

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6858**

Date 9/02/26

Name Manju Divi

Add. UP 571303831

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Side Panel - (R)			540/-	
②	visor			850/-	
③	muffler cover			680/-	
④	Tanki			6500/-	
⑤	Labor charge			600/-	
TOTAL				9170/-	

Authorised Signatory

Manju Divi

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.	Manju Devi 7460973826
2	Vehicle No. / वाहन संख्या	UP57BC3831
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/494071
4	Period of Insurance / बीमा अवधि	12/11/2025 to 11/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/02/2026, 02.30 P.m.
6	Place of Accident / दुर्घटना का स्थान	Ramkola Road.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vishwanath Karmakar, WB7320 0918751182 220005384
8	Estimated Loss / अनुमानित हानि	9170/-
09.	Cause of Accident / दुर्घटना का कारण : मेरा भाई विश्वनाथ कर्मीकर जबकि लेकर बाजार जा रहा था तभी अचानक सामने जानवर आ गया उसी को बचाने हुये मेरी बसक डिग बल्लेख हो कर बाघे 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.	9125797448 Geeta automobile Palsana.

मंजू देवी

Signature of Insured / बीमाधारक के

Date / दिनांक : 9/02/2026
हस्ताक्षर



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. MS/2025/7002/0/46575/

Tel. No. _____

Period of Insurance 12/11/2025 to 11/11/2026

Claim No. 494071

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 : Manju Devi
 (b) Address for correspondence : _____
 (c) Telephone : 7460973026

2. THE INSURED VEHICLE

Make & Year <u>HJ20/2021</u>	Engine No. <u>MA11EXM9H00291</u> Chassis No. <u>MBLHAW105M9H027H</u>	Registration No. <u>UP57BC</u> <u>3031</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 : NO
 (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 : Bishwanath Kumar
 (b) Age : _____
 (c) Address : Darshinagar
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Relative
 (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 : UP 37 3202 20005384
 (h) Issuing Authority : _____
 (i) Date of Expiry : 5/05/2032
 (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, 02:30 PM
 (b) Place : Rambhola Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरा गाड़ी लेम्बर बर्डम जा रहा था लम्बा सामने जाकर
 (e) If any third party was responsible for this accident give the name and address : जा वाया कुसी भी बचाते हुये मेरी वापस डिस्ट्रिब्यूट
होगर वापस साई गिरने से डामेण
ही गड

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 9170/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Panchsaran

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 _____
शिव देव

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 *Handwritten Signature*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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

CERTIFICATE OF REGISTRATION

https://vahan.parivahan.gov.in/vahan/RegistrationForm.aspx



Registration No : UP57DC3831 Registration Date : 23-Sep-2021
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...
Owner Name : MANJU DEVI Son/wife/daughter of : BHEEM PRASAD
Full Address: (Permanent) : VILL-KUSUMHA KHAS, POST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR, UTTAR
Full Address: (Temporary) : VILL-KUSUMHA KHAS, POST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR-UTTAR
Fitness UpTo : 22-Sep-2036 Tax UpTo : One Time
Owner Serial No : 1
Detailed Description :
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : ANIKET
Relationship with the : Son Norms : BHARAT STAGE VI
Nominee :
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2041127882 Rear HSRP No : AA2039729781
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2021
No of Cylinders : 1 Chassis No : MBLHAW105M9H00571
Engine No : HA11EXM9H00291 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (13S-SELF-DRU Wheel base : 1235
M-CAST)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : Red Black 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 : 17-Sep-2021 Sale Amt : 63135/-
OTT Date : 17-Sep-2021 Amount/Rcpt No : 6314 / UP57D21090001286
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 23-Sep-2021
Other State/Transfer/Conversion Details :
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 23-Sep-2021 to 22-Sep-2036

Signature of Registering Authority
Date : 13-Jul-2022

Date : 13-Jul-2022 12:18:42

Taxation Particulars / Advance Registration Mark Fee Details

N 3853480

WB73 2022 0005384



MCWG
06-05-2022

Mobile No.
*****0315

Endorsement Date
06-05-2022

Endorsement No.
WB73 /PDL/0005384/2022



Present Address

ADARSH NAGAR COLONY WARD NO 4,
GOVT SAW MILL ROAD NEAR GOVT SAW MILL,
Siliguri (M. Corp.), Darjeeling, WB, 734005

Bishwanath Karmakar

Holder's Signature

Issuing Authority
LA. SILIGURI



UNION OF INDIA Driving Licence



WB73 2022 0005384

Date of Issue Validity
06-05-2022 (NT) 05-05-2032

Date of Birth Blood Group
13-06-1991 O+



Name

BISHWANATH KARMAKAR

Father's Name

RAMLAL KARMAKAR





भारत सरकार
Government of India



Download Date: 20/01/2021



मंजू देवी
MANJU DEVI
जन्म तिथि/DOB: 01/01/1982
महिला/ FEMALE

Issue Date: 28/12/2020

9955 9093 9694

VID : 9113 3116 4577 8485

मेरा आधार, मेरी पहचान

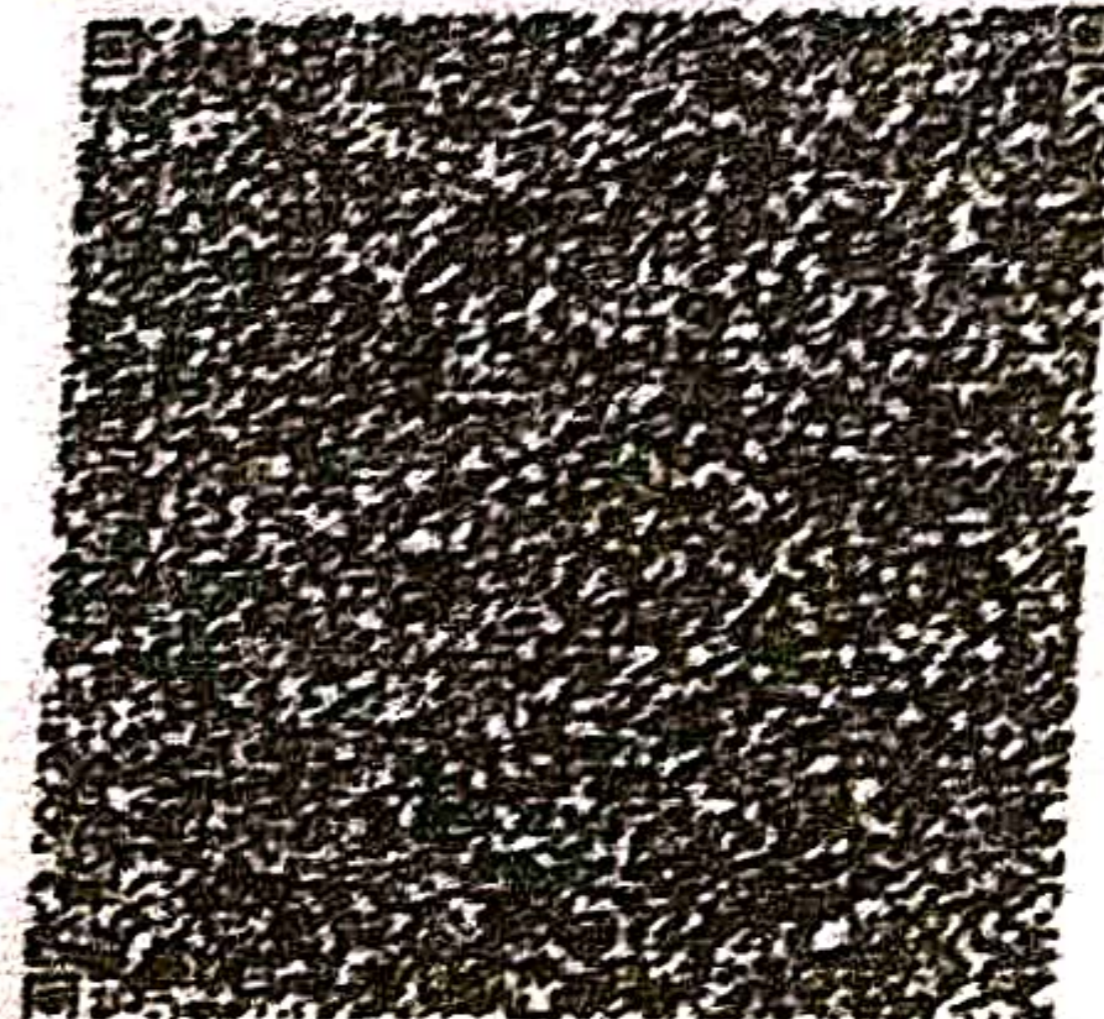


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
W/O भीम प्रसाद, 308, कुसुम्हा, कुसुम्हा खास,
कुसुम्हा, कुशीनार,
उत्तर प्रदेश - 274306

Address:
W/O Bheem Prasad, 308, KUSUMHA,
KUSUMHA KHAS, Kusumha, Kushinagar,
Uttar Pradesh - 274306



9955 9093 9694

VID : 9113 3116 4577 8485

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MANJU DEVI

RAMLAL KHARWAR

05/02/1982

Permanent Account Number

BDCPD9345M

मंजू देवी

Signature



01072011