

ESTIMATE

GSTN: 09AHWF0330

AUTHORISED DEALER

Gupta

AUTOMOBILES



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

Date 27/01/26

No. 6833

Name Karamjeet

Add. UP57CA2269

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Visor - (1)			400/-	
	Head Light			3250/-	
	Handle			470/-	
	Lever - (1)			125/-	
	Break Yag - (1)			100/-	
	Fork pipe - (R+L)			2300/-	
	Handle T			1090/-	
	Fenders front			970/-	
	Side Soursand - (1)			400/-	
	Leg Guard			600/-	
	Front Rim			4200/-	
	meter			4378/-	
	Tank Covers (Contes)			270/-	
	Tank Covers Top			70/-	
	Tank Covers side - (R)			320/-	
	Side Covers - (R)			600/-	
	Labour charge			500/-	
			<b>TOTAL</b>	20763/-	

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.	Karamjeet, 9616509073
2	Vehicle No. / वाहन संख्या	UP57CA2269
3	Policy No. / पालिसी संख्या	252400/31/2026/47777
4	Period of Insurance / बीमा अवधि	19/10/2025 to 18/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/01/2026, 06.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Mohandiganj chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720240018821 9335385320, Vishvajit Yadav
8	Estimated Loss / अनुमानित हानि	20763/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश लेवल विद्युत्त यादव कार्डक लेकर रामकोला की तरफ जा रहा था तभी आगे चल रहे कार्डक वाले ने अन्यायक से अपनी कार्डक मोड़ दिया उसी से मेरी कार्डक छराने के वजह से क्षतिग्रस्त 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 Parkarma.

Date / दिनांक : 27/01/2026  
हस्ताक्षर

Karamjeet  
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. 252400/31/2026/47777

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

Period of Insurance 19/10/25 to 18/10/26  
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 : Karimjit  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 9616509073

2. THE INSURED VEHICLE

Make & Year <u>Hesio/2025</u>	Engine No. <u>JA07AVRGL18484</u> Chassis No. <u>MBLJAU024RGL20632</u>	Registration No. <u>UP57CA</u> <u>2269</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 : Vishwajit Yeolav  
(b) Age : Kushinagar Pooerna.  
(c) Address :   
(d) Is the Driver  
1. Owner :   
2. paid driver? :   
3. Owner's relative or friend?  : 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 : UP5720240018821  
(h) Issuing Authority :   
(i) Date of Expiry : 19/01/2042  
(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 : 25/01/2026, 06.00 P.M.  
(b) Place : Mehandiganj chauraha  
(c) Speed of vehicle at the time of accident :   
(d) Give a short description of the accident : आगे चल रहे बार्क वाले ने अपनी बार्क अचानक से मोड़ दिया उसी से मेरी बार्क छूरा कर क्षतिग्रस्त हो गई  
(e) If any third party was responsible for this accident give the name and address :

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.  
(b) Estimated cost of repairs : 20763/-  
(c) When and where can the damaged vehicle be inspected : Capto automobile Pooerna.

### 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

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 Policy 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 27/01/2006

Signature of the insured *Kayaseed*

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 ..... *Karanjeet* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

Registration No : UP57CA2269  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : KARANJEET  
 Full Address: (Permanent) : VILL-KATHINAHIA, POST-PAKARIYAR BAZAR, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305  
 Full Address: (Temporary) : VILL-KATHINAHIA, POST-PAKARIYAR BAZAR, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305  
 Fitness UpTo : 24-Oct-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2140319426  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : JA07AVRGL18484  
 Horse Power(BHP) : 11.39  
 Maker's Classification : XTREME 125 R ABS  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : BLACK  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Registration Date : 25-Oct-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : VIRENDRA  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2138242598  
 Month/Year of Manuf. : 11/2024  
 Chassis No : MBLJAU024RGL20632  
 Fuel : PETROL  
 Cubic Capacity : 124.70  
 Wheel base : 1319  
 Standing Cap : 0  
 Unladen Wt (kgs) : 137  
 Laden/GV Wt (kgs) : 267  
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 21-Oct-2025.

Purchase dt : 19-Oct-2025  
 OTT Date : 19-Oct-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 05-Dec-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 93895/-  
 Amount/Rcpt No : 9390 / UP57D25100008376  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 25-Oct-2025 to 24-Oct-2040

Date : 19-Jan-2026 15:38:38  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 KUSHINAGAR (U.P.)  
 Date : 19-Jan-2026

Q 7090747



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



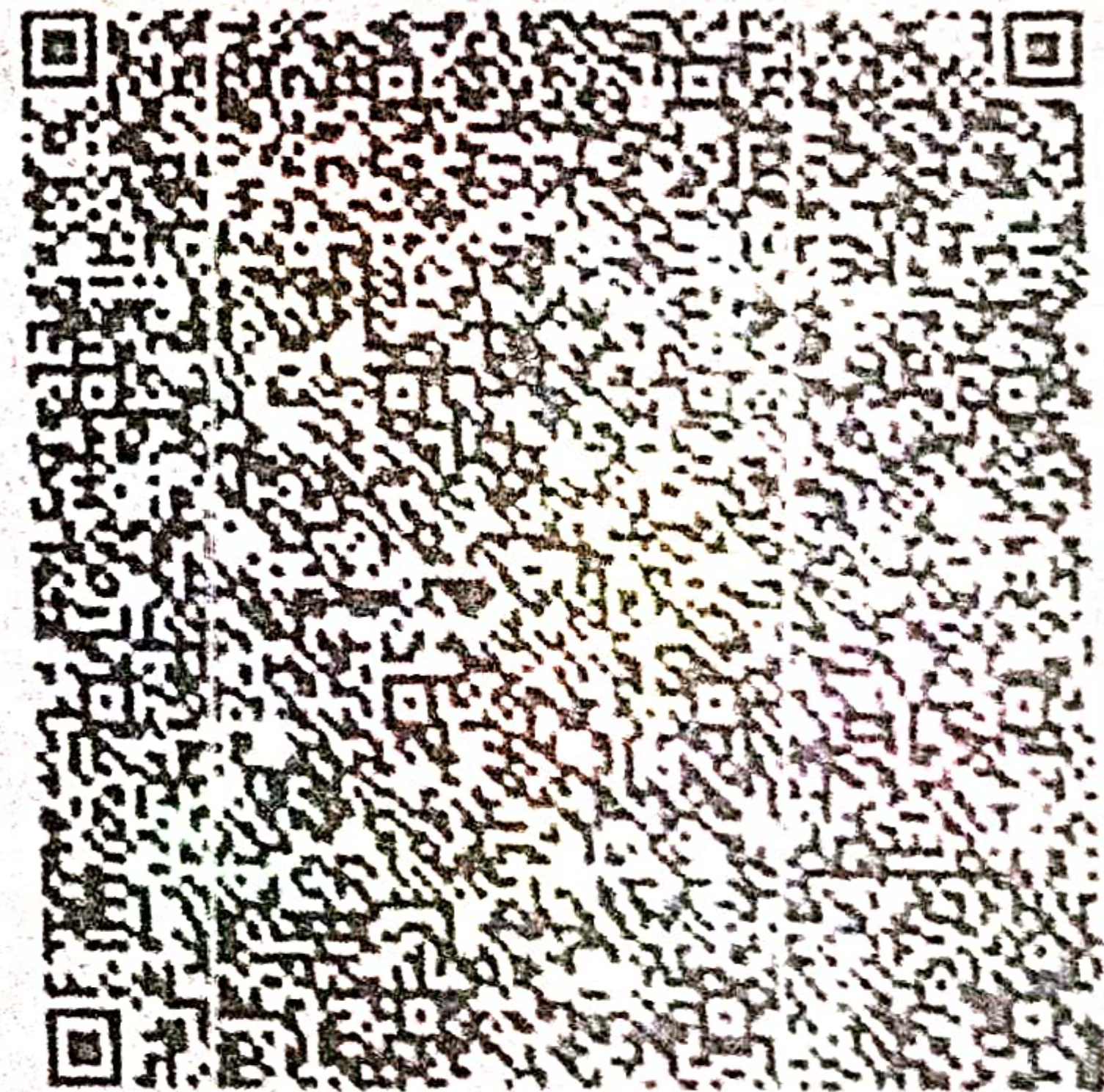
स्थायी लेखा संख्या  
Permanent Account Number  
**QPLPK3118D**

नाम / Name  
Karanjeet

जन्म तिथि / Date of Birth

01/01/2007

हस्ताक्षर / Signature





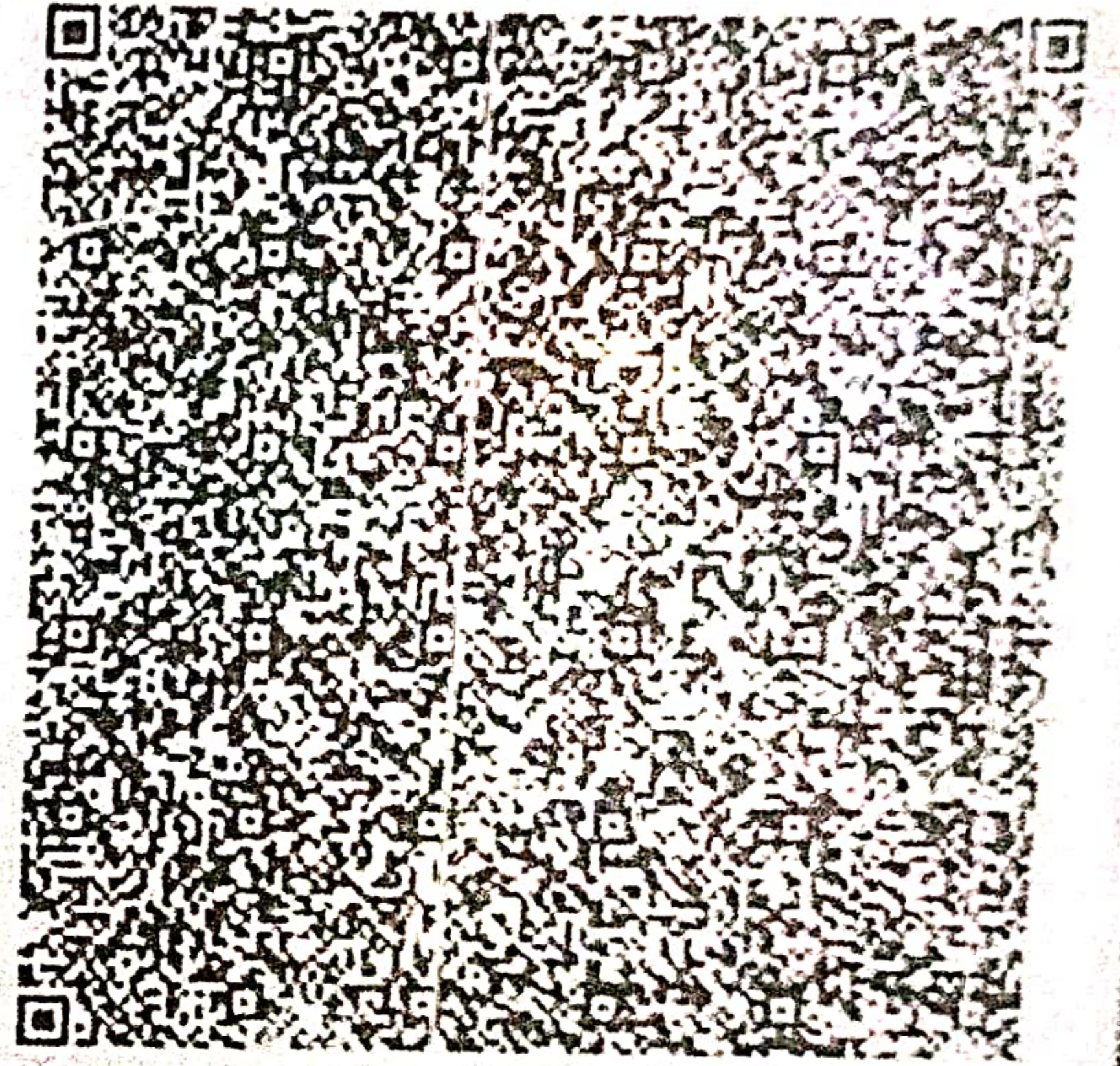
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:  
आत्मज: विरेन्द्र, कठिनहिया, पकरियार बाज़ार, कुशीनगर,  
उत्तर प्रदेश - 274305

Address:  
S O: Virendra, Kathinahia, PO: Pakariyar Bazar,  
DIST: Kushinagar,  
Uttar Pradesh - 274305



5161 8193 5779

VID : 9103 4038 5156 8597

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in



भारत सरकार  
Government of India



Aadhaar no. issued: 04/05/2015



करनजीत  
Karanjeet  
जन्म तिथि/DOB: 01/01/2007  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एकराएमएल 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).

5161 8193 5779

मेरा आधार, मेरी पहचान