

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES

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

No.

Date 21/07/20

Name

6824

Manisha Bhargava

Add.

UP 57 BX 1500

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Digi			1450/-	
②	Fender			1470/-	
③	Lower			1500/-	
④	Inner			650/-	
⑤	Flower panel (2)			970/-	
⑥	UPPER			1600/-	
⑦	Labor charge			600/-	
TOTAL				8140/-	

Authorized Signatory



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. 252402/31/2025/97453

Tel. No. _____

Period of Insurance 25/03/2025 to 24/03/2026
 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 : Manisho Bhoori
 (b) Address for correspondence : _____
 (c) Telephone : 8792749772

2. THE INSURED VEHICLE

Make & Year <u>MUV/2025</u>	Engine No. <u>JFIFERS07A07198</u> Chassis No. <u>MBLJFN35754A07239</u>	Registration No. <u>UP57BX 1500</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? N/A
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ramanand
- (b) Age : 42
- (c) Address : Shriharipur
- (d) Is the Driver : Relative
 - 1. Owner
 - 2. paid driver?
 - 3. Owner's relative or friend?
- (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 : UP57 2014 0012825
- (h) Issuing Authority : _____
- (i) Date of Expiry : 3/07/2034
- (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 : 20/01/2026, 10:00 AM
- (b) Place : Chauri Shriharipur
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : मेरी स्कूटी मेरे दोस्त के कार लाई के नीचे चला गया और कार के सामने से
- (e) If any third party was responsible for this accident give the name and address : स्वयं वाहन चला कर कार में घिरा तो स्कूटी मेरी बायु
कार्ड रिपेय से डामेज हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
- (b) Estimated cost of repairs : 0140/-
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile Polsonno

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 : _____

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. : _____

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 : _____

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 21/07/26 200

Signature of the insured म-सिधा भारती

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 सतीषा भारती

Occupation

Address

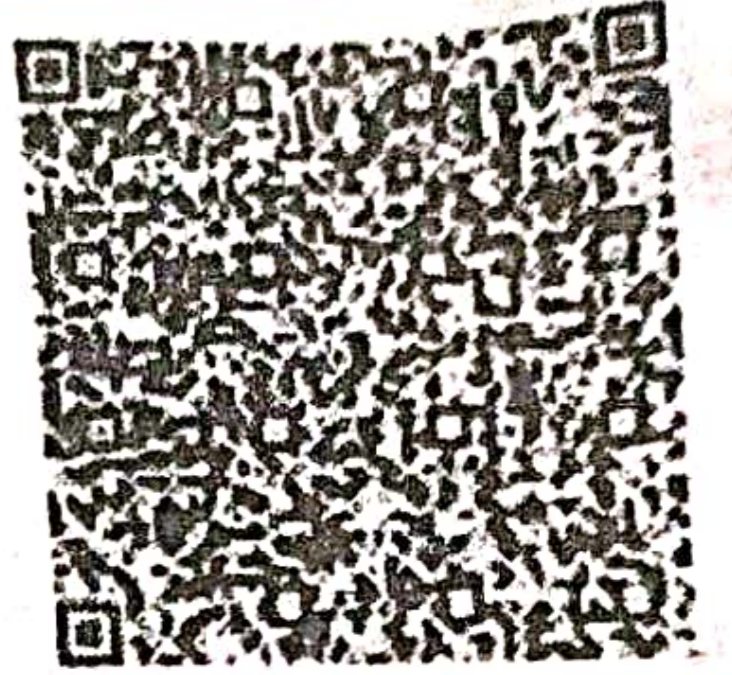
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Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BX1508 Registration Date : 31-Mar-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,
 , 189-274403
 Owner Name : MANISHA BHARTI Son/wife/daughter of : LAXMI PRASAD
 Full Address: (Permanent) : VILL - BARWA RAJAPAKAR, POST - BARWA RAJAPAKAR, PS - TURKPATTI,
 KUSHINAGAR, UTTAR PRADESH-274407
 Full Address: (Temporary) : VILL - BARWA RAJAPAKAR, POST - BARWA RAJAPAKAR, PS - TURKPATTI,
 KUSHINAGAR-UTTAR PRADESH-274407
 Fitness UpTo : 30-Mar-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 : AA1039719220 Rear HSRP No : AA2121572700
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJFN357SGA07239
 Engine No : JF17ERSGA07198 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 115
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245
 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.	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 LTD., DELHI, NEW DELHI, , New Delhi, Delhi-110057 w.e.f. 30-Mar-2025.

Purchase dt	: 30-Mar-2025	Sale Amt	: 75855/-
OTT Date	: 30-Mar-2025	Amount/Rcpt No	: 7586 / UP57D25030004650
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 27-Apr-2025	Previous RegNo	:
Other State/Transfer/Conversion/Reassign Details	:	Entry Date	:
Previous Owner	:	Conversion Date	:
Old State	:		
Transfer Date	:		

This certificate is valid from 31-Mar-2025 to 30-Mar-2040

कर/पंजीयन अधिकारी
 मोटर वाहन विभाग
 Signature of Registering Authority
 Date : 03-May-2025

Date : 03-May-2025 12:15:18

Registration Mark Fee Details



भारत सरकार
Government of India

मनिषा भारती
Manisha Bharati
जन्म तिथि / DOB : 01/09/1999
महिला / Female



9256 0636 0237

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
D/O: लक्ष्मी प्रसाद, बरवा, कुशीनगर,
बरवा राजा पाकर, उत्तर प्रदेश,
274407

Address:
D/O: Laxmi Prasad, Barwa,
Kushinagar, Barwa Raja Pakar,
Uttar Pradesh, 274407

9256 0636 0237



www.uidai.gov.in

आयकर विभागा

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



नाम / Name

MANISHA BHARTI

पिता का नाम / Father's Name

LAXMI PRASAD

जन्म की तारीख /

Date of Birth

01/09/1999

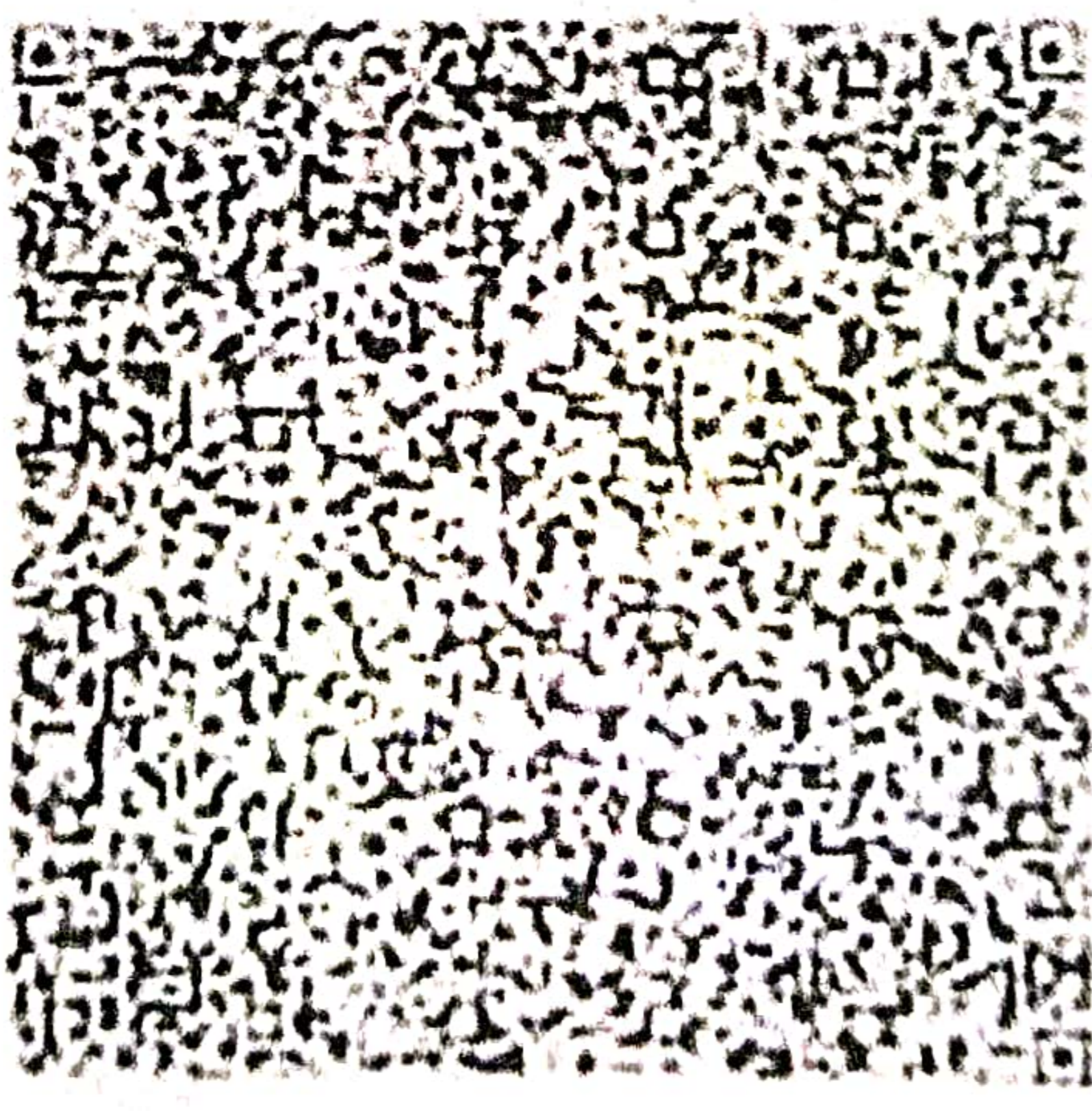
स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

11LUPB6660J

मनिषा भारती

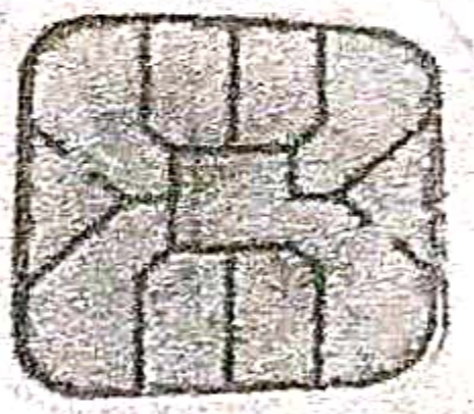
हस्ताक्षर / Signature



22022025

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20140012825



जारी करने की तिथि
Date of Issue
04/07/2014

शेषता / Validity
03/07/2034

जन्म तिथि
Date of Birth
10/06/1991

Blood Group
UNKNOWN

नाम / Name

RAMMANAND

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

JOKHU PRASAD



UP57 20140012825

LMV 04/07/2014
MCWG 04/07/2014



पता / Address

VILL - BANDHYA BUZURG
PO- SUKRALI, PS- HATA
KUSHINAGAR 274207

Under the Signature

Signature / Issuing Authority Sign



UP04082372R3