

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6856

Date 6/02/26

Name

Sanjay Kumar Singh

Add.

UP 571319331

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Lower (L)			1050/-	
②	Front Inner Cover			400/-	
③	Lower - (R)			1050/-	
④	Lower - (R)			125/-	
⑤	mirror - (R)			265/-	
⑥	Labor charge			500/-	
			TOTAL	4990/-	

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.	Sanjay Kumar Singh 9198570902
2	Vehicle No. / वाहन संख्या	UP57BY9331
3	Policy No. / पालिसी संख्या	252100/31/2026/30970
4	Period of Insurance / बीमा अवधि	3/08/2025 to 2/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/02/2026, 10:00 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	Sanjay Kumar Singh, UP57 20080007844
8	Estimated Loss / अनुमानित हानि	4990/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी स्मूली लिमर मार्केट जा रहा था। स्मूली बाइक मर गई समान ले रहा था। तब मेरे साइड से एक बाइक बल्ला टकराकर मार दिया। स्मूली मेरी बाइक साइड गिरने से डमेज 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 Grupta automobiles Padrauna

Date / दिनांक : 6/02/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
संजय कुमार सिंह

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sonjay Kumar Singh
 (b) Age : Kushinagar
 (c) Address : owner
 (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 : UP5720080007844
 (h) Issuing Authority :
 (i) Date of Expiry : 2/09/2028
 (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 : 1/02/2026, 10:00 AM
 (b) Place : Padrauna
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मेरे सामने एक लोकर मारने का था सड़की खराब थी
 (e) If any third party was responsible for this accident give the name and address : गोड सामान ले रहा था लोकर को सड़की से खाम खाई काली लकर मार दिमा तो सड़की मरिदाप कार्ड गिबने से डामिज हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 4990/-
 (c) When and where can the damaged vehicle be inspected : crupfa automobiles Padrauna

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 6/02/26 200

Signature of the insured संजय कुमार सिंह

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 संभव कुमार सिंह

Occupation

Address

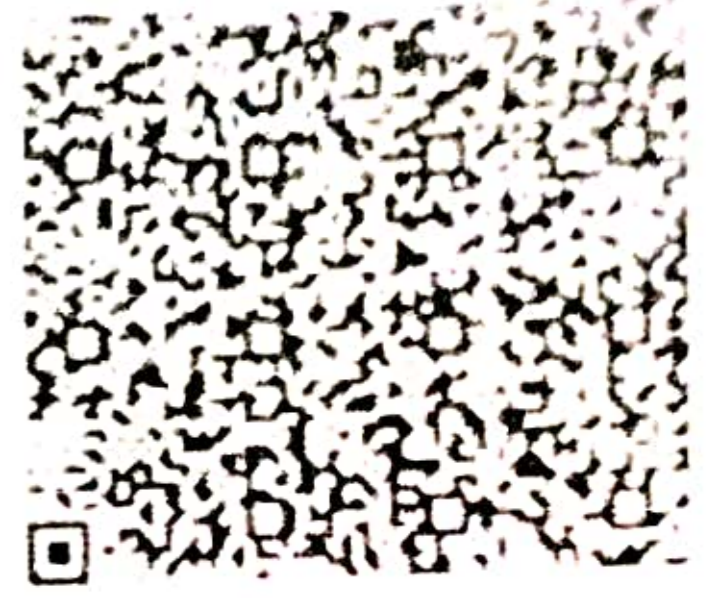
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Bank Account Number

Name of the Bank

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



Registration No : UP57BY9331 Registration Date : 05-Aug-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 : SANJAY KUMAR SINGH Son/wife/daughter of : KAMLESHWAR SINGH
 Full Address: (Permanent) : VILL-JUNGLE BELWA, POST - PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR
 PRADESH-274304
 Full Address: (Temporary) : VILL-JUNGLE BELWA, POST - PADRAUNA , THANA -PADRAUNA, KUSHINAGAR-UTTAR
 PRADESH-274304
 Fitness UpTo : 04-Aug-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2116226524
 Front HSRP No : AA2113222095 Month/Year of Manuf. : 06/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLCEW048S6F05839
 No of Cylinders : 0 Fuel : PURE EV
 Engine No : ECD001S6F06235 Cubic Capacity : 0.00
 Horse Power(BHP) : 8.04 Wheel base : 1301
 Maker's Classification : VIDA V2 PLUS Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 124
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 274
 Colour : BLACK AC Fitted : NO
 Other Criteria :
 Vehicle Purchase As Fully Built

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

By Manuf. : 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 : 04-Aug-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Aug-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 05-Aug-2025 to 04-Aug-2040

Date : 28-Aug-2025 14:51:28
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 28-Aug-2025

A.R.T.O. (A)
KUSHI NAGAR, U.P.

Q 5142787

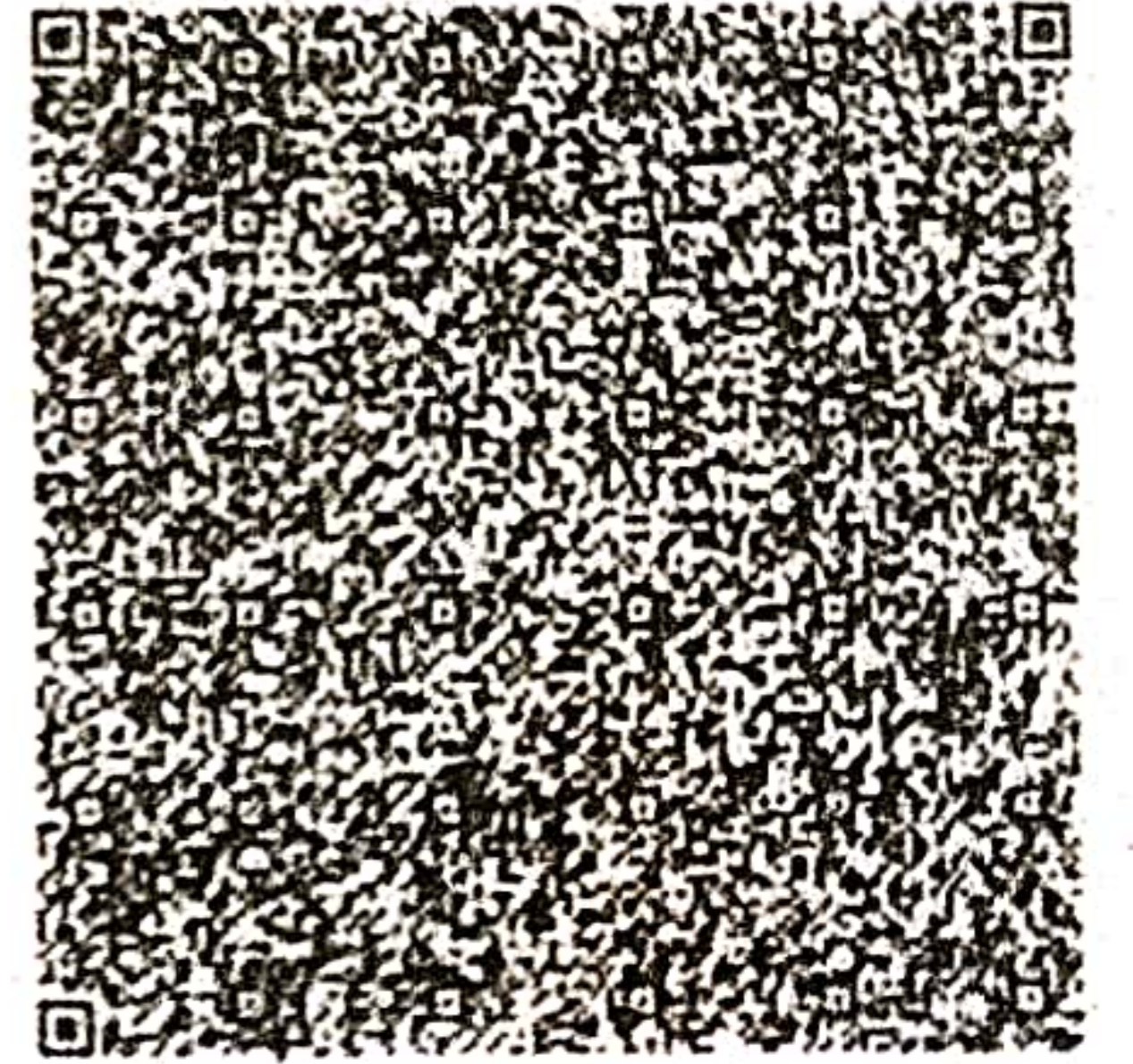
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FVOPS8078A



नाम / Name
SANJAY KUMAR SINGH

पिता का नाम / Father's Name
KAMLESHWAR

जन्म की तारीख /
Date of Birth
20/10/1984

संजय कुमार सिंह
हस्ताक्षर / Signature

05022022



भारत सरकार
Government of India



Aadhaar no. issued: 17/09/2014



संजय कुमार सिंह
Sanjay Kumar Singh
जन्म तिथि/DOB: 20/10/1984
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग मूल्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) 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 XML).

6379 4441 8325

मेरा आधार, मेरी पहचान



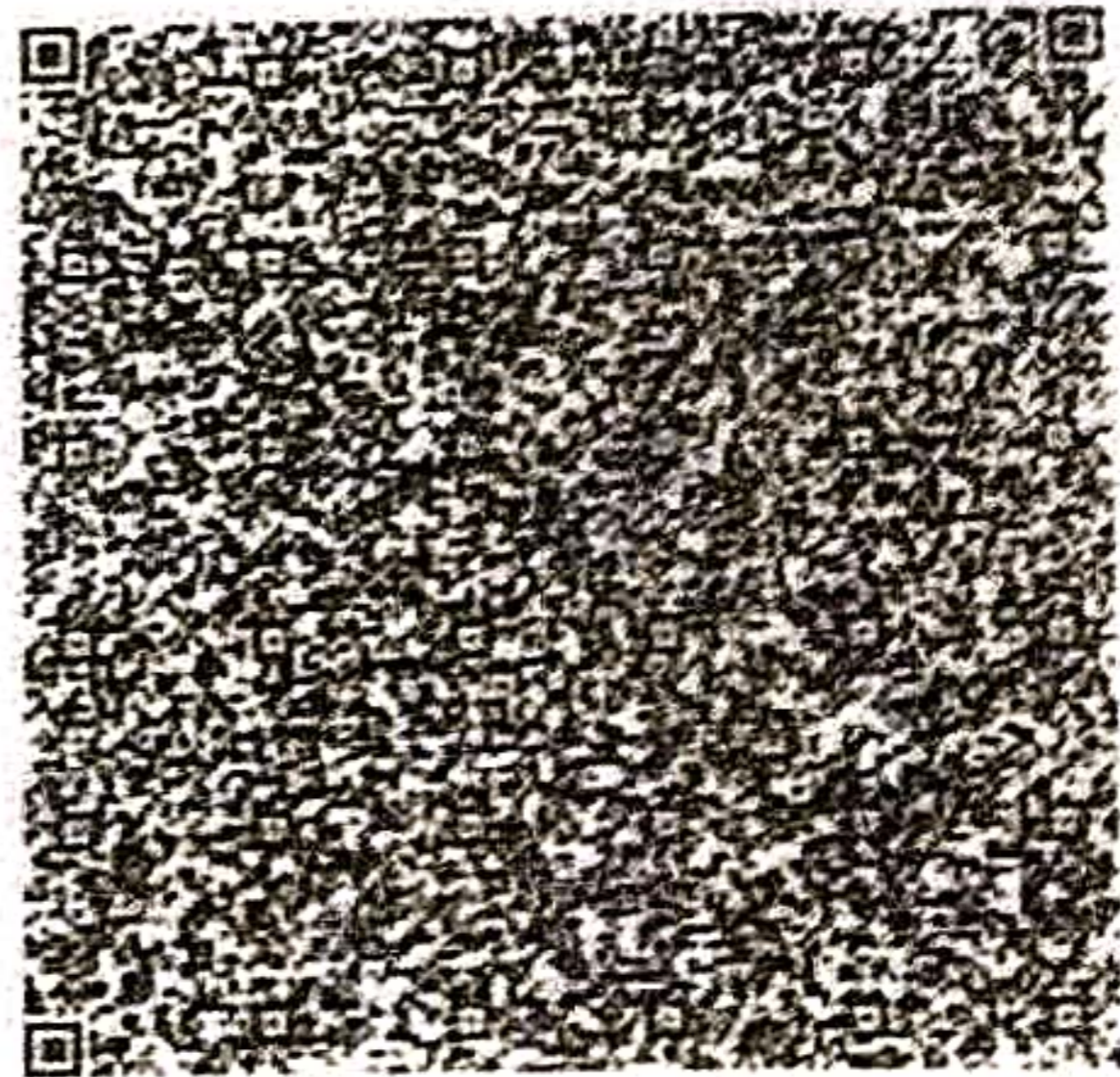
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O: कमलेश्वर सिंह, जंगल बेलवा, बेलवा जंगल, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Kamleshwar Singh, Jungle Belwa, PO: Belwa
Jungle, DIST: Kushinagar,
Uttar Pradesh - 274304

Details as on: 31/12/2024



6379 4441 8325

VID : 9199 8673 5350 8332

1947

help@uidai.gov.in

www.uidai.gov.in



**Indian Union Driving Licence
Issued by Government of UTTAR PRADESH**

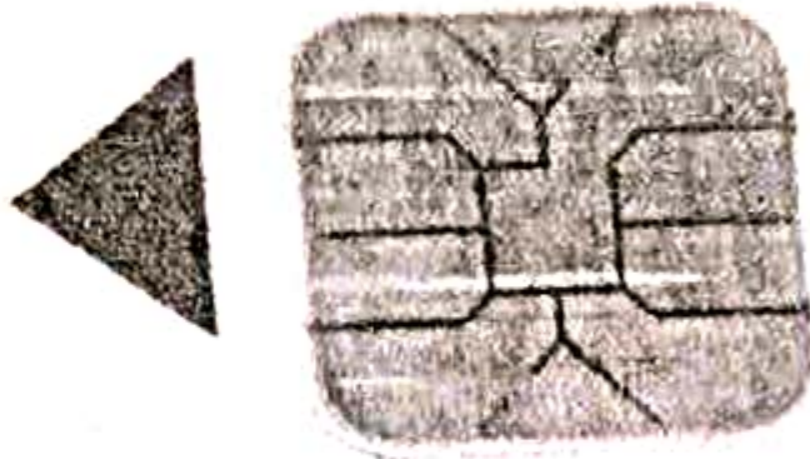
UP

UP57 20080007844

Issue Date Validity(NT) Validity (TR)*
03-09-2008 02-09-2028 00-00-0000



Holder's Signature



Name: **SANJAY KUMAR SINGH**
Date of Birth: **20-10-1984** Blood Group:
Son/Daughter/Wife of: **KAMLESHWAR SINGH**
Address:
Belawa Jangal Chauriya Padrauna Kushinagar 274304

Organ Donor: **N**

03-09-2008

Date of First Issue

Licensing Authority
Kushinagar

Emergency Contact Number

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
MVSD			--			--	
			--			--	
			--			--	
			--			--	
				NT		00-00-0000	
				NT			
			03-09-2008	NT			
			03-09-2008	NT			
				NT			

Invalid Carriages (Regn. Numbers)
Hazardous Validity Hill Validity
00-00-0000 00-00-0000



DL No : **UP57 20080007844** DLUP00055628

Form 7 Rule 16(2)