

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES

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

No.

6836

Date 30/01/26

Name

Shahnava fehaton

Add.

UP571329008

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Meter Innis			480/-	
②	visor			1050/-	
③	Tanki			5500/-	
④	chassis Repair			2000/-	
⑤	catchi			1080/-	
⑥	Labor charge			600/-	
TOTAL				10710/-	

Authorised Signatory

Ray

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.	Shahinara khatoon 9161365866
2	Vehicle No. / वाहन संख्या	UP57B29008
3	Policy No. / पालिसी संख्या	252400/31/2026/44374
4	Period of Insurance / बीमा अवधि	16/10/2025 to 15/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/01/2026, 11:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Kotwa kala
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rhushed Alam, UP572025 0003264 7310455962
8	Estimated Loss / अनुमानित हानि	10710/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बार्डिंग में मेरी पड़ोसी खुर्सेद आलम लैम्बर मारकेट से घर आ रहे थे। तभी अचानक सोमने से एक कार आई जो मेरी बार्डिंग मार दिया तो बार्डिंग में ही कार टर्न गिरने से डामेज 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 Padma

शाहिनारा

Signature of Insured / बीमाधारक के

Date / दिनांक : 30/01/26
हस्ताक्षर

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rushid Alam
 (b) Age : _____
 (c) Address : Aushinagar
 (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 : UP57 2025 0003264
 (h) Issuing Authority : _____
 (i) Date of Expiry : 9/01/2044
 (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 : 26/01/2026, 11:00 A.M
 (b) Place : Kotwa Kala
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मुझे ठोकर मारे मद्रास लिफ्टर का र्टी भी लका सामन
 (e) If any third party was responsible for this accident give the name and address : से आगे वाला हकूमरमादिमाली ठोकर मारी जाने वाहिद निरु ले डामेन हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: : Front md side
 (b) Estimated cost of repairs : 1070/-
 (c) When and where can the damaged vehicle be inspected : Cruptra automobile Poolraam

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? : _____
(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.

Signature of the insured SHIETART

Date 30/07/2006

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.

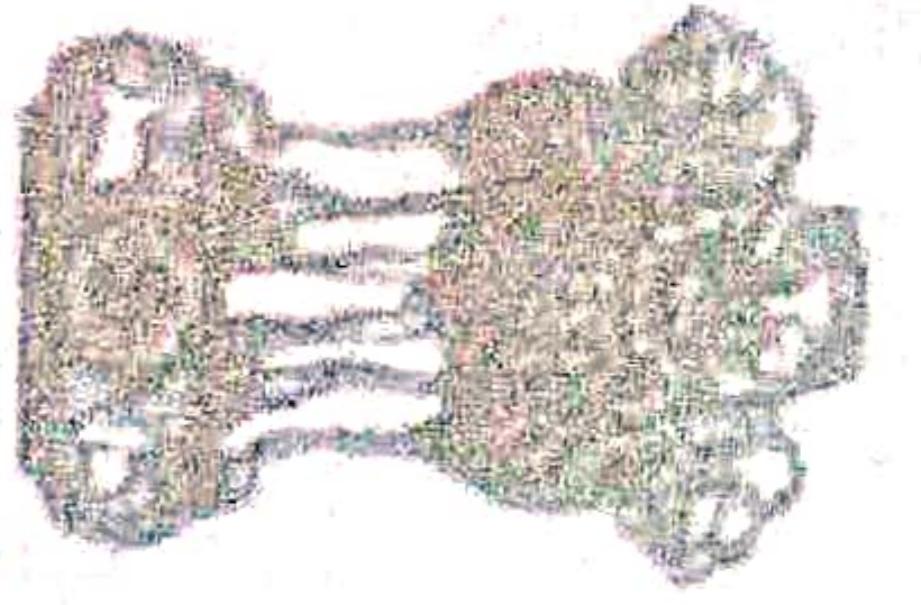
Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature श्रीधर
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

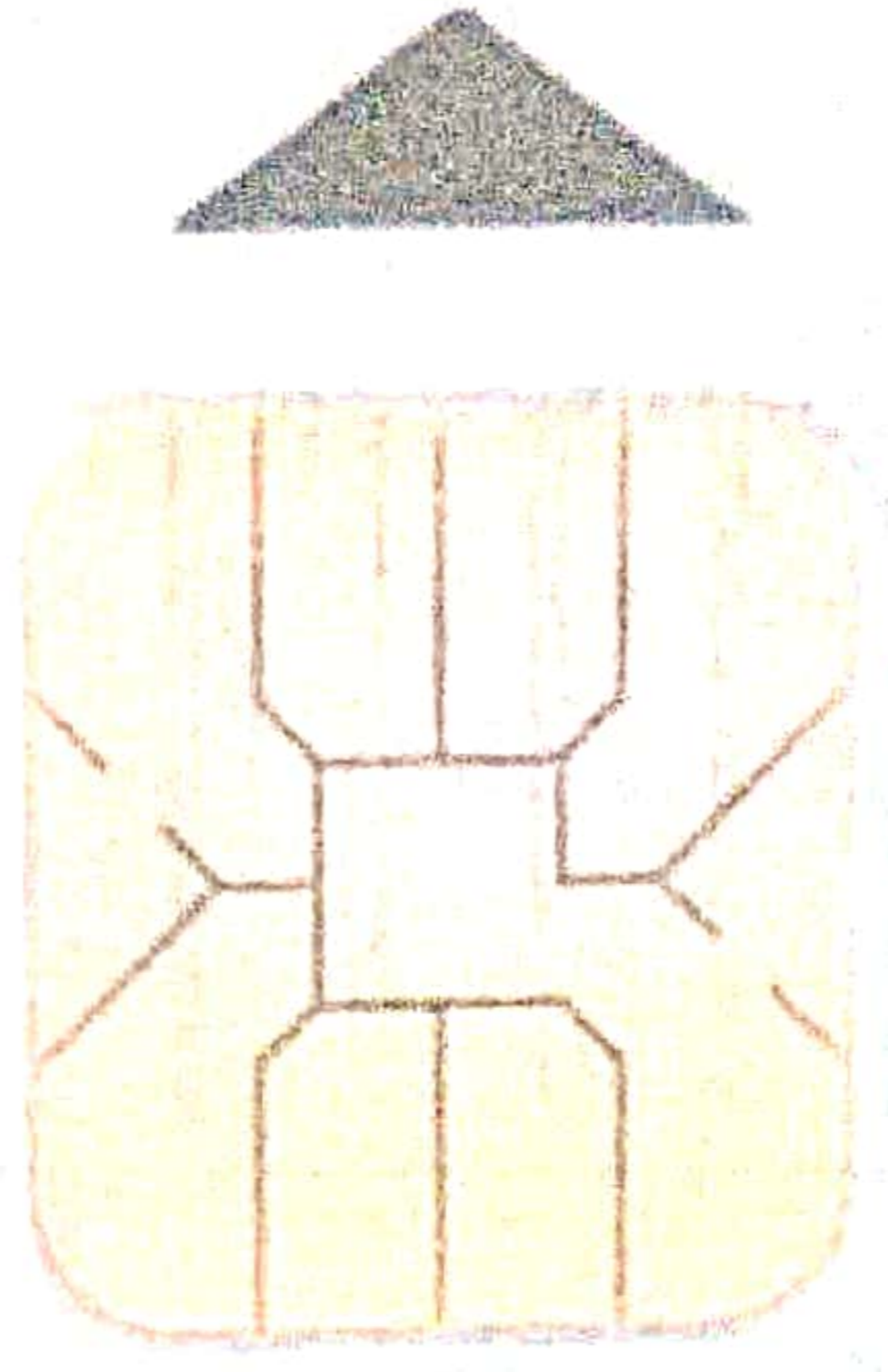


सत्यमेव जयते

Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20250003264



Issue Date	Validity (NT)	Validity (TR)
14-02-2025	09-01-2044	



Holder's Signature

Name:

KHURSHED ALAM

Date of Birth:

10-01-2004

Blood Group: **A+ VE**

Organ Donor: **N**

Son/Daughter/Wife of:

BASHIRUDDIN ANSARI

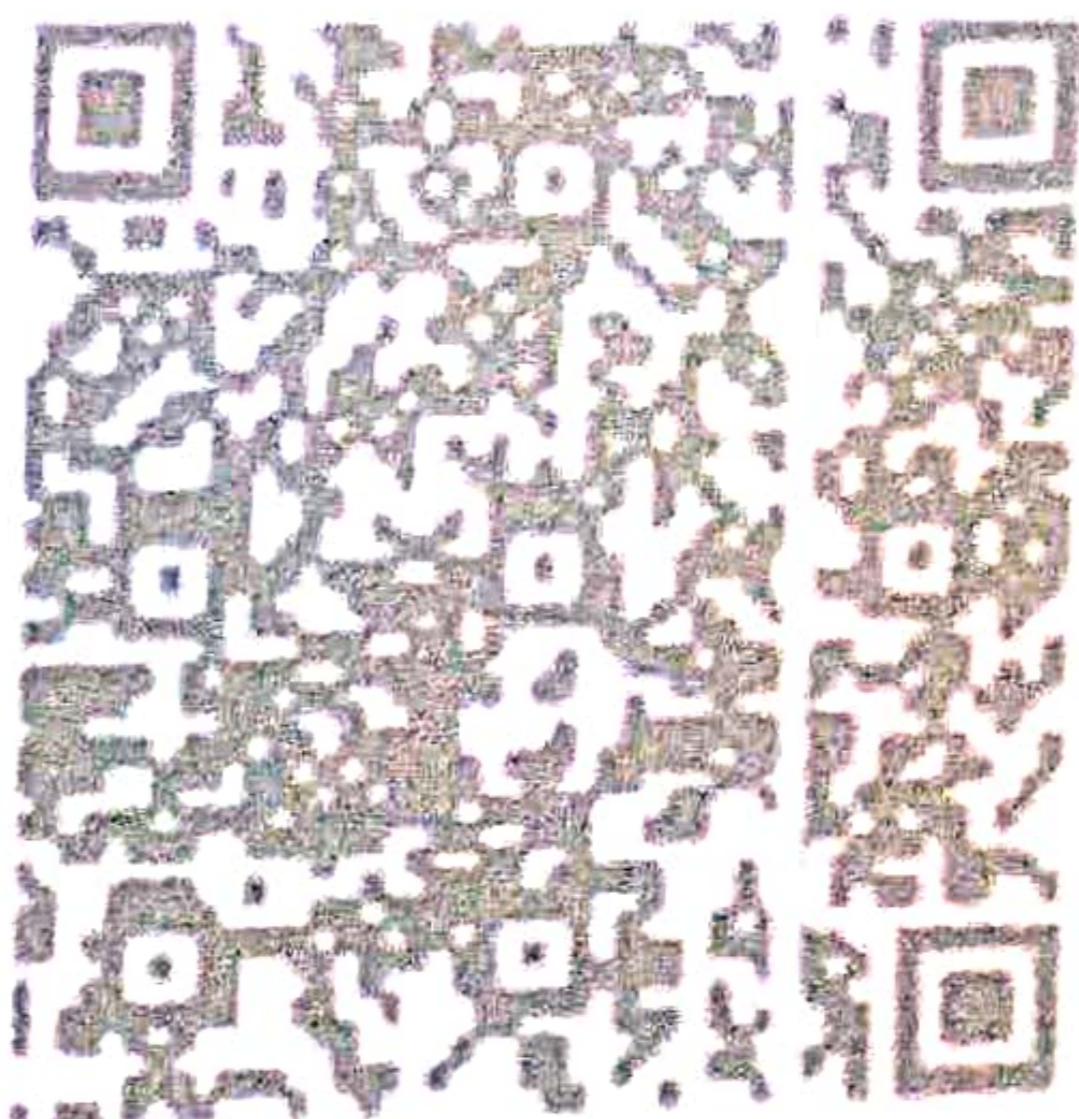
Address:

**SINGAHA SAURHA BUZURG PADRAUNA
KUSHINAGAR UTTAR PRADESH 274305**

Date of First Issue **14-02-2025**

DL No: UP57 20250003264

UPDL571000003922



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	MCWG	UP57	14-02-2025	NT			
LMV	LMV	UP57	14-02-2025	NT			
MVSD							

Emergency Contact Number


Licensing Authority
UP57 KUSHNAGARI

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

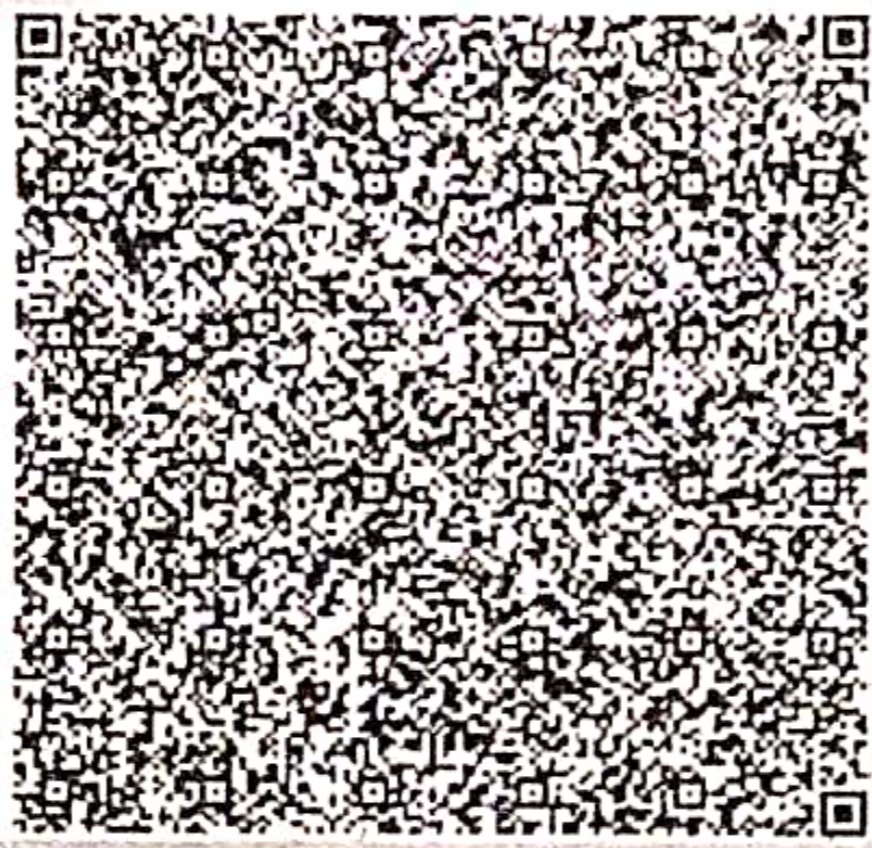


स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
QVYYPK7885Q

नाम / Name
SHAHNARA KHATOON

पिता का नाम / Father's Name
MAHAUDDIN

जन्म की तारीख /
Date of Birth
16/03/1990



PAN Application Digitally Signed, Card Not
Valid unless Physically Signed

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटायें:
आयकर पेन सेवा इकाई, प्रोटीयन इंगव टेकनॉलॉजीज लिमिटेड
पहली मंजिल, टाइम्स टावर, कमला मिल्स कंपाउंड,
सेनापति बागट मार्ग, लोअर पर्ल,
मुंबई ४०० ०१३

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, Protean eGov Technologies Limited
1st Floor, Times Tower, Kamala Mills Compound,
Senapati Bagat Marg, Lower Perle,
Mumbai 400 013
Tel: 91-20-2721 8080, e-mail: unit@proteantech.in
inco.systems1.1@income.gov.in, pan@income.gov.in



भारत सरकार
Government of India



शाहनारा खातून
Shahnara Khatoon
जन्म तिथि/DOB: 16/03/1990
महिला/ FEMALE

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).

3666 8910 4704

सेरा आधार, मेरी पहचान

Details as on: 27/12/2025

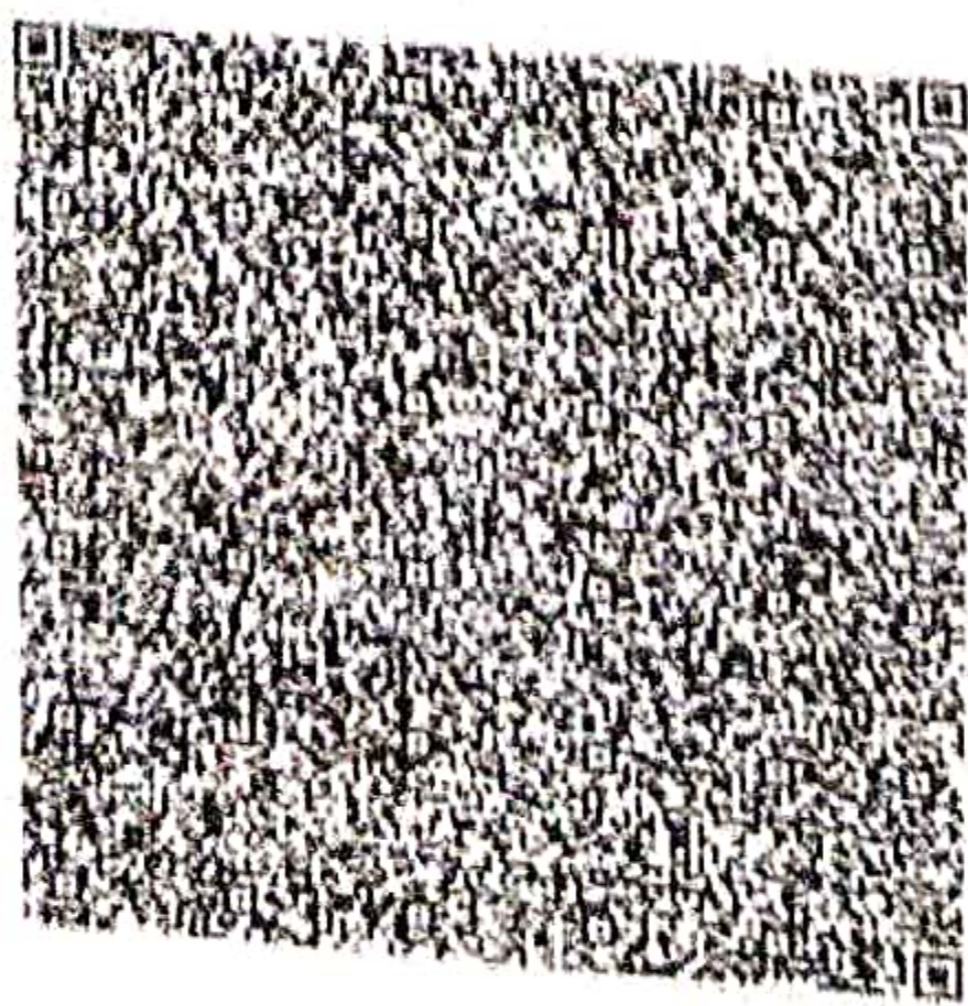


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
W/O जफिर अंसारी, जौरही, सौरहा बुजुर्ग, सिंगहा, कुशीनगर,
उत्तर प्रदेश - 274305

Address:
W/O Jafeer Ansari, Jaurahi, Saurha Buzurg, PO:
Singaha, DIST: Kushinagar,
Uttar Pradesh - 274305



3666 8910 4704

VID : 9130 4326 5245 1670

1947

help@uidai.gov.in

www.uidai.gov.in