

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P

AUTHORISED DEALER

## AUTOMOBILES



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 93072366

No. **6826** Date 21/02/20

Name Rhatur Nisha

Add. UP 57 CA 0120

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.
①	Complete Fork (L)	—	—	2600/-
②	Fork Pipe (R)	—	—	1150/-
③	Handle	—	—	500/-
④	Fender Front	—	—	1450/-
⑤	Labor charge	—	—	500/-
			<b>TOTAL</b>	<b>6200/-</b>

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.	Khatur Nisha 0174975592
2	Vehicle No. / वाहन संख्या	UP57CA 8120
3	Policy No. / पालिसी संख्या	252400/31/2026/55435
4	Period of Insurance / बीमा अवधि	3/11/2025 to 2/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/26, 04:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Bahon chhapra
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Liyagar Anshu, UP57 202000 15332 9621809464
8	Estimated Loss / अनुमानित हानि	6200/-
09.	Cause of Accident / दुर्घटना का कारण : मेरे पति के बड़े भाई काईक लेकर बाजार से वापस घर आ रहे थे तभी एक बड़ेक वाले ने सामने से चक्कर मार दिया जिससे काईक क्षतिग्रस्त 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.	Gupta automobile Padsauna

Date / दिनांक : 21/02/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के



खातून नेशा



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. 252402/31/2026/55435  
 Tel. No. \_\_\_\_\_ Period of Insurance 3/11/2025 to 2/11/2026  
 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 : Rhatan Nisha  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 0174975592

2. THE INSURED VEHICLE

Make & Year <u>H200/</u>	Engine No. <u>HATFBSHR33620</u> Chassis No. <u>MBLHAW332SHR33701</u>	Registration No. <u>UP57CA8120</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? No  
 (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

(a) Name : Leyaqat Ansari  
 (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? : N/A  
 (g) Driving Licence Number : UP5720200015332  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 25/12/2030  
 (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

Date and Time : 18/05/26, 04:00 PM  
 Place : Bahar chhapra  
 Speed of vehicle at the time of accident : \_\_\_\_\_  
 Give a short description of the accident : मेरे मोटर गाड़ी का ड्राइवर बुजार्सो जैमस घर  
 If any third party was responsible for this accident give the name and address : आर डे म। लकीरम बाइमवार ने सामने से लकम  
माय देसा जैसस डेडम मेरा डिमल डीजि

6. DAMAGE TO INSURED VEHICLE

Full details of damage : Front end side  
 Estimated cost of repairs : 6200/-  
 When and where can the damaged vehicle be inspected : Cruptra automobile Poochauna

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Full Details of personal injury sustained : \_\_\_\_\_  
 Name and address of any person/hospital giving medical attention to injured person : N/A  
 Full details of property damaged : \_\_\_\_\_  
 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. : \_\_\_\_\_

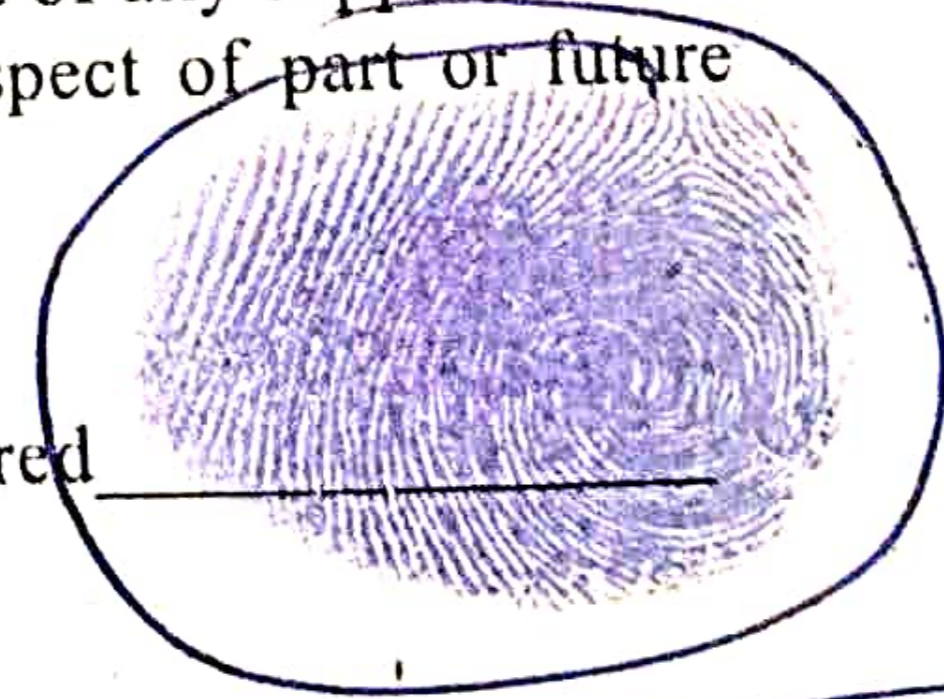
10. THEFT

- (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 21/02/26 200

Signature of the insured



आरुन नेशा

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing  
Office

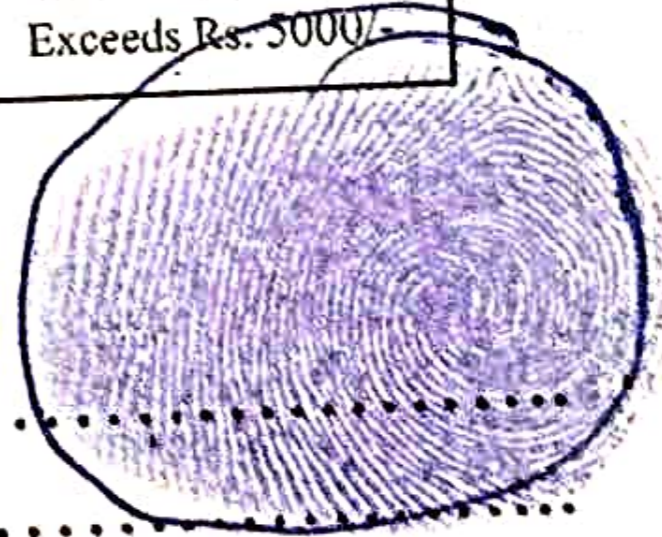


The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



खातून नेशा

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 : UP57CA8120 Registration Date : 06-Nov-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 : KHATUN NESHA Son/wife/daughter of : MUKHTAR ANSARI  
 Full Address: (Permanent) : VILL-LAKHUA KHURD, POST-KHADDA, THANA-KHADDA, KUSHINAGAR, UTTAR PRADESH-274802  
 Full Address: (Temporary) : VILL-LAKHUA KHURD , POST-KHADDA, THANA-KHADDA, KUSHINAGAR-UTTAR PRADESH-274802  
 Fitness UpTo : 05-Nov-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 : AA2142587392 Rear HSRP No : AA2141824912  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLHAW332SHK33701  
 Engine No : HA11FBCHK33620 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar 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)
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- 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. 03-Nov-2025.

Purchase dt : 03-Nov-2025 Sale Amt : 80517/-  
 OTT Date : 03-Nov-2025 Amount/Rcpt No : 8052 / UP57D25110002079  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 14-Dec-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 This certificate is valid from 06-Nov-2025 to 05-Nov-2040  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

**A.R.T.O. (A)**  
 Signature of Registering Authority  
 Kushinagar  
 Date : 16-Jan-2026



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20200015332

Issue Date 26-12-2020 Validity (NT) 25-12-2030

Validity (TR)



Holder's Signature



Name: LEYAQAT ANSARI

Date of Birth: 10-04-1973

Blood Group:

Organ Donor: M

Son/Daughter/Wife of: PAIGAMBAR ANSARI

Address:

VILL. LAKHUI HASANUTOLA, PO. SISWA  
MANIRAJ PS KHADDA Padrauna, Kushnagar, UP  
274802

Date of First Issue (26-12-2020)

UP57 20200015332



Invalid Carriage (Regn Number)

Hazardous Validity

Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Issued By
Car	MCWG	UP57	26-12-2020	NT			
LMV	LMV	UP57	26-12-2020	NT			
MVSD							

Emergency Contact Number



भारत सरकार

Government of India



खातून नेशा  
Khatun Nesha  
जन्म तिथि/DOB: 04/02/1989  
महिला/ FEMALE

7851 3035 7724

VID: 9150 7423 9698 9207

जेरा आधार, जेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:  
अध्यामिनी: मुखतार अंसारी, लखुआ लखुई, लखुआ खुई,  
कशीनगर,  
उत्तर प्रदेश - 274802

**Address:**  
W/O: Mukhtar Ansari, lakhua lakhuee,  
Lakhua Khurd, Kushinagar,  
Uttar Pradesh - 274802

7851 3035 7724

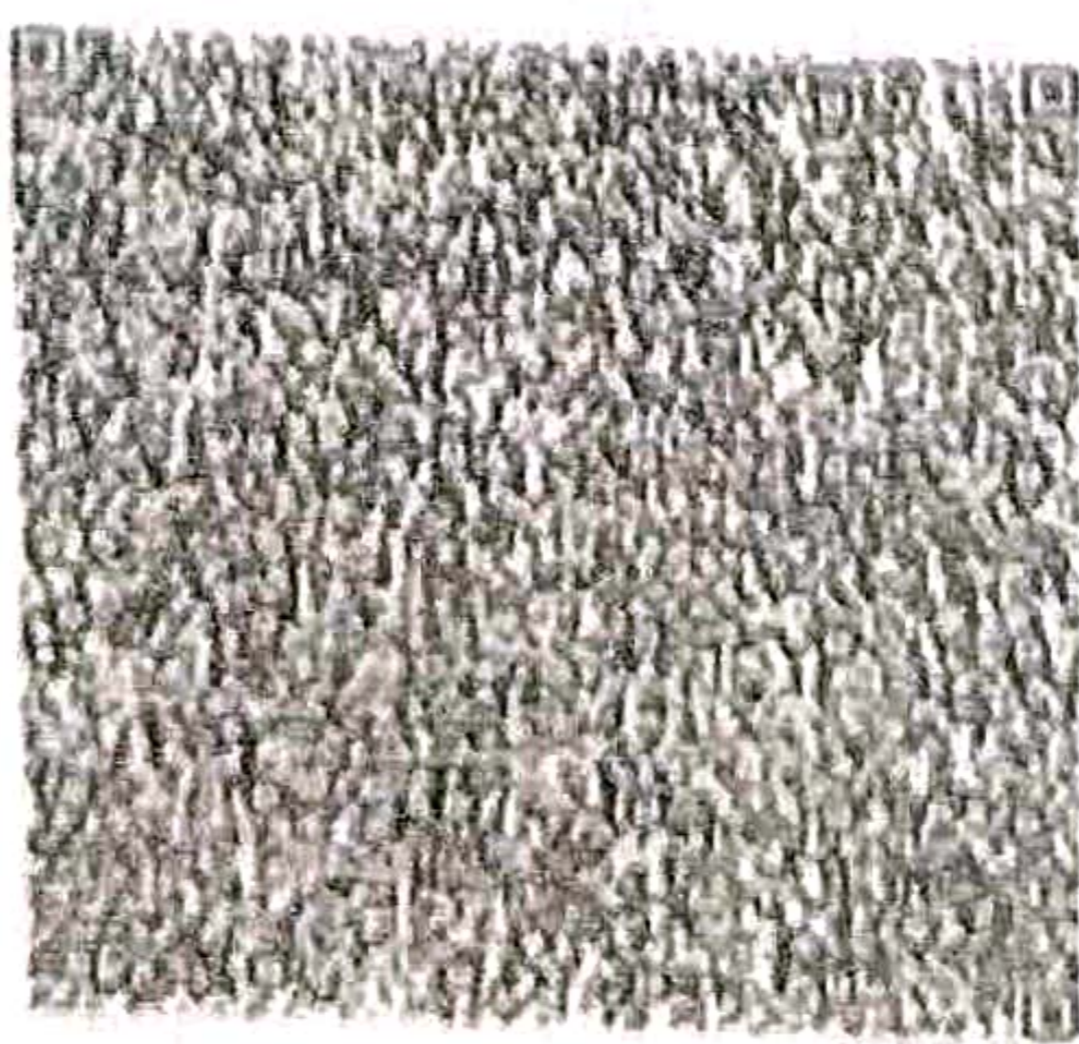
VID: 9150 7423 9698 9207



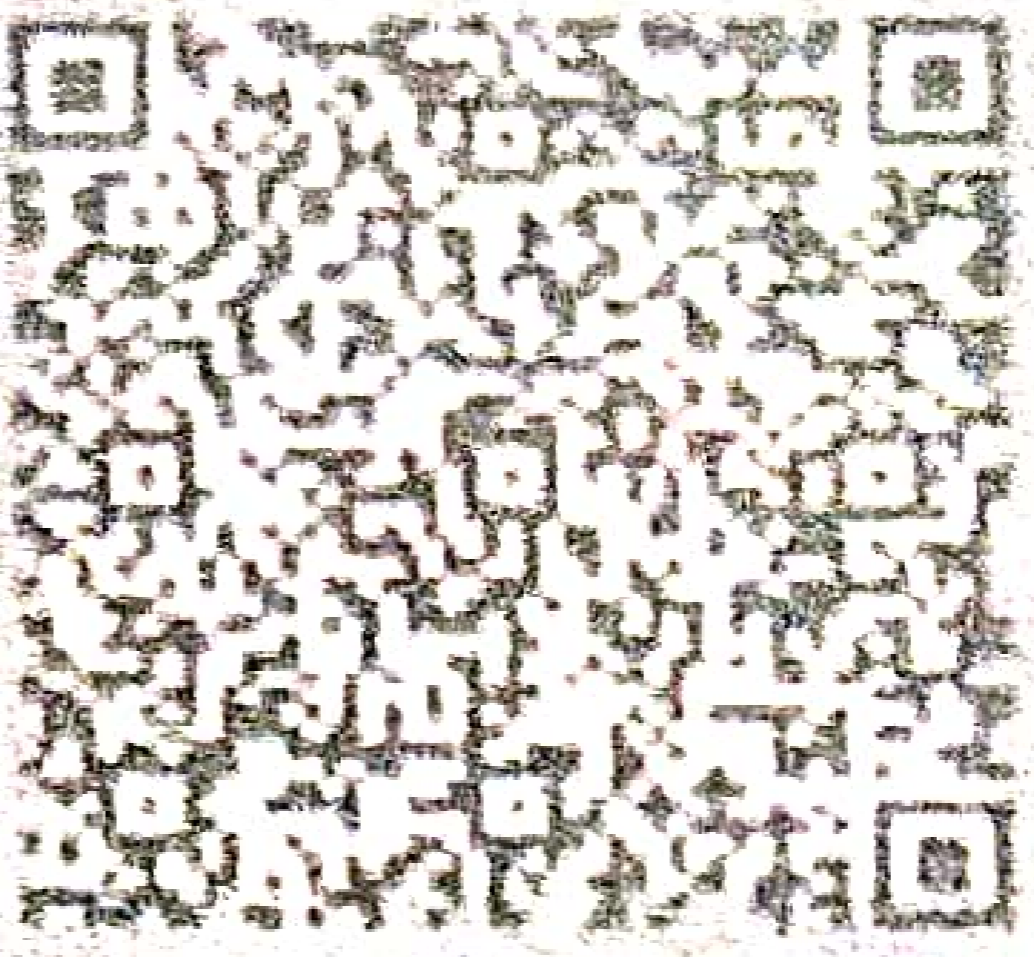
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भारत सरकार  
भारतीय रिजर्व बैंक  
भारतीय मुद्रा  
भारतीय रुपया



नाम / Name

KHATIJN NESHHA

पिता का नाम / Father's Name

RASOOL

जन्म का तिथि / Date of Birth

04/02/1989

BIKPN4193E

भारतीय रिजर्व बैंक  
भारतीय मुद्रा  
भारतीय रुपया



हस्ताक्षर / Signature

