

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **6861** Date 10/02/26

Name Bandan Yadav

Add. UP57CB1621

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5000/-	
②	Foot Rest Holder			430/-	
③	Foot Rest - (R)			250/-	
④	Labour charge			400/-	
			TOTAL	6080/-	

Authorised Signatory

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.	Bandam Yadav, 7379 490272
2	Vehicle No. / वाहन संख्या	UP57CB1621
3	Policy No. / पालिसी संख्या	252400/31/2026/59962
4	Period of Insurance / बीमा अवधि	17/11/2025 to 16/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/02/2026, 01.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Hata chawaha.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720250005646 9910162531, Balram Kumar Yadav
8	Estimated Loss / अनुमानित हानि	6080/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरा भाई बलराम कुमार यादव गोरखपुर जा रहा था तभी हाथ के पास एक गाडी वाले ने दाहिने साईड से छक्कर मार दिया जिससे मेरी बहुत क्षतिग्रस्त हो गयी
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 Padmauna

Date / दिनांक : 20/02/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
- Bandna yadav



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. 252400/31/2026/59962

Tel. No. _____

Period of Insurance 17/11/25 to 16/11/26

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
- (b) Address for correspondence
- (c) Telephone

_____ Bendram Yadav
 _____ 7379690272

2. THE INSURED VEHICLE

Make & Year <u>Hess/2025</u>	Engine No. <u>HAIIFBSHL09225</u> Chassis No. <u>MBLHAW332SHL09661</u>	Registration No. <u>UP57CB</u> <u>1B21</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
- (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 : Balram Kumar Yadav
(b) Age : _____
(c) Address : Kushimagan.
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720250005646
(h) Issuing Authority : _____
(i) Date of Expiry : 06/09/2039
(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 : 08/02/2026, 01.00 P.m.
(b) Place : Hata chauraha
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : गाड़ी वाले ने बायें से बर्किंग में छबकर मार
(e) If any third party was responsible for this accident give the name and address : दिमा मेरी बर्किंग क्षतिगत हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Side Right
(b) Estimated cost of repairs : 6000/-
(c) When and where can the damaged vehicle be inspected : Geeta automobile Pachana,

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 : _____
(e) Full details of property damaged : _____
(f) Has notice of any claim been given to you? : N/A

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 10/2/20 200

Signature of the insured Bandra yoda

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. _____

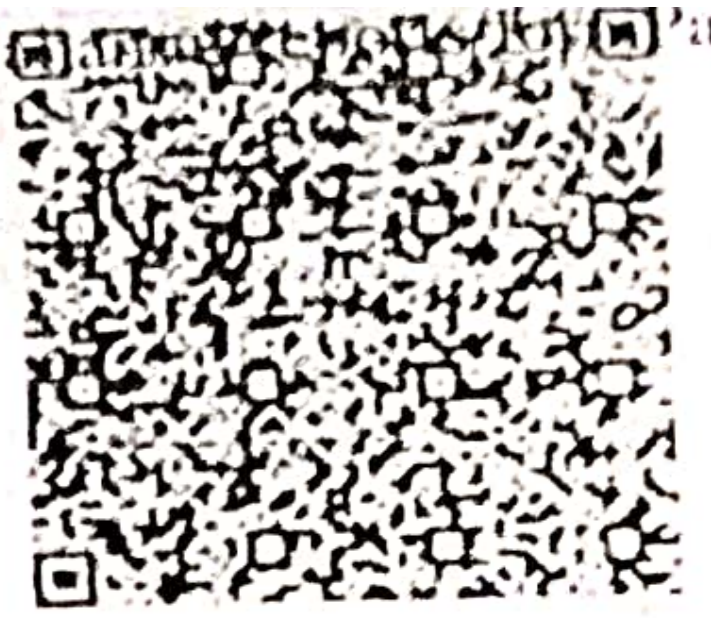
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Bandne Yadav*
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 : UP57CB1621
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA. . . 189-274304
Owner Name : BANDNA YADAV
Full Address: (Permanent) : VILL-HARAIYA KHURD, POST-HORLAPUR, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
Full Address: (Temporary) : VILL-HARAIYA KHURD, POST-HORLAPUR, THANA-KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303
Fitness UpTo : 18-Nov-2040
Detailed Description : M-CYCLE/SCOOTER
Class of Vehicle : INDIVIDUAL
Ownership : HERO MOTOCORP LTD
Maker's Name : AA2142504404
Front HSRP No : SOLO WITH PILLION
Type of Body : 1
No of Cylinders : HA11FBShL09225
Engine No : 8.17
Horse Power(BHP) : SPLENDOR+ XTEC 2.0 (DR
Maker's Classification : S)
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : Black Heavy Grey
Other Criteria :
Vehicle Purchase As : Fully Built
Registration Date : 19-Nov-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : JAILAL YADAV
Owner Serial No : 1
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2144983526
Month/Year of Manuf. : 11/2025
Chassis No : MBLHAW332SHL09661
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
Standing Cap : 0
Unladen Wt (kgs) : 112
Laden/GV Wt (kgs) : 242
AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 17-Nov-2025.

Purchase dt : 17-Nov-2025
OTT Date : 17-Nov-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 07-Dec-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner
Old State
Transfer Date
Sale Amt : 80517/-
Amount/Rcpt No : 8052 / UP57D25110006224
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo
Entry Date
Conversion Date

This certificate is valid from 19-Nov-2025 to 18-Nov-2040

Date : 28-Jan-2026 12:59:20
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 28-Jan-2026
A.R.T.O. (M)
Kushinagar (UP)

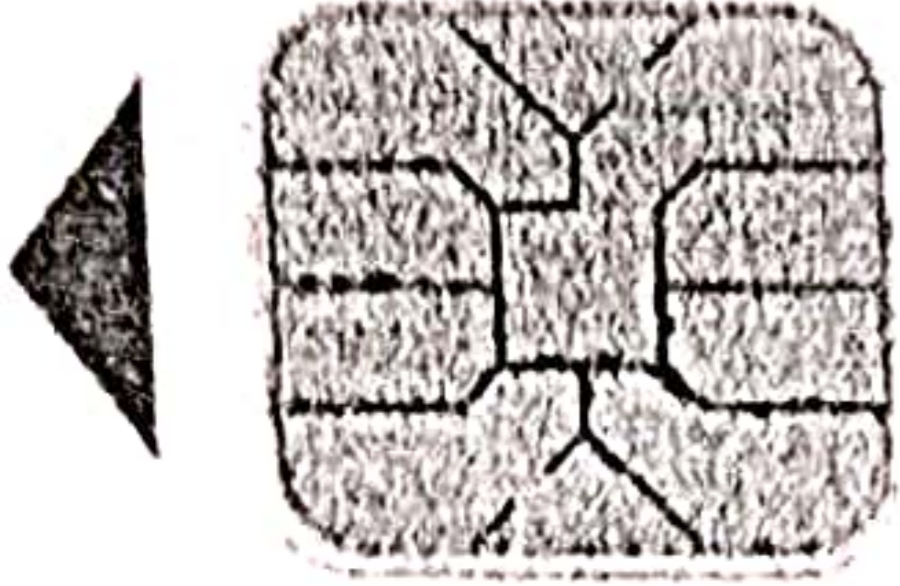
Q 7636860



Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20250005646



Issue Date Validity (NT) Validity(TR)*
26-03-2025 06-09-2039



Holder's Signature

Name: **BALRAM KUMAR YADAV**

Date of Birth: **07-09-1999** Blood Group: Organ Donor: **N**

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

Address:
**HORLAPUR HARAIYA KHURD PADRAUNA
KUSHINAGAR UTTAR PRADESH 274303**

Date of First Issue 26-03-2025

UPDL571000008648

DL No: UP57 20250005646



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	26-03-2025	NT			
	LMV	UP57	26-03-2025	NT			

Form 7 Rule 16(2)

Emergency Contact Number

**Licensing Authority
UP57 KUSHINAGAR**



भारत सरकार
Government of India



Aadhaar no. issued: 15/09/2014



बन्दिना यादव
Bandna Yadav
जन्म तिथि/DOB: 07/06/1995
महिला/ FEMALE

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).

4506 0413 1017

मेरा आधार, मेरी पहचान



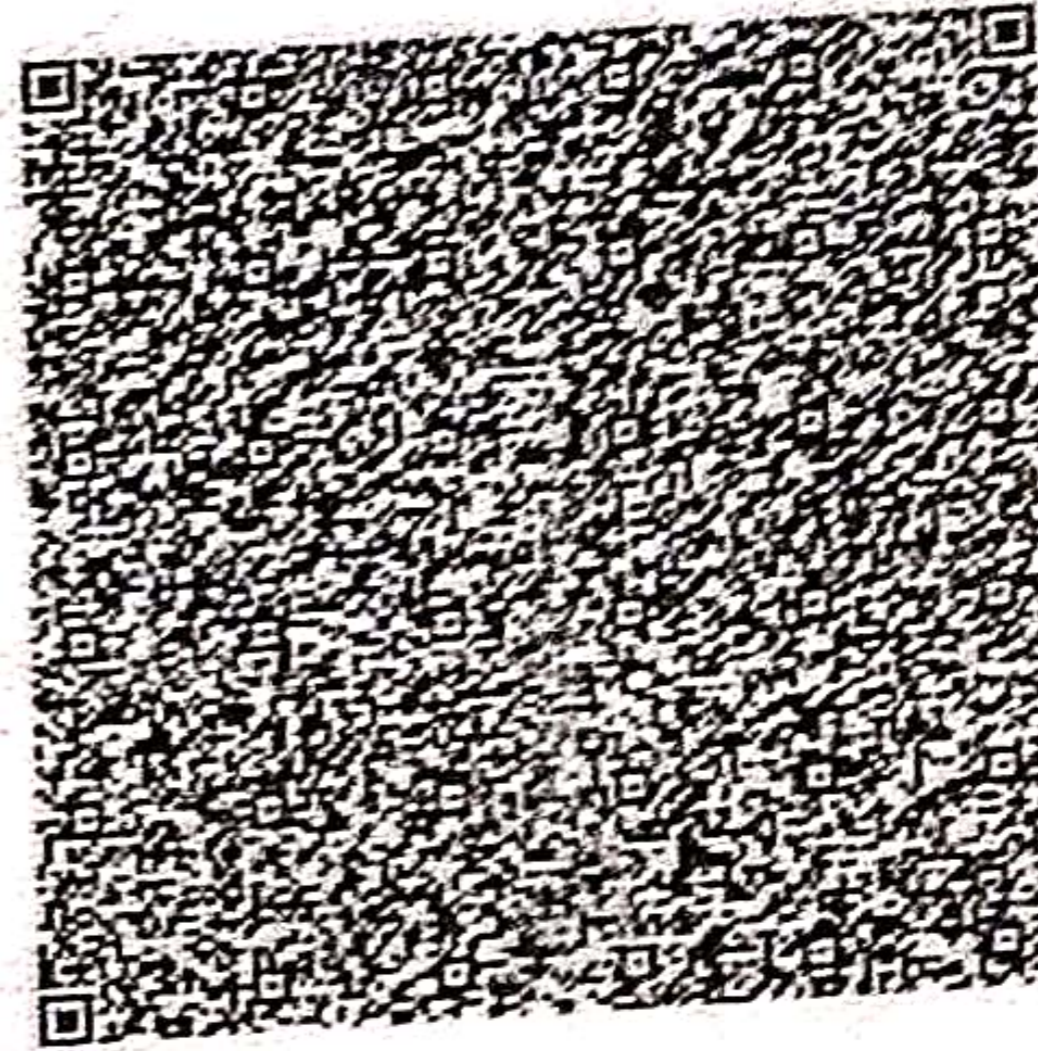
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 19/07/2025

पता:
D/O: जयलाल यादव, हरैया खुर्द, होरलापुर, कुशीनगर,
उत्तर प्रदेश - 274303

Address:
D/O: Jailal Yadav, Haraiya Khurd, PO: Horlapur,
DIST: Kushinagar,
Uttar Pradesh - 274303



4506 0413 1017

VID : 9188 8042 1678 5171

1947

help@uidai.gov.in

www.uidai.gov.in

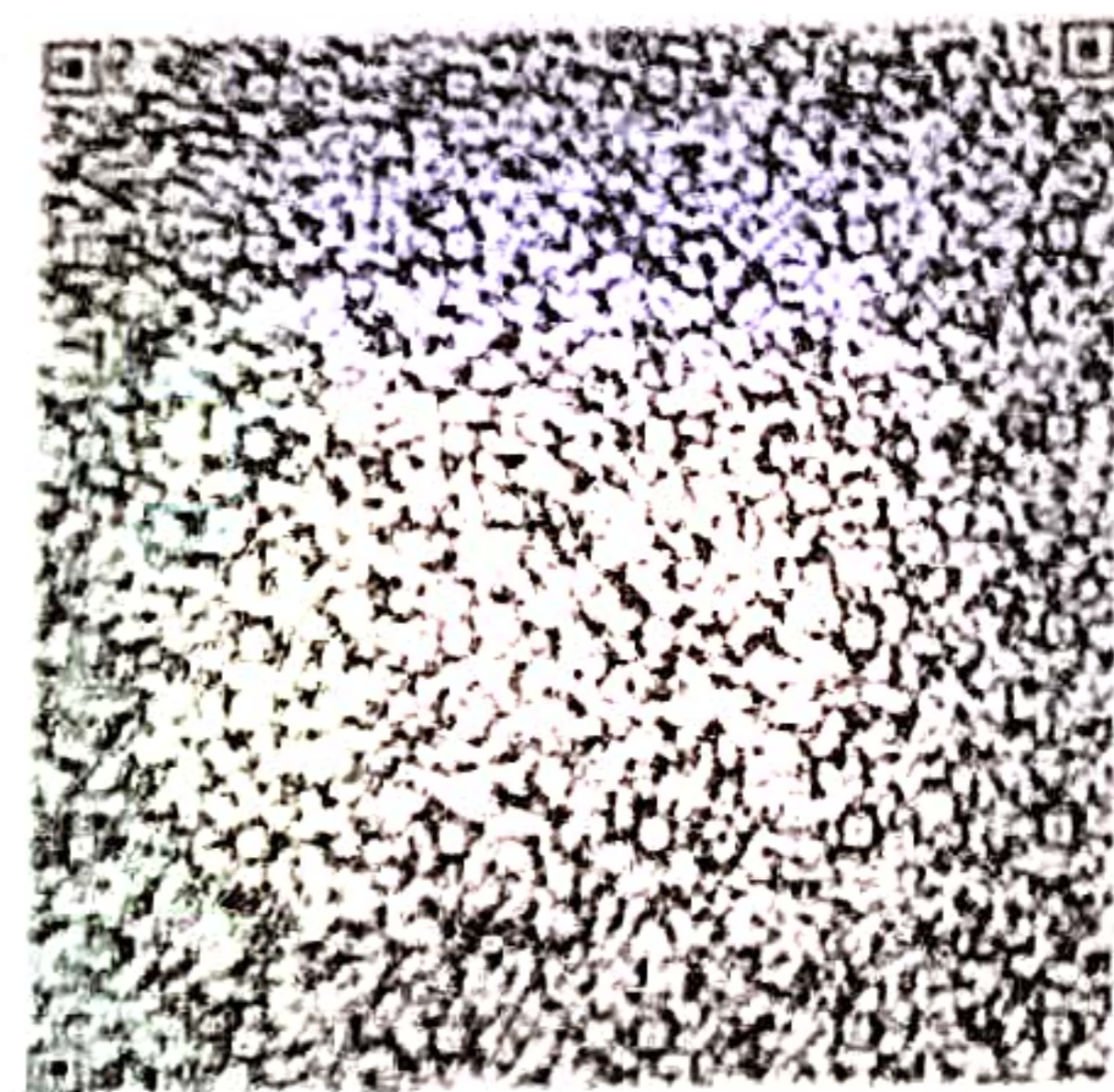
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BYHPY5963Q



29102025

नाम / Name
BANDNA YADAV

पिता का नाम / Father's Name
JAILAL YADAV

जन्म की तारीख /
Date of Birth
07/06/1995

Bandna Yadav
हस्ताक्षर / Signature