

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6839Date 02/02/26

Name

Jaiprakash Kumar

Add.

UP57BP9815'

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	4205			900/-	
②	H/L			3500/-	
③	w/s			380/-	
④	C.S.M			190/-	
⑤	Lever - ①			45/-	
⑥	mirror - ①			265/-	
⑦	Handle			570/-	
⑧	Indicator Front - ①			180/-	
⑨	Indicator Rear - ①			180/-	
⑩	Front + Rear			1170/-	
⑪	Rear Grip			1450/-	
⑫	Seat Cover - ①			870/-	
⑬	Labour charge			800/-	
TOTAL				10490/-	

Authorised Signatory

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.	Jaipankash kumar, 9956642909
2	Vehicle No. / वाहन संख्या	UP57BP9815
3	Policy No. / पालिसी संख्या	ms/2025/7002/0/46575/454499
4	Period of Insurance / बीमा अवधि	09/07/2025 to 08/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/01/2026, 03.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Jungle Amwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720030342369 9005109055, Vinod Madanwal
8	Estimated Loss / अनुमानित हानि	10490/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे चाचा के लड़के विनोद मदनवाल वार्डक लेजर बाजार जा रहे थे सड़क पर बरिद का पानी गिरा हुआ था वही मोड़ पर बरिद स्लीप हो कर अग्रे साईड गिरने से मेरी बरिद 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 Poochaura

Date / दिनांक : 02/02/2026
हस्ताक्षर

जाय प्रकाश कुमार

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/2025/7001/0/46575/4540

Tel. No. _____

Period of Insurance 9/7/25 to 0/7/26

Claim No. _____

99

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 : Jaiprakash Kumar
(b) Address for correspondence : _____
(c) Telephone : 9956642909

2. THE INSURED VEHICLE

Make & Year <u>Hesto/2024</u>	Engine No. <u>JA07AMP9J12541</u> Chassis No. <u>MBLBAW396P9J50070</u>	Registration No. <u>UP57BP</u> <u>9815</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 : Vinod Madanwal
(b) Age : _____
(c) Address : Kushinagan Padsaung
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720030342369
(h) Issuing Authority : _____
(i) Date of Expiry : 01/02/2034
(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 : 30/01/2026, 03.00 P.M.
(b) Place : Jungle Area
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : वाइक मोड पर स्लीप हो कर बायें
(e) If any third party was responsible for this accident give the name and address : स्लाई गिरने से क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : 10490/-
(c) When and where can the damaged vehicle be inspected : Accepted automobile Padsaung.

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

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
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 : UP57BP9815 Registration Date : 20-Jan-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : HPT
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : JAIPRAKASH KUMAR GUPTA Son/wife/daughter of : DEENANATH PRASAD
Full Address: (Permanent) : VILL-JANGAL AMAWA, POST-JANGAL BELVA, THANA-PADRAUNA, KUSHINAGAR, UT
PRADESH-274304
Full Address: (Temporary) : VILL-JANGAL AMAWA, POST-JANGAL BELVA, THANA-PADRAUNA, KUSHINAGAR-UT
PRADESH-274304
Fitness Up To : 19-Jan-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 : AA1031249247 Rear HSRP No : AA2091779318
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2023
No of Cylinders : 1 Chassis No : MBLJAW396P9J50070
Engine No : JA07AMP9J12541 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 123
Colour : BLACK Laden/GV Wt (kgs) : 253
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 w.e f

Purchase dt : 19-Jan-2024 Sale Amt : 88528/-
OTT Date : 19-Jan-2024 Amount/Rcpt No : 8853 / UP57D24010002
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 28-Feb-2024

Other State/Transfer/Conversion/Reassign Details

Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 20-Jan-2024 to 19-Jan-2039

Date : 15 Feb-2025 12:47:30

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority



P 9498144



Indian Union Driving Licence
Issued by Uttar Pradesh

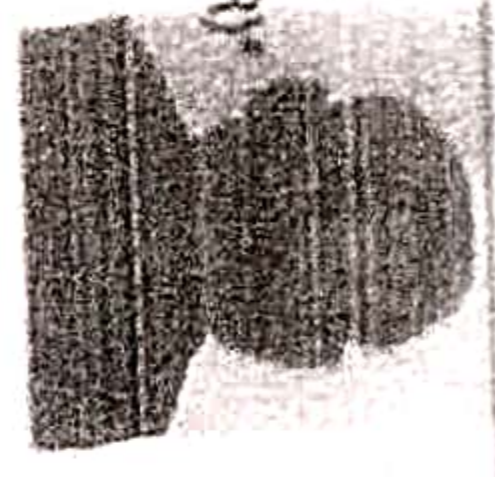


UP57 20030342369

Issue Date 02-02-2024 Validity (NT) 01-02-2034

Validity (TR)

(02-12-2003)



Holder's Signature

Organ Donor: N

Date of First Issue

Name: VINOD MADANWAL
Date of Birth: 01-03-1975 Blood Group:
Son/Daughter/Wife of: KALIKA MADANWAL
Address: JUNGAL KHIRKIYA BELAWA JUNGAL
PADRAUNA, KUSHI NAGAR 274304

DL No: UP57 20030342369

UPDL 000012698635



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*
LMV	LMV	UP57	02-12-2003	NT			
MAVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHI NAGAR



श्री प्रकाश कुमार

Shri Prakash Kumar

जन्म तिथि / DOB : 07/02/1982

पुंस / Male



आधार कार्ड का प्रयोग है, कार्टिकन से चालित होने का नहीं।

इसका उपयोग आधार (ऑनलाइन प्रोफाइलिंग, या अन्य सेवाओं) / ऑनलाइन प्रोफाइलिंग की सुविधा) के साथ किया जाना चाहिए।

Authenticator is provided for identification, not for authentication.

For details of terms, it should be used with verification facilities authentication or scanning of QR code / offline XML.

5468 0548 5529

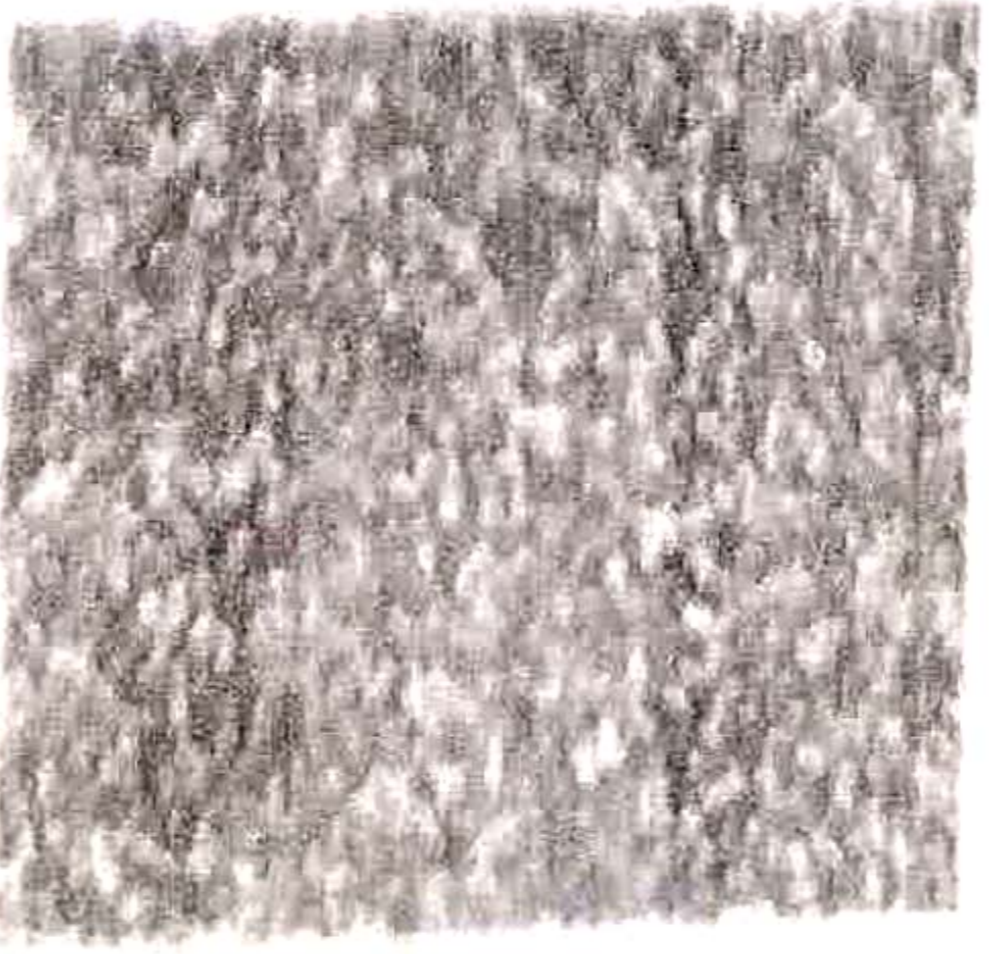
श्री आर्य, श्री प्रकाश



श्री SPO डीआरएम कार्ड, श्री प्रकाश कुमार
जन्म तिथि, पता, पेशे, कुटुंब, जन्म तिथि
274304

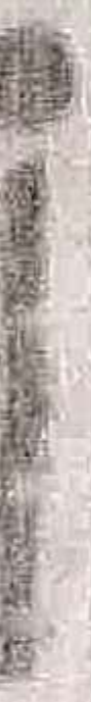
Address: SPO Deemata Prasad JANGAL
MAVA POST JANGAL BELVA, Padma
DIST:Kushinagar, Uttar Pradesh, 274004

Details of terms and conditions



5468 0548 5529

श्री आर्य, श्री प्रकाश



आयकर विभाग
COME TAX DEPARTMENT

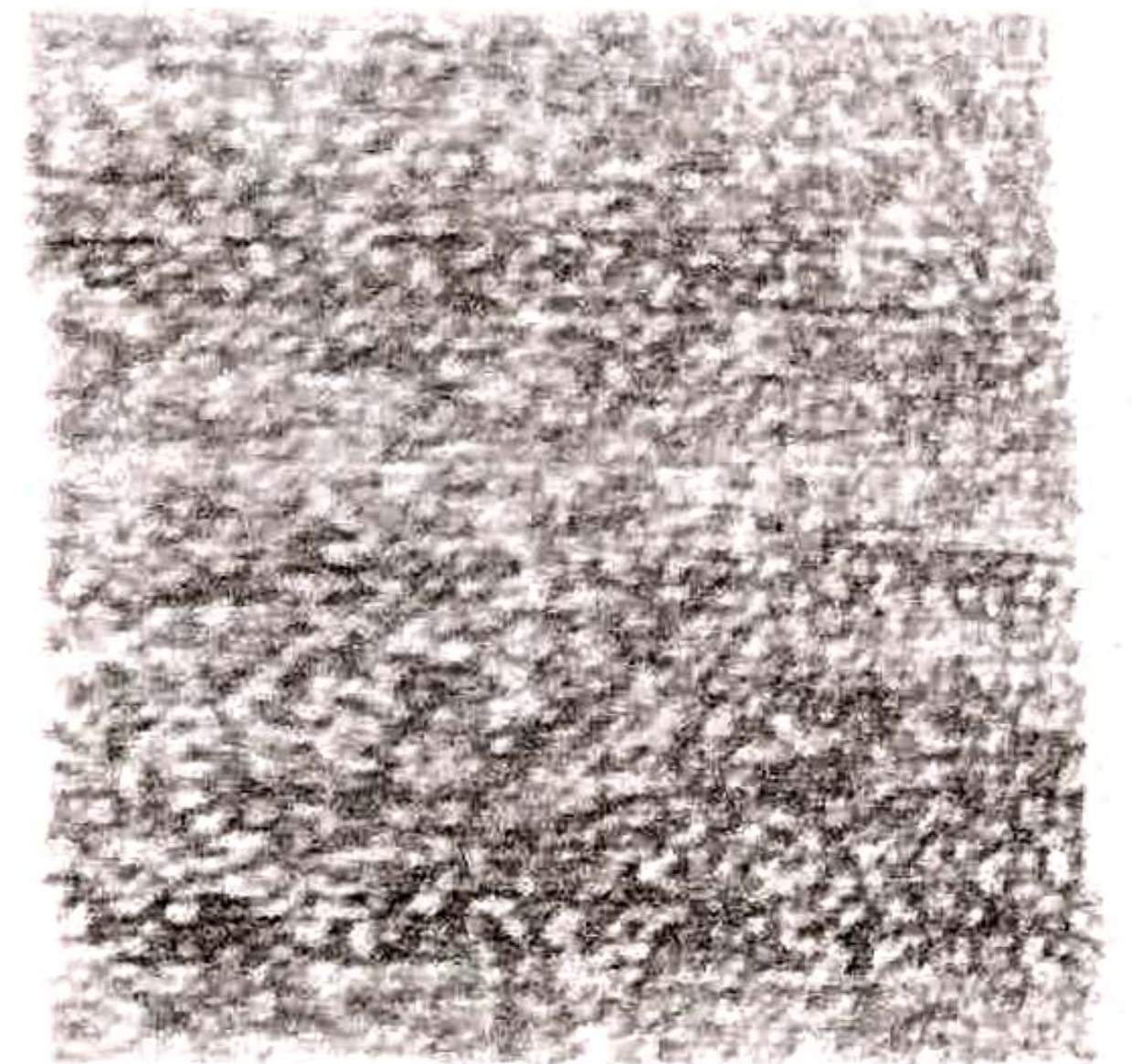


भारत सरकार
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ARUPG4437A



नाम / Name

I. PRAKASH KUMAR

पिता का नाम / Father's Name

ENANATH PRASAD

12012025

जन्म की तारीख /

Date of Birth

02/1982

प्रमाणित

PMI Application Digitally Signed. Card Valid
Valid unless Physically Signed