

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

Date 4/02/26

Name

6854 Manjiv

Add.

UP 57CA 7764

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	H/L			3500/-	
②	visor			1265/-	
③	visor frame			480/-	
④	H/L stand			200/-	
⑤	leguard			680/-	
⑥	handle			500/-	
⑦	handle ♂			900/-	
⑧	indicator R+L			440/-	
⑨	labor charge			800/-	
TOTAL				8925/-	

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.	Manjiv 7318342464
2	Vehicle No. / वाहन संख्या	UP57CA 7764
3	Policy No. / पालिसी संख्या	252400/31/2026/51758
4	Period of Insurance / बीमा अवधि	1/11/2025 to 31/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/02/2026, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Ranigunj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sajid Anshari, UP5720210014 8795912644 518
8	Estimated Loss / अनुमानित हानि	8925/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी कार्डिन मेरी मद्रोसी साजिद अंसारी लेग्वर मारकर जा रहे थे तभी अचानक सग कार्डिन वाला कामने से हलकर मार दिना तो कार्डिन मेरी डमिण 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.	912519 7148 Uupta automobile Pachwan

Date / दिनांक : 4/02/2026
हस्ताक्षर

Manjiv
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. 252+00/31/2026/54758

Tel. No. _____

Period of Insurance 1/11/2025 to 31/10/2026
 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 : Manjiv
 (b) Address for correspondence : _____
 (c) Telephone : 7310345464

2. THE INSURED VEHICLE

Make & Year <u>H120/2025</u>	Engine No. <u>MA11FB5HK33623</u> Chassis No. <u>MBLHAW333SHK3369</u>	Registration No. <u>UP57CA</u> <u>77CA</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sajid Ansari
 (b) Age : _____
 (c) Address : Kumbh 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 : UP57 20210014510
 (h) Issuing Authority : _____
 (i) Date of Expiry : 16/11/2040
 (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 : 3/02/2026, 3:00 P.M
 (b) Place : Ranigunj
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी वाहन में मधु सी लेकर जा रहे थे। लकीर में
 (e) If any third party was responsible for this accident give the name and address : वाहन चालक सामने से टकराकर मार दिया तो वाहन मेरी
उमिद हो ग

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 8925/-
 (c) When and where can the damaged vehicle be inspected : Crupte 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? : _____ 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 Policy 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 4/02/20 200

Signature of the insured Manjiv

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/-

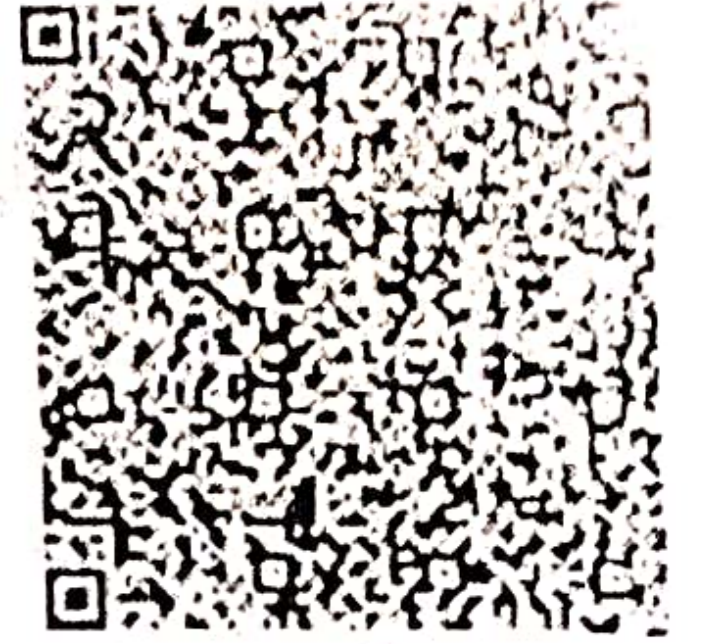
Witness
Name
Signature
Address

Signature *Manjiv*
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 : UP57CA7764 Registration Date : 05-Nov-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 : MANJUR Son/wife/daughter of : MUSAFIR
Full Address: (Permanent) : VILL-SARAGATIA KARANPATTI, POST-SEORAH, THANA--SEORAH, KUSHINAGAR, UTTAR PRADESH-274406
Full Address: (Temporary) : VILL-SARAGATIA KARANPATTI, POST-SEORAH, THANA--SEORAH, KUSHINAGAR- UTTAR PRADESH-274406
Fitness UpTo : 04-Nov-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 : AA2142587376 Rear HSRP No : AA2141824896
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
No of Cylinders : 1 Chassis No : MBLHAW333SHK33691
Engine No : HA11FBSHK33623 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
S)
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)
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- 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. 01-Nov-2025.

Purchase dt	: 01-Nov-2025	Sale Amt	: 80517/-
OTT Date	: 01-Nov-2025	Amount/Rcpt No	: 8052 / UP57D25110001734
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 14-Dec-2025		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from 05-Nov-2025 to 04-Nov-2040

Signature of Registering Authority
A.R.T.O. (A)
Kushinagar (UP)
Date: 17-Jan-2026

Date : 17-Jan-2026 15:45:26
Taxation Particulars / Advance Registration Mark Fee Details

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20210014518

Issue Date 18-09-2025 Validity (NT) 16-11-2040 Validity (TR)* 17-09-2030



Holder's Signature

Name: SAJID ANSARI Organ Donor: N

Date of Birth: 17-11-2000 Blood Group: MAHMUD ANSARI
Son/Daughter/Wife of:

Address: VILL-SARGATIYA KARAN PATTI PO PS SEORAH
TAMKUI RAI KUSHINAGAR UP 274406

Date of First Issue 20.12.2021

DL No: UP57 20210014518

UPDL571 000027243



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	LMV	UP57	20-12-2021	NT			
TRANS	CRANE	UP57	18-09-2025	TR			
MVSD		UP57	18-09-2025	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

भारत सरकार
Government of India



नाम
Manjur
जन्म तिथि / DOB : 01/01/2004
पुरुष / Male

2355 7583 2701



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आमज, मुसफिर, सरगाटिया करान
पट्टी, कुशीनगर, सेवरी, उत्तर प्रदेश,
274406

Address:
S/O Musafir Saragatia Karan
Path, Kushinagar Seorani, Uttar
Pradesh, 274406

2355 7583 2701



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



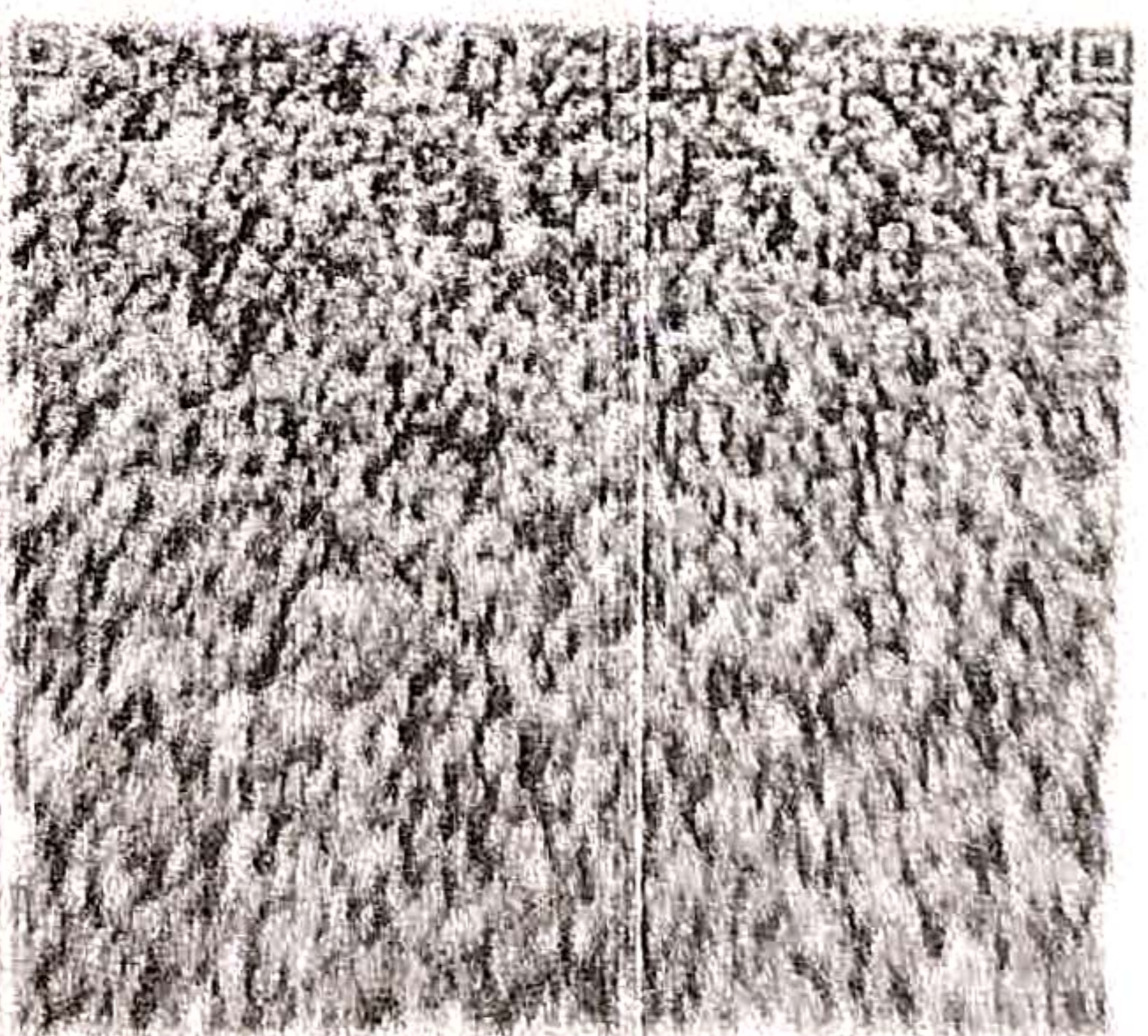
भारत सरकार
GOVT. OF INDIA



आयकर विवरण पत्रिका

Permanent Account Number Card

148109P



नाम / Name

MANJUR

पिता का नाम / Father's Name

MUSAFIR

जन्म की तिथि / Date of Birth

01/01/2004

Manjur

हस्ताक्षर / Signature