

ESTIMATE

GSTN : 09AHWPG0569P17

AUTHORISED DEALER

# Gupta

## AUTOMOBILES



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

No. **6827**

Date 2/02/12

Name Kavita Kumar

Add. UP 27 BX 0448

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	UPPER			1600/-	
②	LOWER			1500/-	
③	FENDER			1470/-	
④	visor			850/-	
⑤	Indicator (L)			920/-	
⑥	inner			650/-	
⑦	mirror (R)			280/-	
⑧	labor charge			700/-	
			<b>TOTAL</b>	<b>7970/-</b>	

Authorised Signatory

[Signature]

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.	Kavita Kumari 0573018357
2	Vehicle No. / वाहन संख्या	UP57BX0448
3	Policy No. / पालिसी संख्या	222400/31/2025/95074
4	Period of Insurance / बीमा अवधि	19/03/2025 to 18/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/01/2026 , 04:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Tilakpathi chowaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arun, UP5720250014488 0573018357
8	Estimated Loss / अनुमानित हानि	7970/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी कार में प्रति लैमर रिस्ट्रिक्शन जा रहे थे। तभी अचानक सामने से कम्प्री आ गई तो उसी को बचाते वकत हमारी लैमर बाय साइड गिर गया तो हमारी मेरी ड्राइव टूट 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 Padma.

Date / दिनांक : 21/01/26  
हस्ताक्षर

Kavita Kumari  
Signature of Insured / बीमाधारक के



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. 252400/31/2025/95874

Tel. No. \_\_\_\_\_

Period of Insurance 19/03/2025 to 18/03/2026  
 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 : Levita Kumari  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8573010357

2. THE INSURED VEHICLE

Make & Year <u>MU-20/2025</u>	Engine No. <u>JF17ERRGK12707</u> Chassis No. <u>MBLJFN354R0K13089</u>	Registration No. <u>UP57BX 0440</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?  
 (d) If a Motor Cycle/scooter NO  
 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 : N/A  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Arjun

(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 : UP57 20250017480

(h) Issuing Authority : \_\_\_\_\_

(i) Date of Expiry : 4/02/2039

(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 : 13/01/2026, 4:00 P.M

(b) Place : Vilakpatti chauraha

(c) Speed of vehicle at the time of accident : \_\_\_\_\_

(d) Give a short description of the accident : मेरी स्कूटी मेरे मां लिफ्ट जा रही थी तभी अचानक सामने एक गाड़ी आ गई जो ठोका और स्कूटी से टकरा गई।

(e) If any third party was responsible for this accident give the name and address : लेकर ठाक साई विन सैफ मेरी रामेज चौक

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side

(b) Estimated cost of repairs : 7970/-

(c) When and where can the damaged vehicle be inspected : Crypto automobili Padavanra

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 मविदा कुमारी

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 ..... *M. J. BHARATI*

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 : UP57BX0448      Registration Date : 24-Mar-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 : KAVITA KUMARI      Son/wife/daughter of : ARJUN  
 Full Address: (Permanent) : VILL- TILAKPATTI, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302  
 Full Address: (Temporary) : VILL- TILAKPATTI, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274302  
 Fitness UpTo : 23-Mar-2040      Owner Serial No : 1  
**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Nominee Name : ARJUN  
 Relationship with the : Spouse      Norms : BHARAT STAGE VI  
 Nominee  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2120227088      Rear HSRP No : AA2120676002  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 10/2024  
 No of Cylinders : 1      Chassis No : MBLJFN354RGK13089  
 Engine No : JF17ERRGK12787      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 : NOBLE RED      Laden/GV Wt (kgs) : 245  
 Other Criteria :  
 Vehicle Purchase As : Fully Built      AC Fitted : NO

#### 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 : 19-Mar-2025      Sale Amt : 75855/-  
 OTT Date : 19-Mar-2025      Amount/Rcpt No : 7586 / UP57D25030003403  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 22-Apr-2025  
**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 24-Mar-2025 to 23-Mar-2040

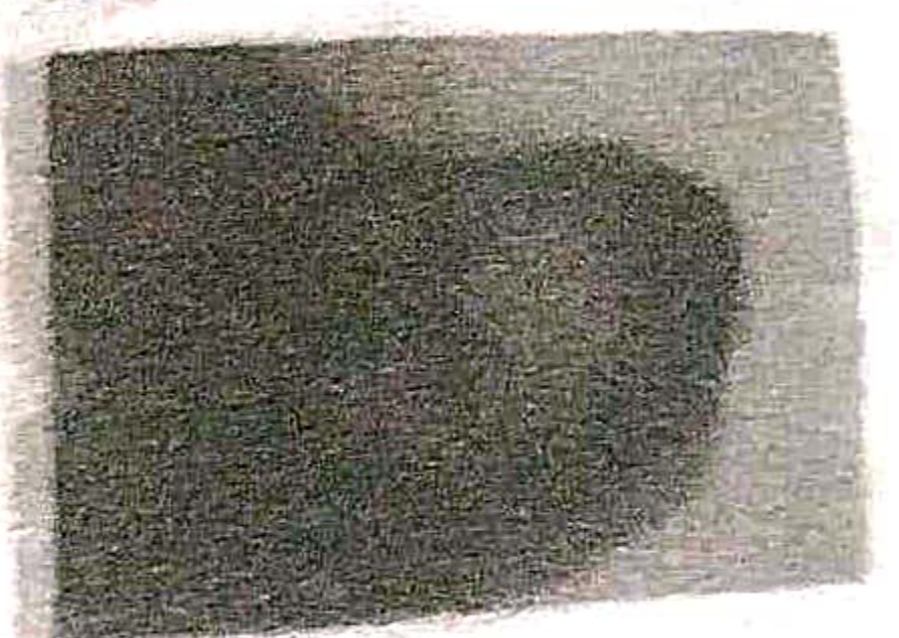
Signature of Registering Authority  
Date : 12-May-2025

Date : 12-May-2025 14:20:16  
Taxation Particulars / Advance Registration Mark Fee Details

Q 3351994



भारत सरकार  
Government of India



नाम/नाम  
Kavya Kumari  
जन्म तिथि/DOB: 01/01/2007  
लिंग/SEX: FEMALE

अभिलेखन के लिए उपयोग करें, अभिलेखन या प्रमाणीकरण का नहीं।  
गणना कार्ड को सुरक्षित रखें (संरक्षण प्रमाणिका, या प्रमाणिका को/  
सुरक्षा प्रमाणिका को सुरक्षित) के साथ साथ साथ साथ।  
Aadhaar is proof of identity, not of citizenship.  
or date of birth. It should be used with verification (online  
authentication), or scanning of QR code / offline XML.

2089 1821 3589

आरटी आरटी, आरटी एड्रेस

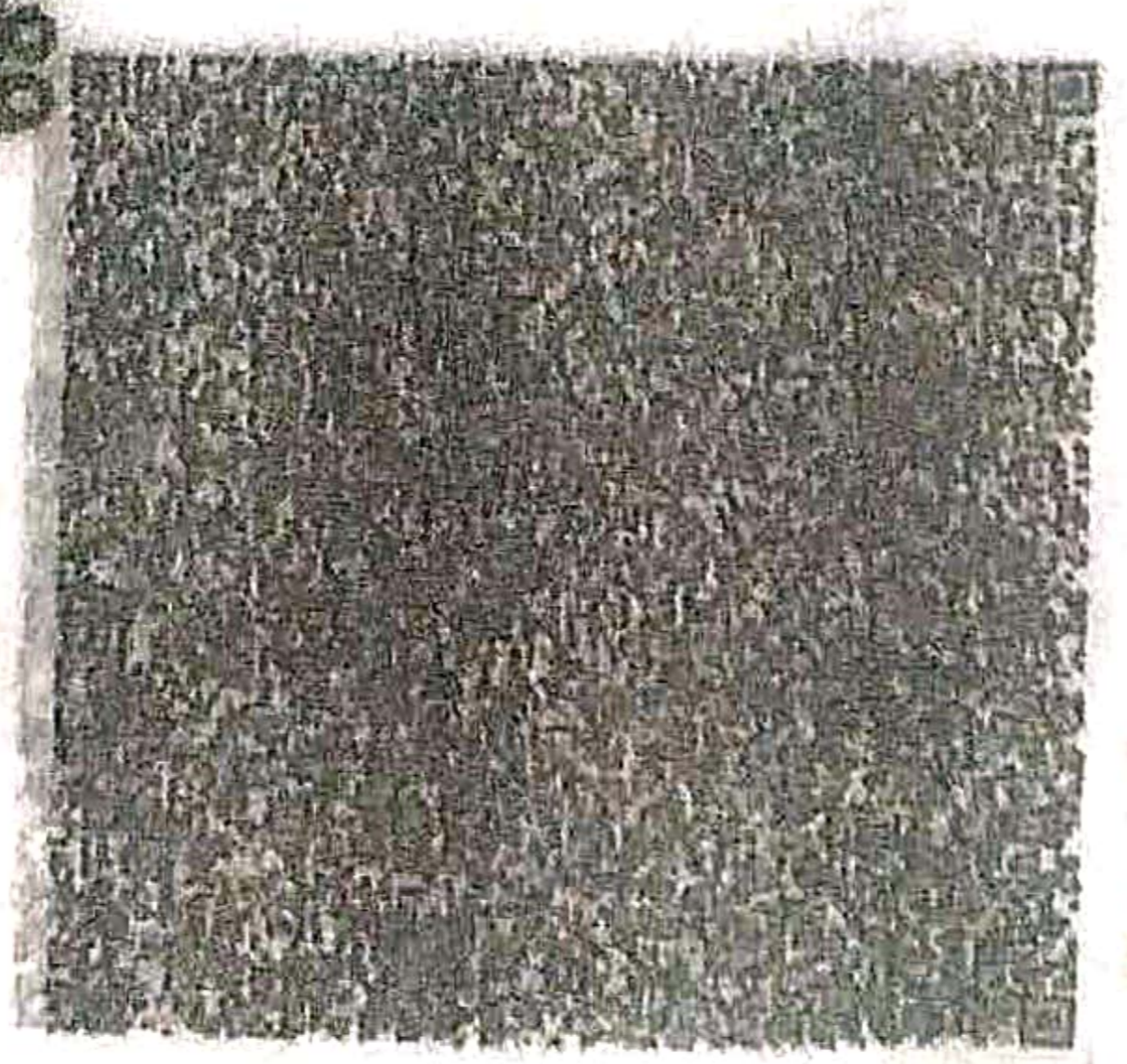


भारत सरकार  
Ministry of Information & Public Relations  
Government of India



पता:  
आर. अर्जुन, मिनाकरी दुदही, दुदही, ईआई, कुशीनगर,  
उत्तर प्रदेश - 274302

Address:  
C/O: Arjun, Minakari Dudahi, Dudahi, PO: Dudhai,  
Dist: Kushinagar,  
Uttar Pradesh - 274302



2089 1821 3589  
VIP : 9115 1342 9547 4361

2017

help@dudhai.gov.in

www.dudhai.gov.in

सिद्धा विधा

सिद्धा विधा

INCOME TAX DEPARTMENT

GOVT. OF INDIA



नाम / Name  
KAVITA KUMARI

स्थायी विवर विवरण  
Permanent Account Number Card

QBYPK1102G

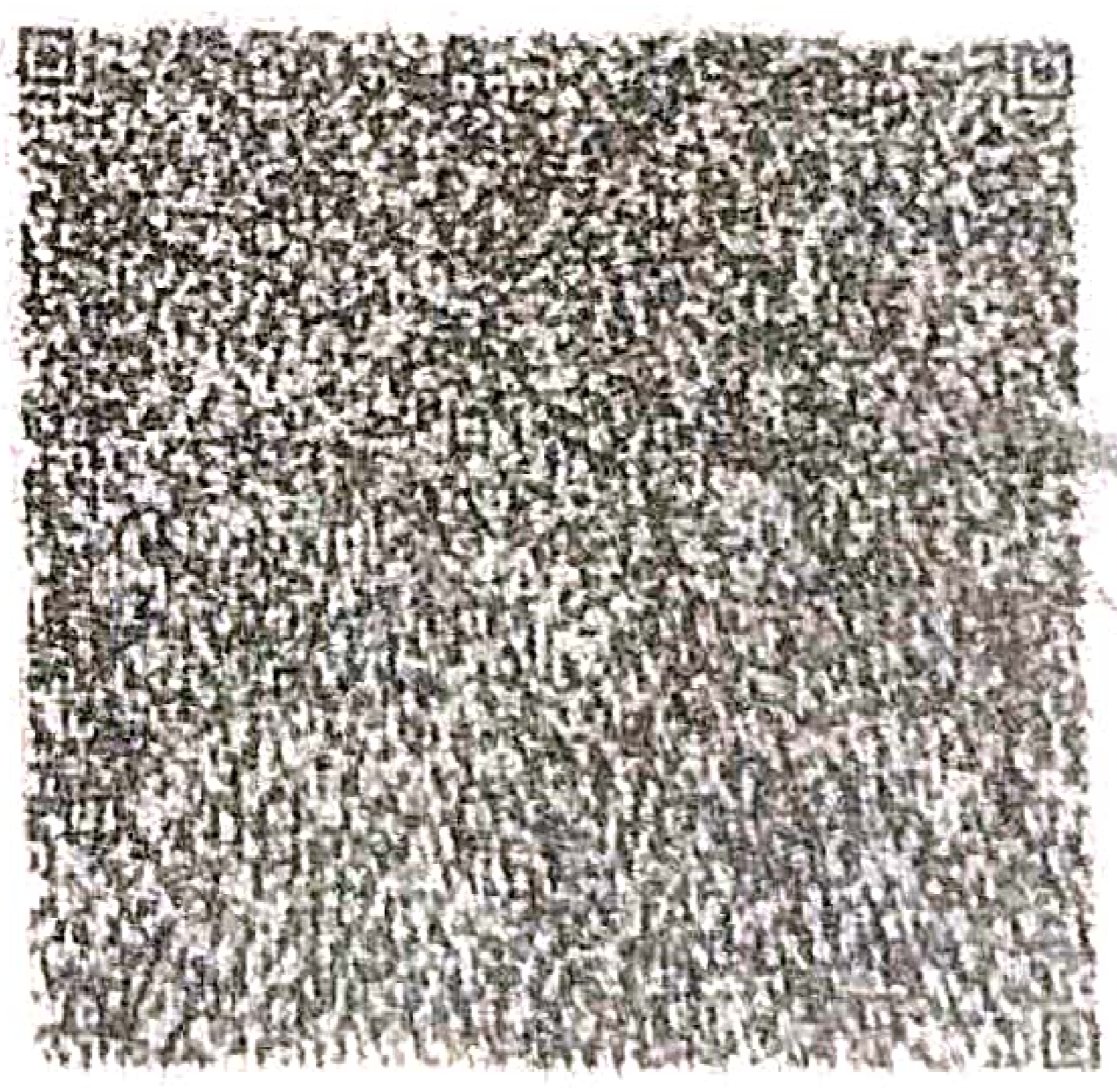
वर्तमान प्रोविडेंट फंड संख्या  
CURRENT PROVIDENT FUND NUMBER

1405025

जन्म तिथि /

DATE OF BIRTH

01/04/1987



यह आवधिक प्रमाणित है।  
This is a valid document.