

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

**6850**Date 5/07/26

Name

Radhika Ranniyar

Add.

UP57CB5206

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tonki			5500/-	
②	Legurd			680/-	
③	Labor charge			500/-	
<b>TOTAL</b>				<b>6680/-</b>	

Authorised Signatory

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Radhika Rameyax 8354902226
2	Vehicle No. / वाहन संख्या	UP57CB5206
3	Policy No. / पालिसी संख्या	252400/31/2026/65965
4	Period of Insurance / बीमा अवधि	12/12/2025 to 11/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/02/2026, 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	1st road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anurag Gupta, UP57205000 9695368718 8690
8	Estimated Loss / अनुमानित हानि	6680/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे घर आरुवा कुम्हा लैकर रिक्वेरी से घर आ रहे थे। लम्बी अचानक रुम वाहन वाला सामने से वात्रे साईड लैकर मार दिना ली वाहन 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.	9125197140 Anurag Automobile Padma

Date / दिनांक : 5/02/2026  
हस्ताक्षर

राधिका रामेयार  
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. 252402/31/2026/65965

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

Period of Insurance 12/12/2025 to 11/12/2026  
 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 : Radhika Raviyar  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8354902226

2. THE INSURED VEHICLE

Make & Year <u>H120/2025</u>	Engine No. <u>H11F9SHM00262</u> Chassis No. <u>MBLHAW493SHM00179</u>	Registration No. <u>UP57CB</u> <u>5206</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 : Anurag Gupta
- (b) Age : 43
- (c) Address : Bhopal
- (d) Is the Driver
  - 1. Owner
  - 2. paid driver?
  - 3. Owner's relative or friend?
- (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 : UP5720250008640
- (h) Issuing Authority
- (i) Date of Expiry : 1/04/2036
- (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, 5:00 P.M
- (b) Place : Khuda
- (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 :   
 मरी बाइस मरी बदल ले मुझे रिस्पाबिलिटी छा रहे है  
 वही मरी बाइस मरी सामने से बाय बाइस टकरा कर  
 दिमा मे बाइस मरी समेत

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
- (b) Estimated cost of repairs : 6680/-
- (c) When and where can the damaged vehicle be inspected : Gupta automobile Padsauna

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 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 5/02/20 200

Signature of the insured

शाशिका शाहगार

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 .....

## FORM NO. 60

[See second proviso to rule 114B]



Form of declaration to be filed by a person who does not have a permanent account number enters into any transaction specified in rule 114B

1. Full name and address of the declarant Radhika Raniger
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 5/02/26

Place : Pachaura

राधिका रानिगर

Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

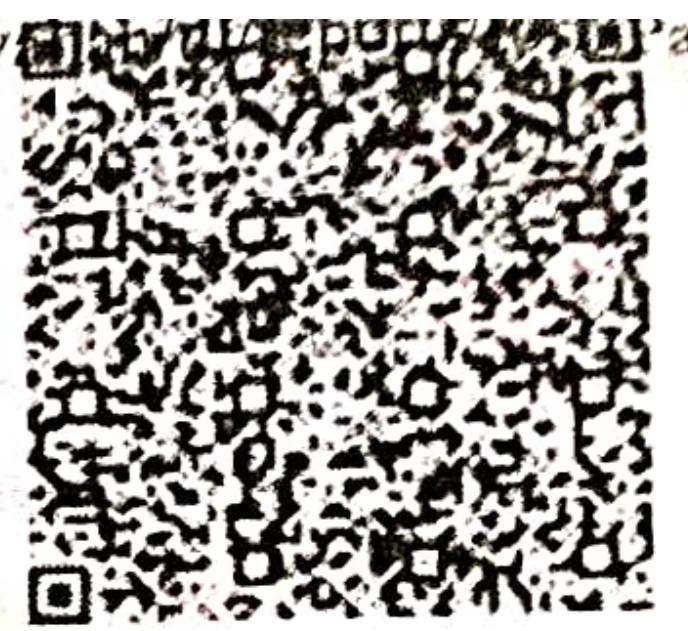
- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

**GOVERNMENT OF UTTAR PRADESH**

**Transport Department PADRAUNA(KUSHI NAGAR)**

**FORM 23**

**CERTIFICATE OF REGISTRATION**



Registration No : UP57CB5206 Registration Date : 14-Dec-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 : RADHIKA RAUNIYAR Son/wife/daughter of : DASHRATH RAUNIYAR  
 Full Address: (Permanent) : VILL- 354 MADAR BINDWALIA, POST- LAXMIGANJ, THANA- NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274306  
 Full Address: (Temporary) : VILL- 354 MADAR BINDWALIA, POST- LAXMIGANJ, THANA- NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274306  
 Fitness UpTo : 13-Dec-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 : AA2147211918 Rear HSRP No : AA1047587641  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2025  
 No of Cylinders : 1 Chassis No : MBLHAW493SHM00179  
 Engine No : HA11F9SHM00262 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243  
 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 w.e.f. .

Purchase dt : 12-Dec-2025 Sale Amt : 77982/-  
 OTT Date : 12-Dec-2025 Amount/Rcpt No : 7799 / UP57D25120001397  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 29-Jan-2026

**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 14-Dec-2025 to 13-Dec-2040

Date : 04-Feb-2026 12:13:19  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 04-Feb-2026

Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20250008640



Issue Date: 14-05-2025  
Validity (NT): 01-04-2036  
Validity (TR):



Holder's Signature

Organ Donor: N

Name: ANURAG GUPTA  
Date of Birth: 02-04-1996  
Blood Group:  
Son/Daughter/Wife of: RAJESH GUPTA

Address: IATAHA BAZAR IATAHA BAZAR BUNGAL IATAHA  
PADRAUNA KUSHINAGAR UTTAR PRADESH 274304

Date of First Issue: 14-05-2015

DL No: UP57 20250008640

UPDL571000013206



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	MCWG	UP57	14-05-2025	NT			
LMV	LMV	UP57	14-05-2025	NT			
MVSD							

Emergency Contact Number

UP57 KUSHINAGAR



भारत सरकार  
Government of India



Issue Date: 28/01/2015



राधिका राँनियार  
Radhika Rauniyar  
जन्म तिथि/DOB: 10/10/2003  
महिला/FEMALE

9612 1866 6916

VID : 9165 0810 6061 1027

भेरा आधार, भेरी पहचान

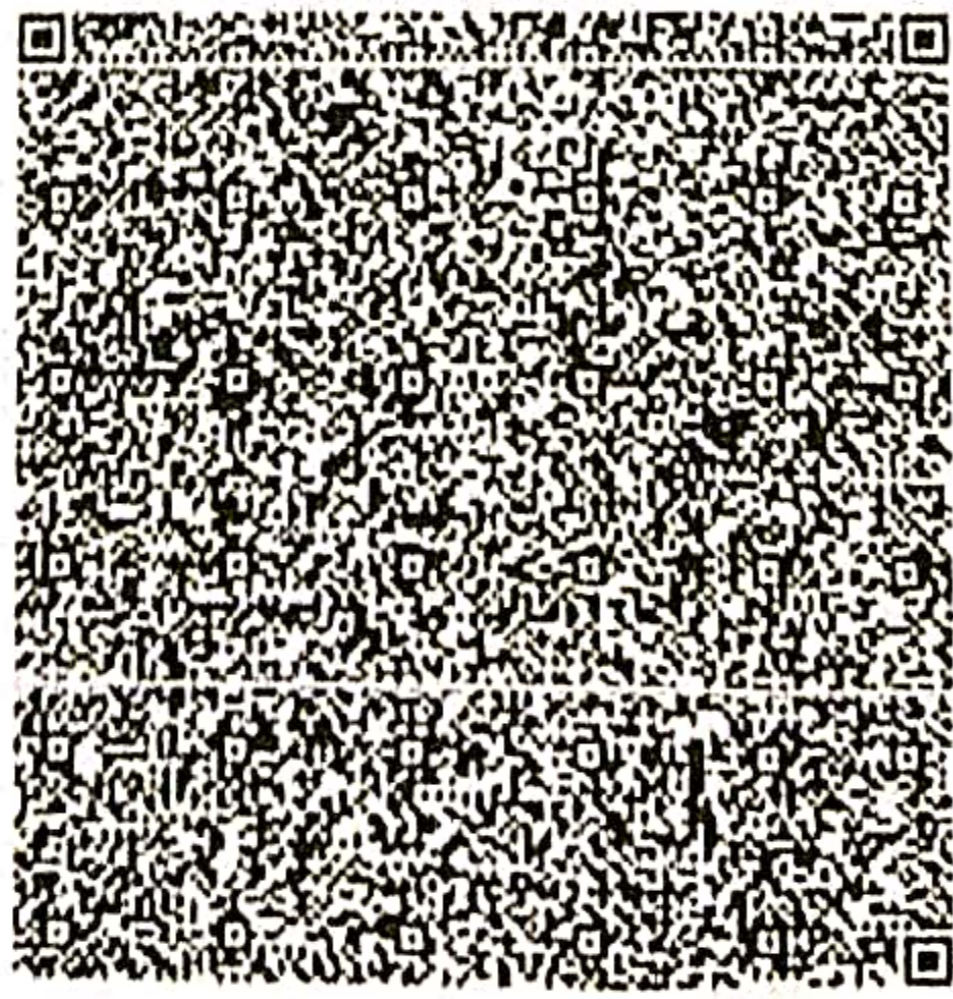
Download Date: 22/10/2022



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
द्वारा: दशरथ राँनियार, 354, मडार बिन्दवाँनिया, कुशीनगर,  
उत्तर प्रदेश - 274306  
Address:  
C/O: Dashrath Rauniyar, 354, Madar  
Bindwalia, Kushinagar,  
Uttar Pradesh - 274306



9612 1866 6916

VID : 9165 0810 6061 1027



1947



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