

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6832

Date 26/01/26

Name

Avinash Kumar

Add.

UP57BX6465

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT Rs. | P. |
|-------|---------------|------|--------------|---------------|----|
| ① | Visor | — | — | 905/- | |
| ② | Fuel Tank | — | — | 5000/- | |
| ③ | Labour charge | — | — | 400/- | |
| | | | TOTAL | 6305/- | |

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

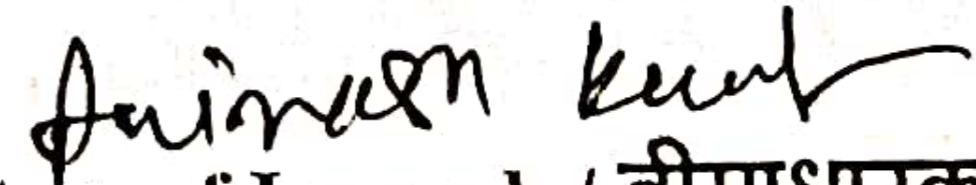
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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. | Avinash kumar, 9415009105 |
| 2 | Vehicle No. / वाहन संख्या | UP57BX6465 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/304 |
| 4 | Period of Insurance / बीमा अवधि | 02/04/2025 to 01/04/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 23/01/2026 , 04.00 P.M. |
| 6 | Place of Accident / दुर्घटना का स्थान | Dharampur. |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Avinash kumar, UP5720070005244 |
| 8 | Estimated Loss / अनुमानित हानि | 6385/- |
| 09. | Cause of Accident / दुर्घटना का कारण : | अपनी बाईक लेकर किसी काम से जा रहा वर्षी अचानक से एक साईकल वाला थेल मेसे निकल कर सामने आ गया उसी को बचाते हुये मेरी बाईक बाये साईड गिरने से क्षतिग्रत हो गयी |
| 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 Padsarna. |

Date / दिनांक : 26/01/2026.
हस्ताक्षर


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. 252400/31/2026/304

Tel. No. _____

Period of Insurance 02/04/25 to 01/04/26
 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 : Arinash kumar
 (b) Address for correspondence : _____
 (c) Telephone : 9415009105

2. THE INSURED VEHICLE

| | | |
|---------------------------------|--|--|
| Make & Year <u>Hes0/2025</u> | Engine No. <u>HAI1E8SHB68021</u> Chassis No. <u>MBLHAW231SHBB5882</u> | Registration No. <u>UP57BX 6465</u> |
|---------------------------------|--|--|

- (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 : Awimash kumar
(b) Age : _____
(c) Address : Kushinagan Palsarna
(d) Is the Driver :
1. Owner : Owner
2. paid driver? : _____
3. Owner's relative or friend? : _____
(e) If paid driver, how long has he been in your employment : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720070005244
(h) Issuing Authority : _____
(i) Date of Expiry : 08/02/2027
(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 : 23/01/2026, 04:00 P.m.
(b) Place : Dhampan
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : साइकिल वाले को लकवाते हुये अर्बन वाये
(e) If any third party was responsible for this accident give the name and address : साईट गिरने से क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : 6385/-
(c) When and where can the damaged vehicle be inspected : Geeta automobile Palsarna.

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 : _____
(e) Full details of property damaged : _____
(f) Has notice of any claim been given to you? : N/A

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 *Ainaba Khan*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

~~N/A~~

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. : _____

~~N/A~~

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 : _____

~~N/A~~

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 26/01/26 200

Signature of the insured Anwar Khan



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



Registration No : UP57BX6465
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 04-Apr-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Purpose For Printing RC : NEW
Owner Name : AVINASH KUMAR
Son/wife/daughter of : RAMISHWAR
Full Address: (Permanent) : VILL PIPRA BUZURG, POST PIPRA BAZAR, THANA NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
Full Address: (Temporary) : VILL PIPRA BUZURG, POST PIPRA BAZAR, THANA NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305
Fitness UpTo : 03-Apr-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 : AA2121573390
Front HSRP No : AA1039719870
Month/Year of Manuf. : 02/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW231SHBB5882
No of Cylinders : 1
Engine No : HA11E8SHB68021
Fuel : PETROL
Horse Power(BHP) : 7.91
Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS)
Wheel base : 1236
Seating Cap(in.all) : 2
Standing Cap : 0
Sleepar Cap : 0
Colour : BLACK GREY STRIPE
Unladen Wt (kgs) : 109
Other Criteria :
Laden/GV Wt (kgs) : 239
Vehicle Purchase As : Fully Built
AC Fitted : NO

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

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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.e.f. 02-Apr-2025.

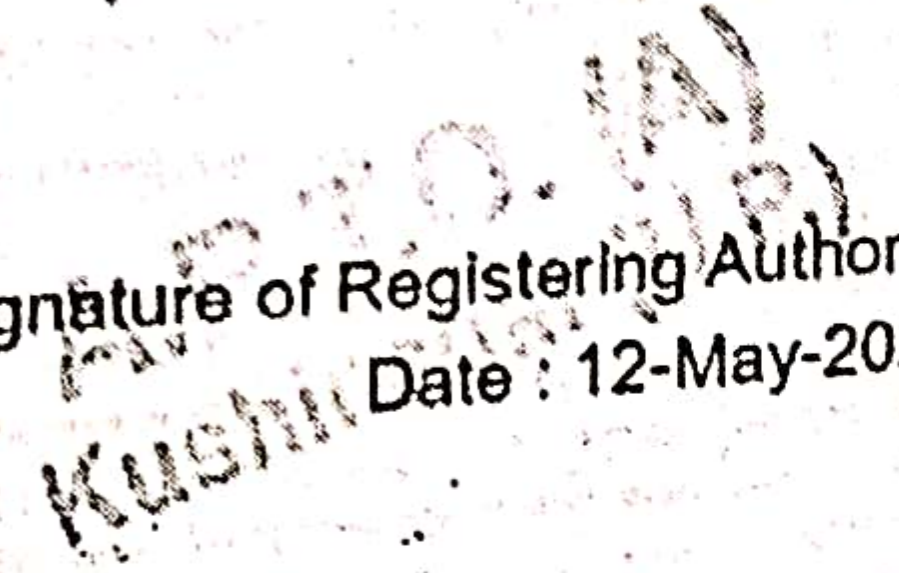
Purchase dt : 02-Apr-2025
Sale Amt : 77026/-
OTT Date : 02-Apr-2025
Amount/Rcpt No : 7703 / UP57D25040000577
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 02-May-2025
Other State/Transfer/Conversion/Reassign Details :
Previous Owner :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

This certificate is valid from 04-Apr-2025 to 03-Apr-2040

Date : 12-May-2025 12:47:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 12-May-2025

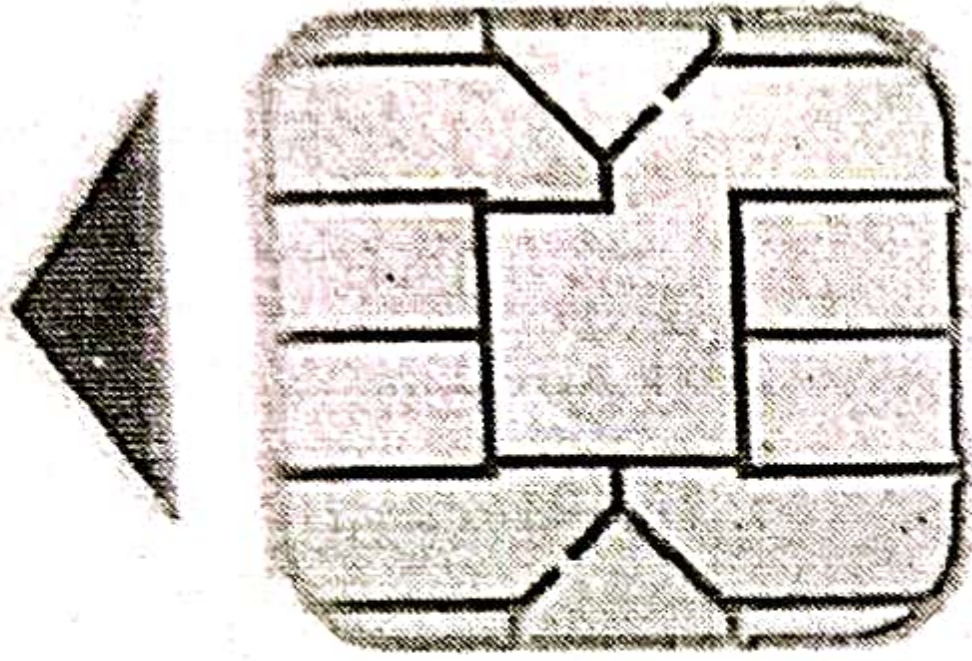




Indian Union Driving Licence Issued by Uttar Pradesh

UP

UP57 20070005244



Issue Date 17-01-2023 Validity (NT) 08-02-2027 Validity (TR)# 16-01-2028

Holder's Signature

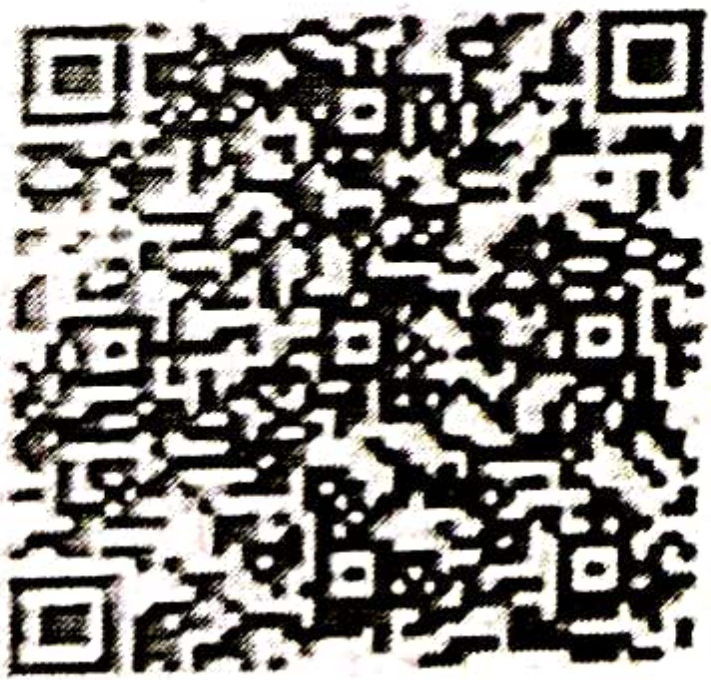
(09-02-2007)

Date of First Issue

Name: **AVINASH KUMAR**
 Date of Birth: **03-08-1988** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **RAMISHWAR**
 Address:
**R/O- PIPRA BAZAR PIPRA BAZAR, NEBUA
 NAURANGIYA PADRAUNA, KUSHINAGAR, UP 274305**

DL No: **UP57 20070005244**

UPDL000010208983



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 | 09-02-2007 | NT | | | | |
| LMV | UP57 | 09-02-2007 | NT | | | | |
| TRANS | UP57 | 06-01-2012 | TR | | | | |
| MVSD | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
Government of India



Issue Date: 23/12/2014



अविनाश कुमार
Avinash Kumar
जन्म तिथि / DOB : 03/08/1988
पुरुष / MALE



3046 5978 6197

मेरा आधार, मेरी पहचान

Scanned with OKEN Scanner

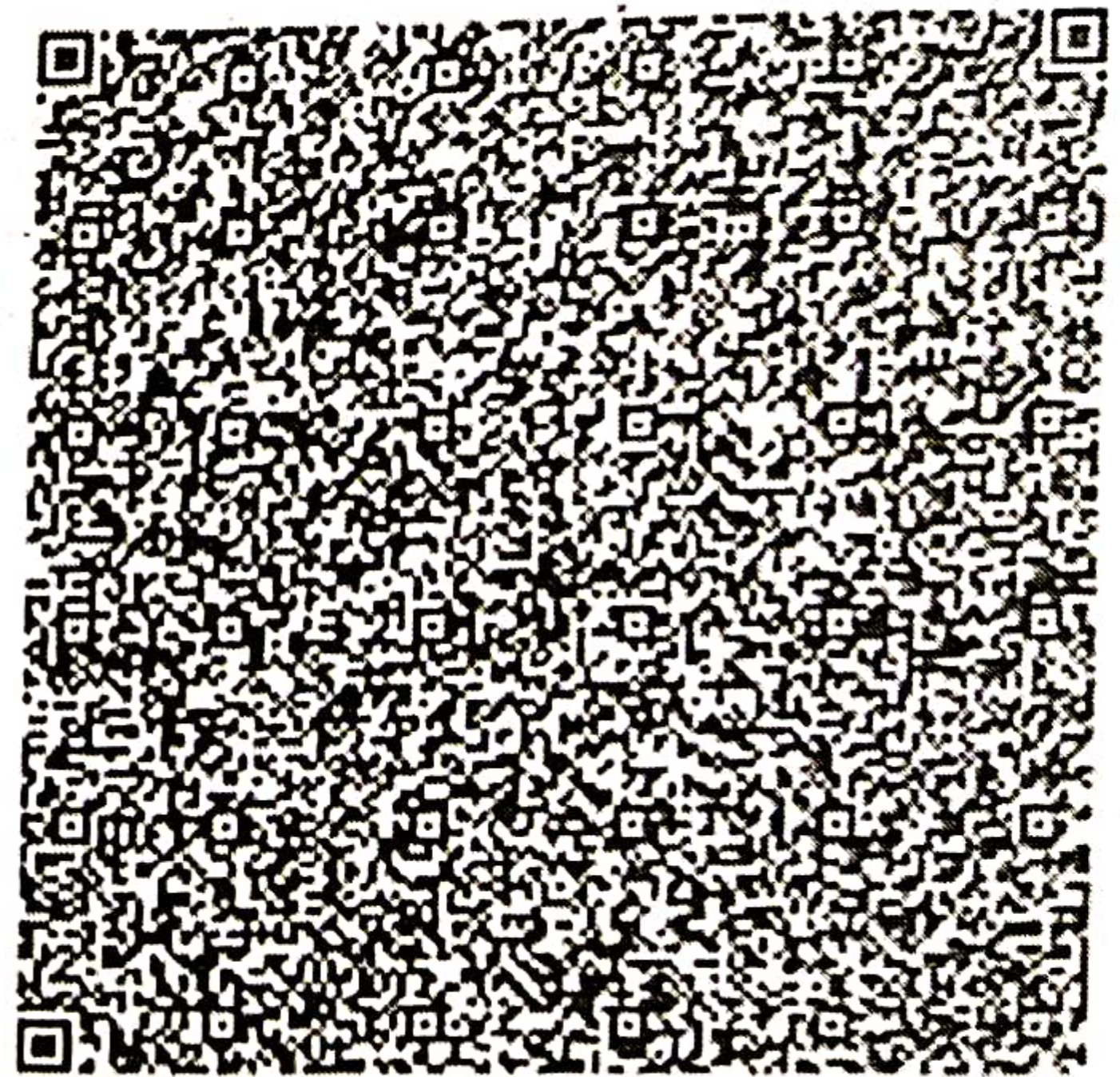


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 24/02/2021

पता: S/O: रामईश्वर, पिपरा बुजुर्ग, कुशीनगर,
उत्तर प्रदेश, 274305
Address: S/O: Ramishwar, Pipra Buzurg,
Kushinagar, Uttar Pradesh, 274305



3046 5978 6197



1947



help@uidai.gov.in



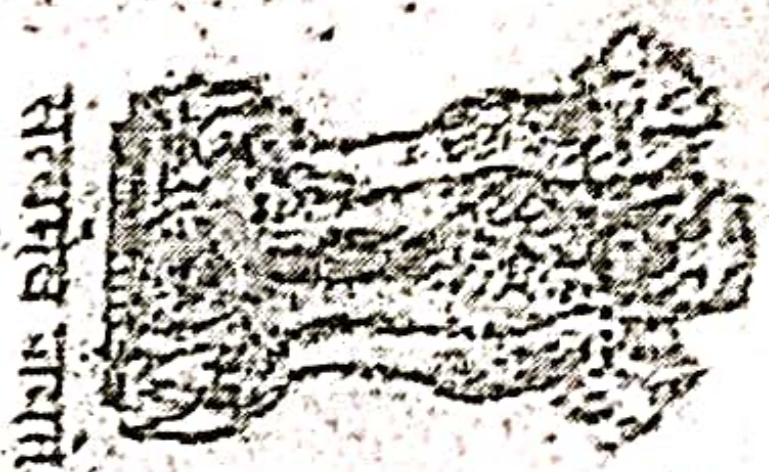
www.uidai.gov.in

अविनाश कुमार

9415009105

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name
AVINASH KUMAR

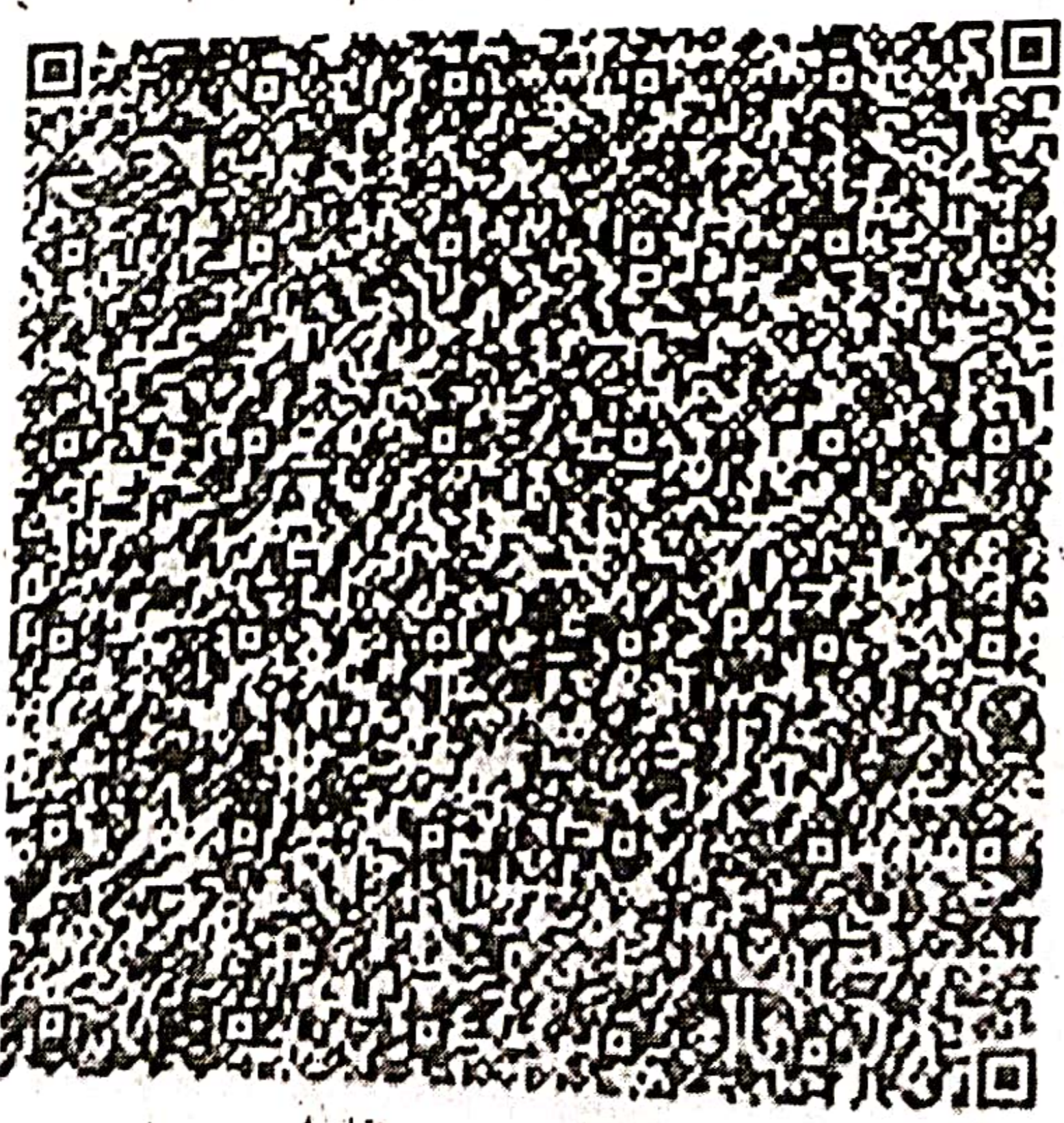
पिता का नाम / Father's Name
RAIMISHWAR

जन्म की तारीख /
Date of Birth
03/08/1988

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

IQTPK7926N



07072019

Avinash Kumar

हस्ताक्षर / Signature