

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

6834Date 02/02/26

Name

Rohini Kant

Add.

UP57BY2729

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Side Cover - (R)			780/-	
②	Fuel Tank			5000/-	
③	Muffler Cover			650/-	
④	Break Padal			1050/-	
⑤	RH Side Stank Case			1380/-	
⑥	Stank Case Assy - (R)			1890/-	
⑦	Labour charge			650/-	
TOTAL				11350/-	

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.	Rohani Kant 9580628309
2	Vehicle No. / वाहन संख्या	UP57BY2729
3	Policy No. / पालिसी संख्या	252400/31/2026/19834
4	Period of Insurance / बीमा अवधि	2/06/2025 to 1/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/01/2026, 06.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Mehandiganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Raj Kumar, 9391074909, UP5720210006759
8	Estimated Loss / अनुमानित हानि	11350/-
09.	Cause of Accident / दुर्घटना का कारण:	मेश भाई राजकुमार बाईक लेकर बाजार जा रहा था तभी एक पलकर वाले ने दायाे कार्ट के अंकल मार दिया मेरी कार्ट क्षतिग्रस्त हो गयी
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. Aupta automobile Palsane

Date / दिनांक : 02/02/2026
हस्ताक्षर

शेहिजी कान्त
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. 252400/31/2026/19834

Tel. No. _____

Period of Insurance 02/06/2025 to 01/06/2026
 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 : Rohani Kant
 (b) Address for correspondence : _____
 (c) Telephone : 9500628309

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F6SHD08206</u> Chassis No. <u>MBLHAW463SHD03323</u>	Registration No. <u>UP57BY</u> <u>2729</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 : Rajkumar
(b) Age :
(c) Address : Kushimagan Padsauna
(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 : UP5720210006759
(h) Issuing Authority :
(i) Date of Expiry : 31/12/2032
(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 : 20/01/2026, 06.00 P.M.
(b) Place : Mehndigomy
(c) Speed of vehicle at the time of accident
(d) Give a short description of the accident : एक पलसर वाले ने दाहिने साइड से
(e) If any third party was responsible for this accident give the name and address : डककर मार दिया मेरी कारक क्षतिगत हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Side & Front
(b) Estimated cost of repairs : 11350/-
(c) When and where can the damaged vehicle be inspected : Gupta automobiles Padsauna

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? : _____
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 : _____
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 02/02/2026

Signature of the insured शैली कान्त

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 श्री देवी कर्मा
Occupation
Address
.....
.....

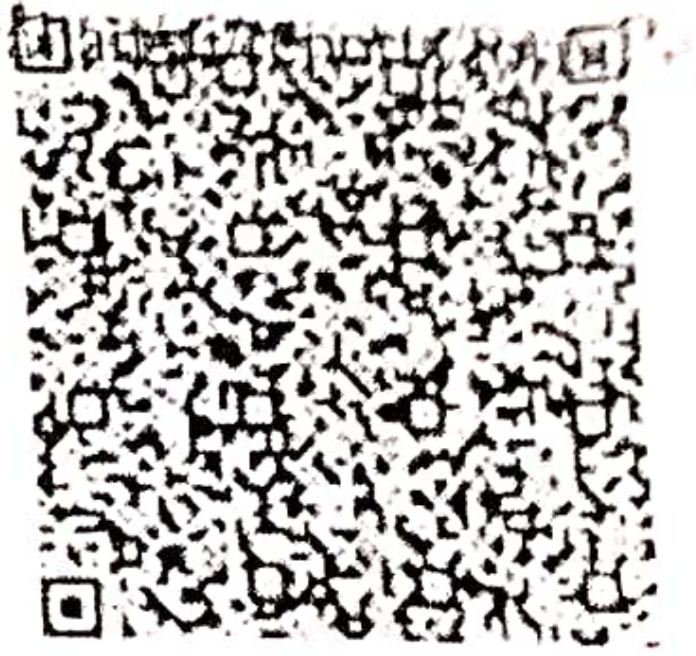
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY2729 Registration Date : 07-Jun-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,
 , , 189-274403
 Owner Name : ROHANI KANT Son/wife/daughter of : HIRAMAN
 Full Address: (Permanent) : VILL-43,PAKARIBANGAR, POST-KUSHUMHI,, THANA-RAMKOLA, KUSHINAGAR, UTTAR
 PRADESH-274305
 Full Address: (Temporary) : VILL-43,PAKARIBANGAR, POST-KUSHUMHI,, THANA-RAMKOLA, KUSHINAGAR-UTTAR
 PRADESH-274305
 Fitness UpTo : 06-Jun-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 : AA1043239784 Rear HSRP No : AA1042388551
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
 No of Cylinders : 1 Chassis No : MBLHAW463S4D03323
 Engine No : HA11F6S4D08206 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243
 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 HERO FINCORP LIMITED DELHI, DELHI, , , Kushinagar, Uttar Pradesh-274305 w.e.f. 02-Jun-2025.

Purchase dt : 02-Jun-2025 Sale Amt : 83351/-
 OTT Date : 02-Jun-2025 Amount/Rcpt No : 8336 / UP57D25060000840
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-Jun-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 07-Jun-2025 to 06-Jun-2040

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20210006759

Issue Date: 03-01-2023
Validity (NT): 31-12-2032
Validity (TR): 02-01-2028



Signature

Name: RAJKUMAR
Date of Birth: 01-01-1993
Blood Group:
Son/Daughter/Wife of: HEERAMAN
Address:
VILL- PAKARI BANGAR POST- KUSUMAHI TOLA
PS RAMKOLA HATA, KUSHINAGAR, UP 274305

DL No: UP57 20210006759



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 Renewed By
MCWG	UP57	17-06-2021	NT				
LMV	UP57	17-06-2021	NT				
TRANS	UP57	03-01-2023	TR				
MVSD							

Emergency Contact Number

Issuing Authority
UP57 KUSHINAGAR



भारत सरकार
Government of India



रोहणी कान्ति
Rohani Kanti
जन्म तिथि / DOB : 01/01/1994
पुरुष / Male

7750 2642 7653



आधार - आत्म आदर्शी का अधिकार



भारतीय विश्वविद्यालय प्रमाणन प्राधिकरण
Unique Identification Authority of India

पता:
S/O: हिरामन, 43, पकरी बाजार,
कुशीनगर, कुशुम्ही, उत्तर प्रदेश,
274305

Address:
S/O: Hiranman, 43, Pakari Bangar,
Kushinagar, Kushumhi, Uttar
Pradesh, 274305

7750 2642 7653

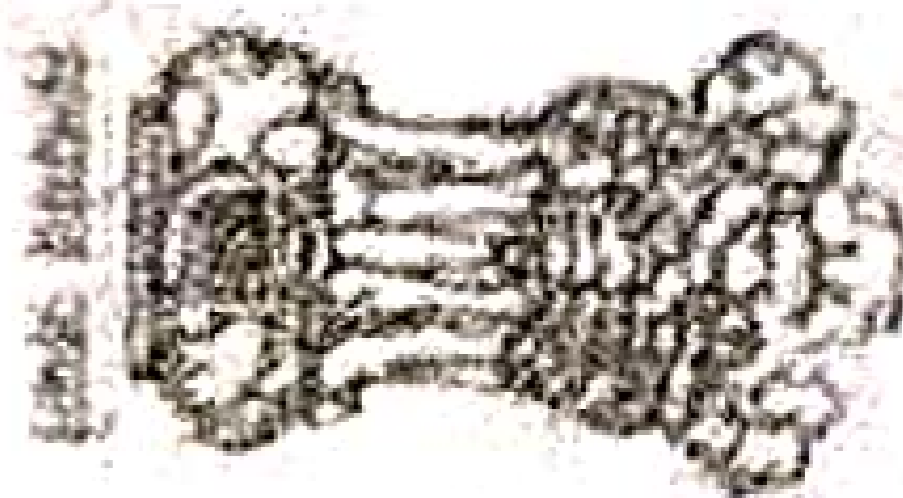
1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



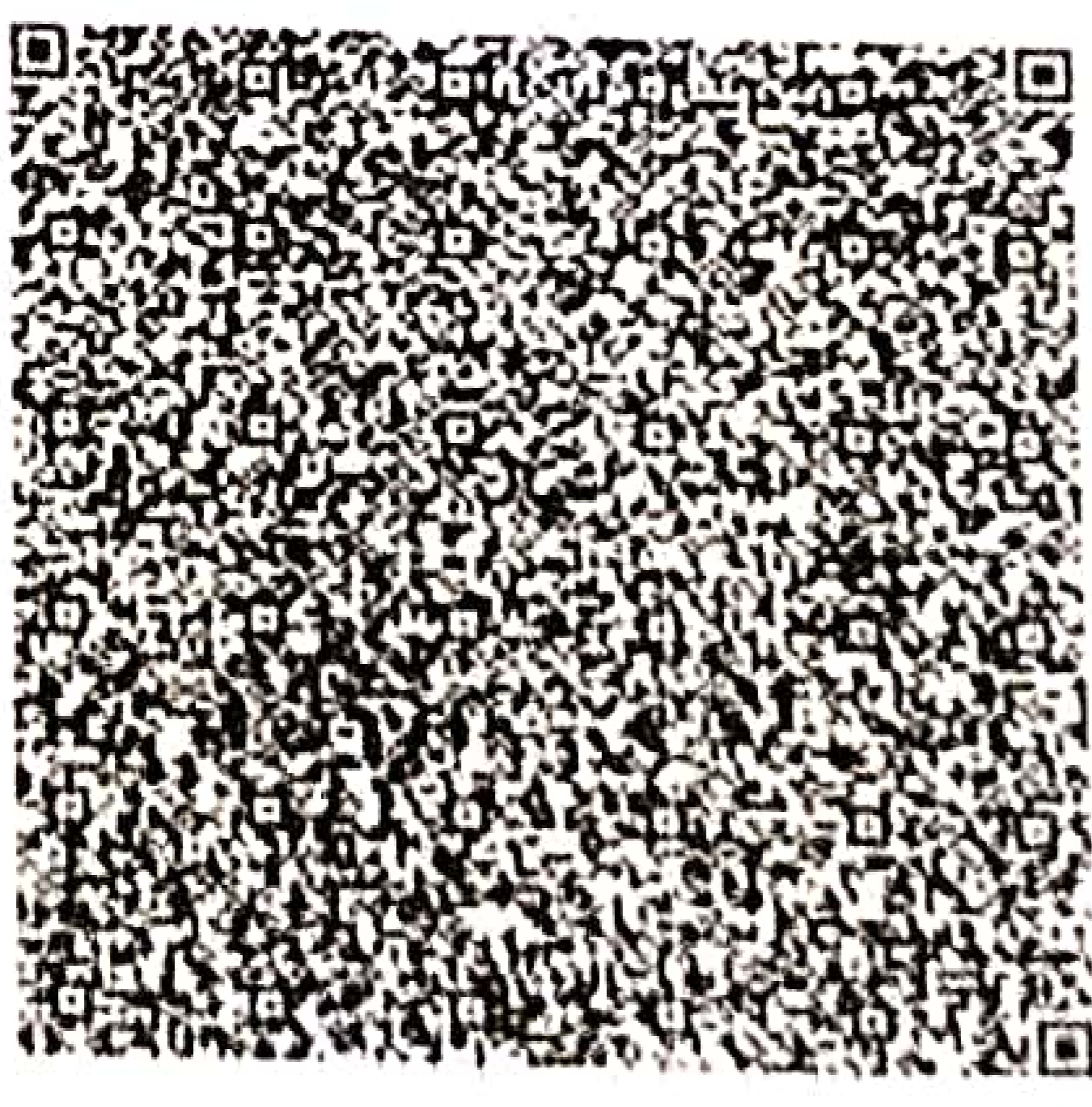
नाम / Name

ROHANI KANT

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

PCNPK9647F



पिता का नाम / Father's Name

HIRAMAN

जन्म की तारीख / Date of Birth

01/01/1994

सहस्र / Sign

सहस्र / Signature

20999