

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6843

Date 3/02/2026

Name

Rabadi Devi

Add.

UP57BW8167

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Rear Rim			4800/-	
②	Foot Rest			215/-	
③	Muffler			7650/-	
④	Muffler cover			680	
⑤	Labor charge			500/-	
			TOTAL	13875/-	

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.	Rabadi Devi 7518283520
2	Vehicle No. / वाहन संख्या	UP57BW8167
3	Policy No. / पालिसी संख्या	252400/31/2025/92397
4	Period of Insurance / बीमा अवधि	6/03/2025 to 5/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	1/02/2026, 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	Badlipool
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jitesh Chauhan, UP572021 9975174850 0012431
8	Estimated Loss / अनुमानित हानि	13875
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन में टकरा जितेश चौहान लेजर मारने से हुए आ रहे थे। तभी अचानक तभी रूम बालेरी वाला मिट्टी से टकरा मार दिया तो टांगे साइड वाइक लेजर बिले से वाइक उभरे ही 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.	9125197118 Crupta Automobile Padawan

Date / दिनांक : 3/02/2026
हस्ताक्षर


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. 252100/31/2025/92397

Tel. No. _____

Period of Insurance 6/03/2025 to 5/03/2026
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 : Rabadi Devi
(b) Address for correspondence : _____
(c) Telephone : 7518283520

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAIIFSHB28490</u> Chassis No. <u>MBLMAW404SHB28455</u>	Registration No. <u>UP57BW</u> <u>08167</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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Jitesh Chauhan
(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 : UP5720210012431
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2030
(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 : 1/02/2026, 5:00PM
(b) Place : Boodipool
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मारी बाइम मरे कार लेमर हर मा र्हे प्रेमती स
(e) If any third party was responsible for this accident give the name and address : बालरी बाल ले मरु से कार मर दिमा ले दागे
अधिक बाइम गिसे
उमरु हे

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back and side
(b) Estimated cost of repairs : 13875/-
(c) When and where can the damaged vehicle be inspected : anupra automobile Poojawanu

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? : N/A
(g) When? : _____
(h) Which Police 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 3/02/26 200

Signature of the insured

रावडी कार

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office

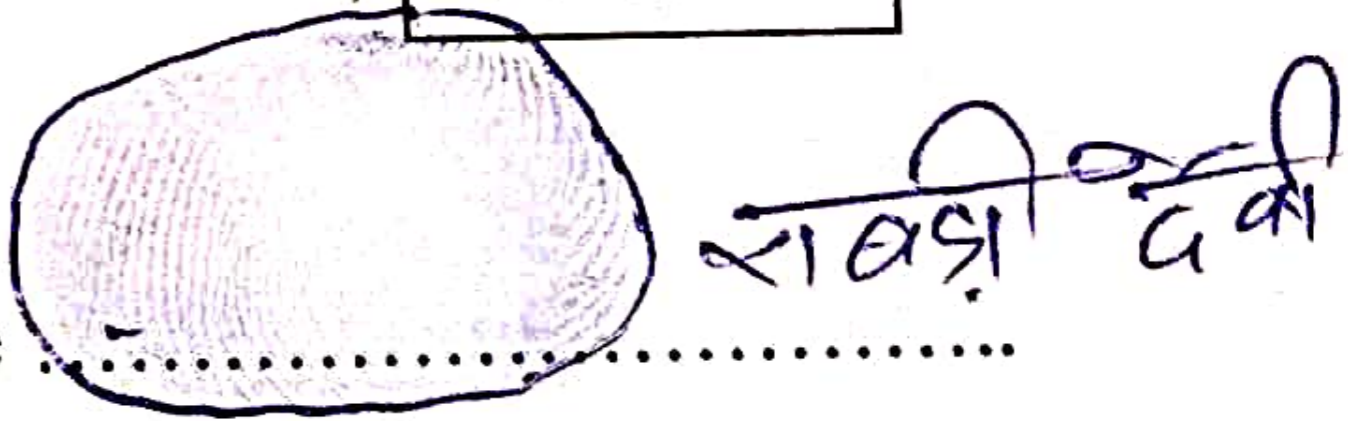


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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
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 राशि देवी
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 : 3/02/26

Place : हिसार


Signature of the declarant

राशि देवी

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 : UP57BW8167 Registration Date : 07-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 : RABADI DEVI Son/wife/daughter of : VIRENDRA CHAUHAN
Full Address: (Permanent) : VILL BHISWA LALA, POST PAKADI BUJURG, THANA RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL BHISWA LALA, POST PAKADI BUJURG, THANA RAVINDRA NAGAR, KUSHINAGAR- UTTAR PRADESH-274304
Fitness UpTo : 06-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 : AA2120215020 Rear HSRP No : AA2120675437
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLHAW404SHB28455
Engine No : HA11F1SHB28490 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
Sleepar 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 w.e.f. .

Purchase dt : 06-Mar-2025 Sale Amt : 84351/-
OTT Date : 06-Mar-2025 Amount/Rcpt No : 8436 / UP57D25030000926
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 07-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 07-Mar-2025 to 06-Mar-2040

Date : 12-May-2025 11:11:58

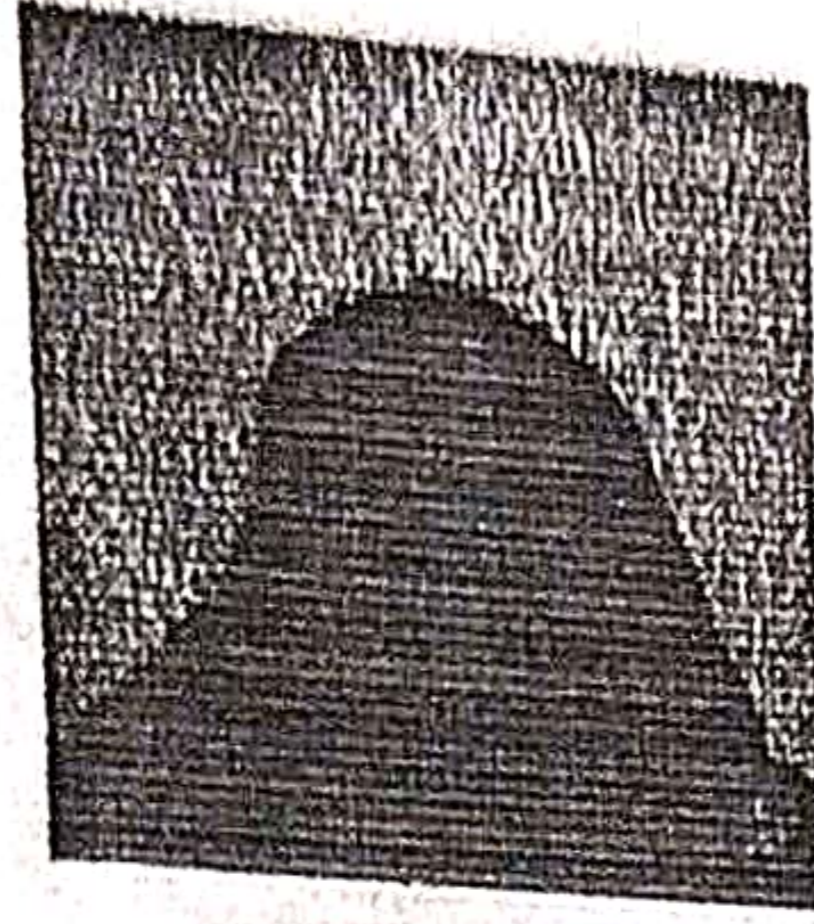
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 12-May-2025



भारत सरकार
GOVERNMENT OF INDIA



राबडी देवी
Rabadi Devi
जन्म तिथि/ DOB: 01/01/1978
महिला / FEMALE



3036 2757 8863

आधार-आम आदमी का अधिकार



भारतीय विधि विभाग प्राधिकरण
INDIAN LEGAL AUTHORITY OF INDIA

पता:

W/O: विरेन्द्र चौहान,
भिसवा लाल, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

W/O: Virendra Chauhan, Bhiswa
Lala, Kushinagar,
Uttar Pradesh - 274304

3036 2757 8863

Aadhaar-Aam Admi ka Adhikar