

Gupta

AUTOMOBILES



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

No.

6828

Date 2/02/26

Name

Virendra

Add.

UP57CB4427

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			950/-	
②	H/L			3550/-	
③	Fender			880/-	
④	Tanki			7800/-	
⑤	Handle			570/-	
⑥	Sokor (1)			2300/-	
⑦	Labor charge			600/-	
TOTAL				16540/-	

Authorized Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

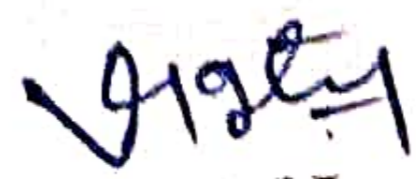
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Vishandra 9839756316
2	Vehicle No. / वाहन संख्या	UP57CB4427
3	Policy No. / पालिसी संख्या	252402/31/2026/64686
4	Period of Insurance / बीमा अवधि	4/12/2025 to 3/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/01/2026, 07.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Bhatwalia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramvilas, UP57201800066 0052341813
8	Estimated Loss / अनुमानित हानि	16590/-
09.	Cause of Accident / दुर्घटना का कारण :	बर्षक लेकर मेरे बड़े भाई शम विलास बस के चार जा रहे थे वही अचानक लीमगाथ सामने आ गई उसी को बचाते हुये बर्षक लीमगाथ से छूरा कर बचे साईड गिरने से क्षतिग्रत 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.	9125197148 Gupta automobile Padrauna

Date / दिनांक : 21/02/26
हस्ताक्षर


Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ramvilas
(b) Age : _____
(c) Address : Kushinagar
(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 : _____
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP 5720180006611
(h) Issuing Authority : _____
(i) Date of Expiry : 17/05/2027
(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 : 18/01/2026, 7:00 P.M
(b) Place : Bhatwadiya
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी बर्डिन के गाड़ी लेमर जा रहे से तभी सामने लस्विया
(e) If any third party was responsible for this accident give the name and address : डा. गाई कुली को बघाते वकल बाईम लसिगाज से एक कर। मन्
हामे साईड गिरने से 3 मिण हो

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
(b) Estimated cost of repairs : 16590
(c) When and where can the damaged vehicle be inspected : anupta automobile tool room

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 21/05/26 200

Signature of the insured Vignar

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

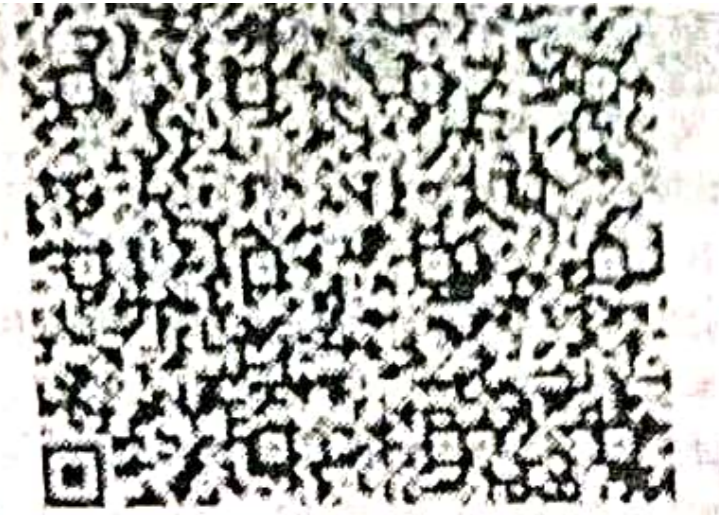
Signature *19/9/20*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB4427 Registration Date : 05-Dec-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 : VIRENDRA Son/wife/daughter of : JHAPSI
 Full Address: (Permanent) : VILL-BHATAVALIYA, POST-SAKHAVANIYA, THANA-KUBERSTHAN, KUSHINAGAR,
 UTTAR PRADESH-274402
 Full Address: (Temporary) : VILL-BHATAVALIYA, POST-SAKHAVANIYA, THANA-KUBERSTHAN, KUSHINAGAR-UTTAR
 PRADESH-274402

Fitness UpTo : 04-Dec-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 : AA2147216728 Rear HSRP No : AA2143880201
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW457S9L69011
 Engine No : HA11F2S9L18342 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE PRO Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK-RED STRIPE 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 w.e.f. .
 Purchase dt : 04-Dec-2025 Sale Amt : 66734/-
 OTT Date : 04-Dec-2025 Amount/Rcpt No : 6674 / UP57D25120000532
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Jan-2026
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 05-Dec-2025 to 04-Dec-2040

Date : 12-Jan-2026 17:20:52
 Taxation Particulars / Advance Registration Mark Fee Details

ARTO. (A)
 Signature of Registering Authority
 Kushinagar (UP)
 Date : 12-Jan-2026

UNION OF INDIA Driving Licence  

UP57 20180006611

नाम / Name
RAMVILAS

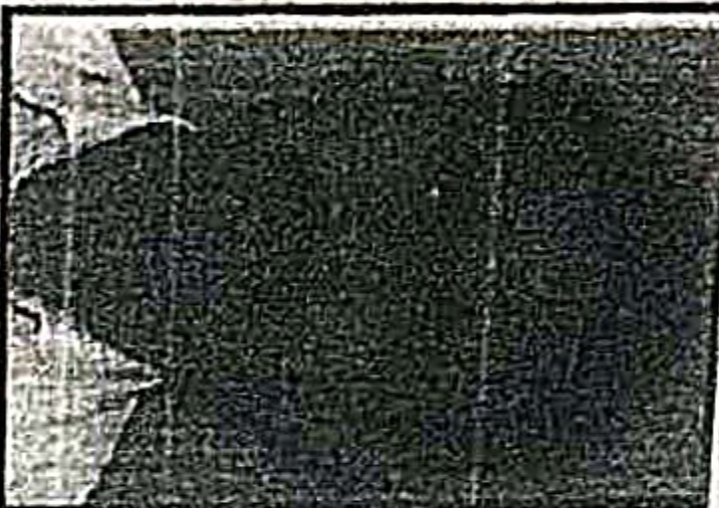
पिता/पति का नाम / Son/Daughter/Wife of
JHAPSI

जारी करने की तिथि / Date of Issue
20/08/2018

वैधता / Validity
17/05/2027

जन्म तिथि / Date of Birth
18/05/1977

रक्त समूह / Blood Group
B+



UP57 20180006611

नाम / Address
**VILL-253 BHATVALIYA
POST SAKHAWANIYA PS KUBERSITHAN
Padrauna, Kushnagar, UP-274402**

LMV
20/08/2018

MCWG
20/08/2018

UP05255047RS

UP

Holder's Signature

नामिका / Issuing Authority
KUSHNAGAR

Form 7, Rule 16(2)

आयकर विभागा

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

BIOPV3188F

नाम / Name

VIKENDRA

पिता का नाम / Father's Name

JHAPSI

सम की तारीख / Date of Birth

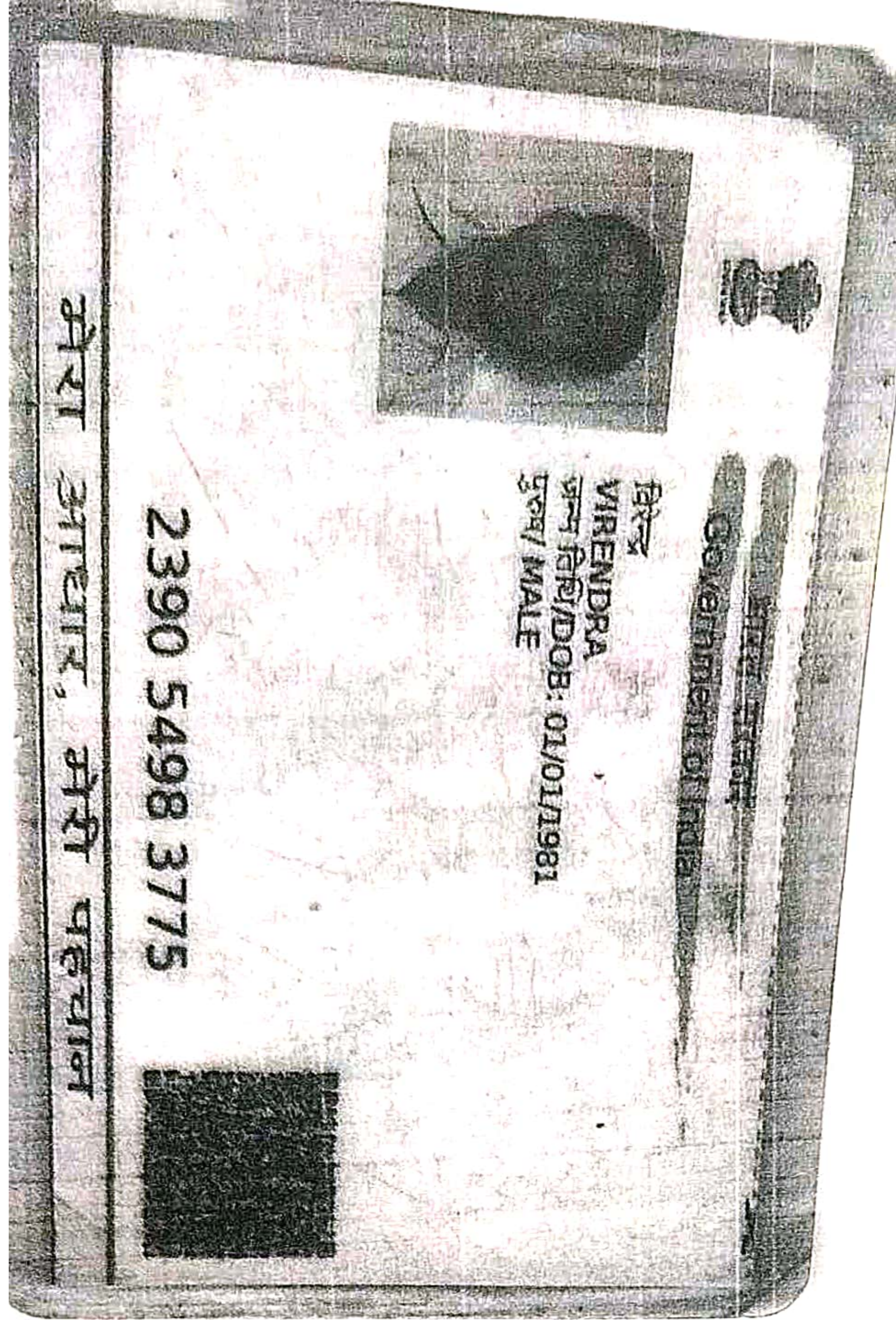
01/01/1981

हस्ताक्षर / Signature

Handwritten signature



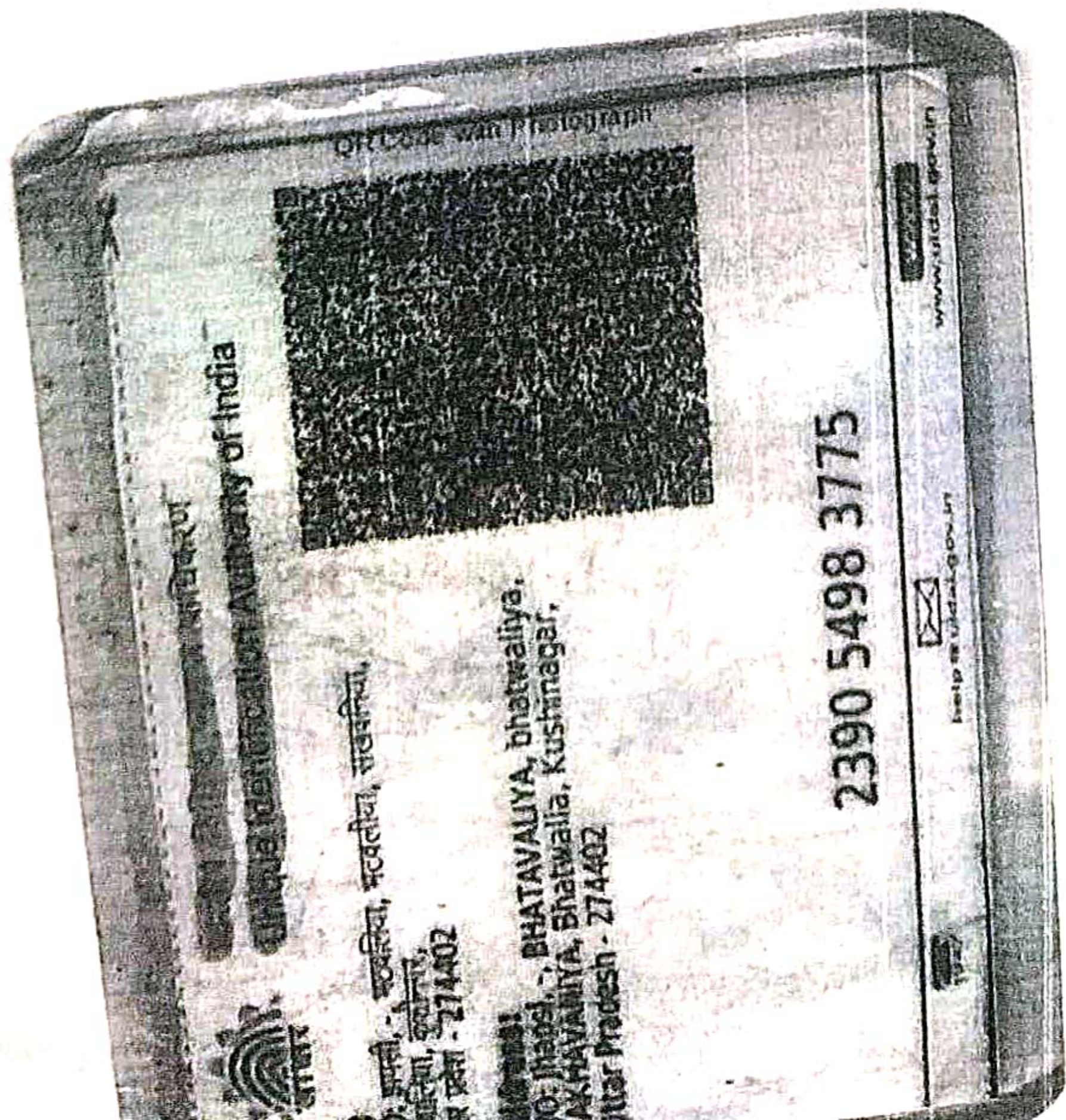
19092017



2390 5498 3775

विरेंद्र
VIRENDRA
जन्म तिथि/DOB: 01/01/1981
लिंग/ GENDER: MALE

विरेंद्र



2390 5498 3775

विरेंद्र
VIRENDRA
जन्म तिथि/DOB: 01/01/1981
लिंग/ GENDER: MALE

विरेंद्र