

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6864

Date

10/02/26

Name

Rita

Add.

UP 57 CB 2555

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Indicator R+L			440/-	
②	Fender			1450/-	
③	Handle			500/-	
④	Handle			900/-	
⑤	Lever (L)			105/-	
⑥	Sokor (R+L)			2300/-	
⑦	Sokor Button (R)			850/-	
⑧	self switch			380/-	
⑨	Labor charge			600/-	
			TOTAL	7605/-	

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.	Rita 7084227069
2	Vehicle No. / वाहन संख्या	UP57CB2555
3	Policy No. / पालिसी संख्या	252400/31/2026/PRTL/4588509
4	Period of Insurance / बीमा अवधि	26/12/2025 to 25/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/02/2026, 2:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Page no. B Rabish Kumar Road, UP5720 240008047
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	7318178574
8	Estimated Loss / अनुमानित हानि	7605/-
09.	Cause of Accident / दुर्घटना का कारण : मेरी गाड़ी मेरे बने राठी-स गुमार कोड लिमर चौराहे पर जा रहे थे तभी ऊपरान्त सामने से एक मित्रम वाला लकमर मार दिया तो बर्कम मेरी गाड़ी साइड गिरने से डामेण 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.	9125197148 Gupta automobile Padawan

Signature of Insured / बीमाधारक के

Date / दिनांक : 10/02/2026
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. 252400/31/2026/PRTL/4580509

Tel. No. _____

Period of Insurance. 26/12/2025 to 25/12/2026
 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 : Rida
 (b) Address for correspondence : _____
 (c) Telephone : 7004227069

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>MA11F65HL43901</u> Chassis No. <u>MBLHAW4615HL70508</u>	Registration No. <u>UP57CB</u> <u>2555</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 : 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 : Rabinsh Kumar Goud
 (b) Age : _____
 (c) Address : Rushenagar
 (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 : UP5720240000044
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2023
 (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 : 8/02/2026, 2:00 P.M
 (b) Place : Panpura
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी गाड़ी में मैंने राखी-स कुमार मोड़ने पर घुसने पर जा
 (e) If any third party was responsible for this accident give the name and address : रवि कुमार अचानक सामने से रुक मिथम वल। लकम
मार दिना तो काने साईड गिरने से
जमिण ही गडि

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 7605/-
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile Panpura

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 Police 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 10/02/20 200

Signature of the insured [Signature]

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/-

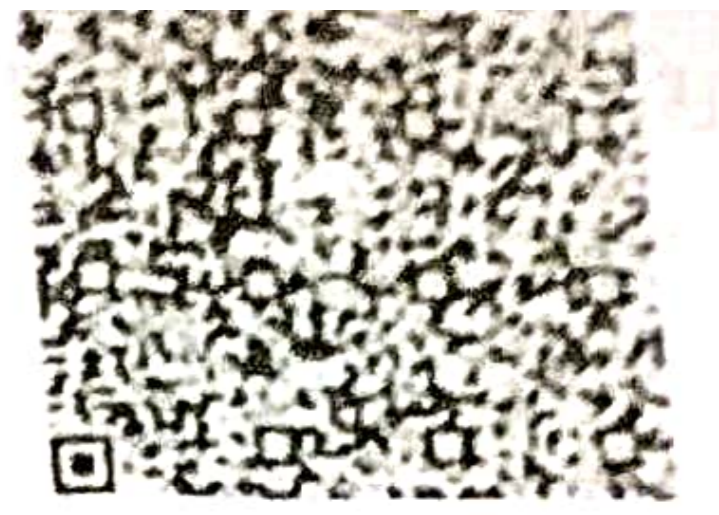
Witness
Name
Signature
Address

Signature *[Signature]*
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 : UP57CB2555 Registration Date : 24-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 : RITA Son/wife/daughter of : VINDO
Full Address: (Permanent) : H NO-121 PAGARA BUJURG, POST-DEORIA PANDEY, THANA-PADRAUNA,
KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : H NO-121 PAGARA BUJURG, POST-DEORIA PANDEY, THANA-PADRAUNA,
KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 23-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 : AA1047459156 Rear HSRP No : AA2144984328
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
No of Cylinders : 1 Chassis No : MBLHAW461SHL70508
Engine No : HA11F6SHL43901 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
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK TORNADO 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 IDFC FIRST BANK LTD,
PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 23-Nov-2025.

Purchase dt : 22-Nov-2025 Sale Amt : 77982/-
OTT Date : 22-Nov-2025 Amount/Rcpt No : 7799 / UP57D25110007412
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 11-Jan-2026
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 24-Nov-2025 to 23-Nov-2040

Signature of Registering Authority
Date : 16-Jan-2026

Date : 16-Jan-2026 17:45:56
Taxation Particulars / Advance Registration Mark Fee Details

7090154



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20240008044



Issue Date 08-05-2024
Validity (NT) 31-12-2043

Validity (TR)*



(08-05-2024)

Holder's Signature

Name:

RABINSH KUMAR GOND

Date of Birth: 01-01-2004

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: SITARAM GOND

Address:

Ekderwa Auwal Kushinagar
Uttar Pradesh 274402

Date of First Issue

DL No: UP57 20240008044

UPDL 025017353274



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*
	MCYCG	UP57	08-05-2024	NT			
	LMV	UP57	08-05-2024	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

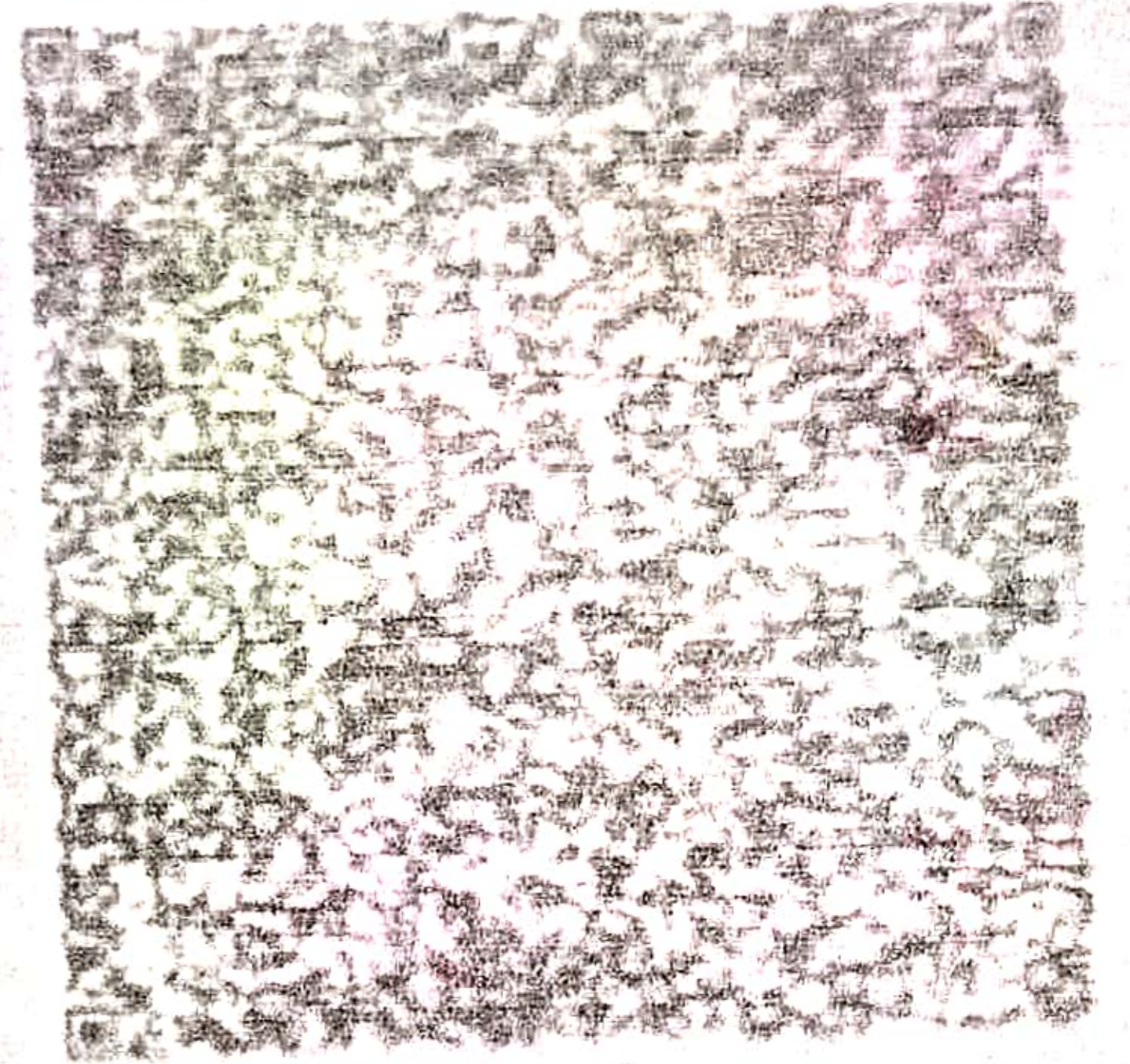
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FMUPR2419K



नाम / Name
RITA

पिता का नाम / Father's Name
FHEKU

जन्म की तारीख /
Date of Birth
15/10/1976

हस्ताक्षर / Signature

भारत सरकार
Government of India



Download Date: 18/08/2021



रीता
Rita
जन्म तिथि/DOB: 15/10/1976
महिला/ FEMALE

Issue Date: 12/08/2021

2286 4882 0117

VID : 9193 8330 0460 4032

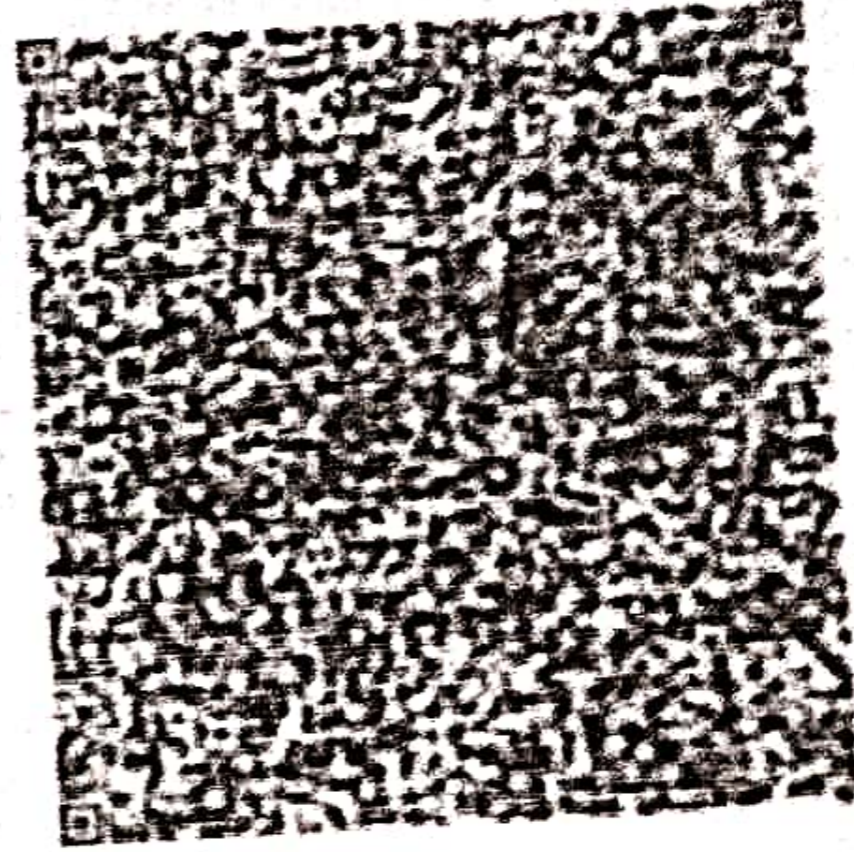
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



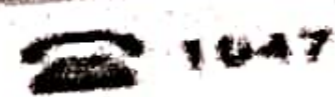
पता:
विनोद विनोद, 121, पगारा बुजुर्ग, पोस्ट देवरिया
पगारा बुजुर्ग, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
W. C. Vinod, 121, pagara bujurg, post deoria
FANDEY, Pagara Buzurg, Kushinagar,
Uttar Pradesh - 274304



2286 4882 0117

VID : 9193 8330 0460 4032



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