

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6863

Date 10/02/26

Name

Sakina

Add.

UP57CA0086

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5000/-	
②	Labor charge			400/-	
TOTAL				5400/-	

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.	Safina 8081001226
2	Vehicle No. / वाहन संख्या	UP57CA0086
3	Policy No. / पालिसी संख्या	252400/31/2026/45975
4	Period of Insurance / बीमा अवधि	18/10/2026 to 17/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/02/2026, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Kharkhata
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rhushbudin, UP5720240016835 7755858912
8	Estimated Loss / अनुमानित हानि	5400/-
9.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे माते खुशबुदिन लेकर मारने जा रहे थे लूरी अचानक मोड़ मर एक गाड़ी वर्किंग वाला सामने से आ रहा था वचते वक्त वह वाहन लेकर मेरे वाहन मर गिर गया तो वाहन मेरी जमेज 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.	912519 7140 Gupta automobile Padwan

- सफीना

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. 252400/31/2026/45975

Tel. No. _____

Period of Insurance 18/10/2026 to 17/10/2026
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 : Sakind
(b) Address for correspondence : _____
(c) Telephone : 8081201226

2. THE INSURED VEHICLE

Make & Year <u>Hu20/2025</u>	Engine No. <u>HAIIF7SHK28969</u> Chassis No. <u>MBLHAW401SHK50614</u>	Registration No. <u>UP57CA</u> <u>0086</u>
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- (a) Was the vehicle in proper working condition? Y/B
(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 : Shubhudin
 (b) Age : _____
 (c) Address : Pushnagar
 (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 : UP5720240016835
 (h) Issuing Authority : _____
 (i) Date of Expiry : 12/09/2034
 (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, 3:00 P.M
 (b) Place : Khakhatala
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी वाहन मेरे परिवार का रहेगी लगी मोड़ पर काम करेगी
 (e) If any third party was responsible for this accident give the name and address : वही शामिल है जो आ रहा था। छपाई वक्त वह जमीन लेगा मेरे वाहन पर फिर गया तो वाहन मेरी समेत हो गया।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : crupta automobile Pachaura

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 10/2/20 200

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 समीर
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and does not enter into any transaction specified in rule 114B

1. Full name and address of the declarant Sakina
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 10/02/26
Place : Podanur

Sakina
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

https://vahan.parivahan.gov.in/vahan/v



Registration No : UP57CA0086 Registration Date : 22-Oct-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 : SAKINA Son/wife/daughter of : KHUSHBUDIN
Full Address: (Permanent) : VILL-AKBAR, POST-BALKUDIA, THANA-NEBAU NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-AKBAR, POST-BALKUDIA, THANA-NEBAU NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 21-Oct-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 : AA2140319114 Rear HSRP No : AA2138242286
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
No of Cylinders : 1 Chassis No : MBLHAW481SHK50614
Engine No : HA11F7SHK28969 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : Black Heavy 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 : 18-Oct-2025 Sale Amt : 73764/-
OTT Date : 18-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100006148
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 02-Dec-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 22-Oct-2025 to 21-Oct-2040

Date : 16-Dec-2025 11:56:14

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 16-Dec-2025

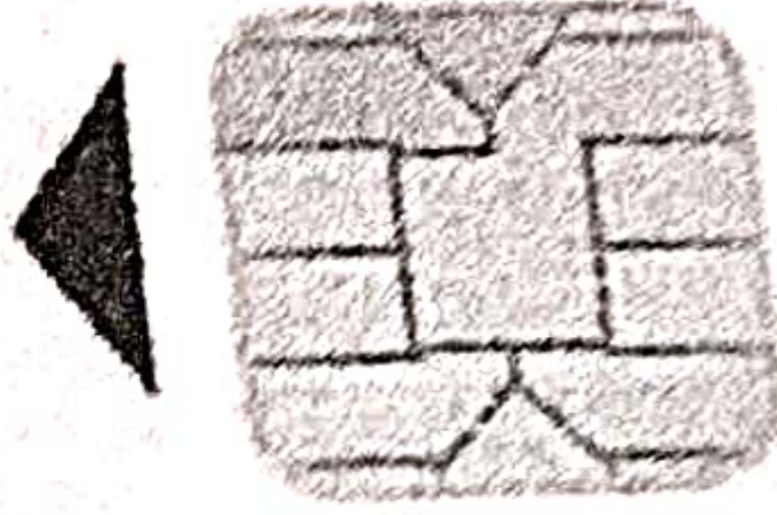
Q 6218728



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



UP57 20240016835



Issue Date Validity (NT) Validity (TR)*
13-09-2024 12-09-2034



Holder's Signature

13-09-2024
Date of First Issue

Name: **KHUSHBUDIN**
Date of Birth: **10-09-1988** Blood Group:
Son/Daughter/Wife of: **MAMIB** Organ Donor: **N**
Address:
**56 VILLAGE AKBARPUR BALKURIA TEJWALIA
PADRAUNA KUSHINAGAR UTTAR PRADESH 274304**

DL No: UP57 20240016835

UPDL000014228912



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	13-09-2024	NT				
LMV	UP57	13-09-2024	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

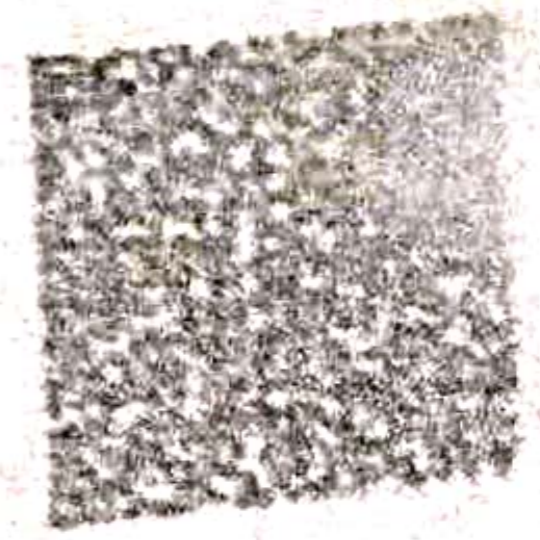
**Licensing Authority
UP57 KUSHINAGAR**



भारत सरकार
GOVERNMENT OF INDIA



सकीना
Sakina
जन्म तिथि/ DOB: 01/02/1989
महिला / FEMALE



8598 9526 1973



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O: खुशबुदीन, जंगल
अकबरपुर, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
W/O: Khushbudin, Jangal Akbarpur,
Kushinagar,
Uttar Pradesh - 274304

8598 9526 1973