

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6835** Date 30/01/20

Name Bablu Kushwaha

Add. UP57 BV.3409

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Handle			470/-	
②	Tank cover (R)			1850/-	
③	Fender			850/-	
④	muffler cover			480/-	
⑤	Solar R+L			2000/-	
⑥	Lever (R)			125/-	
⑦	Break Pedal			980/-	
⑧	engine cover (L)			480/-	
⑨	Tank cover center			850/-	
⑩	engine Head			4500/-	
⑪	Labor charge			900/-	
<b>TOTAL</b>				<b>13485/-</b>	

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.	Bablu kushwaha 7732455799
2	Vehicle No. / वाहन संख्या	UP57BV3409
3	Policy No. / पालिसी संख्या	M.S/2025/7001/0/46575/56824
4	Period of Insurance / बीमा अवधि	18/12/2025 to 17/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/01/2026, 10:30 A.M
6	Place of Accident / दुर्घटना का स्थान	Kopardhika chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pawan Kumar, UP572024013 8172824370 347
8	Estimated Loss / अनुमानित हानि	13485
09.	Cause of Accident / दुर्घटना का कारण :	मेरी कार में मेरी माता मदन कुमार नेमर रिस्तेदारी से घर आ रहे थे तभी अचानक घाटा में कार ठोकर खाड़ी कर चान्त में रहे थे तभी सामने से एक कार आती लकड़ें मार दिया तो कार में मेरी दादी साहिब खिरन से डमकते हैं वही
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 Padraun

Date / दिनांक : 30/01/2026  
हस्ताक्षर

Bablu Kushwaha  
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. MS/9075/7001/0/465

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

Period of Insurance 18/12/2025 to 17/12/2026

Claim No. 56829

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

(a) Name : Bablu Kushwaha  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7785455799

2. THE INSURED VEHICLE

Make & Year <u>Maruti/2021</u>	Engine No. <u>KCO1AERHJ01472</u> Chassis No. <u>MBLKCV187RHJ008</u> <u>51</u>	Registration No. <u>UP57BV</u> <u>3409</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 Passengers permitted \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pawan Kumar  
 (b) Age : \_\_\_\_\_  
 (c) Address : Kushinagar  
 (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 : UP5720240013347  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31/12/2044  
 (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 : 26/02/2026, 10:30 AM  
 (b) Place : Rapardhila chauraha  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी बाइक मेरे मामा के कार को टिक्के। तभी अचानक  
 (e) If any third party was responsible for this accident give the name and address : बाइक रुकना। कार चाल में रहा और तभी सामने से एक कार  
वाला टक्कर मार दिना तब  
बाइक रुक गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 13485/-  
 (c) When and where can the damaged vehicle be inspected : Custo automobile Poddawan

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? : \_\_\_\_\_  
(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? : \_\_\_\_\_ 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 31/01/26 200

Signature of the insured BABLU-KUSHWAHA

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 Bablu Kushwaha  
Occupation .....  
Address .....  
.....  
.....

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



## FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and enters into any transaction specified in rule 114B

1. Full name and address of the declarant Bablu Kushwaha
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 31/01/2026

Place : Padstuma

Bablu-Kushwaha

Signature of the declarant

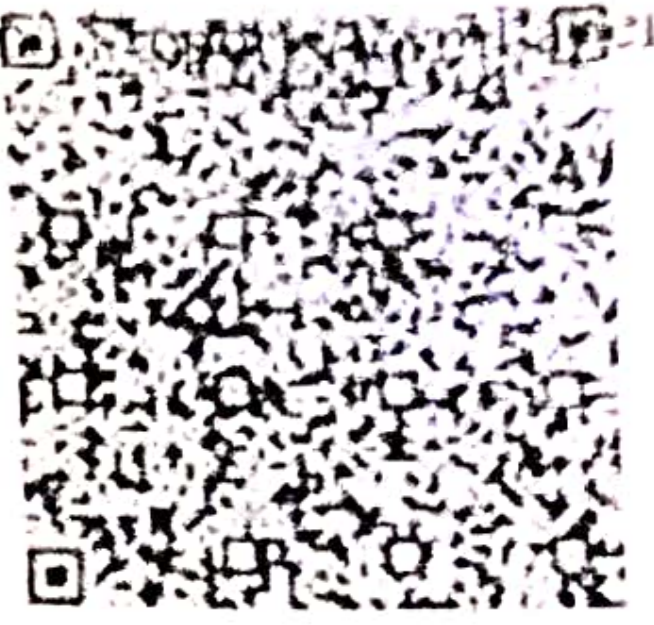
**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)  
FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BV3409 Registration Date : 13-Nov-2024  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : BABLU KUSHWAHA Son/wife/daughter of : NANDLAL KUSHWAHA  
 Full Address: (Permanent) : VILL-CHIRGODA, POST-KINNERPATTI, THANA-JATHA BAZAR, KUSHINAGAR, UTTAR  
 PRADESH-274304  
 Full Address: (Temporary) : VILL-CHIRGODA, POST-KINNERPATTI, THANA-JATHA BAZAR, KUSHINAGAR-UTTAR  
 PRADESH-274304  
 Fitness UpTo : 12-Nov-2039 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 : AA1038789077 Rear HSRP No : AA2111227562  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2024  
 No of Cylinders : 1 Chassis No : MBLKCU187RHJ00851  
 Engine No : KC01AERHJ01472 Fuel : PETROL  
 Horse Power(BHP) : 16.62 Cubic Capacity : 163.24  
 Maker's Classification : XTREME 160R 4V DUAL CH Wheel base : 1329  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 147  
 Colour : NEON SHOOTING STAR Laden/GV Wt (kgs) : 277  
 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 L & T FINANCE LTD, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 13-Nov-2024.

Purchase dt : 12-Nov-2024 Sale Amt : 140000/-  
 OTT Date : 12-Nov-2024 Amount/Rcpt No : 14000 / UP57D24110005835  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 11-Jan-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 13-Nov-2024 to 12-Nov-2039

Date : 11-Jan-2025 14:05:55  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
A.R.T.O  
Kushinagar  
Date : 11-Jan-2025

Indian Union Driving Licence  
 Issued by Uttar Pradesh

UP57 20240013347

Issue Date 24-07-2024 Validity (NT) 31-12-2044  
 Validity (TR)\*



Name: PAWAN KUMAR

Holder's Signature

Date of Birth: 01-01-2005 Blood Group: Organ Donor: N

Son/Daughter/Wife of: NATHU

Address: NAURANGIA NAURANGIA PADRAUNA KUSHINAGAR  
 Uttar Pradesh 274305

Date of First Issue

DL No:

UP57 20240013347



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	UP57	24-07-2024	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
 UP57 KUSHINAGAR



भारत सरकार  
Government of India



बबलू कुशवाहा  
Bablu Kushwaha  
जन्म तिथि / DOB : 01/01/2001  
पुरुष / Male



8584 5079 7483

मेरा आधार, मेरी पहचान