

# Gupta

**ESTIMATE**

GSTN: 09AHWPG0569P1

AUTHORISED DEALER

**AUTOMOBILES**

Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 930723663

No.

**6825**Date 21/02/2

Name

Vikash Patel

Add.

VP57BX3102

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	W/S			210/-	
②	visor			850/-	
③	H/L			795/-	
④	UPPER			1600/-	
⑤	LOWER			1500/-	
⑥	Inner			650/-	
⑦	Floor panel (R)			870/-	
⑧	Body cover (R)			2500/-	
⑨	Handle			780/-	
⑩	mirror (R+L)			520/-	
⑪	CROM			290/-	
⑫	Indicator (R)			920/-	
⑬	muffler cover			400/-	
⑭	muffler cover small			140/-	
⑮	Labor charge			800/-	
<b>TOTAL</b>				<b>12905/-</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.	Vikash Patel 8382030020
2	Vehicle No. / वाहन संख्या	UP57 BX 3102
3	Policy No. / पालिसी संख्या	252400/31/2026/1668
4	Period of Insurance / बीमा अवधि	8/04/2025 to 7/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/04/2026, 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	1st stage bhaspurwa bandh
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sadanand, UP5720150010318 9161128505
8	Estimated Loss / अनुमानित हानि	12905/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी स्कूटी मेरे बड़े मामा सादानंद लामर रिस्तेदारी जा रहे थे। तभी अचानक एक कार साइड से लकमर मार दिया तो स्कूटी मेरी गड़बड़े में जाकर दाहिने साइड गिर गया और 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.	9125197148 Gupta automobile Parkharna

Date / दिनांक : 21/04/2026  
हस्ताक्षर

- Vikash Patel  
Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sadaram  
 (b) Age : \_\_\_\_\_  
 (c) Address : Pushpigar  
 (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 : UP5720150010318  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31/02/2032  
 (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 : 19/01/2026, 5:00 PM  
 (b) Place : Katae Bhanpurwa bandh  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी रूली मेरे छोटे मामुले करारिस्तेदारी जा रहे थे  
 (e) If any third party was responsible for this accident give the name and address : वही राम बंसमवाल मिसे लखनऊ मारुतिमा/कोरुली मेरी जोड़ मे वाम साइड मिषन से डामन डायर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage, : Front end side  
 (b) Estimated cost of repairs : 12905/-  
 (c) When and where can the damaged vehicle be inspected : upto automobile Padawan

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 21/02/20 200

Signature of the insured Vikash Patel

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. \_\_\_\_\_

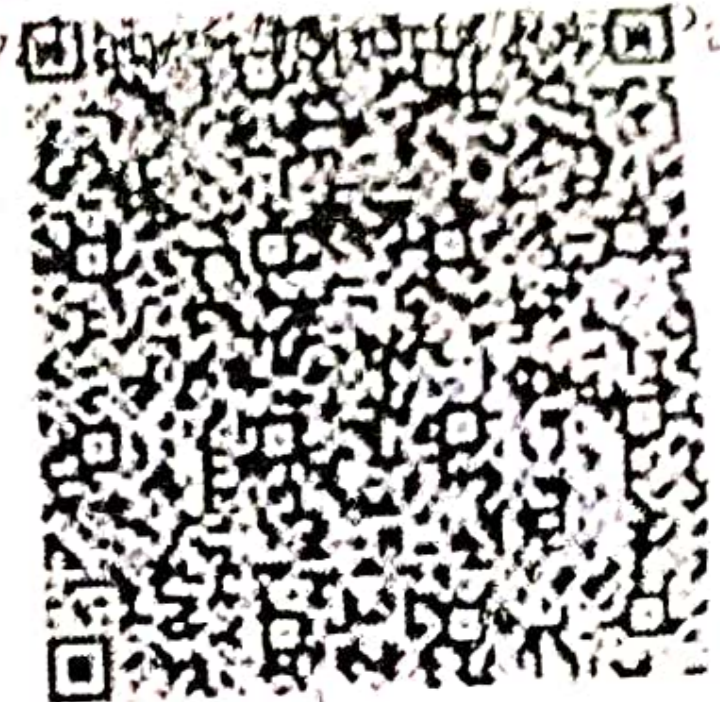
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature ..... *Vikash Patel* .....  
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 : UP57BX3102
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : VIKASH PATEL
Full Address: (Permanent) : VILL-AHIRAULI NAUKATOLA, PO-KHADDA BUZURG, , KUSHINAGAR, UTTAR PRADESH-274802
Full Address: (Temporary) : VILL-AHIRAULI NAUKATOLA, PO-KHADDA BUZURG, , KUSHINAGAR-UTTAR PRADESH-274802
Fitness UpTo : 10-Apr-2040
Detailed Description : M-CYCLE/SCOOTER
Class of Vehicle : INDIVIDUAL
Ownership : HERO MOTOCORP LTD
Maker's Name : AA1039725617
Front HSRP No : SOLO WITH PILLION
Type of Body : 1
No of Cylinders : JF17ERSGA07210
Engine No : 8.98
Horse Power(BHP) : DESTINI PRIME
Maker's Classification : 2
Seating Cap(in all) : 0
Sleepar Cap : 0
Colour : METALLIC NEXUS BLUE
Other Criteria :
Vehicle Purchase As : Fully Built
Registration Date : 11-Apr-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAMPHAL PATEL
Owner Serial No : 1
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2121565980
Month/Year of Manuf. : 01/2025
Chassis No : MBLJFN355SGA07224
Fuel : PETROL
Cubic Capacity : 124.60
Wheel base : 1245
Standing Cap : 0
Unladen Wt (kgs) : 115
Laden/GV Wt (kgs) : 245
AC Fitted : NO

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

By Manuf. 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 : 08-Apr-2025
OTT Date : 08-Apr-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 26-Apr-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 75855/-
Amount/Rcpt No : 7586 / UP57D25040001774
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 11-Apr-2025 to 10-Apr-2040

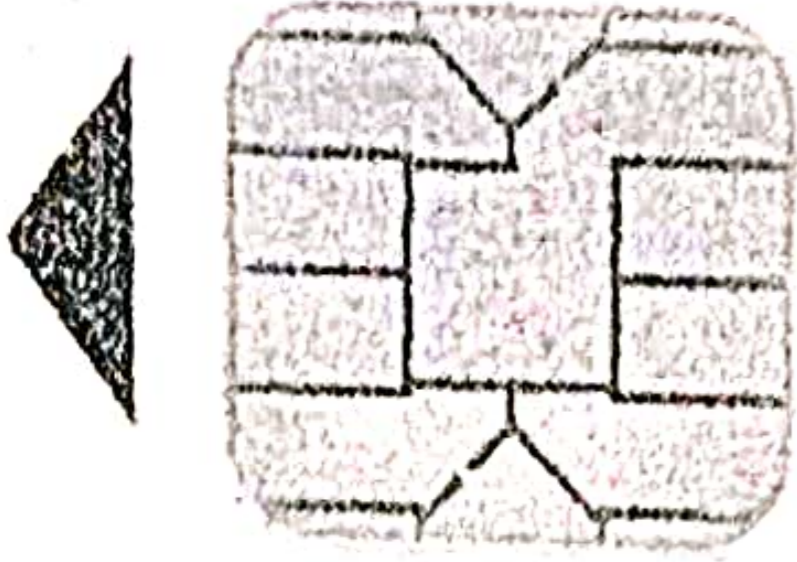
Signature of Registering Authority
Date : 01-Jul-2025



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP57 20150010318



Issue Date 04-03-2024  
Validity (NT) 31-12-2032

Validity (TR) \_\_\_\_\_



*[Signature]*

Holder's Signature

(18-05-2015)

Date of First Issue

Name: **SADANAND**

Date of Birth: **01-01-1973** Blood Group: \_\_\_\_\_

Organ Donor: **N**

Son/Daughter/Wife of: **AGNU**

Address:  
**VILL-NAUKA TOLA AHIRALI RAJA BAZAR  
KHADDA PADRAUNA, KUSHINAGAR 274802**

UPDL000012917769

DL No: **UP57 20150010318**



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	18-05-2015	NT				
LMV	UP57	18-05-2015	NT				
MVSD							

Emergency Contact Number

*[Signature]*  
Licensing Authority  
UP57 KUSHINAGAR

Form 7 Rule 16(2)

Issue Date : 25/03/2015



विकाश पटेल  
Vikash Patel  
जन्म तिथि / DOB : 28/08/2001  
पुरुष / Male

भारत सरकार  
Government of India



7141 9944 2026  
मेरा आधार, मेरी पहचान

Print Date : 13/05/2023

पता: द्वारा: रामफल पटेल, अहीरौली  
नौकाटोला, खड्डा बुजुर्ग, कुशीनगर, उत्तर  
प्रदेश, 274802

Address: C/O: Ramphal Patel, ahirauli  
naukatola, Khadda Buzurg, Kushinagar,  
Uttar Pradesh, 274802

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



7141 9944 2026



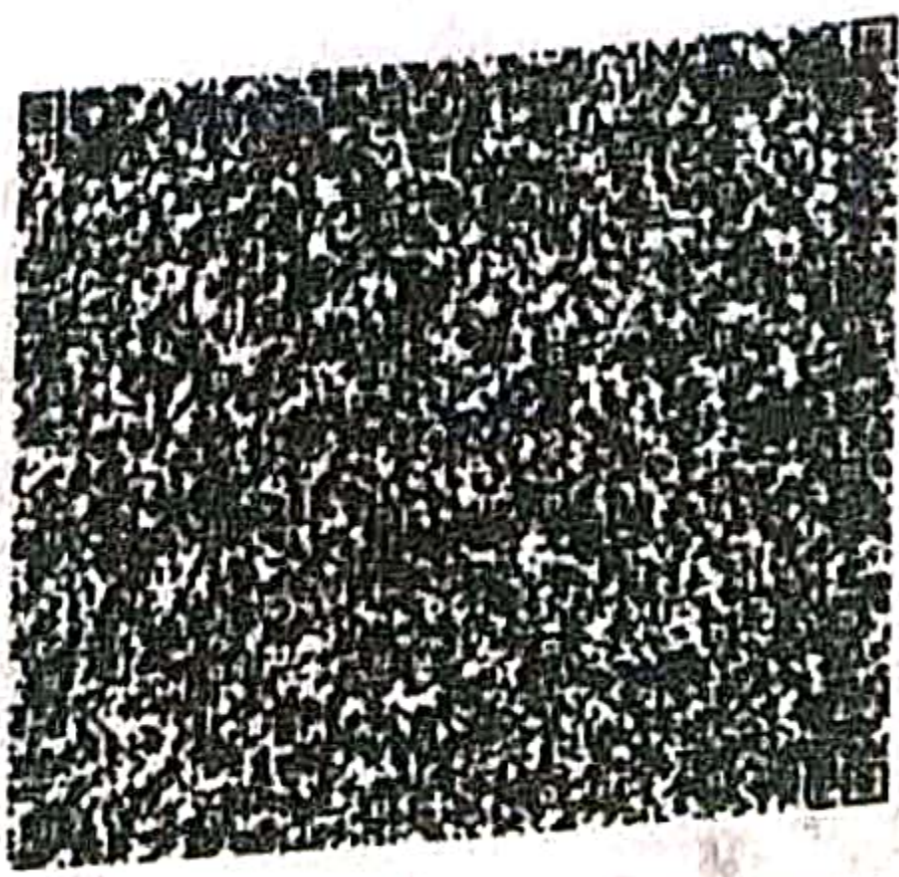
1947



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT



GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

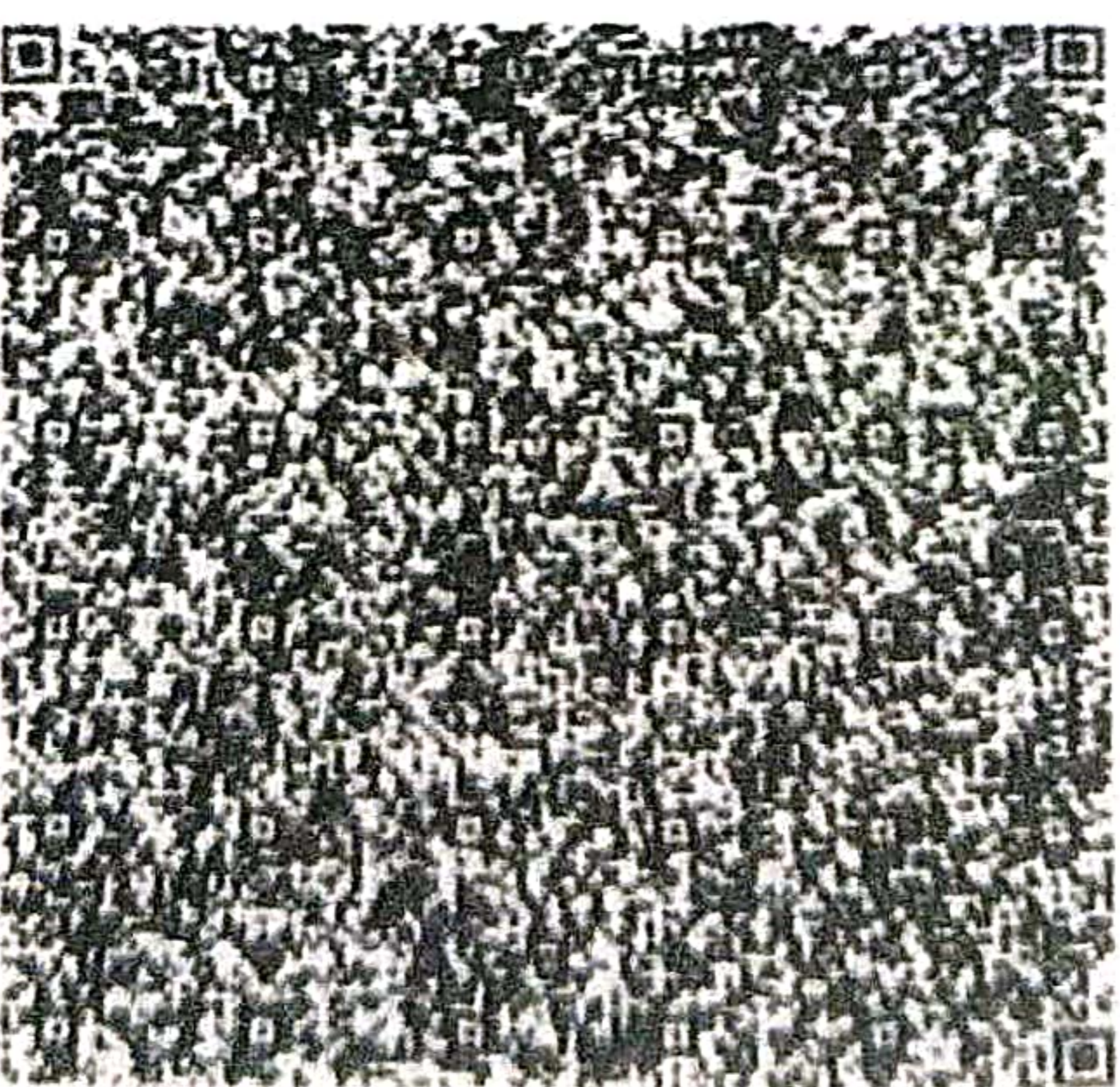
HESPP5573Q

नाम / Name  
VIKASH PATEL

पिता का नाम / Father's Name  
RAMPHAL PATEL

जन्म की तारीख /  
Date of Birth  
28/08/2001

हस्ताक्षर / Signature



28032023