

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6869Date 10/02/20

Name

Mukesh Kumar

Add.

BR 22 BP 5422

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			850/-	
②	H/2			595/-	
③	Handle			500/-	
④	Fender			1450/-	
⑤	Tanki			6800/-	
⑥	Legurd			680/-	
⑦	Handle			900/-	
⑧	Fork Pipe (R+L)			2300/-	
⑨	number plate stand			160/-	
⑩	tool box cover			200/-	
⑪	labor charge			800/-	
TOTAL				15393/-	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

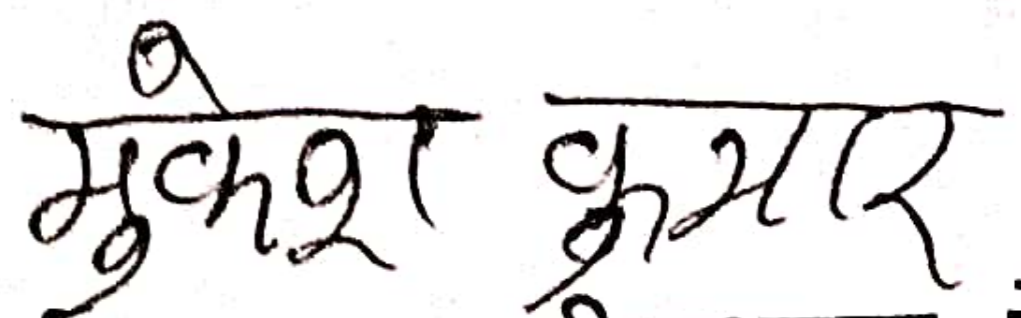
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Mukesh Kumar 7250900175
2	Vehicle No. / वाहन संख्या	BR 22 BP 5422
3	Policy No. / पालिसी संख्या	252400/31/2026/2753
4	Period of Insurance / बीमा अवधि	11/04/2025 to 10/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/02/2026 , 12.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Madhubani
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Avdheesh Kumar Grand, BR 22 0757857380 20180097455
8	Estimated Loss / अनुमानित हानि	15393/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी कार लेफ्ट अवधेश कुमार चौड़ा दृष्टा करने जा रहा था वही एक कार वाले ने लाफती ब्रककट कर दिया मेरी कार के कार्स गिरने से 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 padrauna

Date / दिनांक : 10/02/26
हस्ताक्षर


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. 252400/31/2026/2753

Tel. No. _____

Period of Insurance 11/04/2025 to 10/04/2026
 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 : Mukesh Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 7250902175

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>FA11EC5HB11039</u> Chassis No. <u>MBLHAW14SHB10082</u>	Registration No. <u>BR22BP</u> <u>5422</u>
---------------------------------	---	--

- (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 : Avodhesh Kumar Grand
 (b) Age : _____
 (c) Address : Pushinagar
 (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 : DR2220180097155
 (h) Issuing Authority : _____
 (i) Date of Expiry : 3/03/2035
 (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 : 8/02/2026
 (b) Place : Madhubani
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी बस में ले जा रहा था तभी एक बस टक्कर मारी सामने से
 (e) If any third party was responsible for this accident give the name and address : कामरुज्जामा दिया मेरी बस में बस सड़ि जा रने से डमिपड
जडी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end-side
 (b) Estimated cost of repairs : 15393/-
 (c) When and where can the damaged vehicle be inspected : Crompton Automobile Parkharna

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 10/02/26 200

Signature of the insured [Handwritten 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.

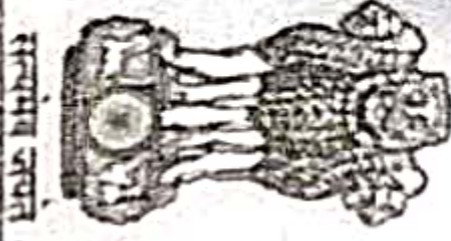
Rs. _____

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

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Indian Union Vehicle Registration Certificate Issued by Government of Bihar

BR

Regn No BR22BP5422 Date of Regn. 13-05-2025 Regn. Validity 12-05-2040 Owner Serial 1

Chassis No: MRLHAW141SHB10082

Engine No: HA1TECSHB11334

Owner Name: MUKESH KUMAR

Ownership: INDIVIDUAL

Fuel: PETROL
Emission Norms: Bharat Stage VI
Emission Norms: Son/Wife/Daughter of (In case of Individual Owner)

Address: VILL- WARD NO-2 MADHUBANI, POST-MADHUBANI, THANA-DHANAGA, Pashchim Champaran, BR, 845404
BR-R2217057910

Card Issue Date 28-08-2025

BR

Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number BR22BP5422

Maker Name: HERO MOTOCORP LTD

Model Name: HF DELUXE (DRS)

Colour: BLACK NEXUS BLUE / Body Type: SCLO WITH PILLION

Seating (in all) / Standing / Sleeper Capacity: 2 / 0 / 0

Unladen / Laden / Gross Combination Weight (Kg): 112.00 / 242.00 / 0.00

Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm): 97.20 / 7.91 / 1235.00

Month-Year of Mfg. 02 - 2025

No. of Cylinders 1

Number of Axle 1

Financer Name

BR-R2217057910

Registration Authority
D/O- BETTAH

INDIAN DRIVING LICENCE
GOVERNMENT OF BIHAR

FORM-7

DL: BR22 20180097455

Name: AVADHESH KUMAR

SNVID of: MISHRI

GDND

Address: K1 AMBHUJARI PO MADHUBANI

PS DHANBARA

MADHUBANI PASHCHIM CHAMPARAN

DOB: 02-05-1985

BG: AB+

01-03-2018

Badge No.:



Valid Till (Transport)

00000000

Valid Till (Non Transport)

Authorisation to drive the following vehicle
class throughout India
Type of Vehicles: LMV MCWG only

Signature of Holder

SIGN. OF LICENSING AUTHORITY
DIO - BETTIAH

Issued on: 13-12-2018

DL: BR22 20180097455

Original LA : BR22
Old DL No :

Date of Issue : 13-12-2018

Class of Vehicles

Vehicle Class	Issue Date
LMV	13-12-2018
MCWG	13-12-2018

BR10DL01526594



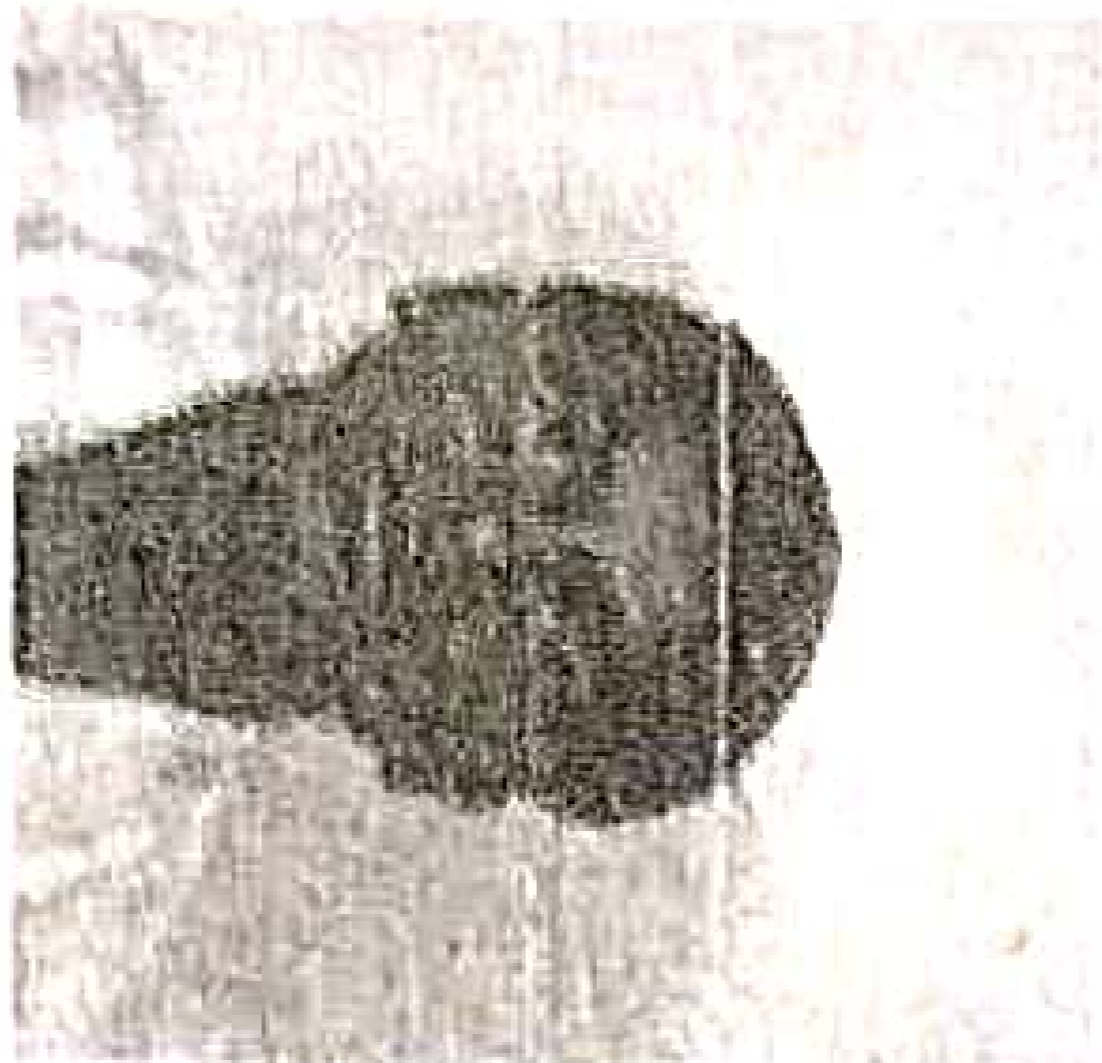
आयकर विभाग



भारत सरकार

INCOME TAX DEPARTMENT

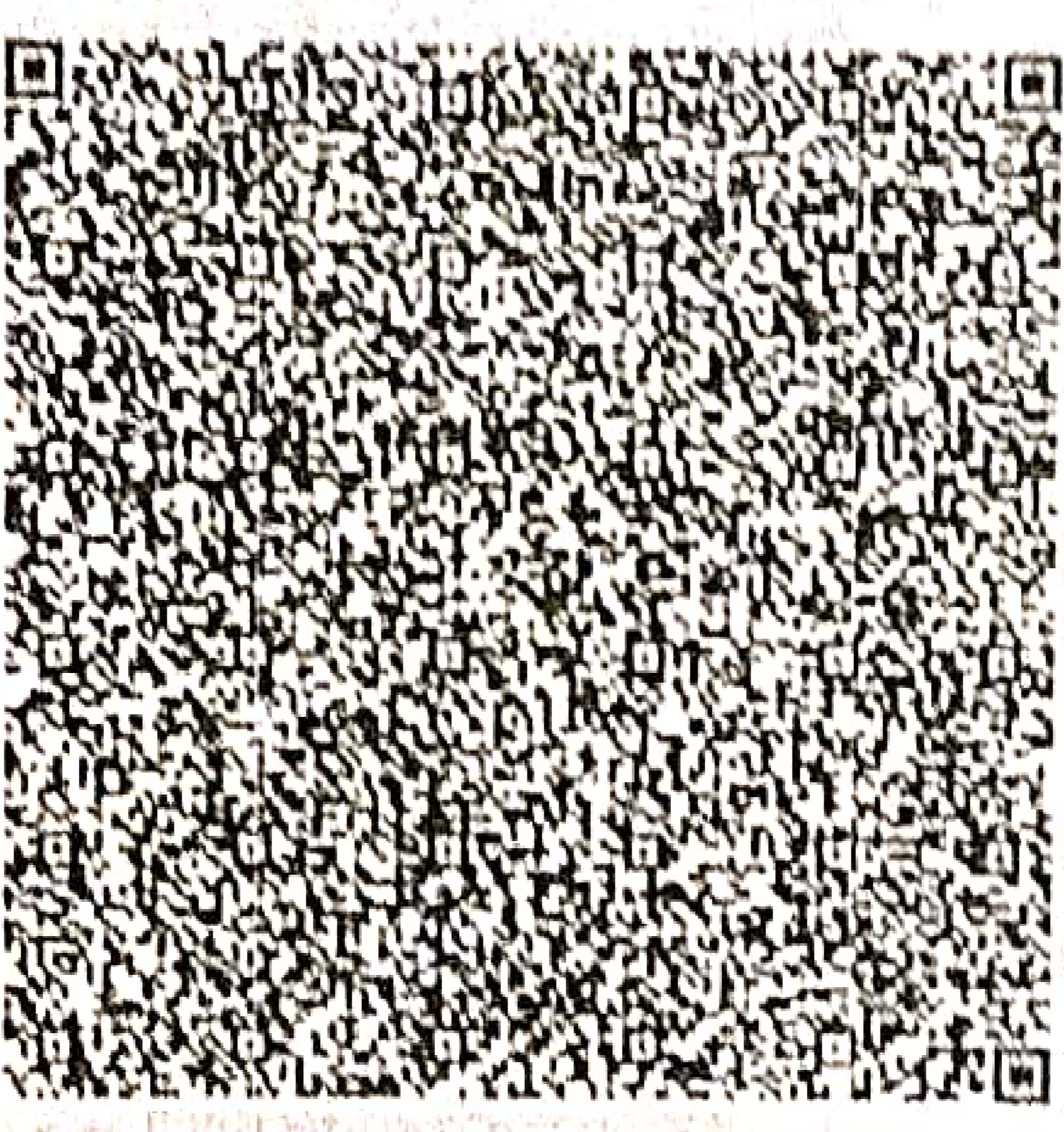
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

RBTPK9584E



नाम / Name

MUKESH KUMAR

पिता का नाम / Father's Name

DUKHI CHAUDHARY

जन्म की तारीख /

Date of Birth

02/02/2005

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

Electronically issued and Digitally signed ePAN is a valid mode of issue of Permanent Account Number Card.

Explanation: Provision after substitution (21) of Section 120A of Income Tax Act 1961

Aadhaar no. issued: 16/05/2005



भारत सरकार
Government of India

भारत सरकार

मुकेश कुमार
Mukesh Kumar
जन्म तिथि/DOB: 02/10/2005
पुरुष/ MALE



आधार पहचान का प्रमाण है, नागरिकता या उन्मूलन का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वरुआर कोड/
ऑनलाइन 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).

8623 5362 1066

भारत आदिता भेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पत्नी:
S/O दुक्की चौधरी, वॉर्ड नं 2, मधुबनी, मधुबनी, पश्चिमी
बंगाल,
बिहार - 845404

Address:
S/O Dukkhi Chaudhary, ward no 2,
Madhubani, PO: Madhubani, DIST: West
Champaran,
Bihar : 845404

8623 5362 1066

UID : 9157 3737 7099 1987

1047

UID help@uidai.gov.in