

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

Date 9/07/26

No. **6853**

Name

Amarjit Yadav

Addr.

~~88~~ UP57BY9414

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Visor			1065/-	
②	H/L			535/-	
③	Led light			980/-	
④	Handle			500/-	
⑤	Handle T			980/-	
⑥	Fork pipe (LHR)			2300/-	
⑦	Fender			1450/-	
⑧	meter			3800/-	
⑨	Inner			475/-	
⑩	Front Rim			4300/-	
⑪	Leg Guard			680/-	
⑫	Foot Rest			275/-	
⑬	Kaichi			1080/-	
⑭	Rear side chassis.		Repair	2000/-	
⑮	Labor charge			1000/-	
TOTAL				21480/-	

Authorised Signatory

Raj

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.	Amarjit Yadav 8957015570
2	Vehicle No. / वाहन संख्या	UP57BY9414
3	Policy No. / पालिसी संख्या	252400/31/2026/31167
4	Period of Insurance / बीमा अवधि	4/08/2025 to 3/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/02/2026, 07.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Khousi Bazar.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pappu Yadav, UP5720250011882 8528240355
8	Estimated Loss / अनुमानित हानि	21480/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश भाज्जा बार्कि लेकर रिश्तेदार के यहां से अपनी घर जा रहा था तभी अचानक एक मोड़ पे एक गाड़ी वाला सामने आ गया उसी को बचाने पुणे मेरी बार्कि डिस्बेलेन्स हो कर पेड़ से छुका गई और उसके बंद बार्कि एक गददे मे गिर 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.	9125197140 Accepted automobile repair shop.

Date / दिनांक : 9/02/2026
हस्ताक्षर

अमरजित 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. 252400/31/2026/31167

Tel. No. _____

Period of Insurance 4/08/2025 to 3/08/2026
 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 : Amarjit Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 8957015570

2. THE INSURED VEHICLE

Make & Year <u>H110/2025</u>	Engine No. <u>H11F6SHF61112</u> Chassis No. <u>MBLHAW469SHF55215</u>	Registration No. <u>UP57BY</u> <u>9414</u>
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- (a) Was the vehicle in proper working condition? Y1B
 (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 : N/A
 (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 : Rappu Yadav
(b) Age : _____
(c) Address : Kuabinggar
(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 : UP5720250011002
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2042
(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 : 6/02/2026, 7:00 PM
(b) Place : Tharu Bazar
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरा बांजा लेम्बर घर जा रहा था तभी एक मोटर कार सामने से आया और बांजा को धक्का मारा जिससे बांजा उल्टा हो गया और बांजा के अंदर से बांजा निकल आया और बांजा के अंदर से बांजा निकल आया
(e) If any third party was responsible for this accident give the name and address : बांजा सामने का नाम कुसी को बच्चा है मेरी बांजा डिपिट है मेरे से बांजा के अंदर से बांजा निकल आया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
(b) Estimated cost of repairs : 21480/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Reparement

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? : _____
(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 9/02/26 200

अमजीत राव
Signature of the insured _____

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
Wher. Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature .. अनुराग शर्मा
Occupation
Address
.....
.....

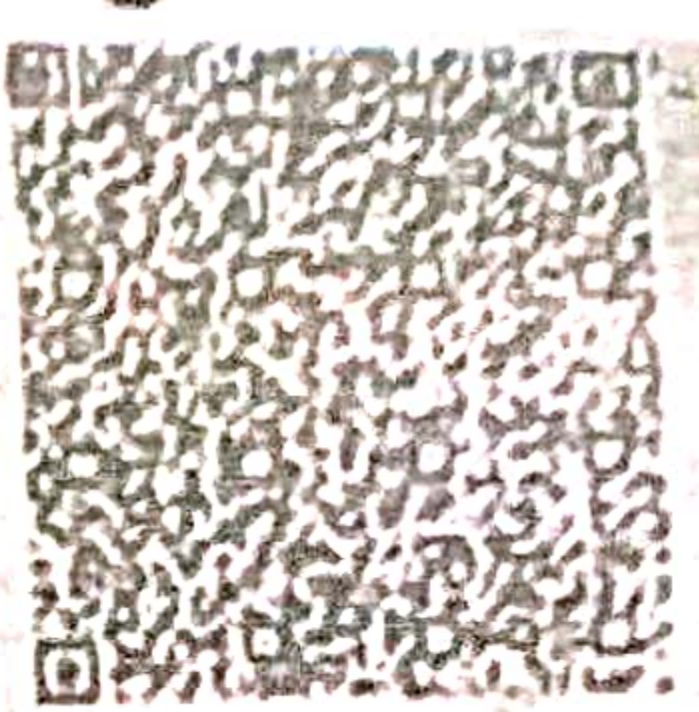
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY9414 Registration Date : 08-Aug-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S RISHAB MOTORS, TAMKUHI ROAD SEVRAHI, KUSHINAGAR, . . 189-274408
 Owner Name : AMARJIT YADAV Son/wife/daughter of : AMIRIKA YADAV
 Full Address: (Permanent) : VTC: SUMAHI RANI, PO: PIPARA AGARWA, SUB DISTRICT: TAMKUHI RAJ, KUSHINAGAR, UTTAR PRADESH-274409
 Full Address: (Temporary) : VTC: SUMAHI RANI, PO: PIPARA AGARWA, SUB DISTRICT: TAMKUHI RAJ, KUSHINAGAR-UTTAR PRADESH-274409

Fitness UpTo : 05-Aug-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 : AA2132848833 Rear HSRP No : AA1043833801
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025
 No of Cylinders : 1 Chassis No : MBLHAW469SHF55215
 Engine No : HA11F6SHF61112 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK SPARKING BLUE Laden/GV Wt (kgs) : 243
 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.a.f.
 Purchase dt : 04-Aug-2025 Sale Amt : 83851/-
 OTT Date : 04-Aug-2025 Amount/Rcpt No : 8388 / UP57D25080000508
 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 :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 06-Aug-2025 to 05-Aug-2040

Signature of Registering Authority
Date: 11-Sep-2025

Date : 11-Sep-2025 15:27:24
Taxation Particulars / Advance Registration Mark Fee Details

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

Q 5136320

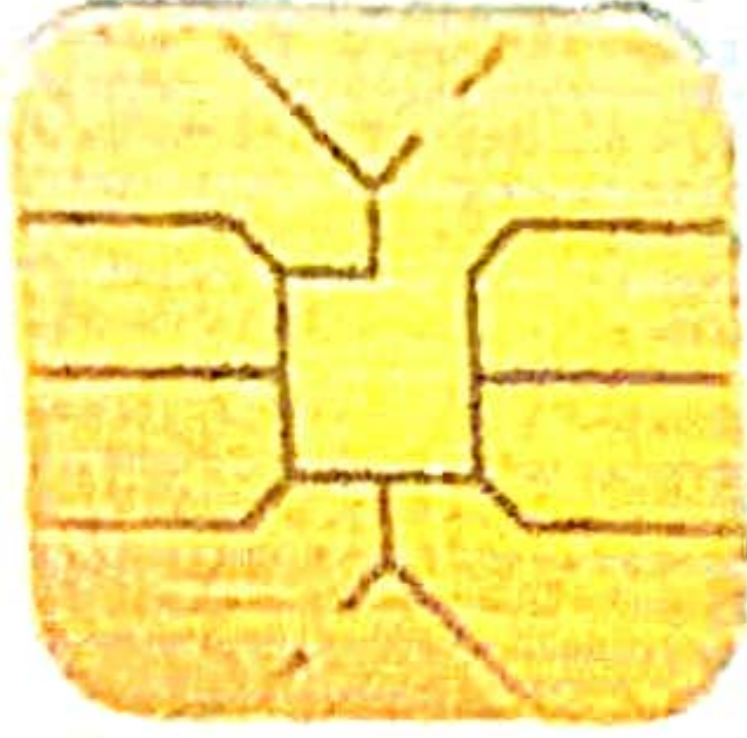


Indian Union Driving Licence

Issued by Uttar Pradesh

सत्यमेव जयते

UP57 20250011882



Issue Date Validity (NT)
10-07-2025 31-12-2042

Validity(TR)'



Holder's Signature

Name: **PAPPU YADAV**

Date of Birth: **01-01-2003** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **HORIAL YADAV**

Address:

**CHIRAIHAVAN MAGHI KOTHILWA MAGHI
KOTHILWA PADRAUNA KUSHINAGAR UTTAR
PRADESH 274304**

DL No: UP57 20250011882

UPDL571000019625



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'
MCWG		UP57	10-07-2025	NT			
LMV		UP57	10-07-2025	NT			
MVSD							

Contact Number

[Signature]
Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



Amarjit Yadav

जन्म तिथि / DOB: 01/04/2006

पुरुष / MALE

5677 7813 1593

5677 7813 1593

VID : 9150 7796 4958 1276

मेरा **आधार**, मेरी पहचान

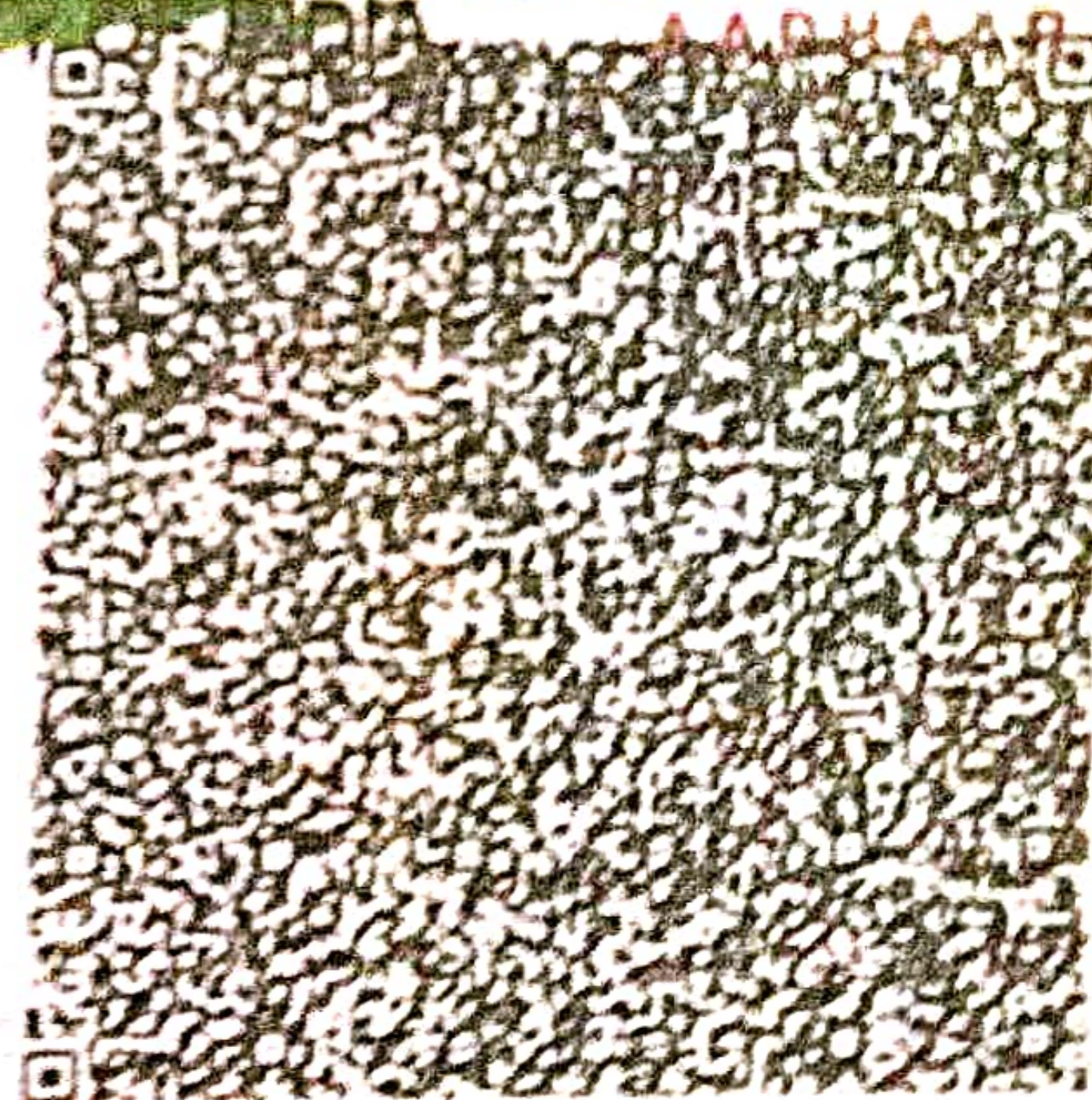


भारतीय विहित पहचान प्राधिकरण



Address:

S/O: Amirika Yadav, VTC: Sumuhi
Rani, PO: Pipara Agarwa, Sub
District: Tamkuhi Raj, District:
Kushinagar, State: Uttar Pradesh,
PIN Code: 274409.



5677 7813 1593
VID : 9150 7796 4958 1276



1947



help@uidai.gov.in



www.uidai.gov.in

Print Date: 25/01/2024

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



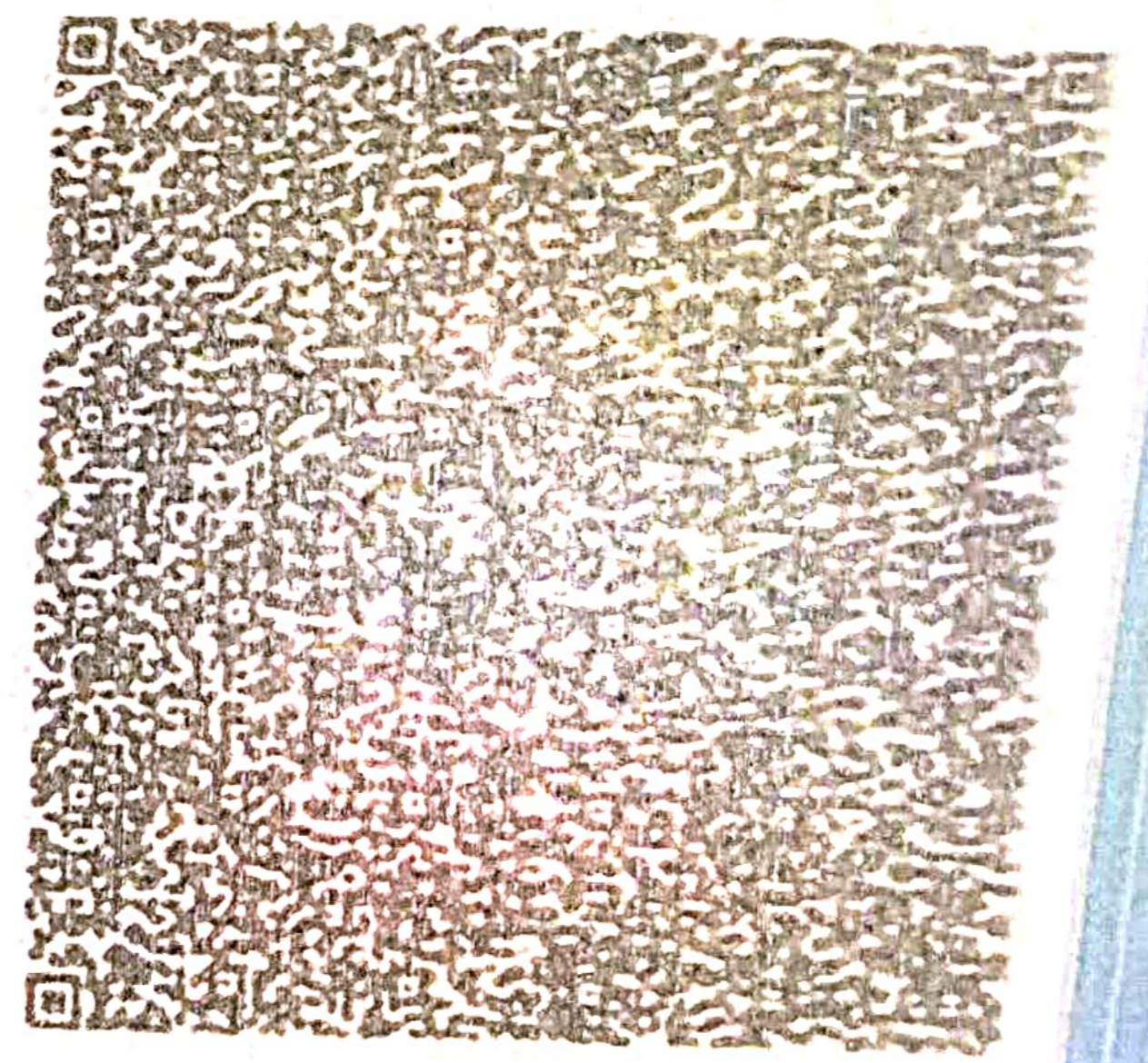
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BVBPY5909F

नाम / Name
AMARJIT YADAV

पिता का नाम / Father's Name
AMIRIKA YADAV

जन्म की तारीख /
Date of Birth
01/04/2006



18102024

PAN Application Digitally Signed. Card Not
Valid unless Physically Signed