

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **6837**

Date 30/01/26

Name Akshay Kumar

Add. UP57 BXO 226

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Fender			1450/-	
②	Vibor			1265/-	
③	H/L			3500/-	
④	H/L stand			275/-	
⑤	Legurd			680/-	
⑥	Mundli			510/-	
⑦	ronki			5500/-	
⑧	Sokarpipal (R+L)			2300/-	
⑨	Indicator - (R)			220/-	
⑩	Labor charge			800/-	
TOTAL				16500/-	

Authorised Signatory

[Signature]

No. / वर्कशॉप का नाम, गुप्ता & मोबाइल नम्बर

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.	Akshay Kumar 9984741253
2	Vehicle No. / वाहन संख्या	UP57BX0226
3	Policy No. / पालिसी संख्या	252400/31/2025/96541
4	Period of Insurance / बीमा अवधि	21/03/2025 to 20/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/01/2026, 11:30A.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Akshay Kumar, UP572014000 1458
8	Estimated Loss / अनुमानित हानि	16500/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी हाईम लेजर मिसी काब से जा रहा था तभी अचानक सामने से एक हाईम वाला ट्रक्टर मार दिया तो हाईम जैरी ट्रक्टर में कार में जा कर लड़ गई और डमिज 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 Padrauna

Date / दिनांक : 30/01/26
हस्ताक्षर

Akshay Kumar
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. 252400/31/2025/96541
 Tel. No. _____ Period of Insurance 21/03/2025 to 20/03/2026
 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 : Alshay Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 99 04741253

2. THE INSURED VEHICLE

Make & Year <u>Huon</u>	Engine No. <u>HAIIFISHC02431</u> Chassis No. <u>MBLHAW403SHC02559</u>	Registration No. <u>UP57BX0226</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 trailor attached? : N/A
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

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 30/01/26 200

Signature of the insured Akshay Kumar

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
Wher. Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *A.K. Sharma*
Occupation
Address
.....
.....

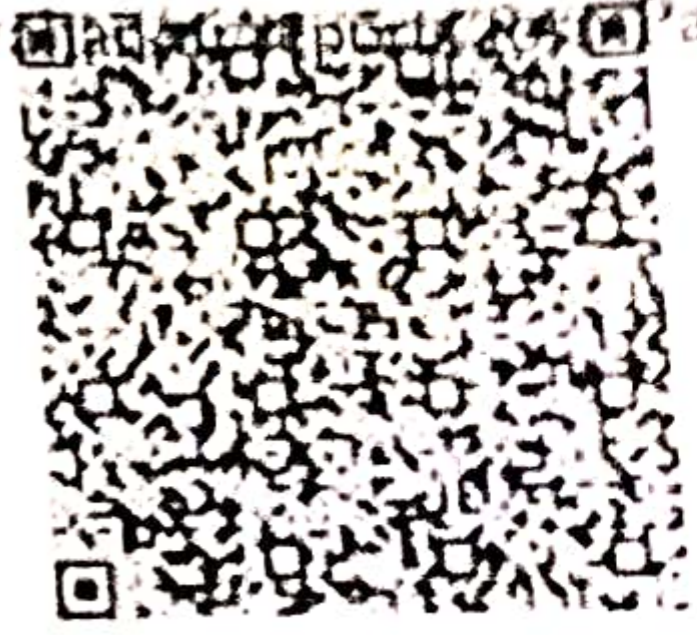
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX0226 Registration Date : 22-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 : AKSHAY KUMAR Son/wife/daughter of : HEERA LAL PRASAD
 Full Address: (Permanent) : VILL GULELAHA, POST SARAYA, THANA PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL GULELAHA, POST SARAYA, THANA PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 21-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
 Front HSRP No : AA2120226830 Rear HSRP No : AA2120675746
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW403SHC02559
 Engine No : HA11F1SHC02431 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 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 HDB FINANCIAL SERVICES LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 21-Mar-2025.

Purchase dt : 21-Mar-2025 Sale Amt : 84351/-
 OTT Date : 21-Mar-2025 Amount/Rcpt No : 8436 / UP57D25030003135
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 04-Apr-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 22-Mar-2025 to 21-Mar-2040

ARTO. (A)
 Signature of Registering Authority
 Date : 10-May-2025



भारत सरकार
Government of India



Issue Date: 04/07/2015



अक्षय कुमार
Akshay Kumar
जन्म तिथि/DOB: 07/06/1995
पुरुष/ MALE

5336 8264 4837

VID : 9143 5642 5564 7073

मेरा आधार, मेरी पहचान



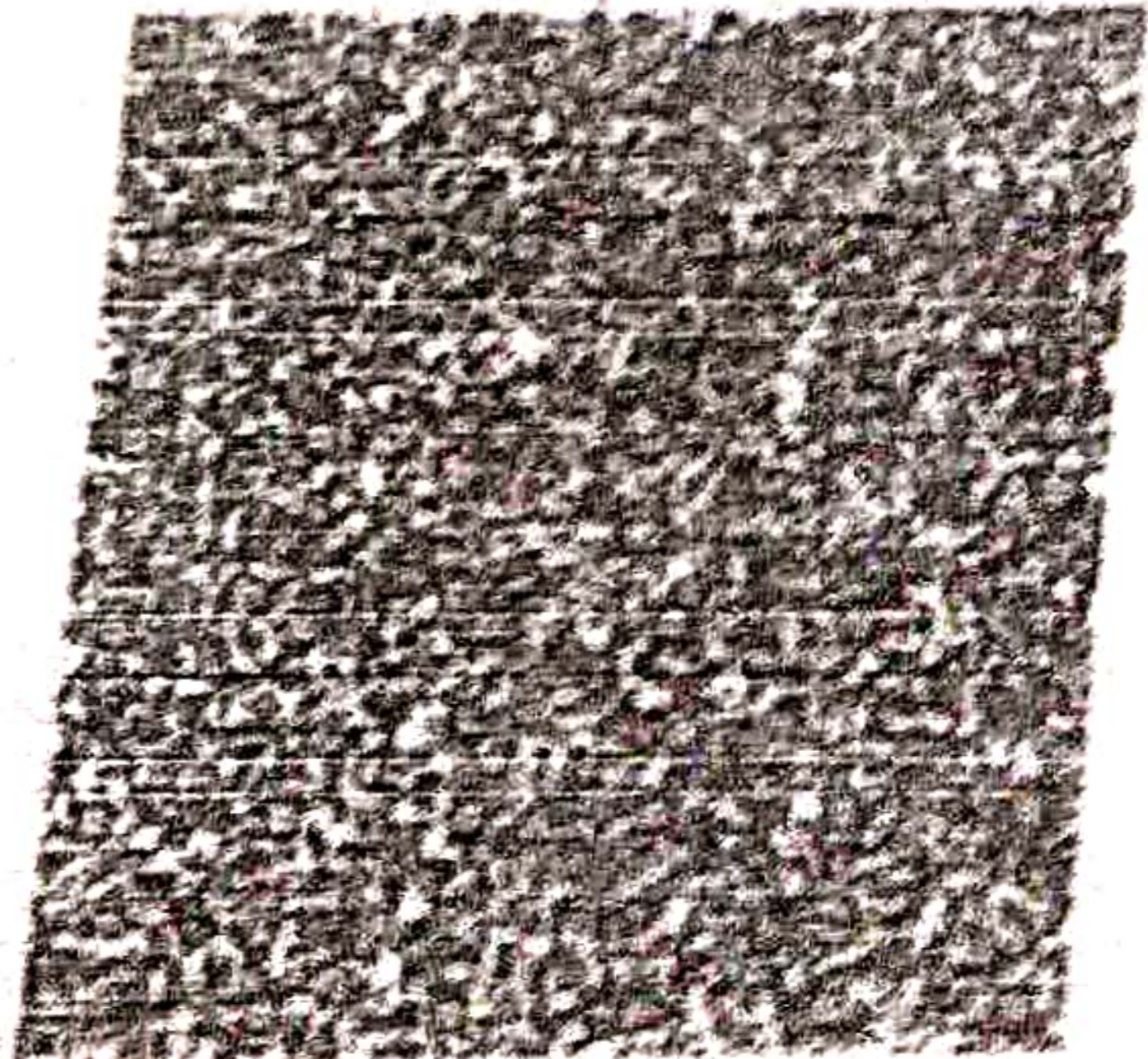
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 07/07/2015

पता:
आत्मज: हीरालाल प्रसाद, गुलेलहा, पडराणा, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Heeralal Prasad, Gulelaha, Padrauna,
Kushinagar,
Uttar Pradesh - 274304



5336 8264 4837

VID : 9143 5642 5564 7073



1947



help@uidai.gov.in



www.uidai.gov.in

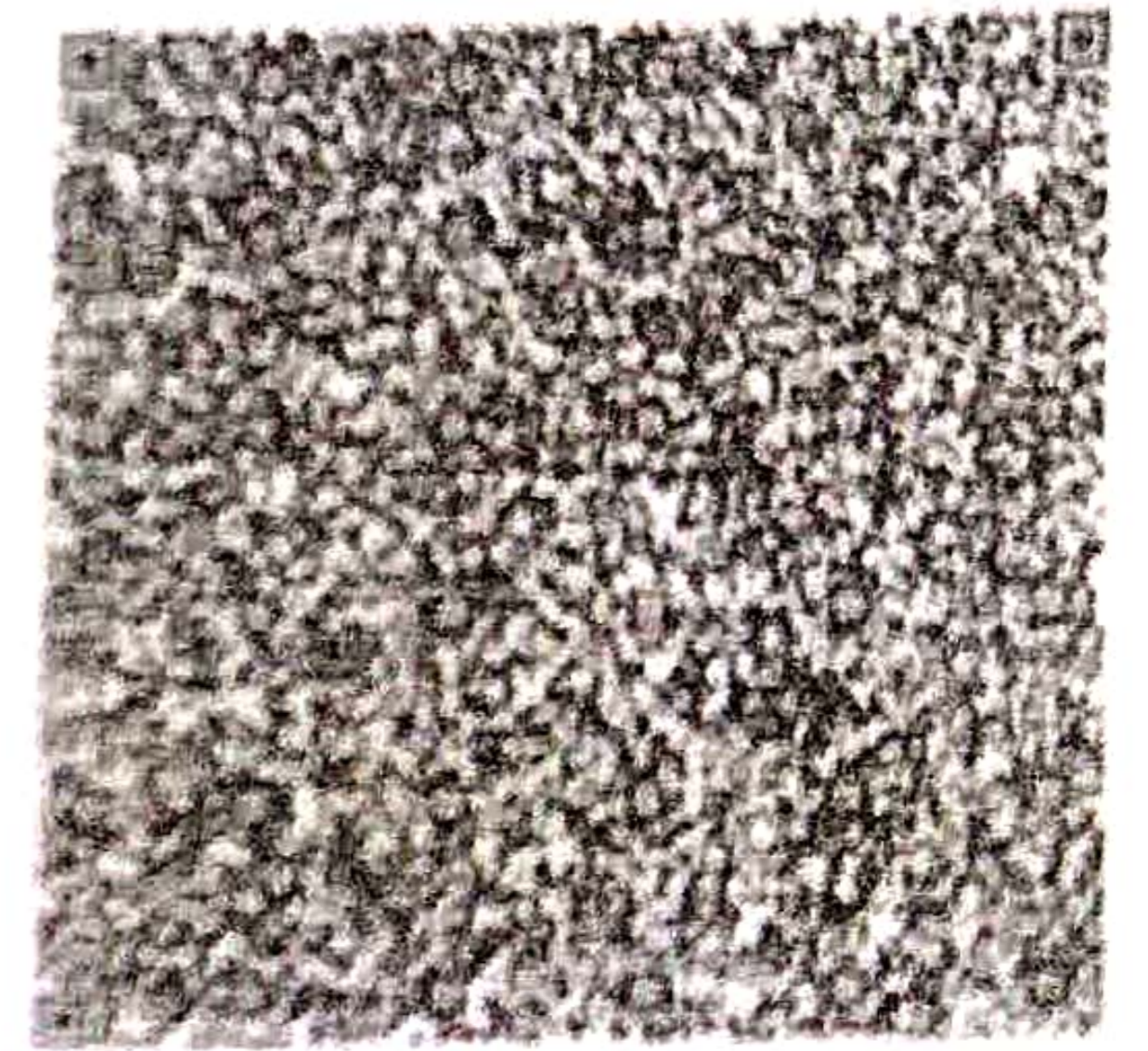
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

NHCPK9305J



नाम / Name

AKSHAY KUMAR

पिता का नाम / Father's Name

HEERALAL PRASAD

जन्म की तारीख / Date of Birth

07/06/1995

हस्ताक्षर / Signature

48972



Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20140001458



(22-01-2014)



Issue Date Validity (NT) Validity(TR)[#]
26-12-2022 21-01-2034 25-12-2027

Holder's Signature

Name: **AKSHAY KUMAR**
Date of Birth: **10-01-1993** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **HIRA LAL PRASAD**
Address:
**VILL- GULELHA PO- SARAYA ,PS- PADRAUNA
KUSHINAGAR 274304**

Date of First Issue

DL No: UP57 20140001458

UPDL000010043478



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	22-01-2014	NT				
LMV	UP57	22-01-2014	NT				
TRANS	UP57	26-12-2022	TR				
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)