

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6846Date 7/02/26

Name

Shoaib Akhtar

Add.

UP 57 BZ 2516

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Back light			1595/-	
②	Body cover (L)			2950/-	
③	Upper (L)			900/-	
④	Lower (L)			1750/-	
⑤	Lever			125/-	
⑥	Tail light cup			806/-	
⑦	Seat Guard			250/-	
⑧	Labor charge			600/-	
TOTAL				8976/-	

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.	Shoaib Akhtar 9598367177
2	Vehicle No. / वाहन संख्या	UP57 BZ 2546
3	Policy No. / पालिसी संख्या	252400/31/2026/36347
4	Period of Insurance / बीमा अवधि	15/03/2025 to 14/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/02/2026, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Khadki
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Firoj Anshari, UP57 20230014 873 9795727780
8	Estimated Loss / अनुमानित हानि	8976/-
09.	Cause of Accident / दुर्घटना का कारण:	<p>मेरी सगुली मेरा आई लेंजर मिरीण अंसारी मारकेट से घर आ रहे थी तभी मिने से एक सगुली वाला लक्कर मार दिया तो वाहन साइड सगुली गिरे से डामेज हो गई</p>
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 / फोन नं.	912597148 Anup Automobile Repairs

Date / दिनांक : 4/02/2026
हस्ताक्षर

- Shoaib Akhtar
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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/36347
 Period of Insurance 15/09/2025 to 14/09/2026
 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 : Shoaib Akhtar
 (b) Address for correspondence : _____
 (c) Telephone : 9598367177

2. THE INSURED VEHICLE

Make & Year <u>H170/2025</u>	Engine No. <u>ECDDCC136C04267</u>	Registration No. <u>UP57B2</u> <u>2516</u>
	Chassis No. <u>MBLCEW04456C03318</u>	

(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
- _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Firoz Ansari
 (b) Age : _____
 (c) Address : Amher Nagar
 (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 : UP5720230014873
 (h) Issuing Authority : _____
 (i) Date of Expiry : 3/10/2033
 (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, 3:00 P.M
 (b) Place : 12hadd
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मरी स्मूली मेरा भाई ले गमर मारके से घर जा रहा
 (e) If any third party was responsible for this accident give the name and address : वह लो मिके से कम हाइम वाला ले गमर मारके ले वगैर साई सब ए मिके से सिंगे हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage, : Back and Front
 (b) Estimated cost of repairs : 8976/-
 (c) When and where can the damaged vehicle be inspected : crupta automobile Padrauna

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 : _____

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. : _____

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 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 1/02/2000

Signature of the insured Shoaib Akhtar

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 *Shoaib Akhtar*
Occupation
Address
.....
.....

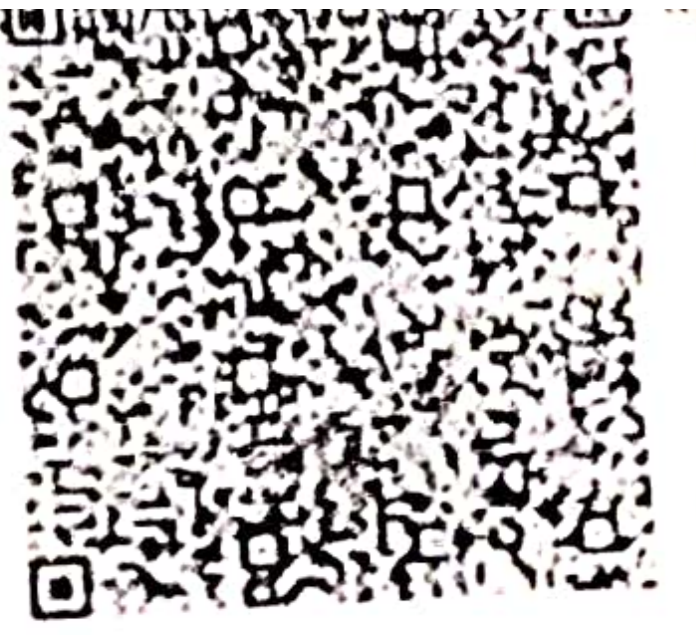
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ2546 Registration Date : 18-Sep-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 : SHOAB AKHTAR Son/wife/daughter of : KALIMULLAH
 Full Address: (Permanent) : KOHARGADDI, KOHARGADDI, . KUSHINAGAR, UTTAR PRADESH-274802
 Full Address: (Temporary) : KOHARGADDI, KOHARGADDI, . KUSHINAGAR-UTTAR PRADESH-274802
 Fitness UpTo : 17-Sep-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2116226540
 Front HSRP No : AA2130920811 Month/Year of Manuf. : 03/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLCEW044S6C03318
 No of Cylinders : 0 Fuel : PURE EV
 Engine No : ECD001S6C04267 Cubic Capacity : 0.00
 Horse Power(BHP) : 8.04 Wheel base : 1301
 Maker's Classification : VIDA V2 PLUS Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 124
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 274
 Colour : MATT CYAN BLUE AC Fitted : NO
 Other Criteria :
 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 : 15-Sep-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Sep-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 18-Sep-2025 to 17-Sep-2040

Signature of Registering Authority
Date : 10-Nov-2025



Date : 10-Nov-2025 13:39:46
Taxation Particulars / Advance Registration Mark Fee Details

3742501



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20230014873

Issue Date: 04-10-2023
Validity (NT): 03-10-2033
Validity (TR):



Holder's Signature

(04-10-2023)

Date of First Issue

Name: FIROJ ANSARI
Date of Birth: 01-01-1990 Blood Group: O+ VE Organ Donor: N
Son/Daughter/Wife of: KALMULLAH
Address: Kohar Gaddi Kushinagar Uttar Pradesh 274802

DL No: UP57 20230014873

UPDL06... 011906788



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	04-10-2023	NT			
	LMV	UP57	04-10-2023	NT			

Form 7 Rule 16(2)

Emergency Contact Number
9651778052

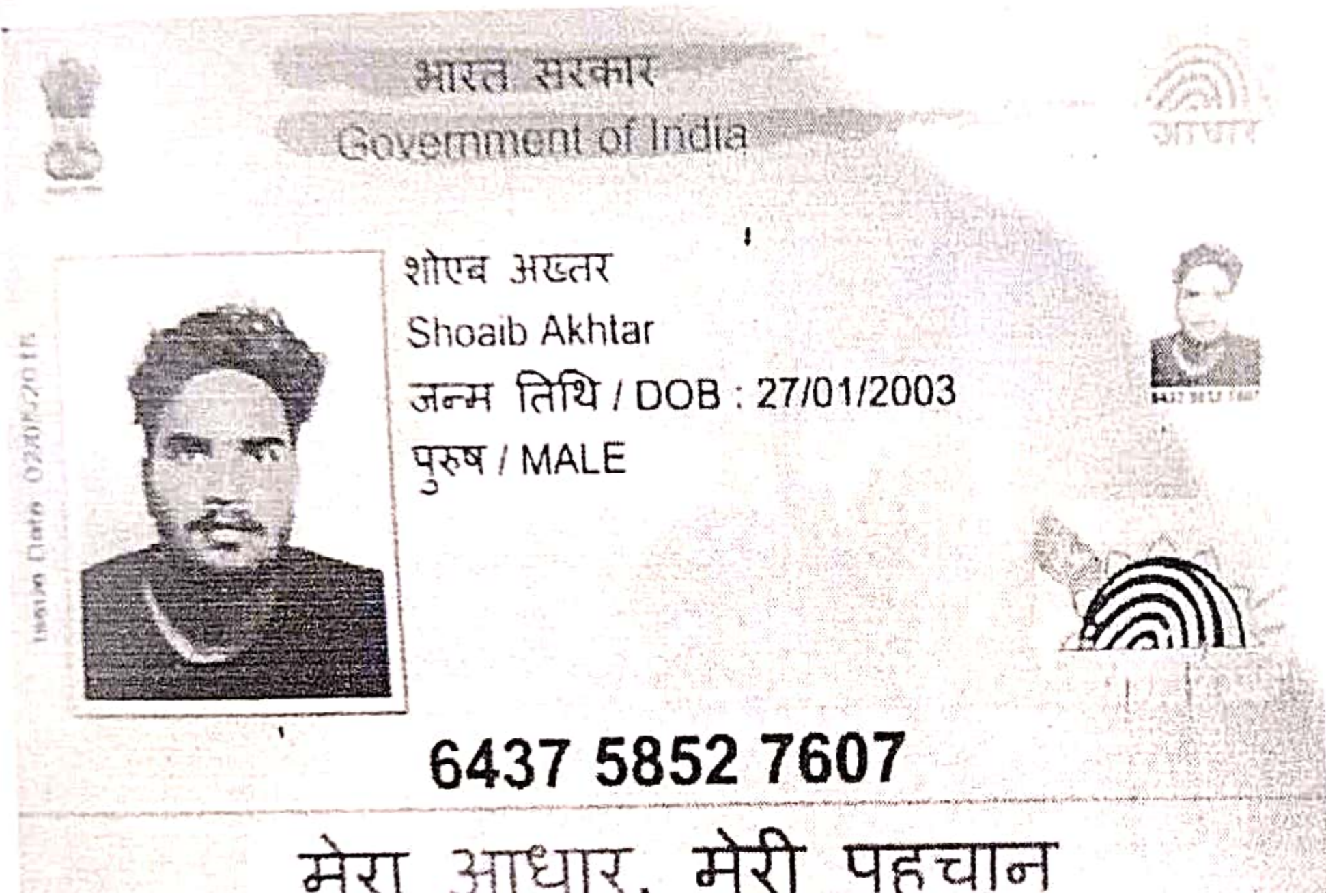
Licensing Authority
UP57 KUSHINAGAR

भारत सरकार
Government of India

शोएब अख्तर
Shoab Akhtar
जन्म तिथि / DOB : 27/01/2003
पुरुष / MALE

6437 5852 7607

मेरा आधार. मेरी पहचान




भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: कलिमुल्लाह, कोहर गददी,
कुशीनगर, उत्तर प्रदेश, 274802
Address: S/O: Kalimullah, Kohar Gaddi,
Kushinagar, Uttar Pradesh, 274802

6437 5852 7607

1947 help@uidai.gov.in www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT

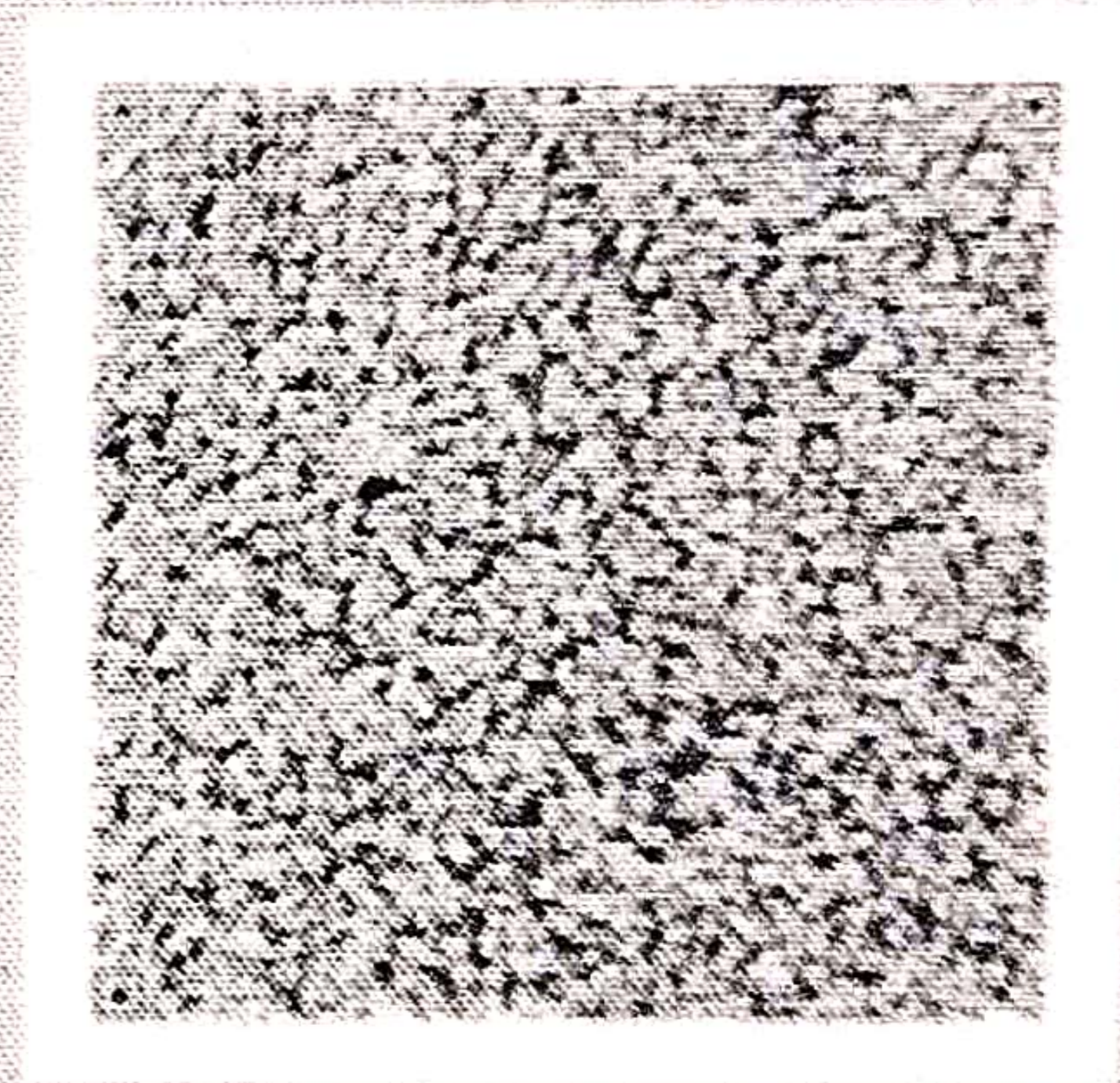


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


DZTPA3321K



नाम / Name
SHOAIB AKHTAR.

पिता का नाम / Father's Name
KALIMULLAH ANSARI

जन्म की तारीख /
Date of Birth
27/01/2003


हस्ताक्षर / Signature

01022021