

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6859** Date _____

Name Sanjay Kumar Singh

Add. UP57CB4807

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	VIBOX			1000/-	
②	H/L			595/-	
③	H/L stand			275/-	
④	MIRROR ②			240/-	
⑤	Innu			480/-	
⑥	Labor charge			500/-	
TOTAL				3090/-	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस कंपनी लिमिटेड

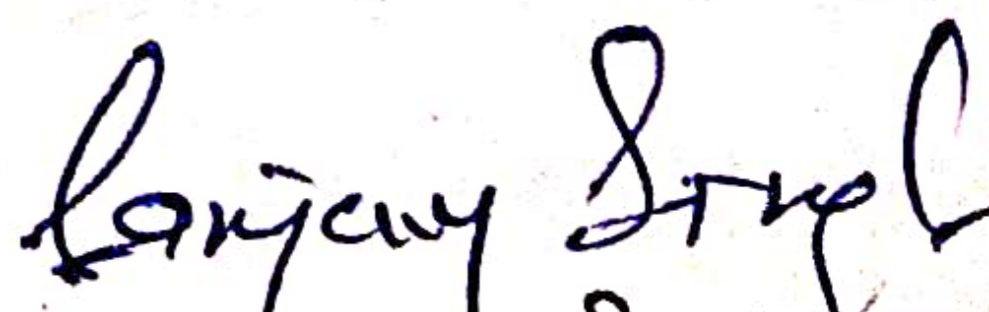
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Sonjay Kumar Singh 9598210314
2	Vehicle No. / वाहन संख्या	UP57CB4807
3	Policy No. / पालिसी संख्या	252400/31/2026/69948
4	Period of Insurance / बीमा अवधि	6/12/2025 to 5/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/02/2026, 11:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Dharmpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonjay Kumar Singh UP5720240003895
8	Estimated Loss / अनुमानित हानि	3090/-
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी वाहन लेमर मसम। मैं घर आ रहे थे। तभी अचानक सामने लीवगात्र आ गई। तो उसी में लड़ गई और डमिज हो गई वाहन।
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.	9125197198 Grupta automobile Pachwan

Date / दिनांक : 9/02/2026
हस्ताक्षर


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. 252400/31/2026/69948
 Tel. No. _____ Period of Insurance 6/12/2025 to 5/12/2026
 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 : Sonjay Kumar Singh
 (b) Address for correspondence : _____
 (c) Telephone : 9198218914

2. THE INSURED VEHICLE

Make & Year <u>Hu20/2025</u>	Engine No. <u>HA11F7SHL60319</u> Chassis No. <u>MBLHAW409SHLB3762</u>	Registration No. <u>UP57CB</u> <u>4007</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) It 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 : Sanjay Kumar Singh
(b) Age :
(c) Address : Kustunagar
(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 : UP5720140003895
(h) Issuing Authority :
(i) Date of Expiry : 9/08/2028
(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 : 5/02/2026, 11:00 P.M.
(b) Place : Dharmpur
(c) Speed of vehicle at the time of accident
(d) Give a short description of the accident : मैं अपनी बाइक लेकर घर आ रहा था तभी सामने
(e) If any third party was responsible for this accident give the name and address : लीलबाबु साहू इस मोलडन से बाइक मेरी डमक हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
(b) Estimated cost of repairs : 3090/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile 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 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 9/02/26 200

Signature of the insured Sanjay 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/-

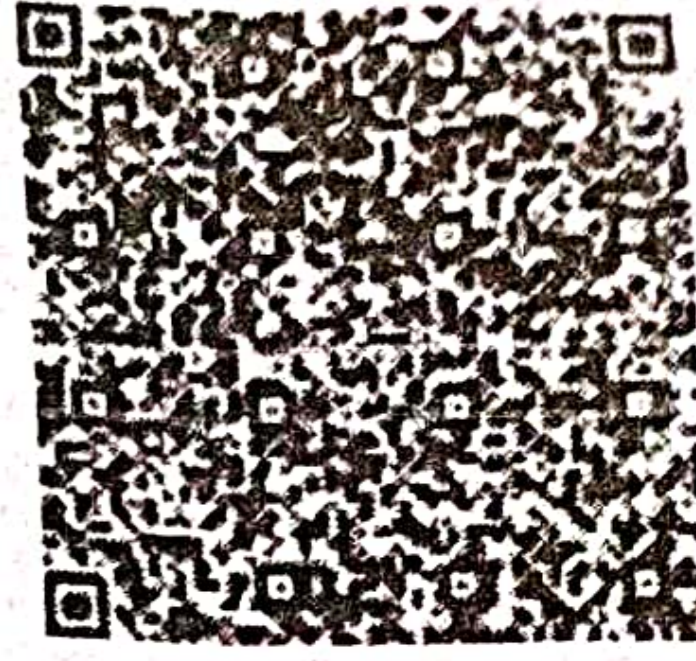
Witness
Name
Signature
Address

Signature *Sanjay Singh*
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 : UP57CB4807 Registration Date : 09-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 : SANJAY KUMAR SINGH Son/wife/daughter of : BASANT SINGH
Full Address: (Permanent) : VILL- SABIA, POST- KASYA, THANA- KASYA, KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : VILL- SABIA, POST- KASYA, THANA- KASYA, KUSHINAGAR-UTTAR PRADESH-274402
Fitness UpTo : 08-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	Rear HSRP No	: AA1047587340
Front HSRP No	: AA2147217117	Month/Year of Manuf.	: 11/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW489SHLB3762
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F7SHL68319	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 113
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 243
Colour	: Black Heavy Grey	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)
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	: 06-Dec-2025	Sale Amt	: 73764/-
OTT Date	: 06-Dec-2025	Amount/Rcpt No	: 7377 / UP57D25120000961
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 22-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 09-Dec-2025 to 08-Dec-2040

A.R.T.O. (A)
Kushinagar (U.P.)

Signature of Registering Authority
Date : 01-Feb-2026

Date : 01-Feb-2026 11:28:48

Taxation Particulars / Advance Registration Mark Fee Details

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20140003895



जारी करने की तिथि
Date of Issue
26/02/2014

वैधता / Validity
05/08/2028

जन्म तिथि
Date of Birth
10/08/1978

Blood Group
UNKNOWN



नाम / Name

SANJAY KUMAR SINGH

पिता/पति का नाम / Son/Daughter/Wife of

BASANT SINGH

UP57 20140003895

UP00778186RS



LMV

26/02/2014



MCWG

26/02/2014



Form 7 Rule 16(2)

पता / Address

VILL-SABYA (NEAR CIVIL CORT KASIA)

PO+PS- KASIA

KUSHINAGAR 274402

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



भारत सरकार
Government of India



Download Date: 22/06/2020



संजय कुमार सिंह
Sanjay Kumar Singh
जन्म तिथि/DOB: 10/08/1978
पुरुष/ MALE

Issue Date: 09/09/2014

5022 5463 7431

VID : 9177 6783 2224 3423

मेरा आधार, मेरी पहचान

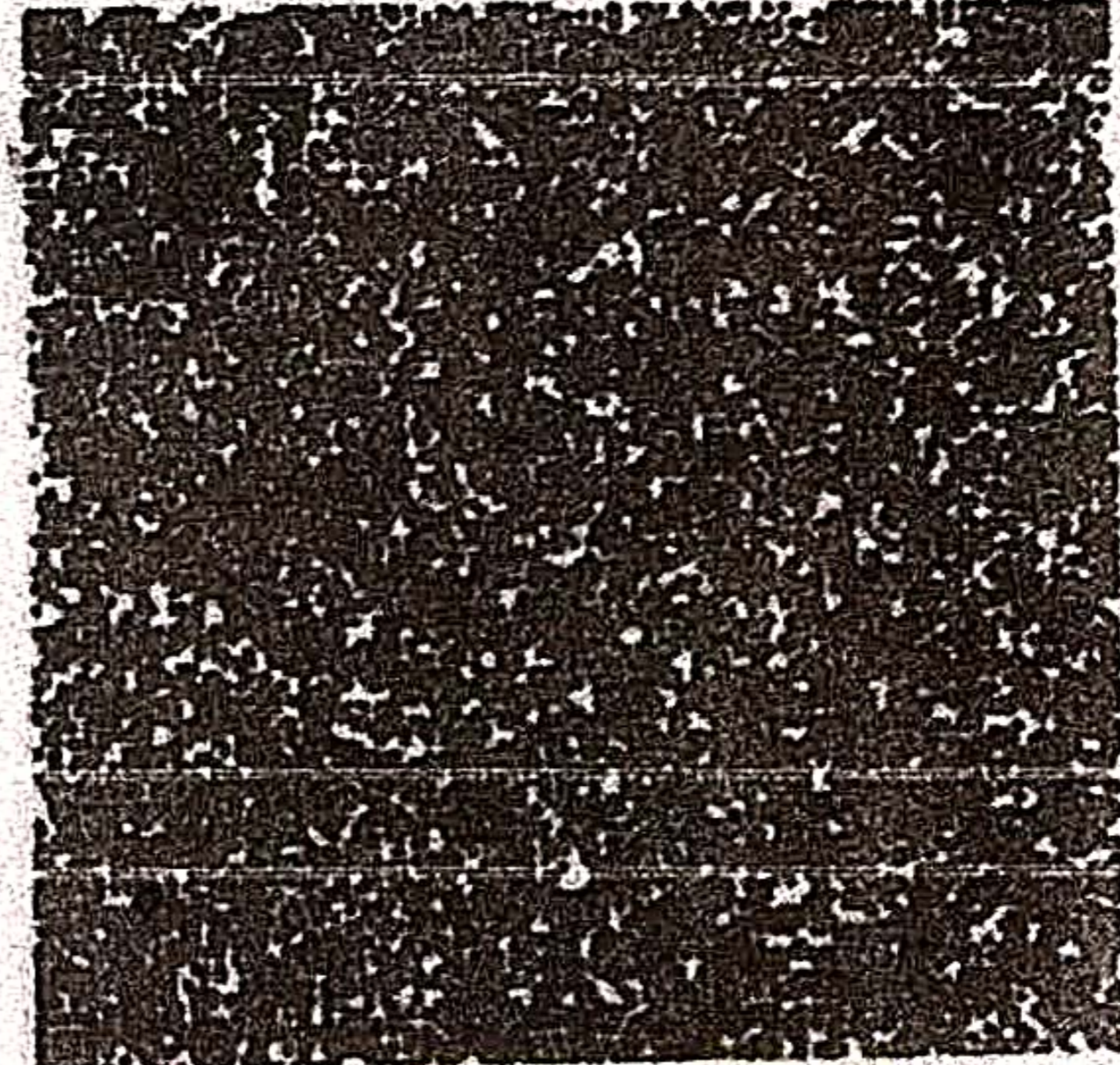


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O: बसंत सिंह, सबिया, कुशीनगर,
उत्तर प्रदेश - 274402

Address:
S/O: Basant Singh, Sabia, Kushinagar,
Uttar Pradesh - 274402



5022 5463 7431

VID : 9177 6783 2224 3423

1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SANJAY KUMAR SINGH

BASANT SINGH

10/08/1978

Permanent Account Number

CDCPS6607Q

Sanjay Singh

Signature



8001000