

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

Gupta

AUTOMOBILES



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

No.

6830

Date 22/1/26

Name

Nagina kumar Sahani

Add.

UP57BW2401

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	VIBOR			1265/-	
②	M/L			3500/-	
③	Innu			400/-	
④	M/L Stand			280/-	
⑤	Indicator (2)			220/-	
⑥	Labor charge			500/-	
			TOTAL	6245/-	

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.	Nagina kumar Sathani 7048417275
2	Vehicle No. / वाहन संख्या	UP57BW5481
3	Policy No. / पालिसी संख्या	252400/31/2025/86436
4	Period of Insurance / बीमा अवधि	16/02/2025 to 15/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/02/2026, 6:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Panihawa Chaukher
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vijay kumar Sathani UP5720 8009903033 250018285
8	Estimated Loss / अनुमानित हानि	6245/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरी वाइल मेरा भाई विजय कुमार सथानी के कार में जा रहे थे। तभी अचानक सामने गाड़ी आ गया तो उसी में ठोकर लगी गाड़ी के साइड के भाग में ठोकर मारने से घिसाई हो गया।
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 : 22/02/26
हस्ताक्षर

Signature of Insured / बीमाधारक के
Nagina kumar Sathani



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. 252402/31/2025/86436

Tel. No. _____

Period of Insurance 16/02/2025 to 15/02/2026
 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 : Nagina Kumari Sahani
 (b) Address for correspondence : _____
 (c) Telephone : 704617275

2. THE INSURED VEHICLE

Make & Year <u>Muzo/2025</u>	Engine No. <u>HA11F13HB02618</u> Chassis No. <u>MBLMAW409SHB0277</u> <u>3</u>	Registration No. <u>UP57BW</u> <u>5481</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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vijay Kumar Sahani
 (b) Age : 45
 (c) Address : Gushinagar
 (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 : UP5720250210285
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2040
 (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, 6:00 P.M
 (b) Place : Penitrawn Chowratha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी बाइक में जा रहा था कि सामने कार आया तभी सामने कुल्लावा
 (e) If any third party was responsible for this accident give the name and address : वामा लो कुसा मो कचारे बरत बाजे साईस लेमर गिरने से बाइक डामेज हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front md side
 (b) Estimated cost of repairs : 6245/-
 (c) When and where can the damaged vehicle be inspected : Crupata automobile Padrauna

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? : _____
(g) When? : N/A
(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 22/02/26 200

Signature of the insured श्री. व. कुमारी श्री. ज.

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

[Handwritten Number]

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW5481
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : NAGINA KUMAR SAHANI
Full Address: (Permanent) : VILL-PANIYAHAWA WARD NO.5 CHHITAUNI, HANUMANGANJ, , KUSHINAGAR, UTTAR PRADESH-274801
Full Address: (Temporary) : VILL-PANIYAHAWA WARD NO.5 CHHITAUNI, HANUMANGANJ, , KUSHINAGAR-UTTAR PRADESH-274801
Fitness UpTo : 16-Feb-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA1038983329
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11F1SHB02618
Horse Power(BHP) : 7.91
Maker's Classification : SPLENDOR+ XTEC 2.0
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : Black Heavy Grey
Other Criteria :
Vehicle Purchase As : Fully Built
Registration Date : 17-Feb-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : MOHAN SAHANI
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA1039322145
Month/Year of Manuf. : 02/2025
Chassis No : MBLHAW409SHB02773
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
Standing Cap : 0
Unladen Wt (kgs) : 112
Laden/GV Wt (kgs) : 242
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 : 16-Feb-2025
OTT Date : 16-Feb-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 21-Mar-2025
Sale Amt : 84351/-
Amount/Rcpt No : 8436 / UP57D25020002234
Tax Exempted or Not : NOT EXEMPTED
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 17-Feb-2025 to 16-Feb-2040

Date : 27-Mar-2025 11:46:07

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Kushinagar
27-Mar-2025

Q 1912634

3/27/2025, 11:46:07

आयकर विभाग
INCOME TAX DEPARTMENT

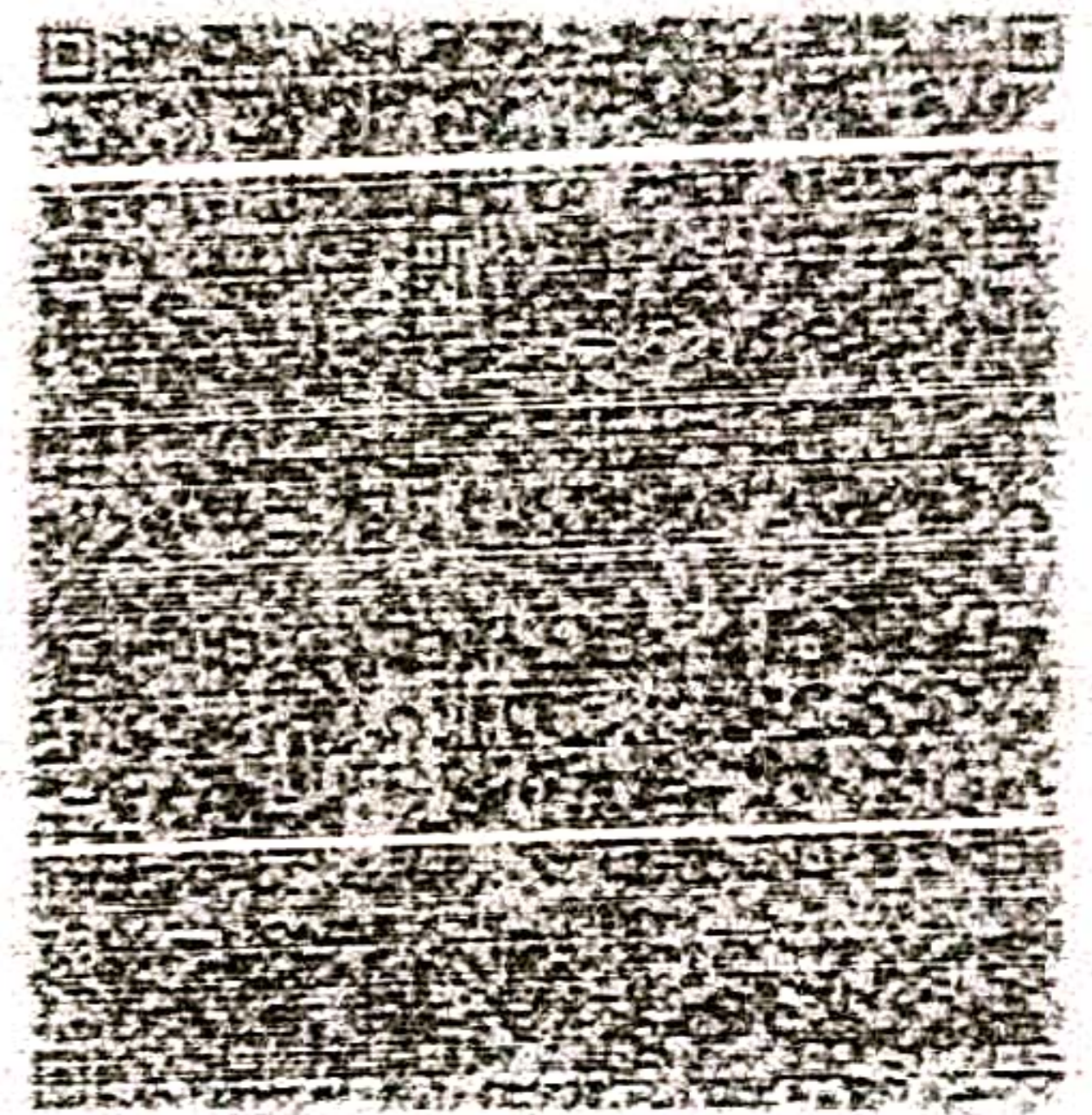


भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



OFTPS5300P



नाम / Name
NAGINA KUMAR SAHANI

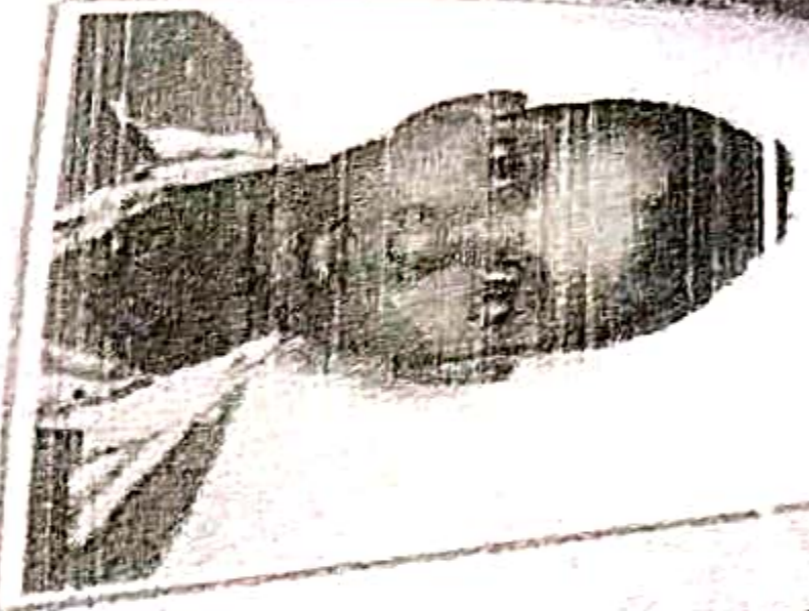
पिता का नाम / Father's Name
MOHAN SAHANI

12112025

जन्म की तारीख /
Date of Birth
01/01/2004

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed

Aadhaar No. Issued



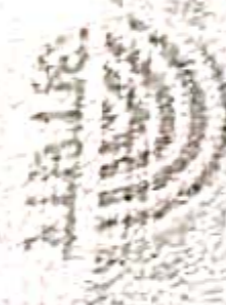
भारत सरकार
Government of India

नगिना कुमार साहनी

Nagina Kumari Sahani

जन्म तिथि / DOB : 01/01/2004

पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
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).

6566 2041 8459

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on 14/09/2025

पता: आनन्द मोहन साहनी, बॉर्ड.न.-05,
पानियहवा, पन्डीना, कुशीनगर, उत्तर प्रदेश,
274801

Address: S/O: Mohan Sahani,
Ward.no.-05, Panyahawa, Panhiwa,
PO:Chhitauni, DIST:Kushinagar, Uttar
Pradesh, 274801



6566 2041 8459



1947

help@uidai.gov.in

www.uidai.gov.in

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20250018285



Issue Date 29-09-2025 Validity (NT) 31-12-2040 Validity (TR)*



Holder's Signature

Name: **VIJAY KUMAR SAHANI**
 Date of Birth: 01-01-2001 Blood Group: Organ Donor: **N**

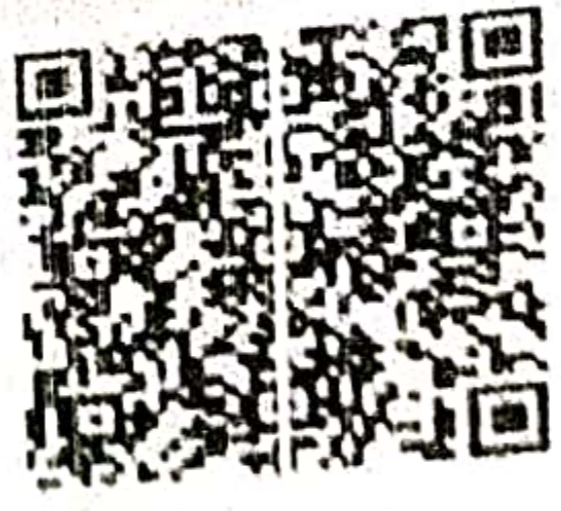
Son/Daughter/Wife of: **MOHAN SAHANI**

Address:
**WARD NO.-05 PANNYAHAWA CHHIT AUNI
 PANNIWA PADRAUNA KUSHINAGAR UTTAR
 PRADESH 274801**

Date of First Issue 29-09-2025

DL No: UP57 20250018285

UPDL571 000029054



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*
LMV	MCWG	UP57	29-09-2025	MT			
MVSD		UP57	29-09-2025	MT			

Emergency Contact Number

[Signature]
 Licensing Authority
UP57 KUSHINAGAR