

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6849

Date 5/02/20

Name

Durgesh Kumar

Add.

UP 57342001

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5500/-	
②	Sokas (RHL)			2300/-	
③	Handli			500/-	
④	Handli			980/-	
⑤	visor			1265/-	
⑥	Foot Rest Stand			430/-	
⑦	Indicator Rear (L)			220/-	
⑧	Fender			1465/-	
⑨	Labor charge			800/-	
TOTAL				13460/-	

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.	Durgesh Kumar 8142960841
2	Vehicle No. / वाहन संख्या	UP57BV2881
3	Policy No. / पालिसी संख्या	252400/31/2026/20155
4	Period of Insurance / बीमा अवधि	3/06/2025 to 2/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/02/2026, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Khirkiya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sandup Shrivastava, UP572022 000 8861 7275128555
8	Estimated Loss / अनुमानित हानि	13460/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे मालिक सोनम श्रीवास्तव के मार जा रहे थे तभी अचानक सामने से एक वाहन आला एक मार मार दिया तो वाहन मेरी वाहन काई गिरने से डमिया 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 Pachana

Date / दिनांक : 5/02/26
हस्ताक्षर

- Durgesh Kumar
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. 25 2400/31/2026/20155

Tel. No. _____

Period of Insurance 3/06/2025 to 2/06/2026
 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 : Durgesh Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 8192960041

2. THE INSURED VEHICLE

Make & Year <u>Muxo/2025</u>	Engine No. <u>HA11FB SHE15472</u> Chassis No. <u>MBLMAW336SHE1525</u>	Registration No. <u>UP57BY</u> <u>2081</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
 (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

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sandup Shrivastava
- (b) Age : _____
- (c) Address : Kuchinagar
- (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 : UP5720220208861
- (h) Issuing Authority : _____
- (i) Date of Expiry : 22/07/2032
- (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 : 27/02/2026, 22:00 P.M.
- (b) Place : Kuchinagar
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : मेरी कार में मेरे बालिक साहित्य लीवा-वॉल लेकर जा
- (e) If any third party was responsible for this accident give the name and address : रवि मो लकी सागत से एक कार्ड कारा लककर मा दिमा ले करिक मेरी कार से साहित्य ले के डामेन है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end-side
- (b) Estimated cost of repairs : 13+60/-
- (c) When and where can the damaged vehicle be inspected : Gupta auto mobile Poocham n v

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 : _____
- (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 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 5/02/26 200

Signature of the insured [Signature]

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. _____

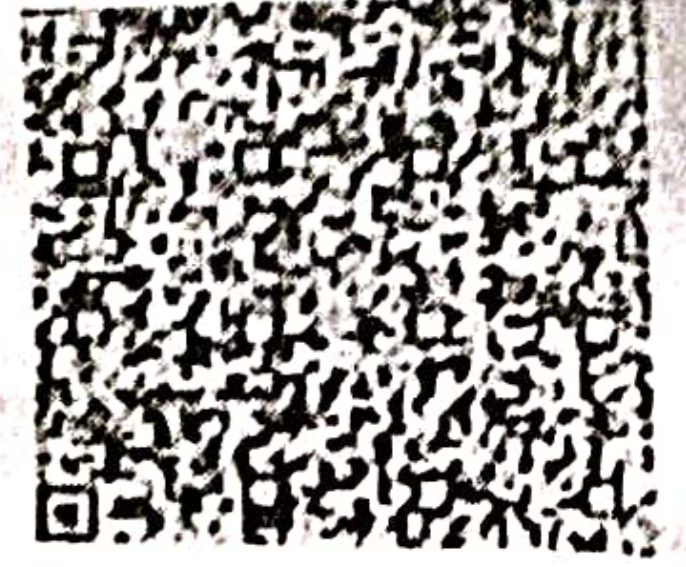
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

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 : UP57BY2081 Registration Date : 09-Jun-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR, ...
 Owner Name : 189-274403
 Full Address: (Permanent) : DURGESH KUMAR Son/wife/daughter of : RAMDASH PRSAD
 : VILL-JUNGLE BELWA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR
 Full Address: (Temporary) : VILL-JUNGLE BELWA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR
 : PRADESH-274304
 Fitness UpTo : 08-Jun-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 : AA1043239811 Rear HSRP No : AA1042388578
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW336SHE15257
 Engine No : HA11FBSHE15472 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINGORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f: 03-Jun-2025.

Purchase dt : 03-Jun-2025 Sale Amt : 86101/-
 OTT Date : 03-Jun-2025 Amount/Rcpt No : 8611 / UP57D25060001002
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Jun-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 This certificate is valid from 09-Jun-2025 to 08-Jun-2040

Signature of Registered Authority
A.R.T.O. (A)
Kushinagar (U.P.)
 Date: 01-Jul-2025

Date : 01-Jul-2025 14:59:09
 Taxation Particulars / Advance Registration Mark Fee Details

Q 3740469

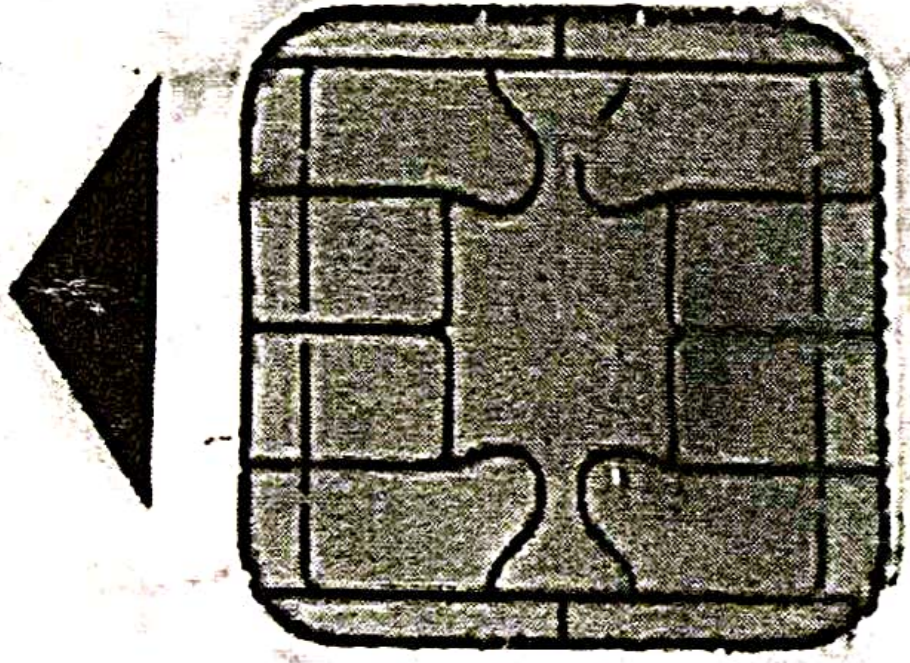


**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP

UP57 20220008861

Issue Date	Validity (NT)	Validity (TR)#
23-07-2022	22-07-2032	-----



(23-07-2022)

Holder's Signature

Name: **SANDEEP SRIVASTAVA**

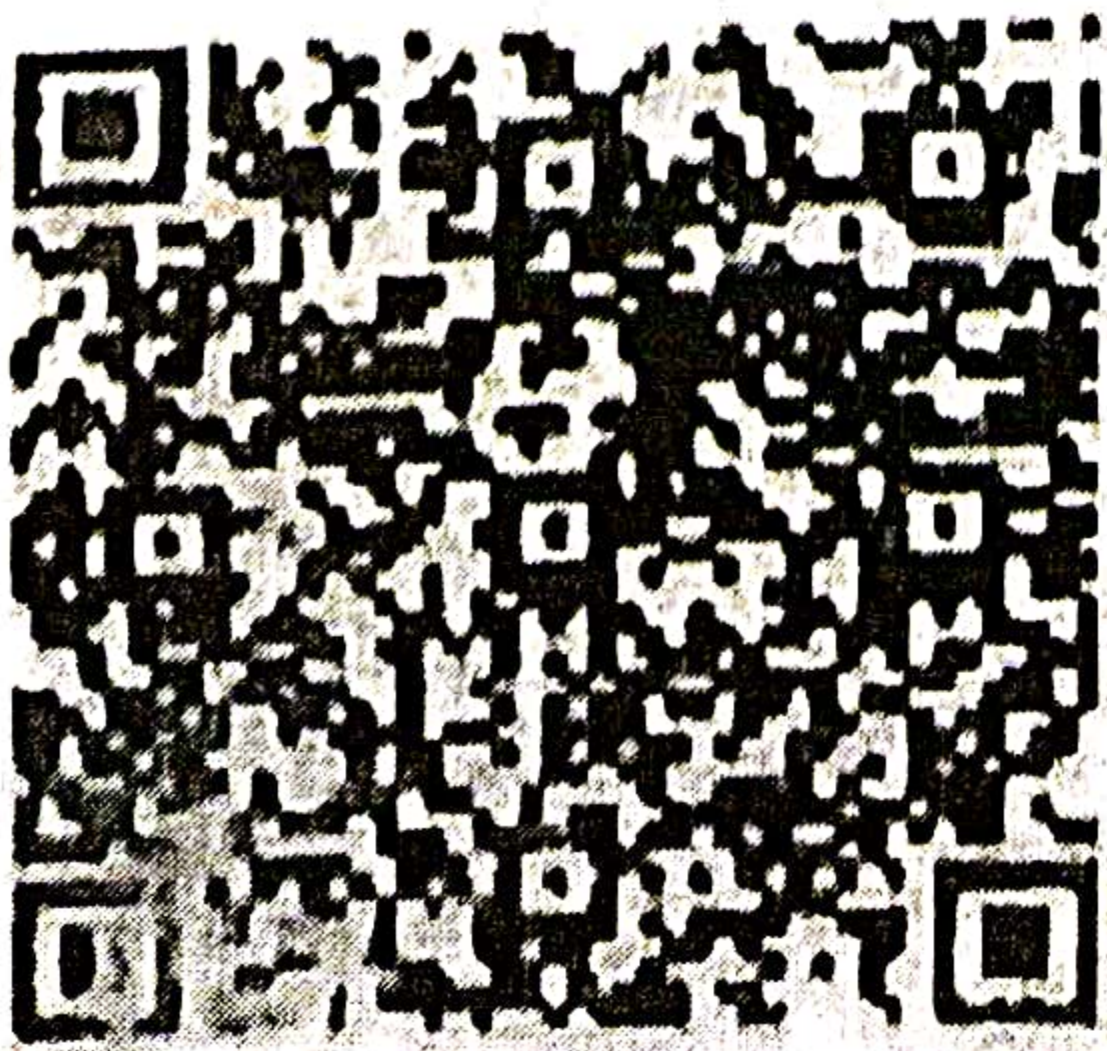
Date of Birth: **08-03-1980** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **SHAMBHU SARAN SRIVASTAVA**

Address:
**VILL-MATHIANIA BUZURG PO-PADARAUNA PS
PADARAUNA Padrauna, Kushinagar, UP 274304**

DL No: UP57 20220008861

URDL000008849653



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	23-07-2022	NT			
	LMV	UP57	23-07-2022	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR

भारत सरकार
Government of India



दुर्गेश कुमार
Durgesh Kumar
जन्म तिथि/ DOB: 01/01/1997
पुरुष/ MALE

आधार प्रमाण का प्रयोग है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग मतदान (ऑनलाइन प्रमाणिकरण, या क्यूआर कोड/
प्रमाणिकरण पत्राचार के माध्यम से) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline X/MIL).

9274 3713 4903

भारत आधार, भेरी परधान



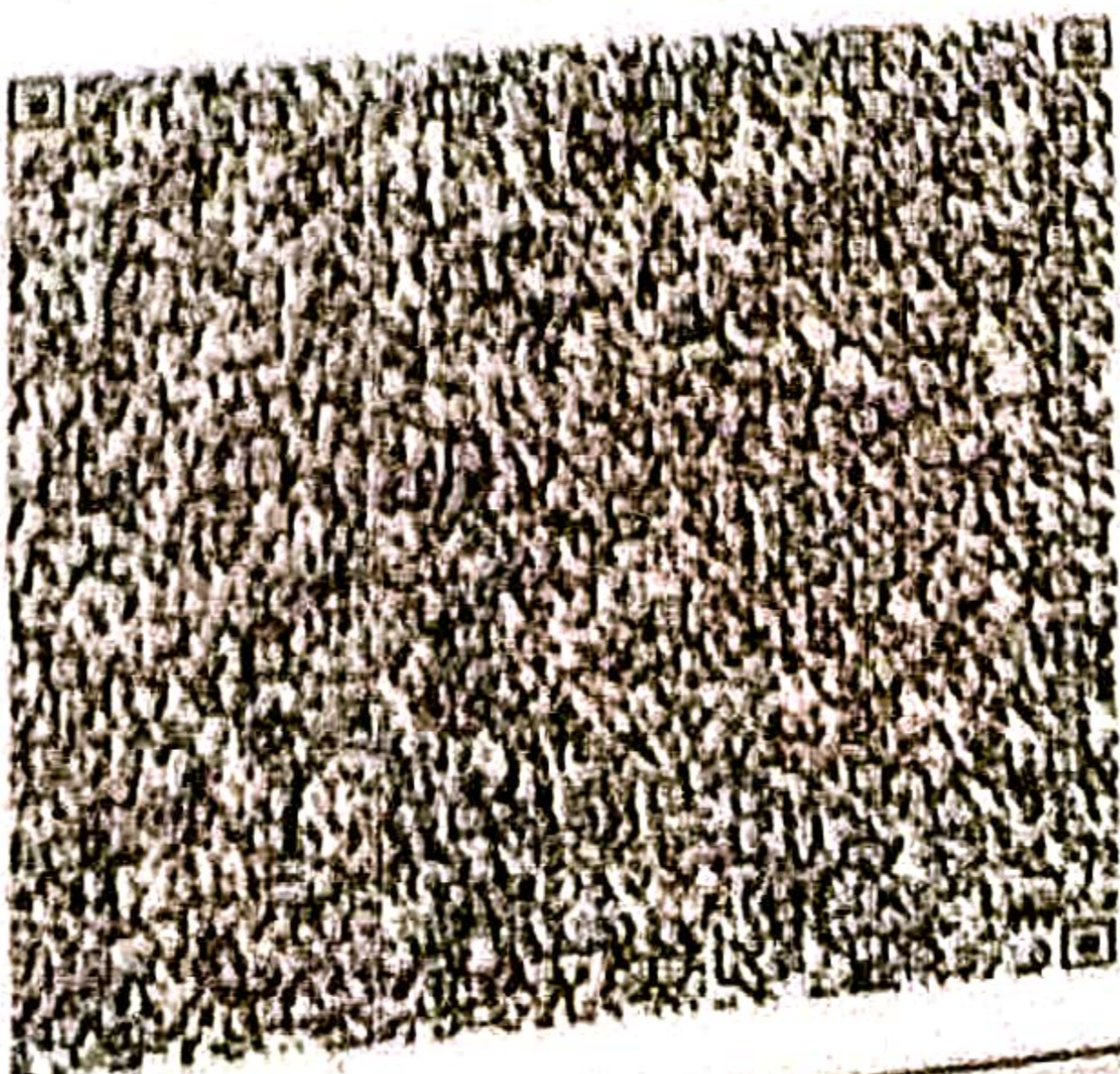
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 04/02/2026

पता:
आसता: रामदाश प्रसाद, मीट्यरवा, जंगल बेलवा, बेलवा जंगल,
कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Ramdash Prasad, meetyarawa, Jungle Belwa, PO:
Belwa Jungle, DIST: Kushinagar,
Uttar Pradesh - 274304



9274 3713 4903

1947

help@uidai.gov.in

www.uidai.gov.in

शुद्ध विधि

ACCOUNTS DEPARTMENT



भारत सरकार
GOVT. OF INDIA

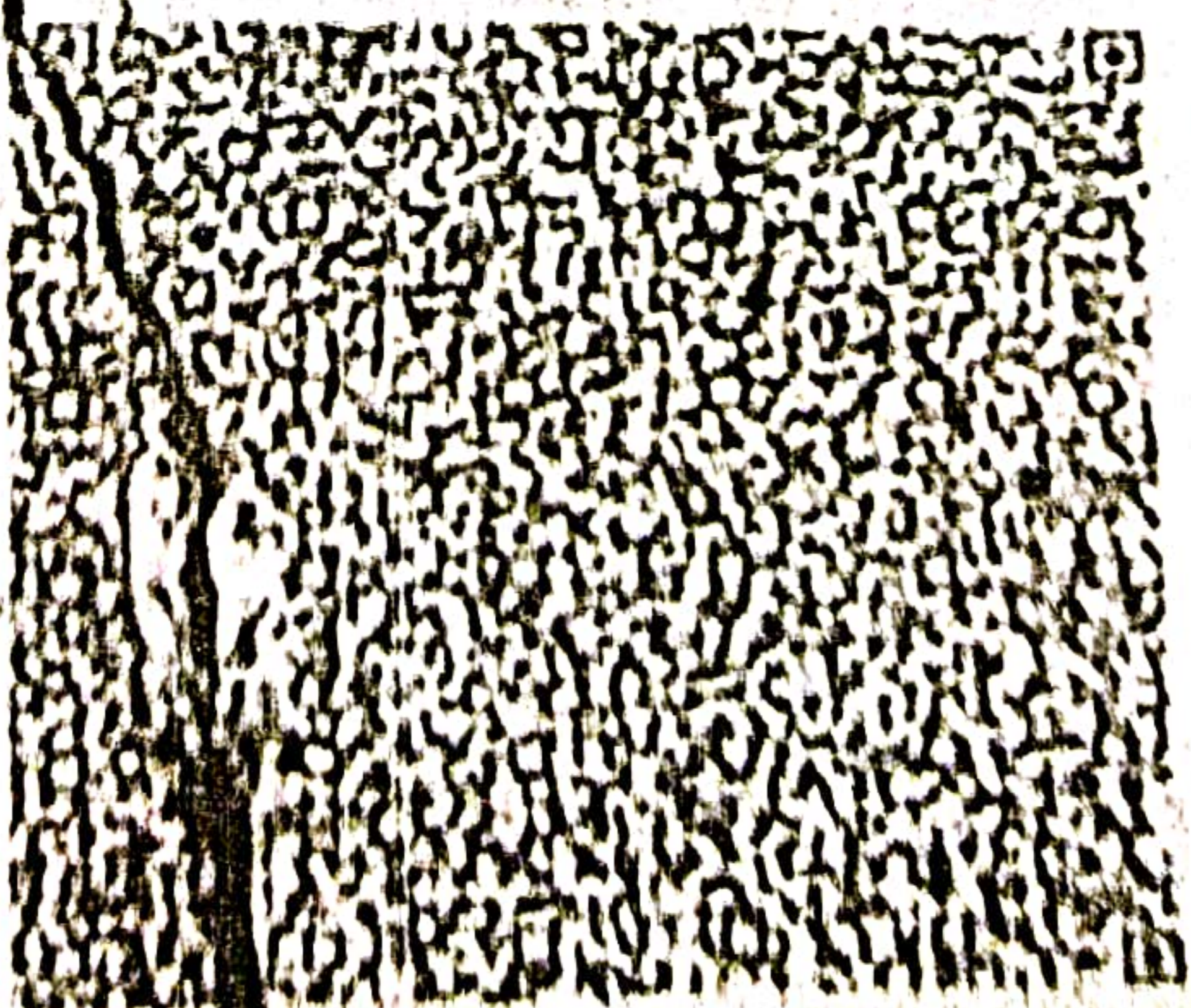
स्थायी सेवा सेवा कार्ड

Permanent Account Number Card

HGEPD5378F

नाम
DURGESH KUMAR

नाम / Father's Name
RAMDASH PRSAD



रामदाश प्रसाद

Signature

DURGESH