

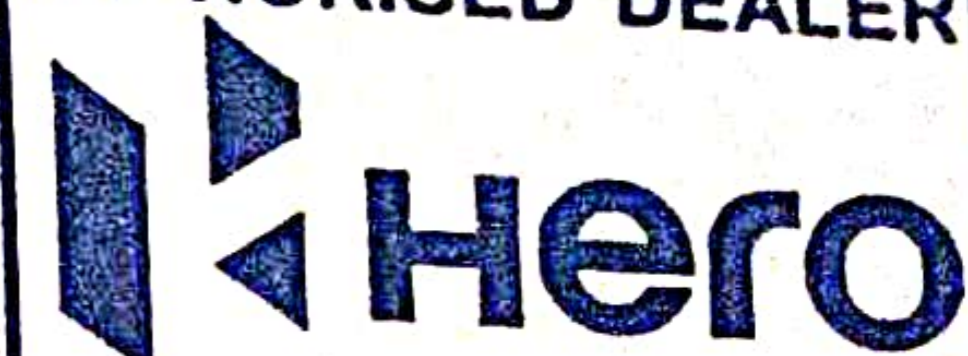
Gupta

ESTIMATE

GSIN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

Date 06/02/26

Name

6855

Pawan Kumar Singh

Add.

UPS 7 BU 6660

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Kauchi	—	—	1000/-	
②	Chain Covers Both	—	—	700/-	
③	Labour charge	—	—	400/-	
			TOTAL	2100/-	

Authorised Signatory

12 Name of the Workshop, Address & Contact

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.	Pawan Kumar Singh 7715000280
2	Vehicle No. / वाहन संख्या	UP5713W6660
3	Policy No. / पालिसी संख्या	252400/31/2025/85204
4	Period of Insurance / बीमा अवधि	12/02/2025 to 11/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/02/2026, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Shirpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pawan Kumar Singh, UP57203 9892324534 001449
8	Estimated Loss / अनुमानित हानि	2100/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बाइक लेकर मार्केट जा रहा था। तभी अचानक पिछे से एक बाइक वाली कार मार दिया तो बाइक मेरी डमिज 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 Padwan

Date / दिनांक : 6/02/2026
हस्ताक्षर

Pawan Kumar Singh
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. 252400/31/2025/85204

Tel. No. _____

Period of Insurance 12/02/2025 to 11/02/2026
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 Pawan Kumar Singh
(a) Name : _____
(b) Address for correspondence : _____
(c) Telephone : 7715000280

2. THE INSURED VEHICLE

Make & Year <u>HMV0/2025</u>	Engine No. <u>MA11FISHB01472</u> Chassis No. <u>MBLHAW409SHB01531</u>	Registration No. <u>UP57BW</u> <u>6660</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 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? : N/A
- (h) Number of passengers carried : _____
- (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ravon Kumar Singh
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP5720130014449
 (h) Issuing Authority : _____
 (i) Date of Expiry : 20/10/2033
 (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 : 4/02/2025, 2:00 P.M
 (b) Place : Shivpur
 (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 : मैं अपनी बाइक लेकर मारकेट जा रहा था तभी मुझे
 सैरम बाइक वाला चलकर मार दिया वो बाइक मेरी
 डैमज हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Back end-side
 (b) Estimated cost of repairs : 2100/-
 (c) When and where can the damaged vehicle be inspected : crupta automobiles Pochaurana

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 : NA
 (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 6/02/26 200

Signature of the insured Raman Kumar Singh

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 *RAMAN KUMAR*
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 : UP57BW6660 Registration Date : 13-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 : PAWAN KUMAR SINGH Son/wife/daughter of : HARI BANSH SINGH
 Full Address: (Permanent) : GANGAULI, SEKHWANIA, PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274402
 Full Address: (Temporary) : GANGAULI, SEKHWANIA, PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274402
 Fitness UpTo : 12-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 : AA1038983338 Rear HSRP No : AA1039322154
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLHAW409SHB01591
 Engine No : HA11F1SHB01472 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 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 w.e.f. .

Purchase dt : 12-Feb-2025 Sale Amt : 84351/-
 OTT Date : 12-Feb-2025 Amount/Rcpt No : 8436 / UP57D25020001633
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Mar-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 13-Feb-2025 to 12-Feb-2040

Date : 27-Mar-2025 11:37:51
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T.O (A)
Kushinagar (U.P.)
Date : 27-Mar-2025

UNION OF INDIA Driving Licence

UP57 20130014449



नाम / Name

PAWAN KUMAR SINGH

HARI BANSH SINGH

मिति वारी की तिथि
Date of Issue
21/10/2013

वैधता की तिथि
Validity
20/10/2033

वारी की तिथि
Date of Birth
18/02/1984

Blood Group
UNKNOWN



UP57 20130014449

LMV MCNG
21/10/2013 21/10/2013

पता / Address

VILL. GANGAULI
PO- SAKHWANIA P. KUBERSTHAN
KUSHINAGAR

Holder's Signature

अधिकारी / Issuing Authority Sign



Form 7 Rule 16(2)

UP00333331RS



भारत सरकार
GOVERNMENT OF INDIA



पawan कुमार सिंह

Pawan Kumar Singh

जन्म तिथि/DOB: 18/02/1984

पुरुष/ MALE

आधार पुरस्कार का प्रमाण है, नागरिकता या अन्यायिता का नहीं।
आधार प्रमाण प्रमाण (ऑनलाइन प्रमाणिकरण, या स्कैनर कोड/ ऑनलाइन प्रमाणिकरण) से प्रमाण 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 XML).

2300 0914 9978

भारत सरकार, नई दिल्ली



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



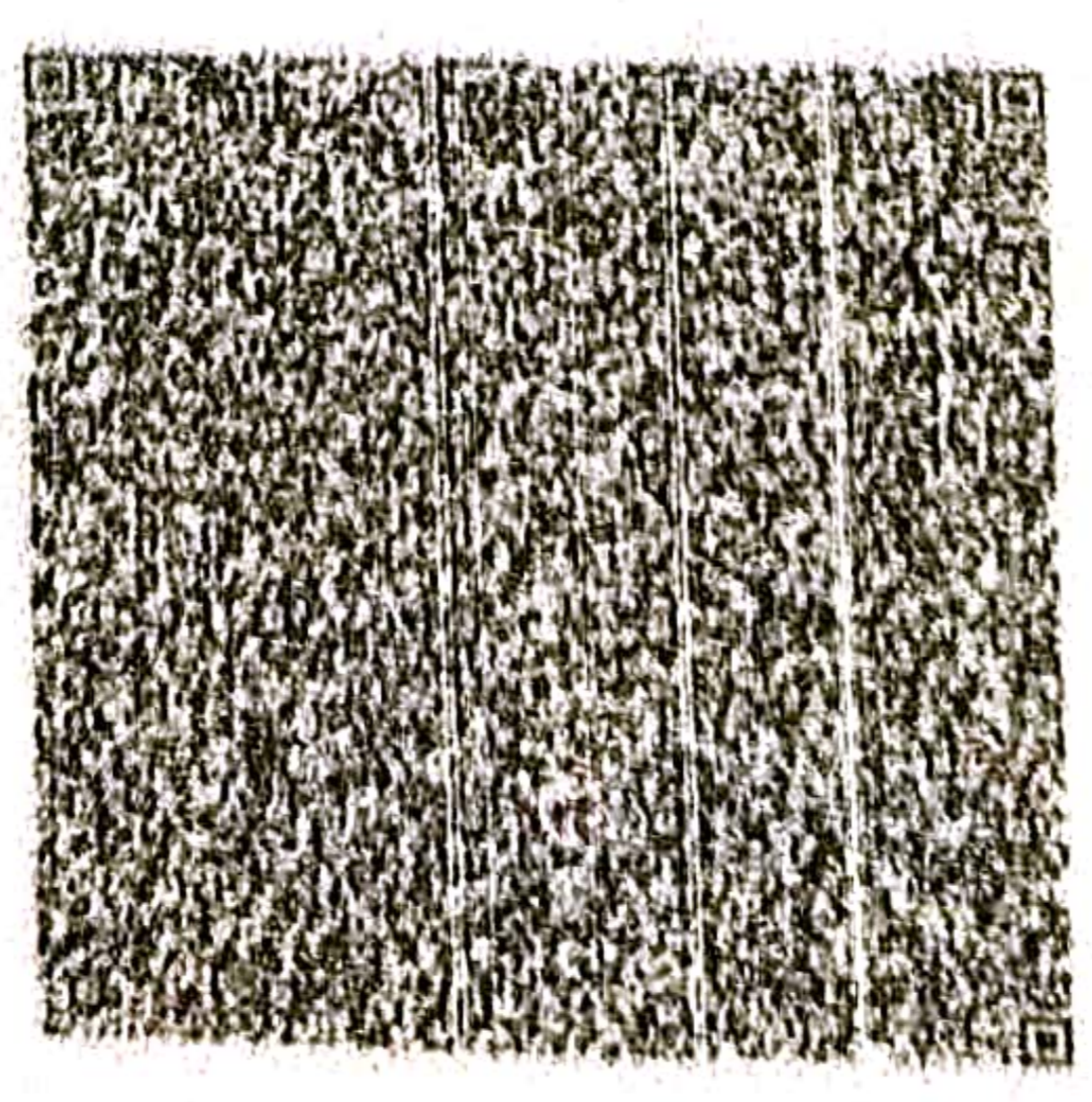
पता:

S/O: रवी बंश सिंह, प- गंगौली, पोस्ट - सखवनिया, सखवनिया
खुर्द, सखवनिया, कशीनगर,
उत्तर प्रदेश - 274402

Address:

S/O: Hari Bansh Singh, At- Gangauli, Post -
Sakhwania, Sakhwania Khurd, PO: Sakhwania, DIST:
Kushinagar,
Uttar Pradesh - 274402

Details as on: 05/02/2025



2300 0914 9978

VID : 9106 2841 6534 5107



1947



help@uidai.gov.in



www.uidai.gov.in

श्रीमान् हरि सिंह

श्रीमान् हरि सिंह

INCOME TAX DEPARTMENT

GOVT. OF INDIA

PAWAN KUMAR SINGH

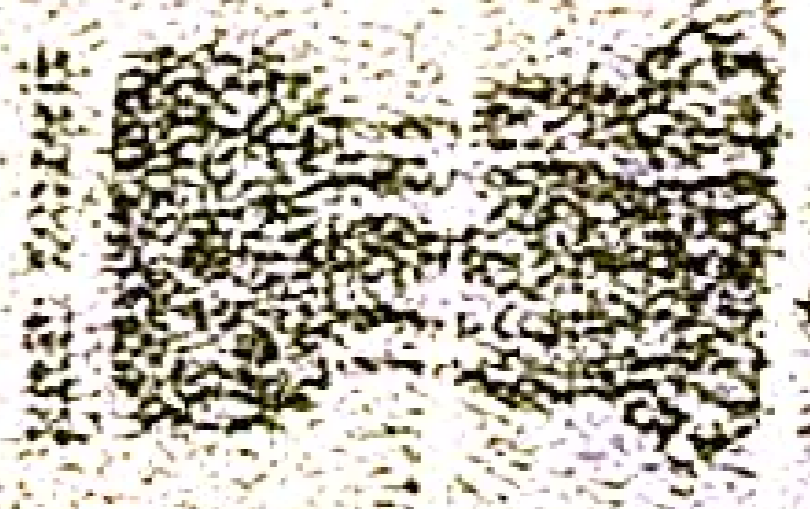
HARI BANSH SINGH

18/02/1984

COMMITMENT ACCOUNT NUMBER

DPFESS3025D

Bank Name



17082011