

ESTIMATE

GSTN : 09AHWPG0569P1ZE

Gupta

AUTOMOBILES

AUTHORISED DEALER



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

No. **6829** Date 22/07/26Name Asagar ali AnsariAdd. UP57 BX 1195

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Hondle			500/-	
②	Fender			1450/-	
③	mirror - (R)			140/-	
④	Legard			680/-	
⑤	Solkar pipe (R) (L)			2300/-	
⑥	Rim Front			4800/-	
⑦	visor			1000/-	
⑧	H/L			595/-	
⑨	H/L Stand			275/-	
⑩	Labor charge			700/-	
TOTAL				12490/-	

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.	Asghar ali Ansari 9325093203
2	Vehicle No. / वाहन संख्या	UP57BX1195
3	Policy No. / पालिसी संख्या	252400/31/2025/97370
4	Period of Insurance / बीमा अवधि	25/03/2025 to 24/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/01/2025, 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Madhopur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Phool Mohammad, UP572011000 0302 9325093203
8	Estimated Loss / अनुमानित हानि	12440/-
9.	Cause of Accident / दुर्घटना का कारण :	मेरी बहन मेरे मझासी लुकर मारते जा रहे थे तभी अचानक सामने से ट्रैक्टर वाला लुकर मार दिया तो दोनों साईड से तो बहन का बच साईड घिरने से बहन ज़मीन 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

असगर

Signature of Insured / बीमाधारक के

Date / दिनांक : 22/01/26
हस्ताक्षर



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. 25 2400/31/2025/97370
 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 : Asagar ali Ansari
 (b) Address for correspondence : _____
 (c) Telephone : 9325093203

2. THE INSURED VEHICLE

Make & Year <u>Hyundai/2025</u>	Engine No. <u>HATTEBRHH78118</u> Chassis No. <u>MBLHAW230RHHK49</u> <u>42</u>	Registration No. <u>UP57BX</u> <u>1195</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 : Pran Mohanmad
 (b) Age : _____
 (c) Address : Kushinagar
 (d) Is the Driver
 1. Owner : R
 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 : UP5720110000302
 (h) Issuing Authority : _____
 (i) Date of Expiry : 11/01/2031
 (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 : 20/01/2025, 5:00 P.M
 (b) Place : Madhopur
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी गाड़ी में मड़ो सी लैमरणा रहे जो लगे अचानक
 (e) If any third party was responsible for this accident give the name and address : कामने से दुपट्टर वाला लकमरमर दिना लो लामे साईड से लो बाईम बाय साईड खि रने से बाईम बाय साईड ही गड

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 12440/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Puchaur

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 Policy 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 22/01/2020

Signature of the insured 314012

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 31/11/19
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	: UP57DX1195	Registration Date	: 30-Mar-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASHIYA ROAD, PADRAUNA, 169-274304		
Owner Name	: ASAGAR ALI ANSARI	Son/wife/daughter of	: SHAHABUDDIN ANSARI
Full Address: (Permanent)	: VILL- JANUAN BAZAR, POST- DUDAHIL, KUSHI NAGAR, UTTAR PRADESH-274302		
Full Address: (Temporary)	: VILL- JANUAN BAZAR, POST- DUDAHIL, KUSHI NAGAR-UTTAR PRADESH-274302		
Fitness Up To	: 29-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	Rear HSRP No	: AA2121573336
Front HSRP No	: AA1030719816	Month/Year of Manuf.	: 08/2024
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW230R11HC4942
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HAMEORHH78118	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1236
Maker's Classification	: SPLENDOR+ (DRS)	Standing Cap	: 0
Seating Cap(In all)	: 2	Unladen Wt (kgs)	: 109
Sleeper Cap	: 0	Laden/GV Wt (Kgs)	: 239
Colour	: BLACK GREY STRIPE	AC Fitted	: NO
Other Criteria	:		
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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED, DELHI, DELHI, , New Delhi, Delhi-110057 w.o.f. 25-Mar-2025,

Purchase dt	: 25-Mar-2025	Sale Amt	: 77025/-
OTT Date	: 25-Mar-2025	Amount/Rcpt No	: 7703 / UP57D25030004
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 24-Apr-2025		
Other State/Transfer/Conversion/Reassign Details		Previous RngNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from 30-Mar-2025 to 29-Mar-2040

Signature of Registering Auth
Date : 20-May-

000302

LMV
12/01/2011 12/01/2011



UP04469998RS



Form 7 Rule 16(2)

नाम / Address
RASID TOLA JAMLIAN
DUDAHI
KUSHINAGAR
19/03/2011

Holder's Signature

व्यक्ति / Issuing Authority Sign

KUSHIN

UNION OF INDIA Driving Licence

UP57 20140000302



व्यक्ति को दिनांक
Date of Issue
12/01/2011

जन्म तिथि
Date of Birth
10/04/1987

वैधता / Validity
11/01/2031

Blood Group
UNKNOWN



नाम / Name
PHOOL MOHAMMAD
पति/पत्नी का नाम / Son/Daughter/Wife of
ADRISH MIYYA

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ASAGAR ALI ANSARI

SHAHABUDDIN ANSARI

07/06/1981

Permanent Account Number

BTNPA1837L

असगर

Signature



28012016

भारत सरकार
GOVERNMENT OF INDIA



असागर अली अनसारी
Asagar Ali Ansari
जन्म तारीख/DOR: 07/06/1981
पुरुष/ MALE

3529 6342 1189

आई आरएफ, आईओएफ

Details as on: 19/05/2025



पदा:
सहायक सहायक सहायक, 755, एनएसएस
पोस्ट बांगोरचौरिया, बिस्नुपुरा, मुंडा, छत्तीसगढ़,
उत्तर प्रदेश - 274302

Address:
S/O: Shashibandhu Ansari, 755, Census Location Bazar
Post Baogorchauriya, Bisnupura, PO: Dandhar,
DIST: Kishinagar,
Uttar Pradesh - 274302

3529 6342 1189
VID: 9174 0854 8711 8433

UIN

UIDAI.gov.in

www.uidai.gov.in