

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6842

Date 3/02/26

Name

Sumon Duri

Add.

UP 57 BZ 6130

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			1050/-	
②	Handle			500/-	
③	Sokar R+L			2300/-	
④	Fender			1450/-	
⑤	lever (R)			105/-	
⑥	Handle T			980/-	
⑦	Labor charge			700/-	
			TOTAL	7085/-	

Authorised Signatory

May

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Suman, Davi 7523095013
2	Vehicle No. / वाहन संख्या	UP57BZ6130
3	Policy No. / पालिसी संख्या	252400/31/2026/40813
4	Period of Insurance / बीमा अवधि	7/10/2025 to 6/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/02/2026, 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Dhala ha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ganpat, UP57 20160002127 9005110813
8	Estimated Loss / अनुमानित हानि	7085/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे परिवार के रिश्तदारी जा रहे थे। तभी अचानक सामने से मित्र वाला ट्रक मार दिया तो वाहन मेरी ड्राइवर 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 Workshop



सुमन देवी

Signature of Insured / बीमाधारक के

Date / दिनांक : 3/02/2026
हस्ताक्षर

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Cranpat
(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 : UP57 20160002127
(h) Issuing Authority : _____
(i) Date of Expiry : 16/08/2035
(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 : 2/02/2026, 4:00 P.M
(b) Place : Dholaha
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मरी वाइम मर मरि लेकर जा रहे थे। लकी साम
(e) If any third party was responsible for this accident give the name and address : म मिश्रम वाला टक्कर मार दिमा ली वाइम मरी डामेन हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
(b) Estimated cost of repairs : 7005/-
(c) When and where can the damaged vehicle be inspected : Cranpat automobile Pochrana

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? :
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

 _____ *N/A*

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 3/02/26 200

Signature of the insured



Handwritten signature in blue ink.

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. _____

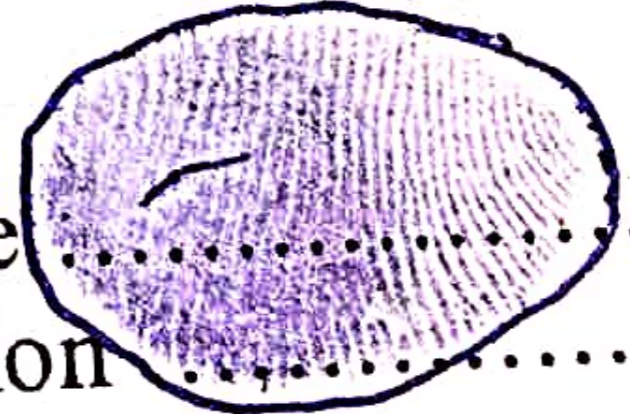
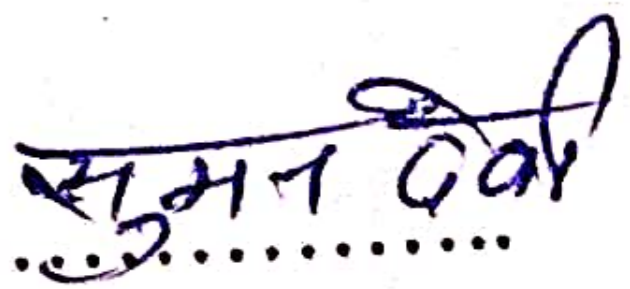
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and 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

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ6130 Registration Date : 10-Oct-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 : SUMAN DEVI Son/wife/daughter of : GANPAT
 Full Address: (Permanent) : VILL-PIPRA BAR SIWAN, POST-HARPUR MAFI, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306
 Full Address: (Temporary) : VILL-PIPRA BAR SIWAN, POST-HARPUR MAFI, THANA-RAMKOLA, KUSHINAGAR- UTTAR PRADESH-274306
 Fitness UpTo : 09-Oct-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 : AA2133086674 Rear HSRP No : AA2133719844
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025
 No of Cylinders : 1 Chassis No : MBLHAW489SGH01989
 Engine No : HA11F7SGH01946 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy 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, . . . New Delhi, Delhi-110057 w.e.f. 07-Oct-2025.

Purchase dt : 07-Oct-2025 Sale Amt : 73764/-
 OTT Date : 07-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100002083
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Nov-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo
 Old State : Entry Date
 Transfer Date : Conversion Date

This certificate is valid from 10-Oct-2025 to 09-Oct-2040

Date : 16-Dec-2025 12:46:46

Taxation Particulars / Advance Registration Mark Fee Details

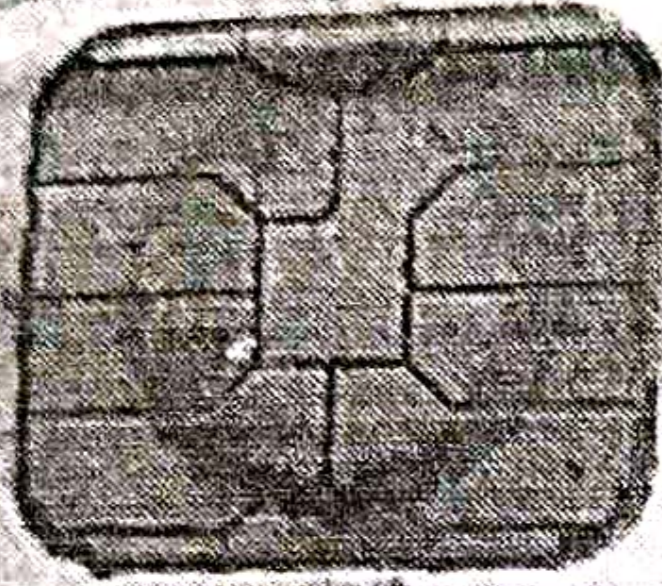
Signature of Registering Authority

Date : 16-Dec-2025

UNION OF INDIA Driving Licence



UP57 20160002127



जारी करने की तिथि
Date of Issue
03/02/2016

वैधता / Validity
16/08/2035

जन्म तिथि
Date of Birth
17/08/1985

Blood Group
UNKNOWN

नाम / Name

GANPA

पिता/पति का नाम / Son/Daughter/Wife of

NANHU

JP57 20160002127

UP01921987RS



MV

13/02/2016



MCWG

13/02/2016



ता / Address

VILL- PIPRA VAR SIWAN

PO- HARPUR MAFI, PS- RAMKOLA
KUSHINAGAR

हस्ताक्षर

holder's Signature

जारीकर्ता / Issuing Authority Sig

KUSHINAGAR



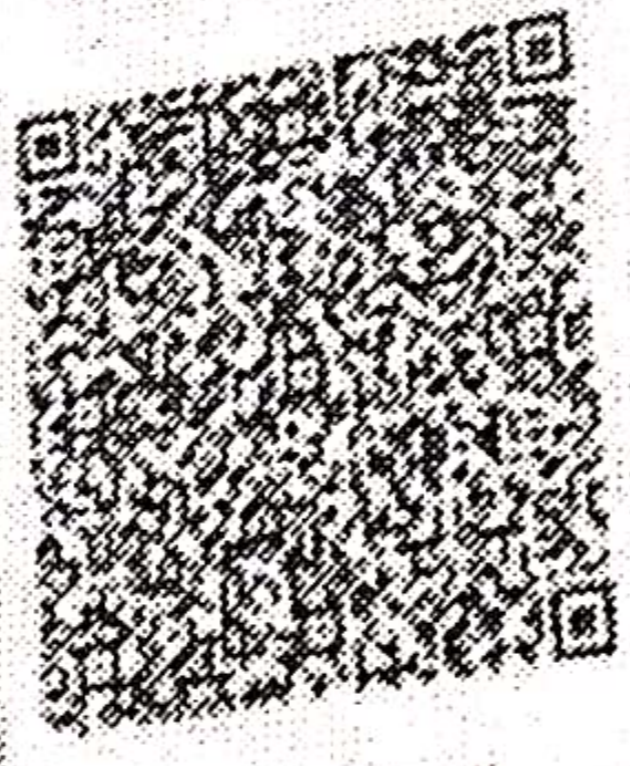
भारत सरकार
Government of India



सुमन देवी
Suman Devi
जन्म तिथि / DOB : 01/01/1979
लिंग / Female

7084 8697 3664

आधार - आभ आदर्शी का अधिकाय



Unique Identification Authority of India

व्यक्ति
W/O: गणपत, पिपरा बर सिवान,
भूतपुर, हरपुर माफि, कुशीनगर,
उत्तर प्रदेश, पिन कोड, 274306

Address:
W/O: Ganpat, pipra bar siwan,
Bodhi Chhapra, Harpur Mafi,
Kushinagar, Padrauna, Uttar
Pradesh, 274306

7084 8697 3664



भारत सरकार

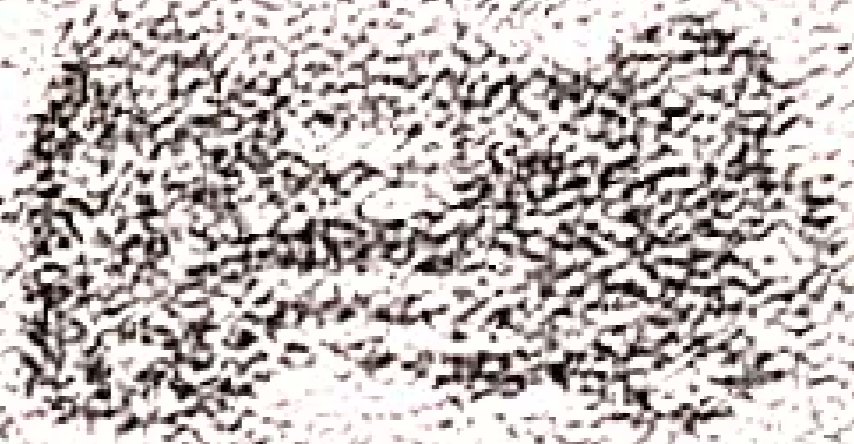


www.aa.gov.in

आयकर पत्रिका

भारत सरकार

INCOME TAX DEPARTMENT

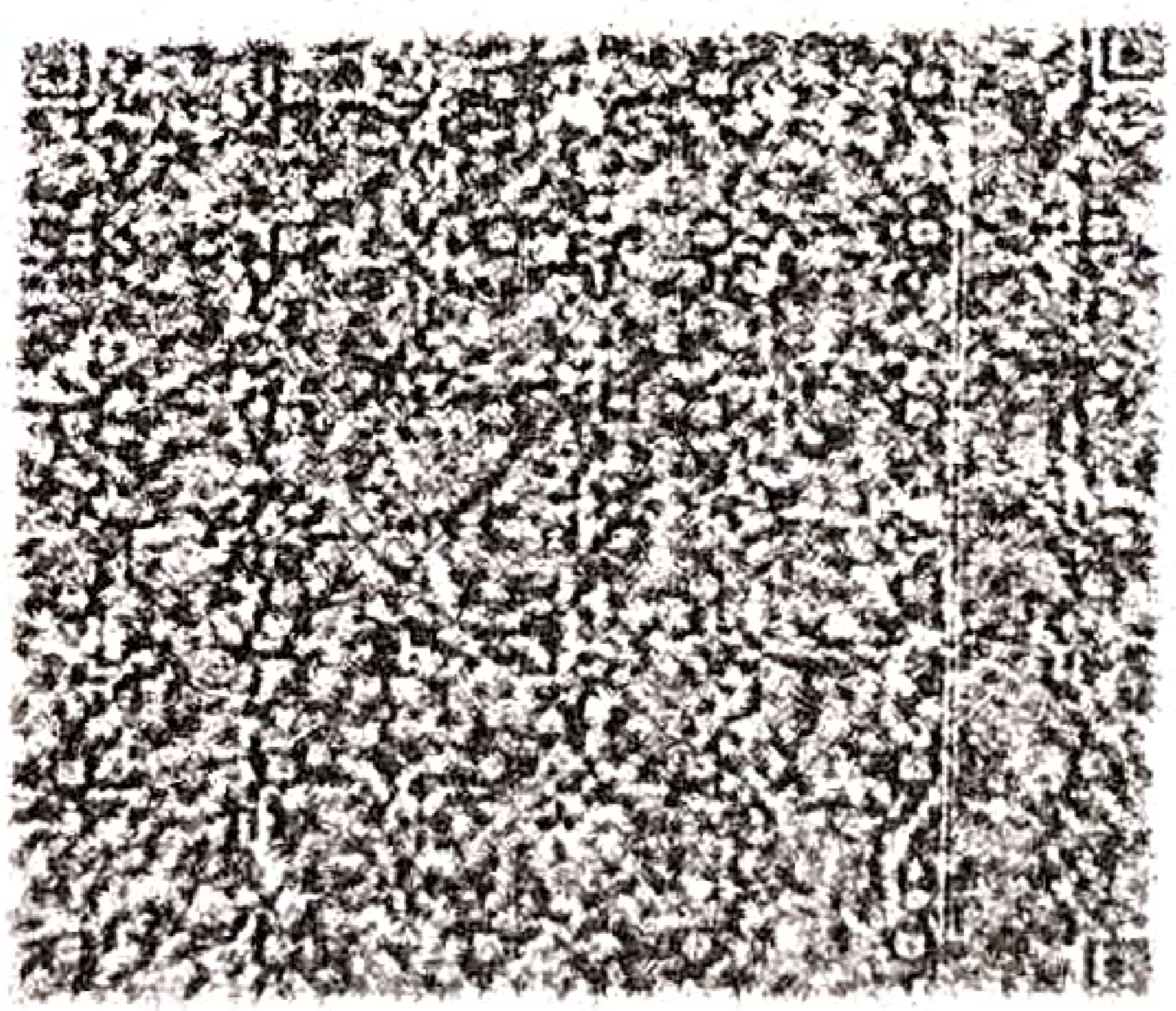


GOVT. OF INDIA



Permanent Account Number Card

KTOPD5755G



नाम / Name
SUKAN DEVI

पिता या माता / Father's Name
JAYSHREE

जन्म तिथि /
Date of Birth

01/01/1979

एन.टी.डी. / N.T.D.