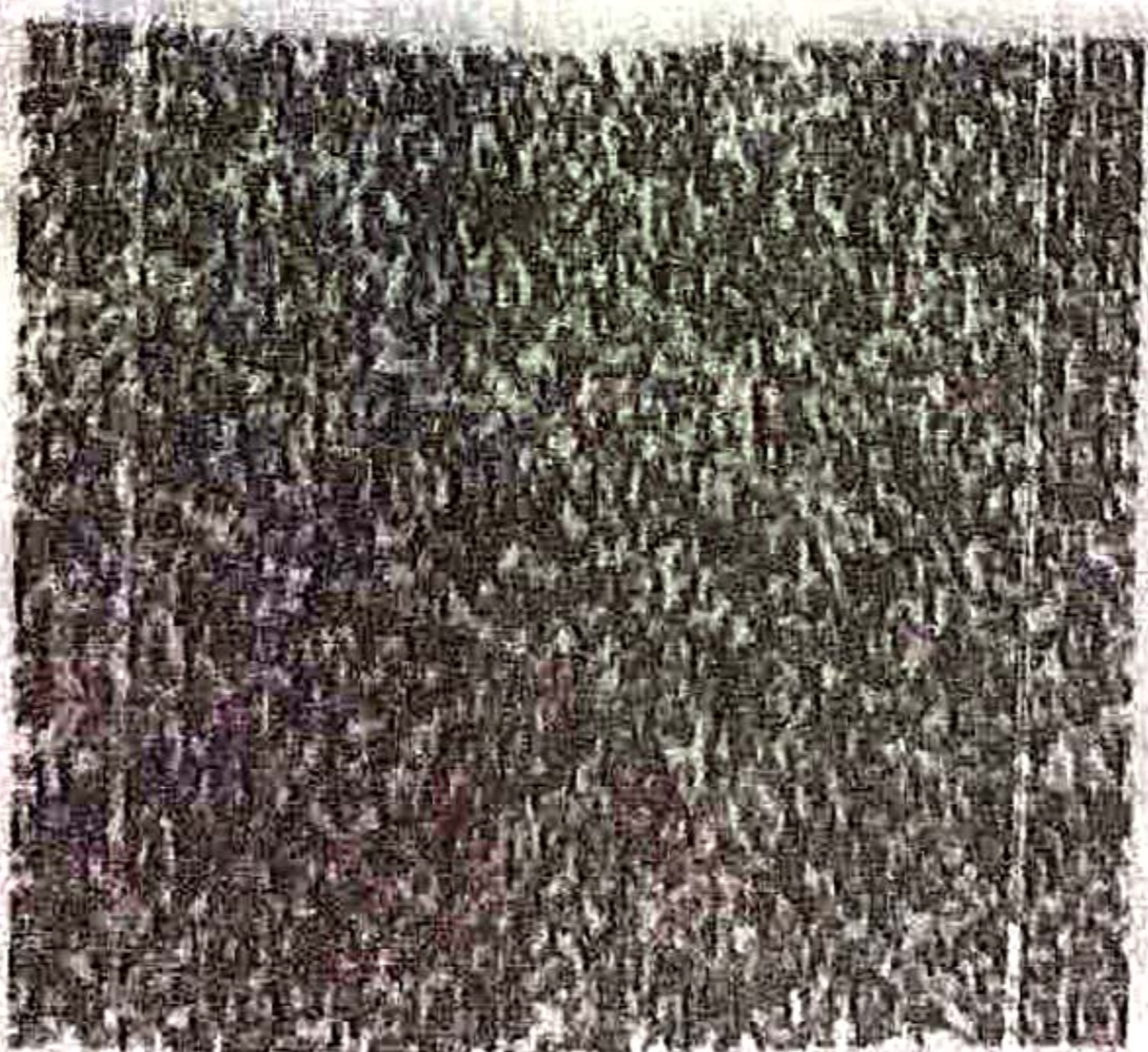


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
श्री: विशाल शर्मा, बरवा महादेवा, पारसौनी, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
C/O: Vishal Sharma, Barawa Mahadeva,
Parsauni, Kushinagar,
Uttar Pradesh - 274304



8168 9988 6813

VID : 9116 0178 6493 3973



1947



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