

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6851**

Date 5/02/20

Name Amina Rhaton

Add. UP 27BY 7345

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Upper			1700/-	
②	Indicator ②			240/-	
③	Lower ②			1300/-	
④	Labor charge			500/-	
			<b>TOTAL</b>	<b>3740/-</b>	

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.	Amina Khatoon 7317259829
2	Vehicle No. / वाहन संख्या	UP57BY7345
3	Policy No. / पालिसी संख्या	252400/31/2026/27930
4	Period of Insurance / बीमा अवधि	15/07/2025 to 14/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/02/2026, 11:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tafjjuul, UP5720250004152 6388194308
8	Estimated Loss / अनुमानित हानि	3740/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी स्मूली मेरे बलीजा तिमपून लेकर मारमोट लेकर जा रहे थे। लभी वारिस आ रहा था तो स्मूली स्लिप कर वाजे साईड गिरने से स्मूली मेरी ड्राइव 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.	91250 न+8 Gupta automobile Padrauna

Date / दिनांक : 5/02/2026  
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. 252100/31/2026/27930

Tel. No. \_\_\_\_\_

Period of Insurance 15/07/2025 to 14/07/2026  
 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 : Amina Khatoon  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7317259829

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JF16EWTRGTJ00408</u> Chassis No. <u>MBLJFW5QORGLOD176</u>	Registration No. <u>UP57BY</u> <u>7345</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 : Tafjil  
(b) Age : \_\_\_\_\_  
(c) Address : Teachinagar  
(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 : UP5720250DD152  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 31/12/2023  
(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 : 4/02/2026, 11:00 A.M  
(b) Place : POORANA  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : \_\_\_\_\_  
(e) If any third party was responsible for this accident give the name and address : मैनी स्टूडी मुरा भवानी लिमिटेड कार्ड का लगे  
आ है या तो स्टूडी विम कर काम साईट मी  
उम्मी समित है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front mid-side  
(b) Estimated cost of repairs : 3740/-  
(c) When and where can the damaged vehicle be inspected : carupta automobile poorana

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? : \_\_\_\_\_



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/-

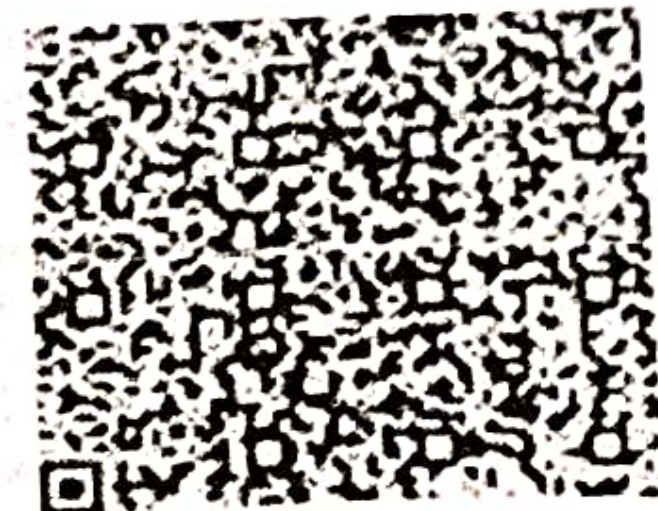
Witness  
Name .....  
Signature .....  
Address .....

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 : UP57BY7345      Registration Date : 15-Jul-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 : AMINA KHATUN      Son/wife/daughter of : JAMALUDDIN  
Full Address: (Permanent) : VILL-BANDHU CHHAPRA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
Full Address: (Temporary) : VILL-BANDHU CHHAPRA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304  
Fitness UpTo : 14-Jul-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      Rear HSRP No : AA213152/416  
Front HSRP No : AA2132810149      Month/Year of Manuf. : 11/2024  
Type of Body : SOLO WITH PILLION      Chassis No : MBLJFW580RGL00176  
No of Cylinders : 1      Fuel : PETROL  
Engine No : JF16EWRGJ00408      Cubic Capacity : 110.90  
Horse Power(BHP) : 8.04      Wheel base : 1238  
Maker's Classification : PLEASURE+ SPORTS EDITI ON  
Seating Cap(in all) : 2      Standing Cap : 0  
Sleepar Cap : 0      Unladen Wt (kgs) : 104  
Colour : ABRAX ORANGE BLUE      Laden/GV Wt (kgs) : 234  
Other Criteria :  
Vehicle Purchase As : Fully Built      AC Fitted : NO

**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. 15-Jul-2025.

Purchase dt : 14-Jul-2025      Sale Amt : 81838/-  
OTT Date : 14-Jul-2025      Amount/Rcpt No : 8184 / UP57D25070001573  
Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 18-Jul-2025  
Other State/Transfer/Conversion/Reassign Details :  
Previous Owner :      Previous RegNo :  
Old State :      Entry Date :  
Transfer Date :      Conversion Date :

This certificate is valid from 15-Jul-2025 to 14-Jul-2040

Date : 29-Jul-2025 14:47:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
  
29-Jul-2025

Q 4400176



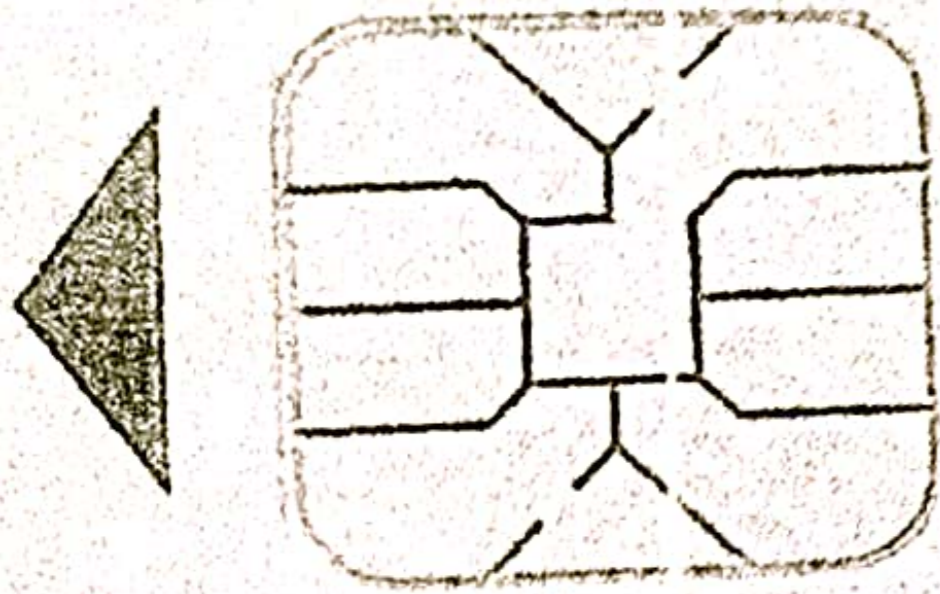
Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP57 20250004152



Issue Date: 03-03-2025    Validity (NT): 31-12-2043    Validity (TR): #



Holder's Signature

Name: **TAFJJUL**  
 Date of Birth: **01-01-2004**    Blood Group:  
 Son/Daughter/Wife of: **BASIR**    Organ Donor: **N**  
 Address:  
**KOHARGADDI KOHAR GADDI PADRAUNA  
 KUSHINAGAR UTTAR PRADESH 2741802**

Date of First Issue

DL No: UP57 20250004152

UPDL571000005533



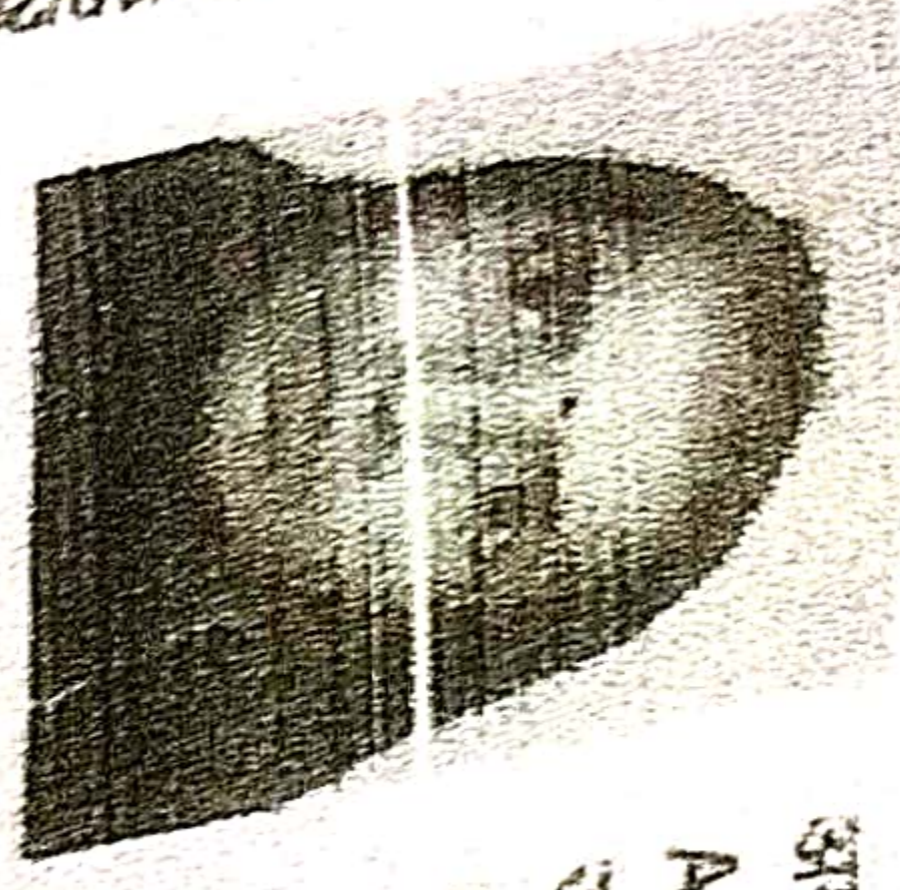
Invalid Carriage (Regn Numbers)  
 Hazardous Validity#    Hill Validity#

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP57	03-03-2025	NT			
	LMV	UP57	03-03-2025	NT			
MVSD							

Licensing Authority  
UP57 KUSHINAGAR

Form 7 Rule 16(2)

भारत सरकार  
Government of India



अमीना खालुन  
Amina Khalun  
जन्म तिथि/DOB: 01/10/1989  
लिंग/SEX: FEMALE

Issued Date: 29/10/2020

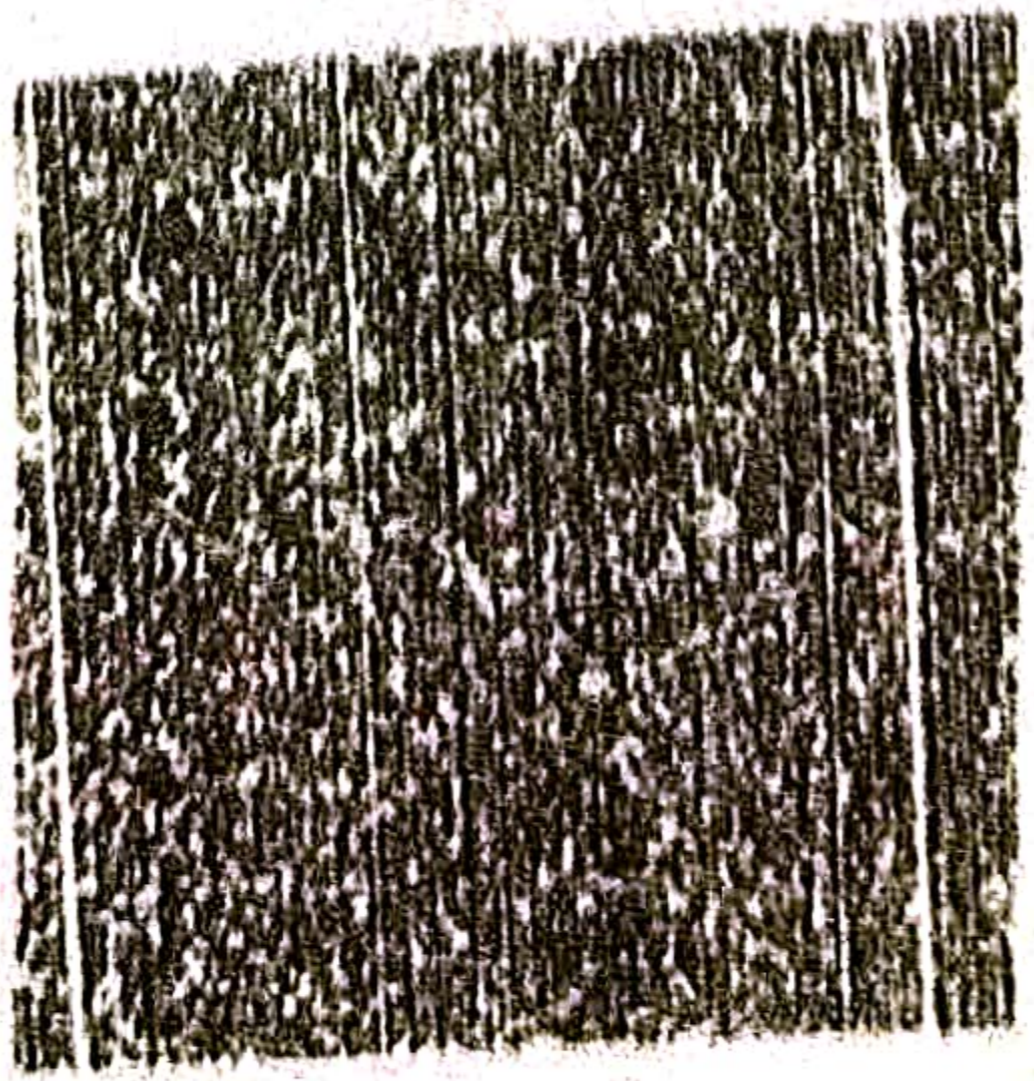
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VID : 9196 1875 4402 3525  
भारत सरकार, भारत प्रदेश



भारतीय रिजर्व बैंक  
Reserve Bank of India

पता:  
W/O. जमालुद्दीन, बसु बारा, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
W/O. Jamaluddin, Bandhu Chhapra,  
Kushinagar,  
Uttar Pradesh - 274304



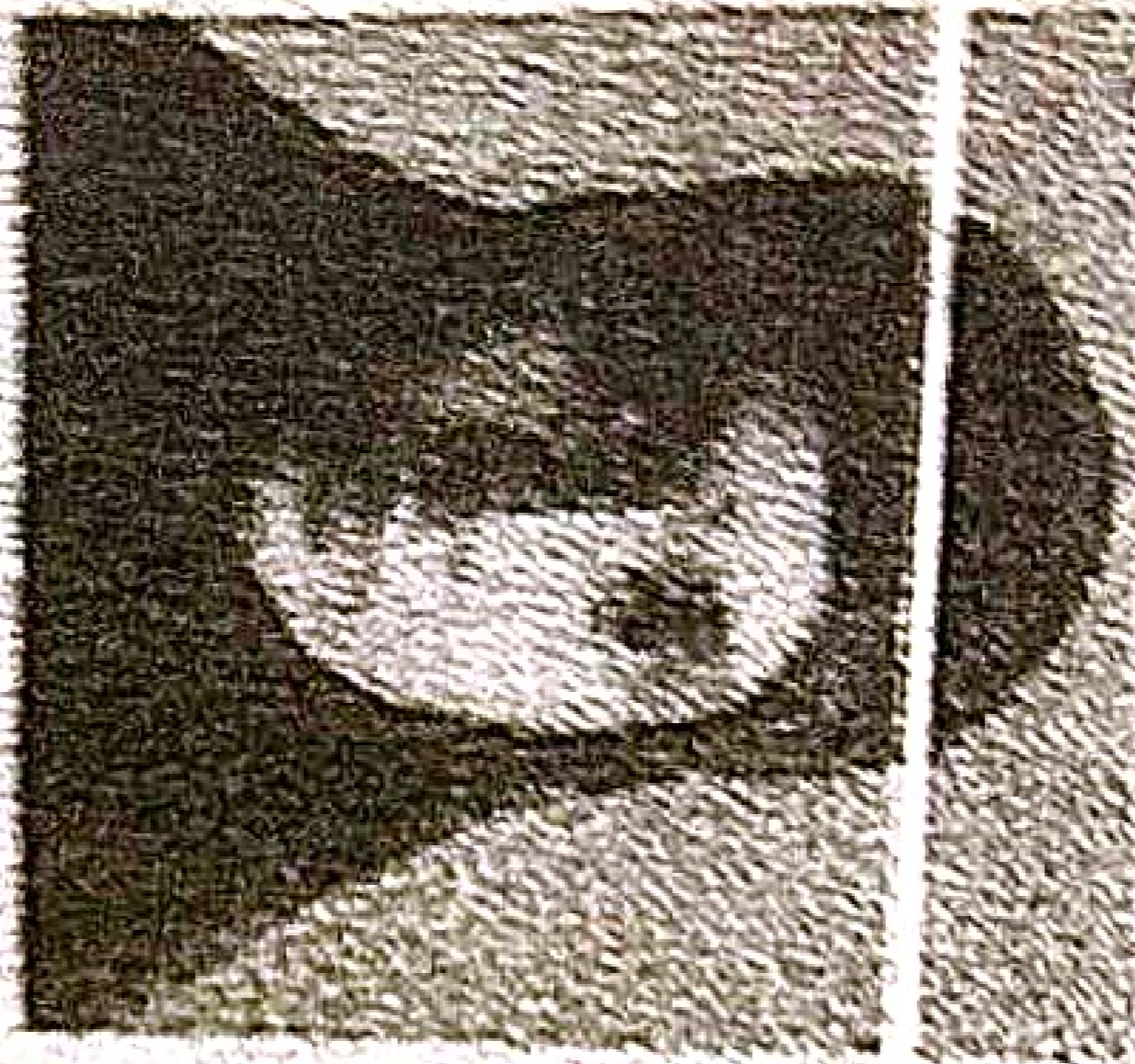
7582 5041 7909  
VID : 9196 1875 4402 3525  
1097 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

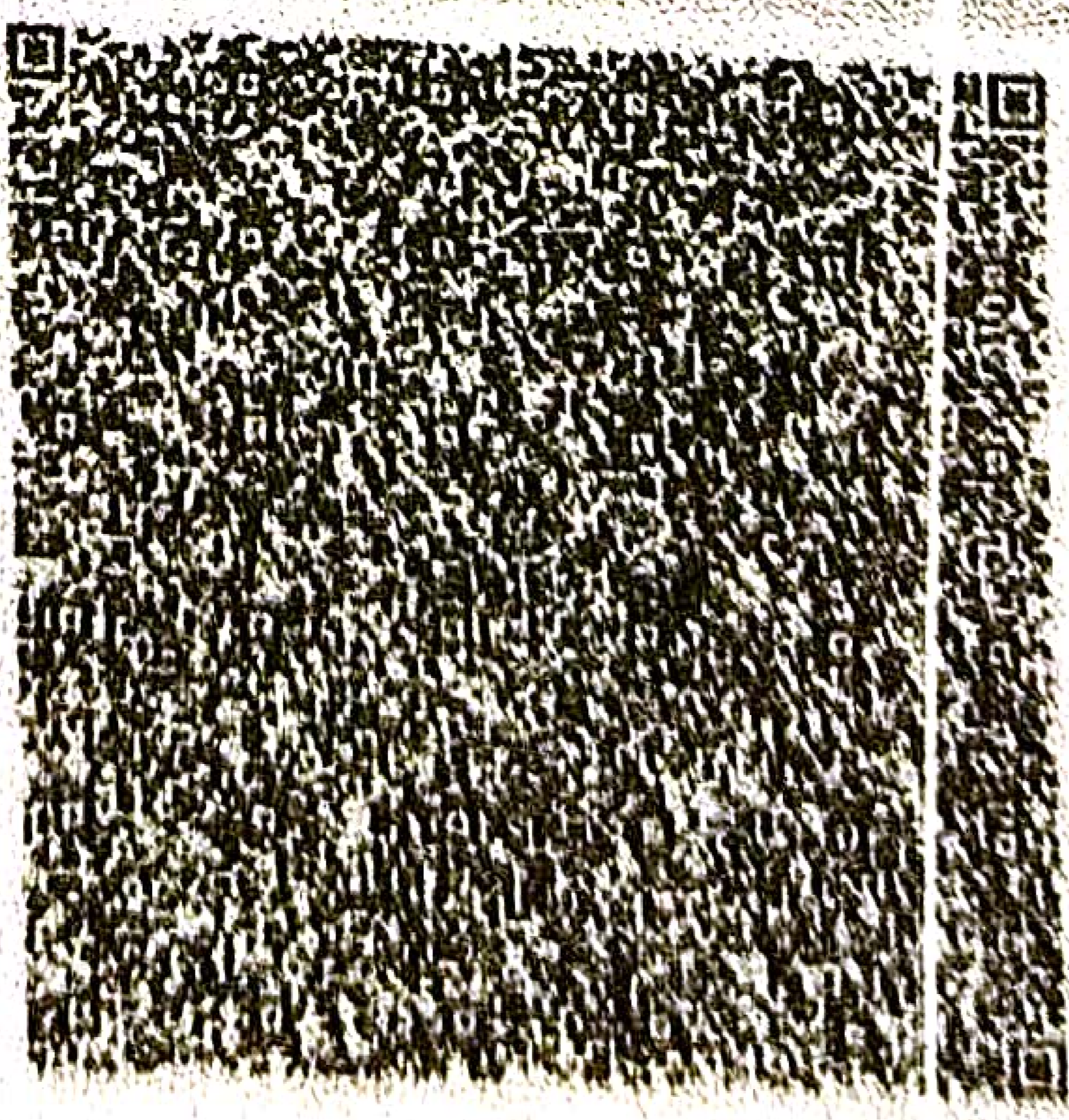
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

IFXPBK0976K



नाम / Name

AMINA KHATUN

पिता का नाम / Father's Name

KASIM ALI

जन्म की तारीख

Date of Birth

01/01/1989

امینا خاتون

हस्ताक्षर / Signature

21032019