

# Gupta

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**

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

No. **6862** Date 20/02/26Name Asman AnsariAdd. UP57BZ0824

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Handle			510/-	
	Levers - (1)			95/-	
	Gear Levers			100/-	
	Fenders			1350/-	
	Visors			1250/-	
	Indicators - (1)			220/-	
	Leg guard			630/-	
	Labour charge			600/-	
			<b>TOTAL</b>	<b>4035/-</b>	

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.	Ashman Anshari, 7068608578
2	Vehicle No. / वाहन संख्या	UP57BT0824
3	Policy No. / पालिसी संख्या	252400/31/2026/33368
4	Period of Insurance / बीमा अवधि	18/08/2025 to 17/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/02/2026, 08.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Sapha Road Karim
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720150009205 9129473613, Ashoj Anshari
8	Estimated Loss / अनुमानित हानि	4835/-
09.	Cause of Accident / दुर्घटना का कारण: मेरे बड़े बेटा फिरोज अंसारी कसबा से सपहा की तरफ जा रहे थे तभी एक बड़ी गाड़ी ने सामने से टक्कर मार दिया जिससे मेरी बड़ी गाड़ी रुक गिरी की क्षतिग्रस्त 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 Parkpura

Date / दिनांक : 10/02/2026  
हस्ताक्षर

अरमान अंसारी  
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. 252400/31/2026/33368

Tel. No. \_\_\_\_\_

Period of Insurance 10/8/25 to 17/8/26

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

: Ahman Ansari  
 :  
 : 7060600578

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F89F27763</u> Chassis No. <u>MBLHAW52389F06940</u>	Registration No. <u>UP57BZ</u> <u>0824</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

W/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Aisroj Amsari  
(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 : UP5720150009205  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 04/05/2035  
(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 : 07/02/2026, 08.00 P.M.  
(b) Place : ganga Road kashir  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : बाइक वाले ने सामने से खकर मार दिया  
(e) If any third party was responsible for this accident give the name and address : बाइक वाले कार्ड गिरने से क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.  
(b) Estimated cost of repairs : 4825/-  
(c) When and where can the damaged vehicle be inspected : Geeta automobile Padjama.

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 10/02/26 200

Signature of the insured अरुणा अंशु

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 अ.स.म.त. अ.स.म.त......  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

आयकर विभाग  
INCOME TAX DEPARTMENT

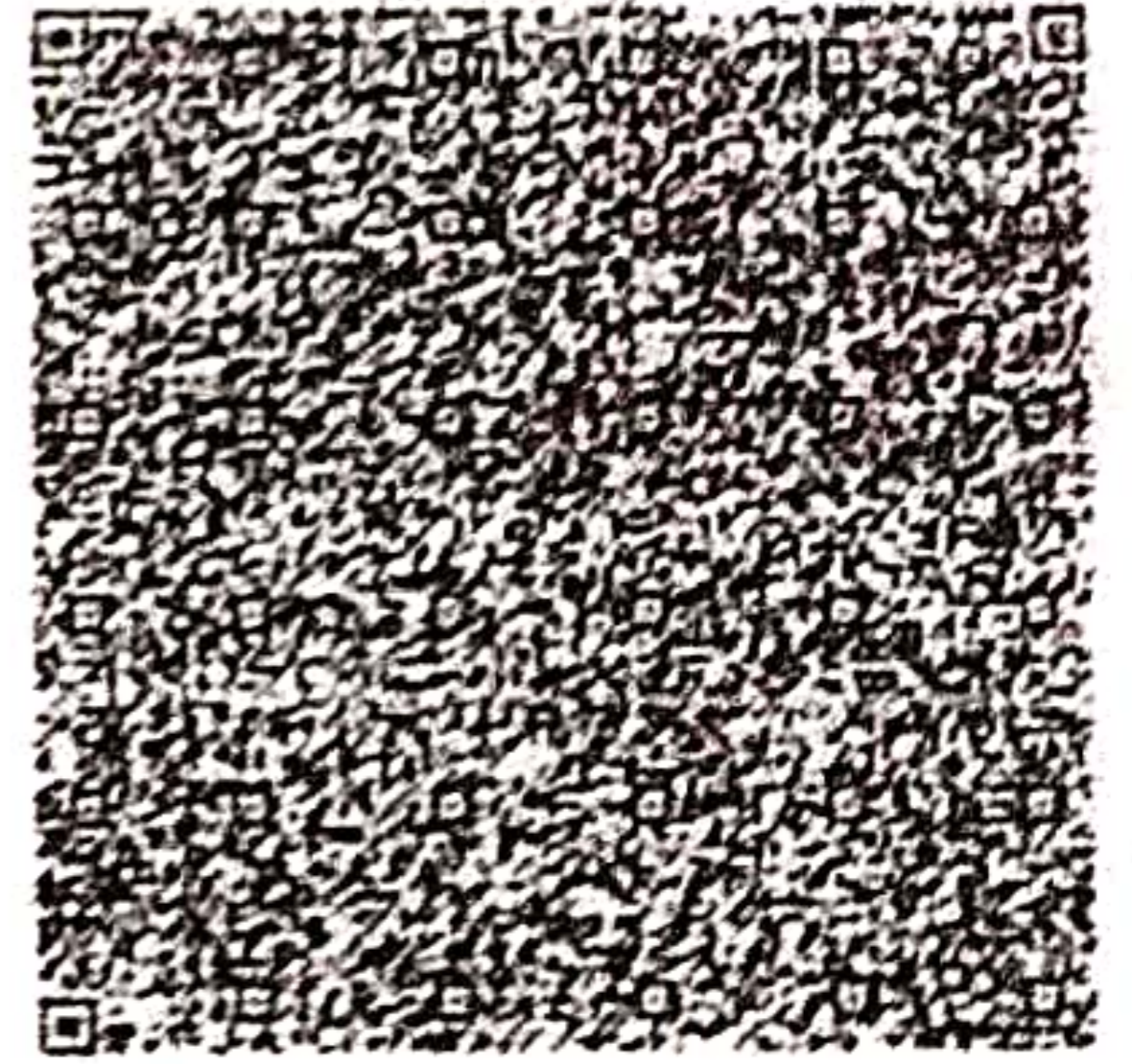


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**EUHPA5934G**



नाम / Name

**ARMAN ANSARI**

पिता का नाम / Father's Name

**ISHA ANSARI**

जन्म तिथि / Date of Birth

**01/01/2004**

हस्ताक्षर / Signature

**18747**

**18747**



भारत सरकार  
Government of India



अरमान अंसारी  
Arman Ansari  
जन्म तिथि/ DOB: 01/01/2004  
पुरुष / MALE



6774 3299 7981

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
आत्मज: ईशा अंसारी, बेलवा  
रामजस, कुशीनगर,  
उत्तर प्रदेश - 274402

Address:  
S/O: Isha Ansari, Belwa Ramjas,  
Kushinagar,  
Uttar Pradesh - 274402

6774 3299 7981



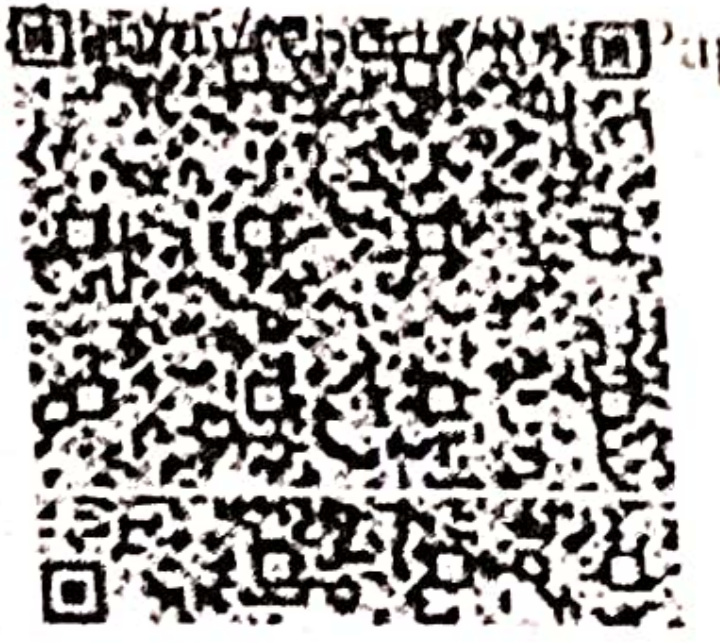
help@uidai.gov.in



www.uidai.gov.in



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



Registration No : UP57BZ0824 Registration Date : 23-Aug-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 : ARMAN ANSARI Son/wife/daughter of : ISHA ANSARI
Full Address: (Permanent) : VILL-BELWA RAMJAS, POST -KASIA, THANA -KASIA, KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : VILL-BELWA RAMJAS, POST -KASIA, THANA -KASIA, KUSHINAGAR-UTTAR PRADESH-274402

Fitness UpTo : 22-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 : AA2132849558 Rear HSRP No : AA2131514826
Type of Body : SOI O WITH PII I ION Month/Year of Manuf. : 06/2025
No of Cylinders : 1 Chassis No : MBLHAW523S9F06940
Engine No : HA11F6S9F27763 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DSS) 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. : 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 L & T FINANACE LTD,

GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 18-Aug-2025.

Purchase dt : 18-Aug-2025 Sale Amt : 86651/-
OTT Date : 18-Aug-2025 Amount/Rcpt No : 8666 / UP57D25080002060
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 25-Aug-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 23-Aug-2025 to 22-Aug-2040

Date : 09-Sep-2025 12:01:28

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 09-Sep-2025

**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**

**UP57 20150009205**

Issue Date: 24-09-2020    Validity (NT): 04-05-2035    Validity (TR)\*: 23-09-2025

**FIROJ ANSARI**  
 Date of Birth: 01-01-1994    Blood Group:    Organ Donor: N

Son/Daughter/Wife of: **ISHA ANSARI**

Address:  
 R. D-BELWA RAMJAS DUBEY KASIA  
 Kalya, Kushinagar, UP 274402

Holder's Signature: \_\_\_\_\_

Date of First Issue: (05-05-2015)

**DL No: UP57 20150009205**    UPDL000003252823

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	UPS7	05-05-2015	NT			
	LMV	UPS7	05-05-2015	NT			
	TRANS	UPS7	24-09-2020	TR			
	MVSD						

Emergency Contact Number: \_\_\_\_\_

Licensing Authority  
 UPST KUSHINAGAR

Form 7 R file 16(2)