

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

6857Date, 9/02/26

Name

Vijay

Add.

UP57CB0601

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT Rs. | P. |
|-------|---------------|------|--------------|----------------|----|
| ① | Tanki | | | 6200/- | |
| ② | Fender | | | 1020/- | |
| ③ | visor | | | 980/- | |
| ④ | Indicator (L) | | | 220/- | |
| ⑤ | Leguard | | | 650/- | |
| ⑥ | Handle | | | 570/- | |
| ⑦ | Handle T. | | | 900/- | |
| ⑧ | Sokas R+L | | | 2300/- | |
| ⑨ | Gear Lever | | | 180/- | |
| ⑩ | Chain cover | | | 700/- | |
| ⑪ | Engine Head | | | 2600/- | |
| ⑫ | Seat canl R+L | | | 1200/- | |
| ⑬ | Rear grip | | | 1450/- | |
| ⑭ | Labor charge | | | 800/- | |
| | | | TOTAL | 19870/- | |

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. | Vijay 7800516817 |
| 2 | Vehicle No. / वाहन संख्या | UP57CB0601 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/58702 |
| 4 | Period of Insurance / बीमा अवधि | 13/11/2025 to 12/11/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 4/02/2026, 0:30 P.M |
| 6 | Place of Accident / दुर्घटना का स्थान | Panihaya Road |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Rajkumar Kushwaha, UP5720 9628 774774 150017909 |
| 8 | Estimated Loss / अनुमानित हानि | 19870/- |
| 9 | Cause of Accident / दुर्घटना का कारण : | मेरी वाहन मेरे साले साहब के दोस्त राजकुमार कुशवाहा ने मेरे रिश्तेदारी से घर आ रहे थे तभी अचानक सामने आ रही वाहन को धक्का मारने के कारण मेरे वाहन धूल से लकड़वा कर गड़े में जाकर गिर गई और डमरु टूट 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 Orupto automobile Panchsaran |

Date / दिनांक : 9/02/2026
हस्ताक्षर

Vijay
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajkumar Kushwaha
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP5720150217909
 (h) Issuing Authority : _____
 (i) Date of Expiry : 17/08/2035
 (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 : 4/02/2020, 8:30 P.M
 (b) Place : Pantnagar Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी वाहन चाले में दोस्त ने कार को रोकने के लक्ष्य में सामने का
 (e) If any third party was responsible for this accident give the name and address : रही वाहन में बचान में टाकमर में वाहनपुन से
ताकमर पर वाहन में का मरु गिर
गई और उमिवाहन
वाहन

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 19870/-
 (c) When and where can the damaged vehicle be inspected : carpenter automobile Pantnagar

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 V1794

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. _____

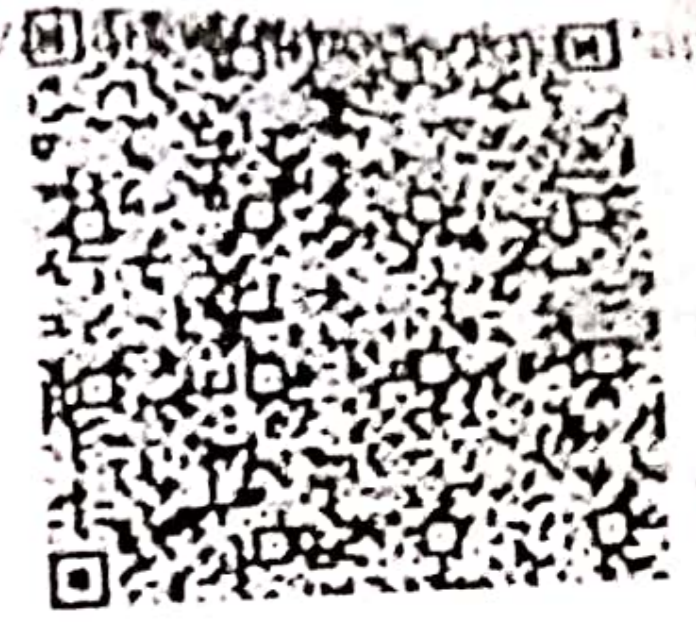
One Rupee
Revenue Stamp
Where Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *V199Y*
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 : UP57CB0681 Registration Date : 14-Nov-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 : VIJAY Son/wife/daughter of : KHEDAN
Full Address: (Permanent) : VILL-TINPARASA RAMPUR JUNGLE, POST-RAMPUR JUNGLE, THANA-
HANUMANGANJ, KUSHINAGAR, UTTAR PRADESH-274801
Full Address: (Temporary) : VILL-TINPARASA RAMPUR JUNGLE, POST-RAMPUR JUNGLE, THANA-
HANUMANGANJ, KUSHINAGAR-UTTAR PRADESH-274801
Fitness UpTo : 13-Nov-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 : AA1047458981 Rear HSRP No : AA2144984153
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
No of Cylinders : 1 Chassis No : MBLHAW474SHL01658
Engine No : HA11F6SHL02066 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : MATT GREY 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.e.f. .
Purchase dt : 13-Nov-2025 Sale Amt : 74999/-
OTT Date : 13-Nov-2025 Amount/Rcpt No : 7500 / UP57D25110005103
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 29-Dec-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner
Old State
Transfer Date
Previous RegNo
Entry Date
Conversion Date

This certificate is valid from 14-Nov-2025 to 13-Nov-2040

Signature of Registering Authority
Date : 08-Jan-2026

Date : 08-Jan-2026 14:14:03
Taxation Particulars / Advance Registration Mark Fee Details

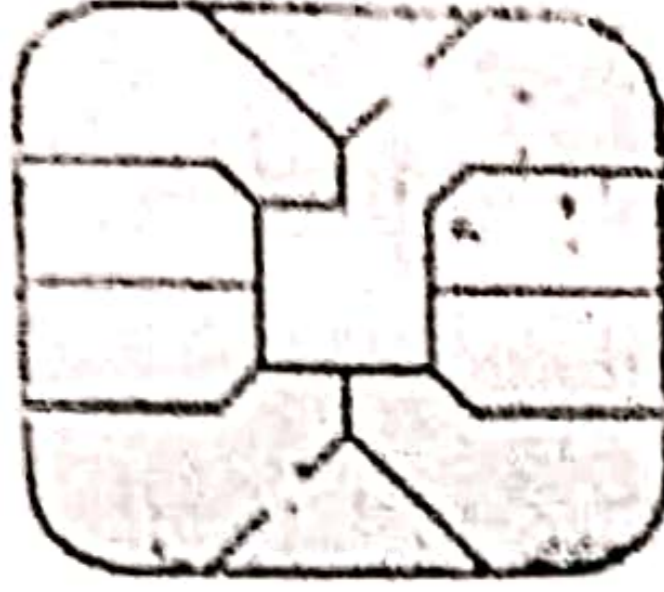
7-69109



UNION OF INDIA Driving Licence

UP NT

UP57 20150017909

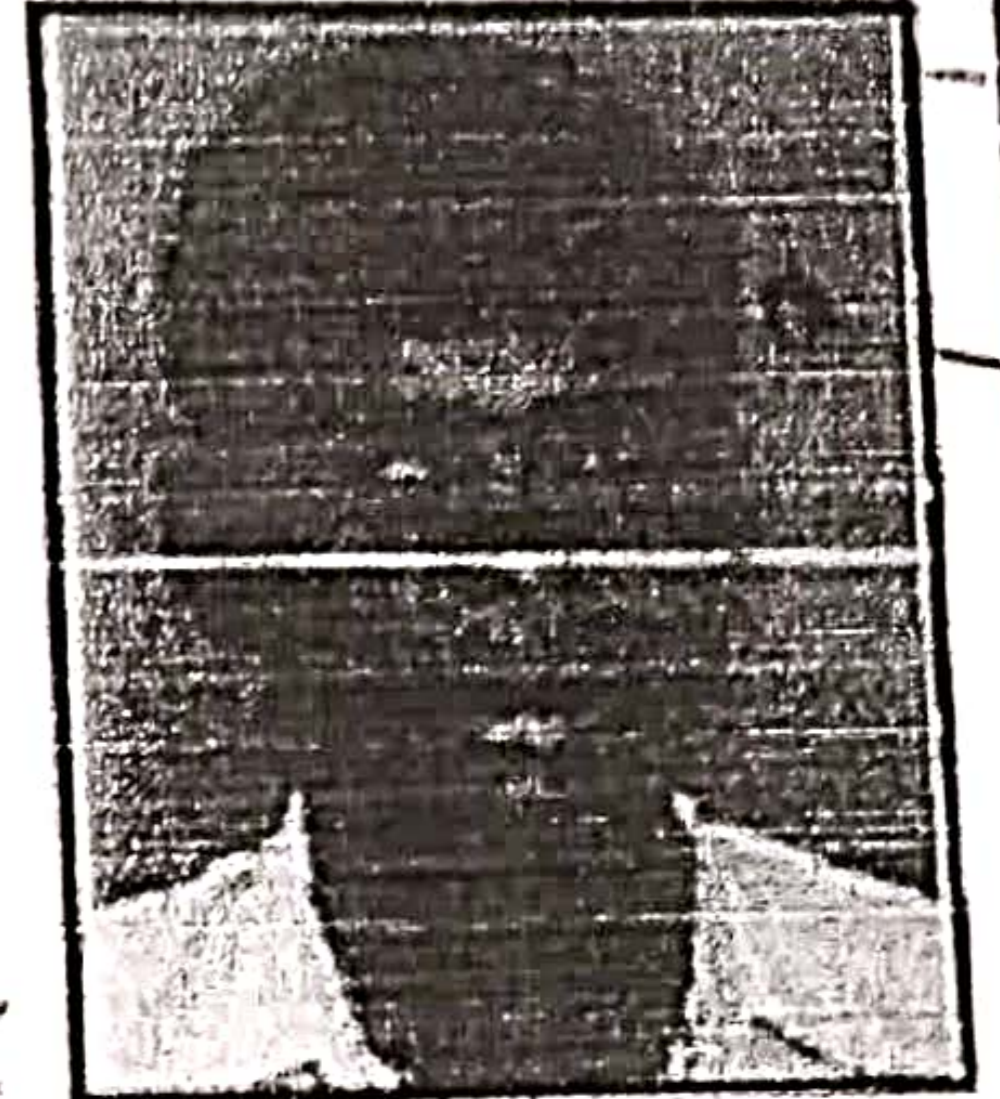


जारी करने की तिथि
Date of Issue
18/08/2015

वैधता / Validity
NT 17/08/2035

जन्म तिथि
Date of Birth
05/06/1994

Blood Group
UNKNOWN



नाम / Name

RAJKUMAR KUSHWAHA

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

BRJLAL KUSHWAHA

UP57 20150017909



LMV

18/08/2015



MCWG

18/08/2015

UP

Form 7 Rule 16(2)

पता / Address

R/O- LAMKAN
LAXMIPUR, VISHUNPURA
KUSHINAGAR

Kushinagar, Bihar

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



Aadhaar no. Issued: 26/02/2017



विजय
Vijay
जन्म तिथि/DOB: 04/04/2001
पुरुष/MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (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).

4954 2330 0958

मेरा आधार, मेरी पहचान

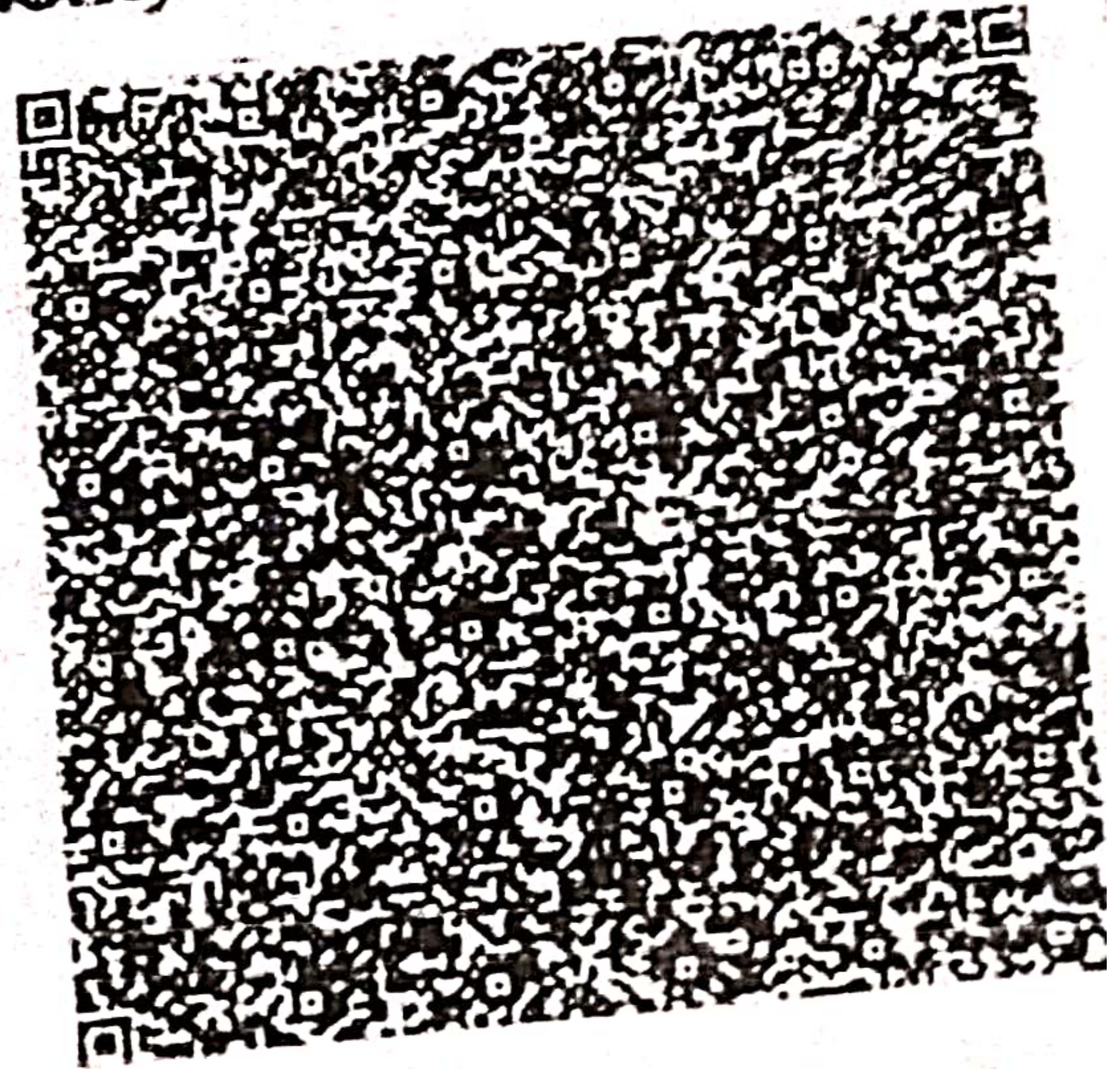


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: खेदन, तिनपरसा, रामपुर जंगल, रामपुर जंगल,
कुशीनगर,
उत्तर प्रदेश - 274801

Address:
S/O: Khedan, tinparasa, Rampur Jungal, PO:
Rampur Jungle, DIST: Kushinagar,
Uttar Pradesh - 274801



4954 2330 0958

VID : 9135 8536 2091 1626

1847

help@uidai.gov.in

www.uidai.gov.in

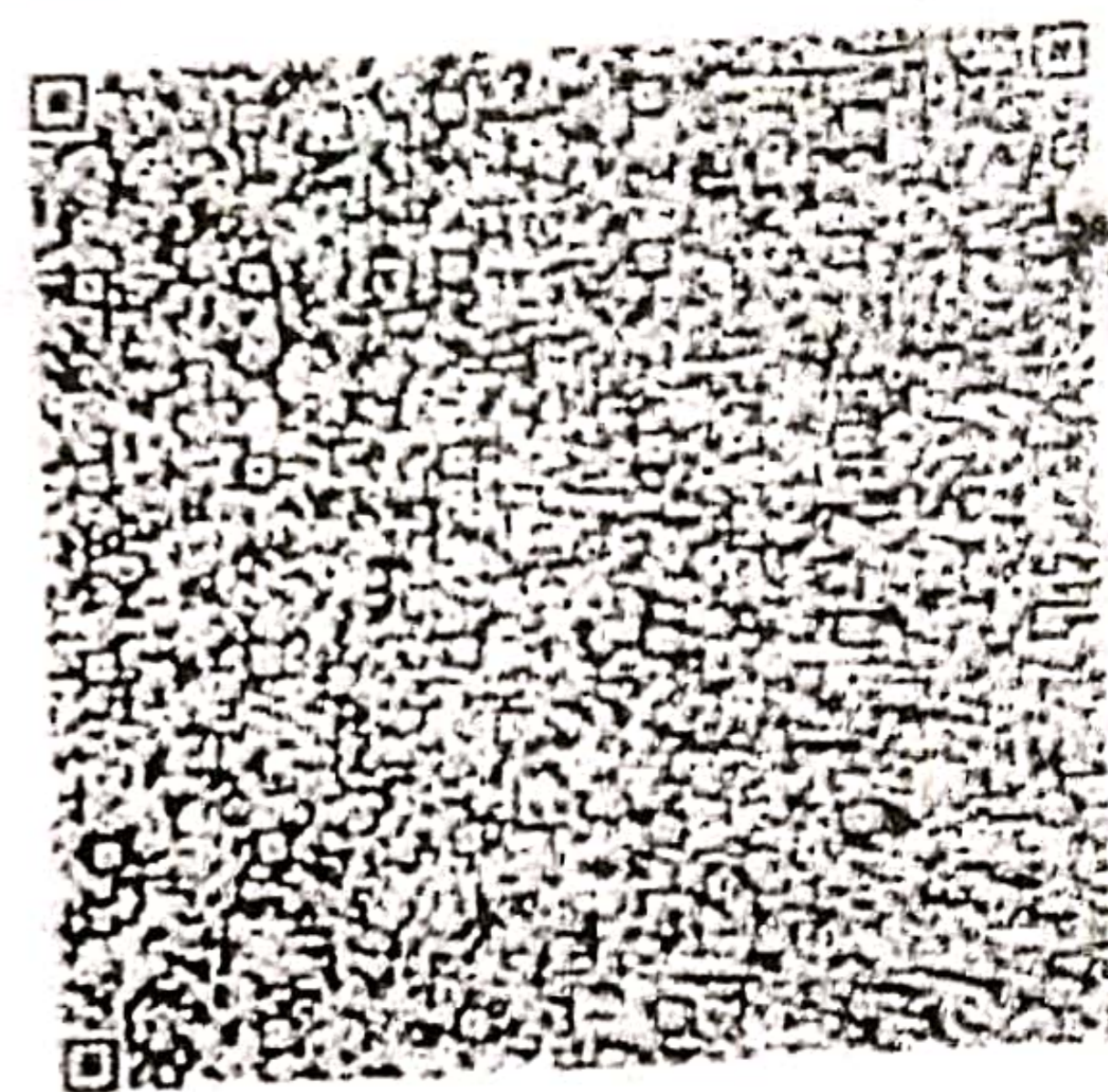
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CTVPV9818D



नाम / Name
VIJAY

पिता का नाम / Father's Name
KHEDAN

जन्म का तिथि / Date of Birth
04/04/2001

01916

e-PAN Application Digitally Signed, Card Not Valid unless Physically Signed