

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6847

Date 4/02/26

Name

Uttam chand madhucharya

Add.

UP57BW4378

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1450/-	
②	visor			1000/-	
③	H/L			595/-	
④	H/L stand			275/-	
⑤	legurd			680/-	
⑥	Rear indicators (2)			220/-	
⑦	Handle			500/-	
⑧	Labor charge			600/-	
TOTAL				5320/-	

Authorised Signatory

Tal

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.	Uttam Chand Madhusiya 8939002864
2	Vehicle No. / वाहन संख्या	UP57BW4378
3	Policy No. / पालिसी संख्या	252400/31/2025/03816
4	Period of Insurance / बीमा अवधि	7/02/2025 to 6/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/02/2026, 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	Nadi chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arun madhusiya, UP57202100 9918250358 10805
8	Estimated Loss / अनुमानित हानि	5320/-
09.	Cause of Accident / दुर्घटना का कारण: मेरी बर्डम मेरे चाचा अरुण मधुसिमा लैमर रिस्तेवारी जा रहे थे तभी अचानक सामने से एक बर्डम वाला टक्कर मार दिया तो बर्डम मेरी बाएँ साईड गिरने से बर्डम मेरी जंमल 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 Padma

Date / दिनांक : 4/02/2026
हस्ताक्षर

उत्तम चंद मधुसिमा
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. 252400/31/2025/83816
 Period of Insurance 7/02/2025 to 6/02/2026
 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 : Atam Chand Madhusriya
 (b) Address for correspondence : _____
 (c) Telephone : 8939022869

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11E0RHM 69270</u> Chassis No. <u>MBLHAW232RHM97670</u>	Registration No. <u>UP57B W 9378</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 : Arun Madhesiya
(b) Age : 28
(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 : UP2720210010805
(h) Issuing Authority :
(i) Date of Expiry : 7/07/2039
(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, 11:30 A.M
(b) Place : Nade chauraha
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : मेरी वाहन मेर सवारी करे करे मे लगे सामने
(e) If any third party was responsible for this accident give the name and address : मेरी सवारी करे करे मे लगे सामने मेरी सवारी करे करे मे लगे सामने

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end-side
(b) Estimated cost of repairs : 5320/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Pad...

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 2/10/2024

Signature of the insured

उत्तम चन्द मधेशिया

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 अमर चन्द महेदशिया

Occupation

Address

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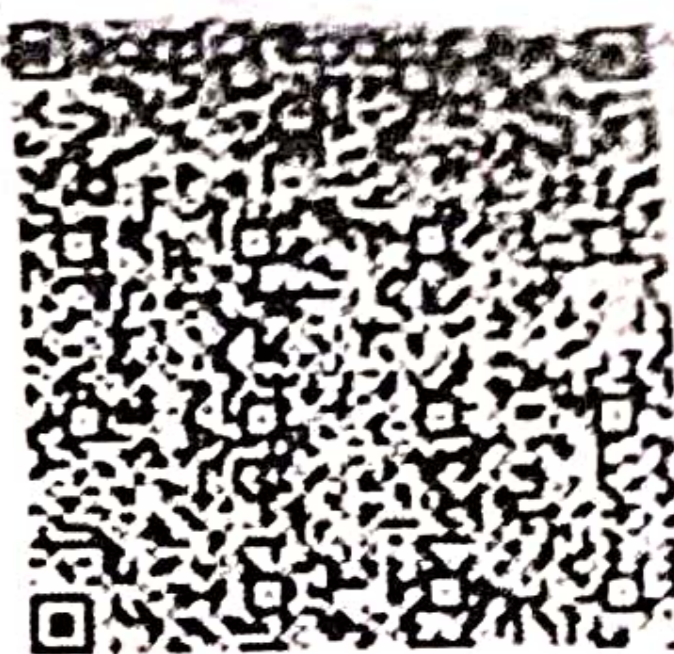
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Bank Account Number

Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BW4378 Registration Date : 08-Feb-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 : UTTAM CHAND MADHESIYA Son/wife/daughter of : KAPIL MADDHESHIYA
Full Address: (Permanent) : VILL-BASDILA, POST -DANDOPUR THANA -NEBUA NAURANGIYA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-BASDILA, POST -DANDOPUR THANA -NEBUA NAURANGIYA, KUSHINAGAR- UTTAR PRADESH-274304

Fitness UpTo : 07-Feb-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 : AA1038982951 Rear HSRP No : AA10389821770
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
No of Cylinders : 1 Chassis No : MBLHAW232RHM47678
Engine No : HA11E8RHM69278 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 109
Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 239
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., As Regd., and Weight(in kgs). Rows include a) Front, b) Rear, c) Other, and d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of w.e.f.

Purchase dt : 08-Feb-2025 Sale Amt : 77025-
OTT Date : 08-Feb-2025 Amount/Rcpt No : 7703 / UP57D25020000994
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 28-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 08-Feb-2025 to 07-Feb-2040

Date : 10-May-2025 15:04:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 10-May-2025
Changaner (UP)

DL No: UP57 20210010805

UPDL060006399138



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	21-09-2021	NT			
	LMV	UP57	21-09-2021	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHNAGAR

Form 7 Rule 16(2)

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20210010805

Issue Date: 21-09-2021
Validity (NT): 07-07-2039

Validity (TR)*



Holder's Signature

Name:

ARUN MADHESIYA

Date of Birth: 08-07-1999

Blood Group:

Organ Donor: Y

Son/Daughter/Wife of: GOPAL MADHESIYA

Address:

VILL BASDLA PO DANDOPUR PS NEBUA
BANGSIYA KUSHNAGAR, UP 274304

(21-09-2021)

Date of First Issue

आयकर विभाग
INCOME TAX DEPARTMENT

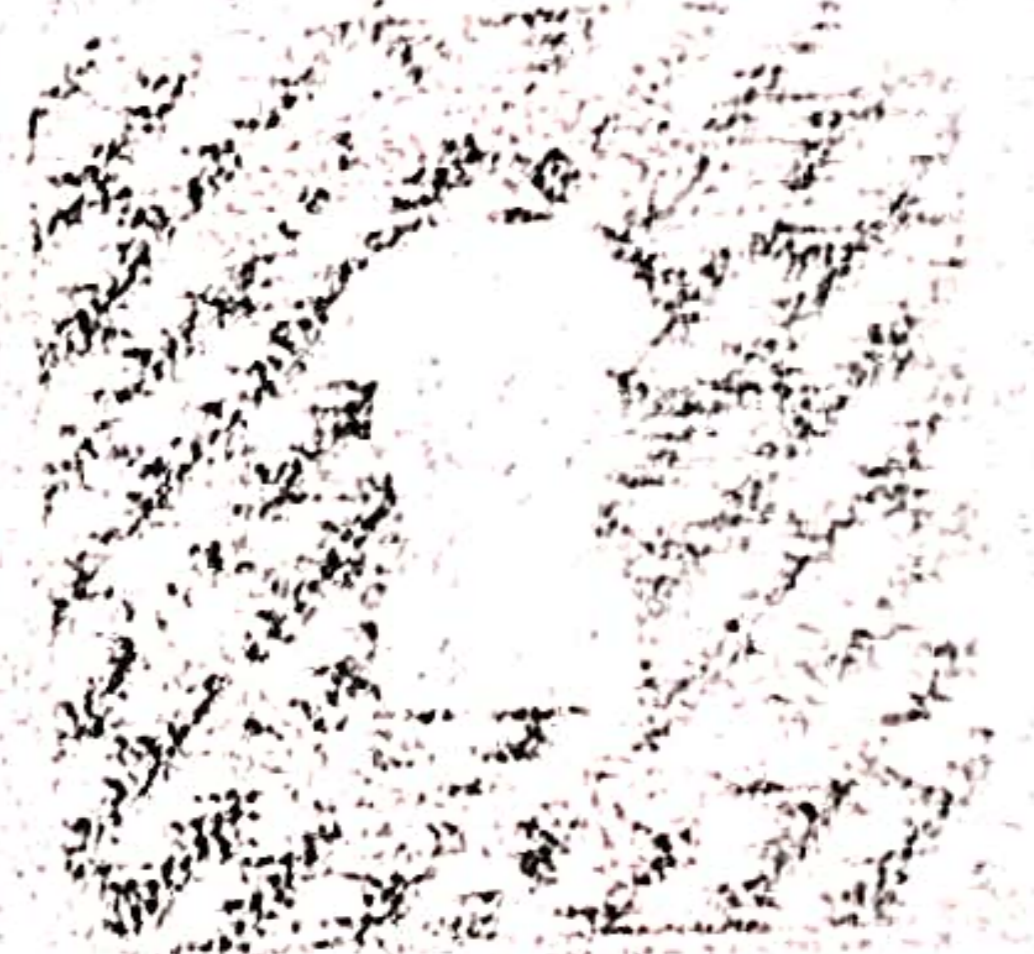


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ESNPM0621N



नाम / Name
UTTAM CHAND MADHESIYA

पिता का नाम / Father's Name
KAPIL MADDHESIYA

जन्म की तारीख / Date of Birth
10/07/1999

उत्तम चंद मधेशिया
हस्ताक्षर / Signature



16062018