

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

6822

Date 20/01/20

Name

Riyajuddin Hasmi

Add.

UP57BW6093

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Rear Fender	—	—	1070/-	
②	Fuel Tank	—	—	4850/-	
③	Labour charge	—	—	400/-	
			TOTAL	6320/-	

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.	Riyajuddin Hasmi, 9555408851
2	Vehicle No. / वाहन संख्या	UP57BW6093
3	Policy No. / पालिसी संख्या	252400/31/2025/00033
4	Period of Insurance / बीमा अवधि	20/2/2025, 19/2/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/01/2026, 01.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Pipawa Jajampura.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	15669 Riyajuddin Hasmi, UP57201660
8	Estimated Loss / अनुमानित हानि	6320/-
09.	Cause of Accident / दुर्घटना का कारण : अपनी बाईक लेकर बाजार गया था बाईक खड़ी कर सामान लाने गया था जब वापस आया तो बाईक मेरी दाहिने साइड में एक सर्किल पर गिरी हुई थी जिसकी वजह से बाईक की टंकी और पिछे का मोटरगार्ड डैमेज हो गया	
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 Padma

Date / दिनांक : 20/01/2025
हस्ताक्षर


Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Riyajuddin Hossain
(b) Age : _____
(c) Address : Kushinagan Padsama
(d) Is the Driver
1. Owner : Owner
2. paid driver? : _____
3. Owner's relative or friend? : _____
(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 : UP5720160015669
(h) Issuing Authority : _____
(i) Date of Expiry : 22/08/2036
(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 : 10/01/26, 01.00 P.m.
(b) Place : Pipasa Jatampur
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बाइक साइकिल पर गिरने से
(e) If any third party was responsible for this accident give the name and address : क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rear and Side
(b) Estimated cost of repairs : 6320/-
(c) When and where can the damaged vehicle be inspected : Accepted automobile Padsama

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? : _____

8. INJURY TO DRIVER/OCCUPANT

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

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N/A

9. WITNESS

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

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

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

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- (d) If yes, to which Police Station?

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- (e) Date and Diary No.

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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 Policy Station?
- (i) C.R. diary Number

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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 20/01/25 200

Signature of the insured *Riyazuddin*

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
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 : UP57BW6093
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 21-Feb-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304
Purpose For Printing RC : NEW
Owner Name : RIYAJUDDIN HASAMI
Son/wife/daughter of : KITABUDDIN HASAMI
Full Address: (Permanent) : VILL-PIPRA JATANPUR, POST -PIPRA JATAMPUR, THANA -KUBERSTHAN, KUSHINAGAR
UTTAR PRADESH-274303
Full Address: (Temporary) : VILL-PIPRA JATANPUR, POST -PIPRA JATAMPUR, THANA -KUBERSTHAN, KUSHINAGAR
UTTAR PRADESH-274303
Fitness UpTo : 20-Feb-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
Rear HSRP No : AA2118215835
Front HSRP No : AA2120213869
Month/Year of Manuf. : 02/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW40XSHB00255
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11F1SHA31556
Cubic Capacity : 97.20
Horse Power(BHP) : 7.91
Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC 2.0
Standing Cap : 0
Seating Cap(In all) : 2
Unladen Wt (kgs) : 112
Sleepar Cap : 0
Laden/GV Wt (kgs) : 242
Colour : Black Heavy Grey
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

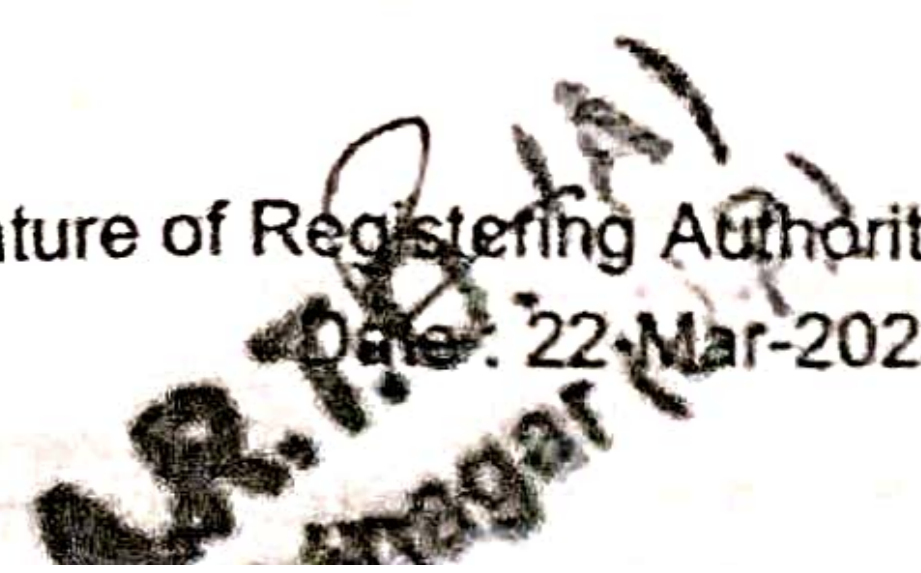
Table with 2 columns: By Manuf. and As Regd., and 2 rows: a) Front, b) Rear, c) Other, d) Tandem. Includes Description and Weight(in kgs) headers.

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 21-Feb-2025
Sale Amt : 84351/-
OTT Date : 21-Feb-2025
Amount/Rcpt No : 8436 / UP57D25020002931
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 18-Mar-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

This certificate is valid from 21-Feb-2025 to 20-Feb-2040

Signature of Registering Authority
Date : 22-Mar-2025



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20160015669

Issue Date: 29-09-2025
 Validity (NT): 22-08-2036
 Validity (TR)*:



Holder's Signature

Organ Donor: **N**

Date of First Issue: 23-08-2016

Name: **RIYAUDDIN HASAMI**
 Date of Birth: 12-08-1995
 Blood Group: **KITABUDDIN HASAMI**
 Son/Daughter/Wife of:
 Address: **VILLAGE AND POST-PIPRA JATAMPUR PS KUBER
 SHAN KUSHINAGAR 274303**



DL No: UP57 20160015669

UPDL571000029358



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	ACW/G	UP57	23-08-2016	NT			
LMV	LMV	UP57	29-09-2025	NT			
MVSD							

Emergency Contact Number

[Signature]
 Licensing Authority
 UP57 KUSHINAGAR



Unique Identification Authority of India

पता: S/O: किताबुद्दीन हासमी,
पिपरा जतानपुर, कुशीनगर, पिपरा
जलामपुर, उत्तर प्रदेश, 274303

Address: S/O: Kitabuddin Hasami, Pipra
Jalanpur, Kushinagar, Pipra Jalampur,
Uttar Pradesh, 274303

1800 300 1947

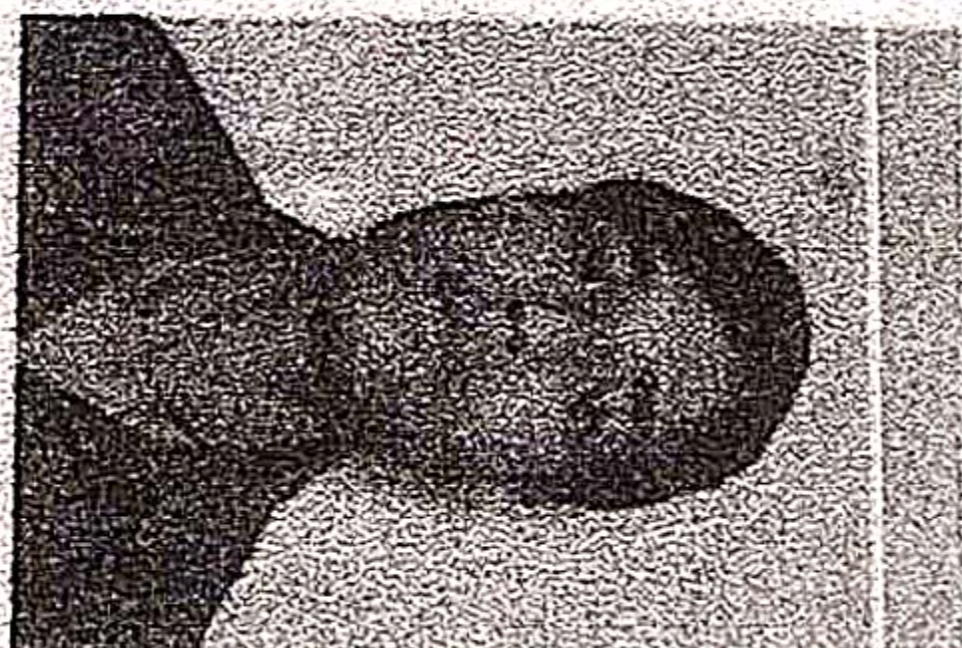
5095 3200 7553

help @ uidai.gov.in

www.uidai.gov.in



भारत सरकार
Government of India



रियाजुद्दीन हासमी
Riyajuddin Hasami
जन्म तिथि / DOB : 12/08/1995
पुरुष / Male

5095 3200 7553



आधार - आम आदमी का अधिकार

भारत सरकार

भारत सरकार

INCOME TAX DEPARTMENT



GOVT. OF INDIA



परिवर्तित कर खाते नंबर

Permanent Account Number Card

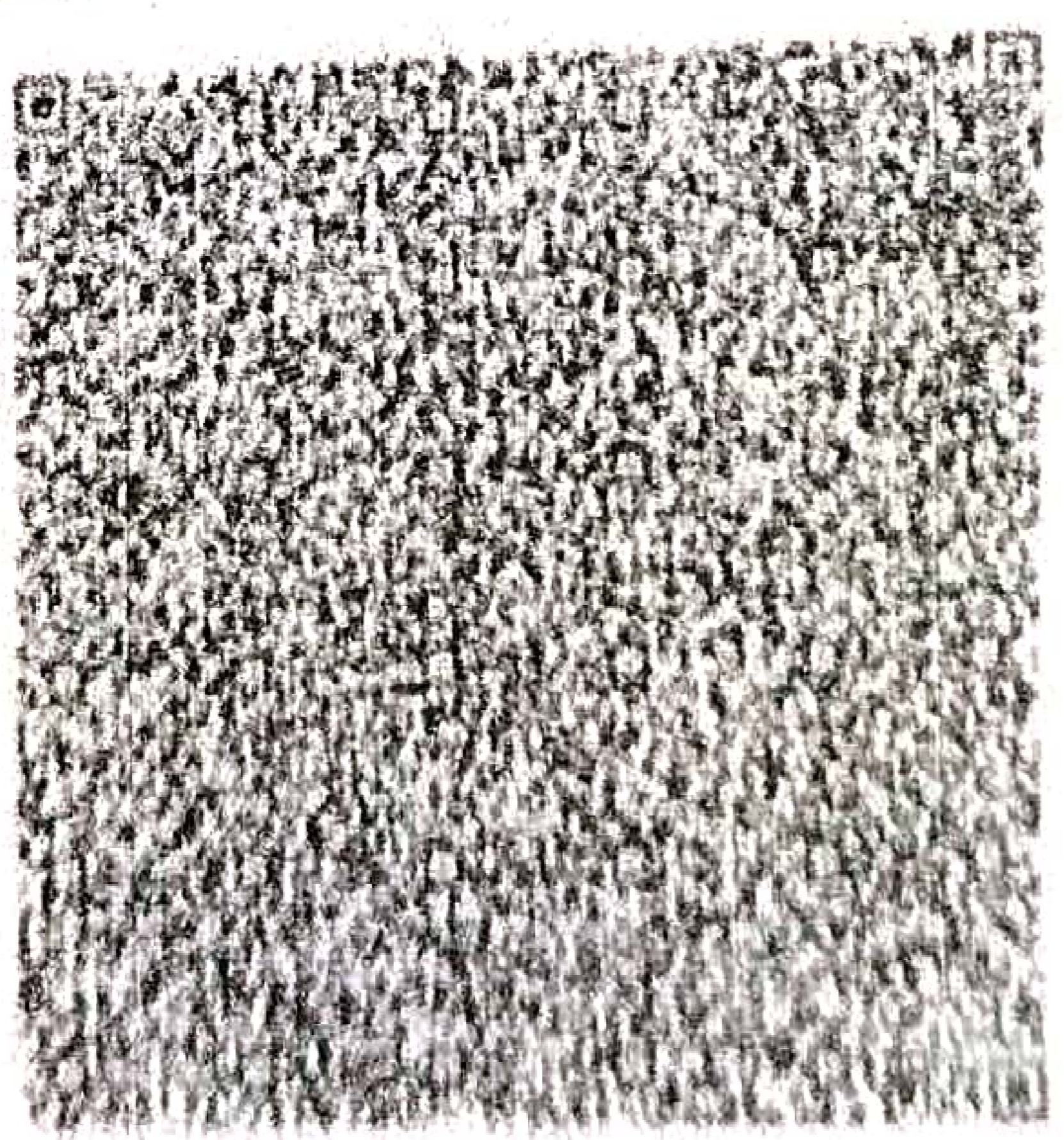
AZSPH19933Q

पति / Husband

RIYAJUDDIN HASAMI

पिता / Father's Name

KITABUDDIN HASAMI



आय कर विभाग / Income Tax Dept.

रिवाजुद्दीन

12108/1995

परिवर्तित कर खाते नंबर