

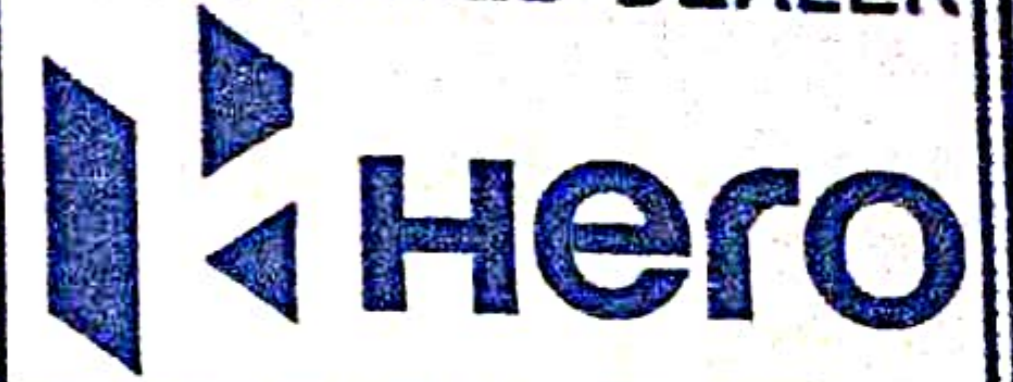
Gupta

AUTOMOBILES

ESTIMATE

GSTIN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6852Date 06/02/26

Name

Pawan Kumar Yadav

Add.

UP57BY9761

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Handle			050/-	
②	Tail light cap			010/-	
③	Lever - ①			125/-	
④	Labourcharge			400/-	
			TOTAL	2105/-	

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.	Pawan kumar Yadav, 9648954348
2	Vehicle No. / वाहन संख्या	UP57BY9761
3	Policy No. / पालिसी संख्या	252400/31/2026/32061
4	Period of Insurance / बीमा अवधि	08/08/25 to 07/08/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/02/2026 , 05.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Subash chavak Raolnarna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pawan kumar Yadav, UPS720200001687
8	Estimated Loss / अनुमानित हानि	2105/-
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी स्कूटी लेकर सुबह के वकत अच्यबार बाहने जा रहा था तभी आगे चल रहे ट्रक वाले ने अचानक से मोड़ दिया उसी के बम्पर से हेन्डल घुसेन की वजह से लिवर और हेन्डल डेमेज हो गया उसी वकत पिछे रहे
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 Geopta automobile Raolnarna

एक बर्ष के वाले ने चक्कर मार दिया जिफ़ी टेलसाईड कट शुरू गया

Date / दिनांक : 06/02/2025
हस्ताक्षर

पवन कुमार यादव
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. 252400/31/2026/32061
 Tel. No. _____ Period of Insurance 08/08/25 to 7/8/26
 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 : Pawan Kumar Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 9640954340

2. THE INSURED VEHICLE

Make & Year <u>Heslo/2025</u>	Engine No. <u>EC000136A04317</u> Chassis No. <u>MBLCEW037SA00981</u>	Registration No. <u>UP57BY</u> <u>9761</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 : _____
 (g) If Lorry/Jeep/Tractor, was trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pawan Kumar Yadav
(b) Age : _____
(c) Address : Kushinagar Poolsauna
(d) Is the Driver
1. Owner : Owner
2. paid driver? : _____
3. Owner's relative or friend? : _____
(e) If paid driver, how long has he been in your employment : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720200001687
(h) Issuing Authority : _____
(i) Date of Expiry : 29/01/2030
(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 : 04/2/2026, 05.00 A.M.
(b) Place : Subash Chavak Poolsauna
(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 : ट्रक के बल्लर में डेस्क फसने से बकूरी डेमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Rear
(b) Estimated cost of repairs : 2185/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Poolsauna

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 : _____

~~N/A~~

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. : _____

~~N/A~~

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 Police Station? : _____
(i) C.R. diary Number : _____

~~N/A~~

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 पवन कुमार शर्मा

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/-

Handwritten signature in Hindi

Signature
Occupation
Address
.....
.....

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank

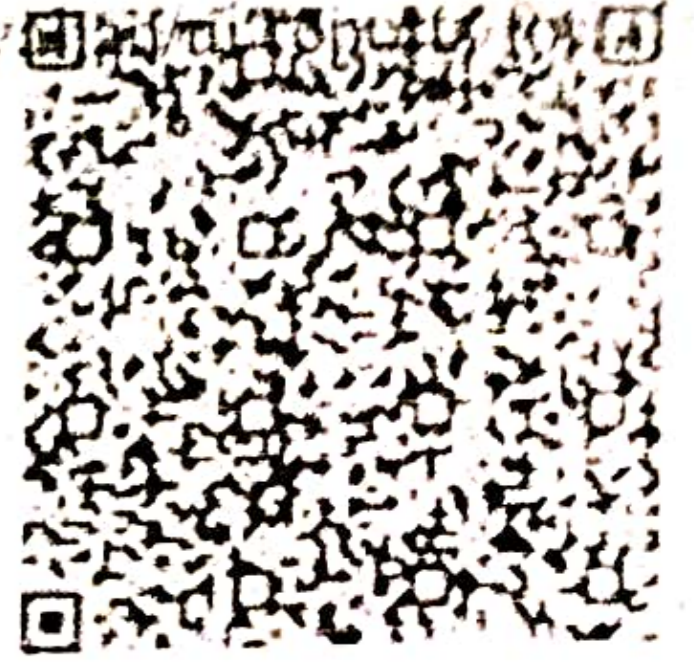


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY9761 Registration Date : 10-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 : PAWAN KUMAR YADAV Son/wife/daughter of : BHOJAI YADAV
 Full Address: (Permanent) : VILL-VISHUNPURA, POST -PARSAUNI, THANA -RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-VISHUNPURA, POST -PARSAUNI, THANA -RAVINDRA NAGAR, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 09-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 : AA2116226527
 Front HSRP No : AA2113222098 Month/Year of Manuf. : 01/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLCEW037S6A00981
 No of Cylinders : 0 Fuel : PURE EV
 Engine No : ECD001S6A04317 Cubic Capacity : 0.00
 Horse Power(BHP) : 8.04 Wheel base : 1301
 Maker's Classification : VIDA V2 PRO Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 125
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 275
 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.	Description	As Regd.	Weight(in kgs)
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- 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. 09-Aug-2025.
 Purchase dt : 08-Aug-2025 Sale Amt : 145000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-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 10-Aug-2025 to 09-Aug-2040

Signature of Registering Authority
 Date : 28-Aug-2025

Date : 28-Aug-2025 14:52:00
Taxation Particulars / Advance Registration Mark Fee Details

Q 5142790

कर विभाग
INCOME TAX DEPARTMENT

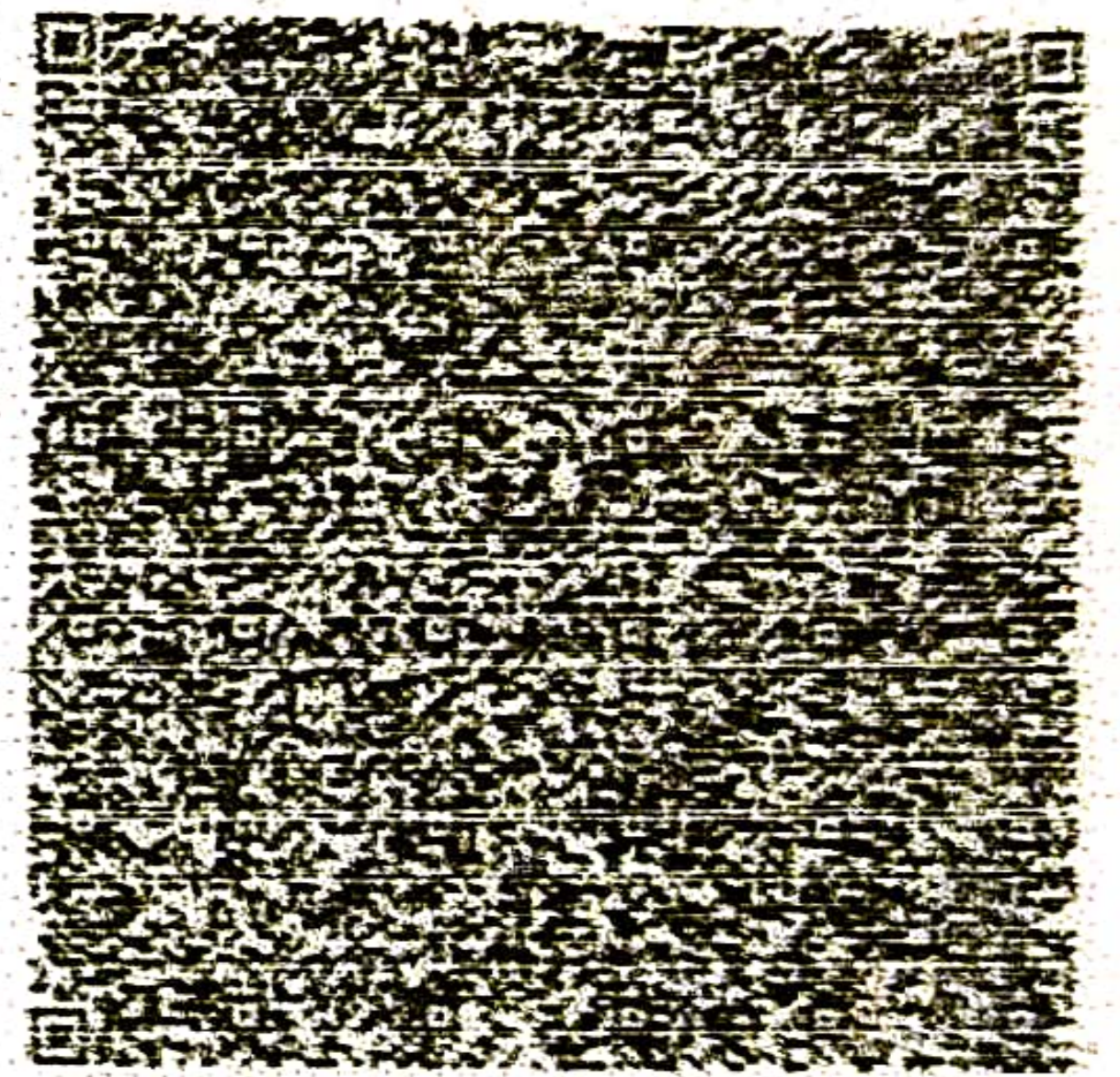


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BQNPY9447H



नाम / Name
PAWAN KUMAR YADAV

पिता का नाम / Father's Name
BHOJAI YADAV

14082023

जन्म की तारीख /
Date of Birth
06/07/1981

हस्ताक्षर /
Signature

Uttar Pradesh
 Indian Union Driving Licence
 Issued by



UP57 20200001687

Issue Date: 30-01-2020
 Validity (NT): 29-01-2030

Validity (TR):



Holder's Signature

Organ Donor: **N**

Date of First Issue: (30-01-2020)

Name: **PAWAN KUMAR YADAV**
 Date of Birth: **08-03-1989** Blood Group:
 Father/Daughter/Wife of: **BHOJAI YADAV**
 Address: **LI-MAGHI VISHUNPUR POST DEORIA PANDEY
 PADRAUNA PADRAUNA, KUSHINAGAR, UP
 4304**

DL No: **UP57 20200001687**

UPDL 000002400535



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
LMV	LMV	UP57	30-01-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार

Government of India



पवन कुमार यादव
Pawan Kumar Yadav

जन्म तिथि / DOB: 06/07/1981

पुरुष / Male

8911 5021 1142



मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: S/O: भोजई यादव, विशुनपुरा,
परसौनी, परसौनी, कुशीनगर, उत्तर
प्रदेश, 274304

Address: S/O: Bhojai Yadav,
vishunpura, Parsauni, Parsauni,
Kushinagar, Uttar Pradesh,
274304

8911 5021 1142



1947



help@uidai.gov.in



www.uidai.gov.in