

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6860** Date 10/02/26
Name Tumtum Patel
Add. UP57CA0091

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Front Rim			4800/-	
②	Handle			510/-	
③	Front Fork -	②		2300/-	
④	Labour charge			500/-	
			TOTAL	8110/-	

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.	Tumtum Patel, 7800345431
2	Vehicle No. / वाहन संख्या	UP57CA0091
3	Policy No. / पालिसी संख्या	252400/31/2026/45716
4	Period of Insurance / बीमा अवधि	17/10/2025 to 16/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/02/2026, 04:00 P.m
6	Place of Accident / दुर्घटना का स्थान	Naugamwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720230007950 9839823554, H. J. deesh,
8	Estimated Loss / अनुमानित हानि	8810/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरा आई हिरदेशा ब्रेक लेकर चौकड़े पर गया था वही ब्रेक खड़ी कर रखा था तभी एक ब्रेक वाले ने सामने से खर मार दिया जिसके अगला रिम डेमेज हो गया और ब्रेक निचे खिंचे की हंडल भी डेमेज हो गया।
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 Park, Nagamwa.

Date / दिनांक : 20/2/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
Tumtum Patel



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. 252400/31/2026/45716

Tel. No. _____

Period of Insurance 17/10/25 to 16/10/26

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 : Tuntem Patel
- (b) Address for correspondence : _____
- (c) Telephone : 7000345431

2. THE INSURED VEHICLE

Make & Year <u>Hesto/2025</u>	Engine No. <u>H A 11 F 7 S H G 2 6 5 7 9</u> Chassis No. <u>M B L H A W H 0 6 8 H G J 5 7 6 1</u>	Registration No. <u>UP 5 7 C A</u> <u>0 0 9 1</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 : Hirdesh
(b) Age : _____
(c) Address : Kushinagan.
(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 : UP5720230007950
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2041
(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, 04:00 P.M.
(b) Place : Naugomwa
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक गाड़ी मे एक गाड़ी वाले ने सामने खकर
(e) If any third party was responsible for this accident give the name and address : मार दिया मेरी सर्वक क्षतिगत हो गई!

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front
(b) Estimated cost of repairs : 8110/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padgauna

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? : PIA

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 2008

Signature of the insured गुड्डन ५२२

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. _____

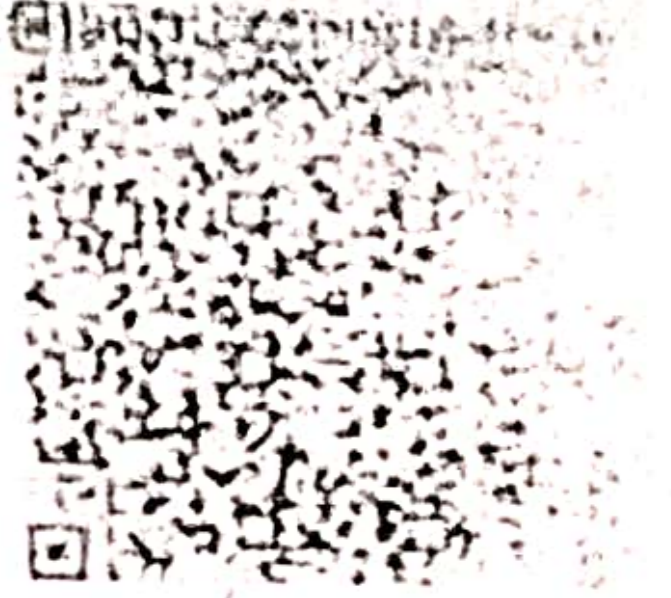
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *कुनकुन पटेल*
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 : UP57CA0091 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 : TUNTUN PATEL Son/wife/daughter of : SURY NRAYAN PATEL
 Full Address: (Permanent) : VILL-PAKDIYAR NAUGAVA, POST-DANDOPUR, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-PAKDIYAR NAUGAVA, POST-DANDOPUR, THANA-RAMKOLA, 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 : AA2140319117 Rear HSRP No : AA2138242289
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW486SHGJ5761
 Engine No : HA11F7SHG26579 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
 Sleeper 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 IDFC FIRST BANK LTD. PADRAUNA, . . . Kushinagar, Uttar Pradesh-274304 w.e.f. 22-Oct-2025.

Purchase dt : 18-Oct-2025 Sale Amt : 73764/-
 OTT Date : 18-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100006151
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Nov-2025

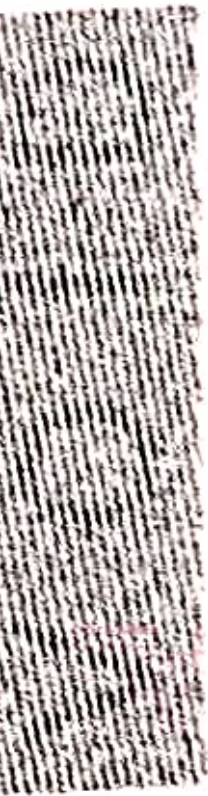
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

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

Date : 10-Dec-2025 11:55:47
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority :
Date : 16-Dec-2025

A.R. P. (Kushinagar, U.P.)



Q 6218726

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20230007950

Issue Date: 04-06-2025 Validity (NT): 31-12-2041 Validity (TR): 03-06-2030

Name: **HIRDESH**

Date of Birth: 01-01-2002 Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **SURYNRAYAN**

Address: **PAKDIYAR NAUGAWAN DANDOPUR KUSHINAGAR**
 Uttar Pradesh 274304

Date of First Issue: 02-06-2023

DL No: UP57 20230007950 UPDL571000015941

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	02-06-2023	NT			
LVV		UP57	02-06-2023	NT			
TRANS		UP57	04-06-2025	TR			
MVSD							

Emergency Contact Number

Licensing Authority

Form 7 Pt. (e) 16(2)



भारत सरकार
Government of India



टुनटुन पटेल
Tuntun Patel
जन्म तिथि: DOB: 01/01/1984
पुरुष/ Male

5036 3270 2062

मेरा आधार, मेरी पहचान

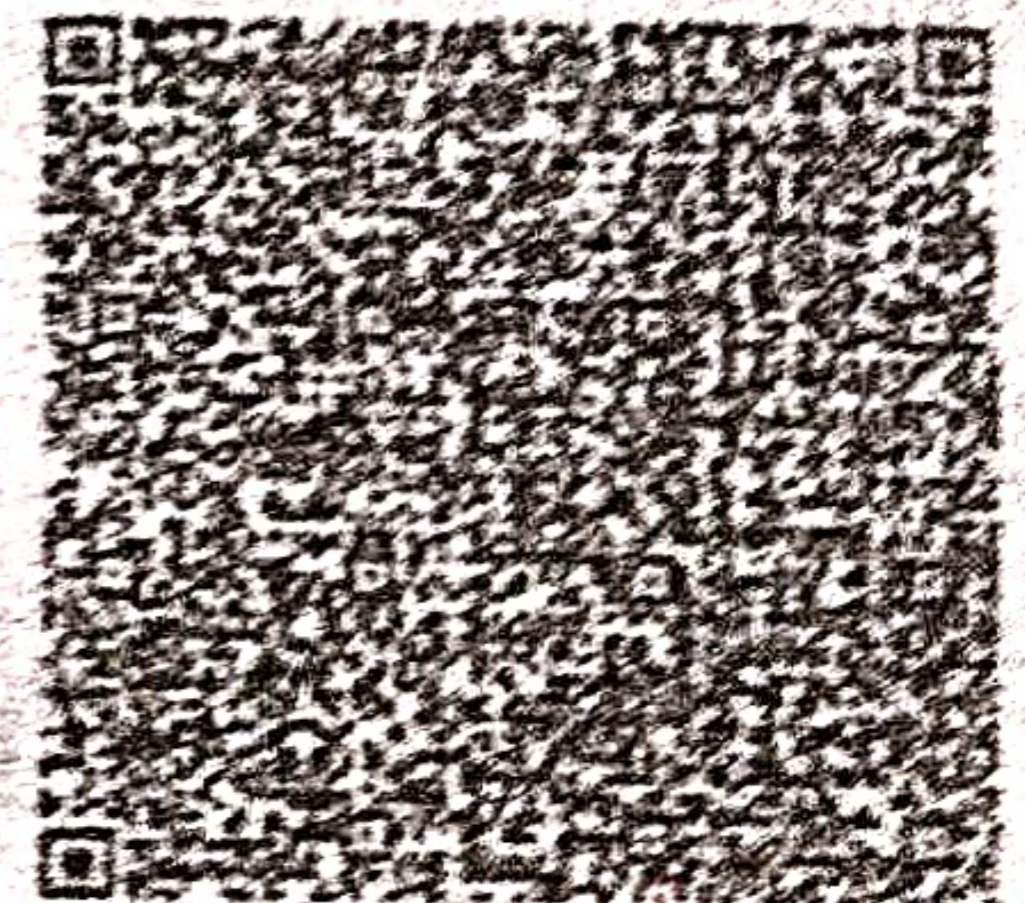


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता :
आत्मज: सूर्य नारायण पटेल पकड़ियार नौगावा दानपुर
कुशीनगर
उत्तर प्रदेश - 274304

Address :
S/D: Sury Narayan Patel pakdiyar
naugsava, Dandapur Kushinagar
Uttar Pradesh - 274304



5036 3270 2062

1947

help@uidai.gov.in

www.uidai.gov.in

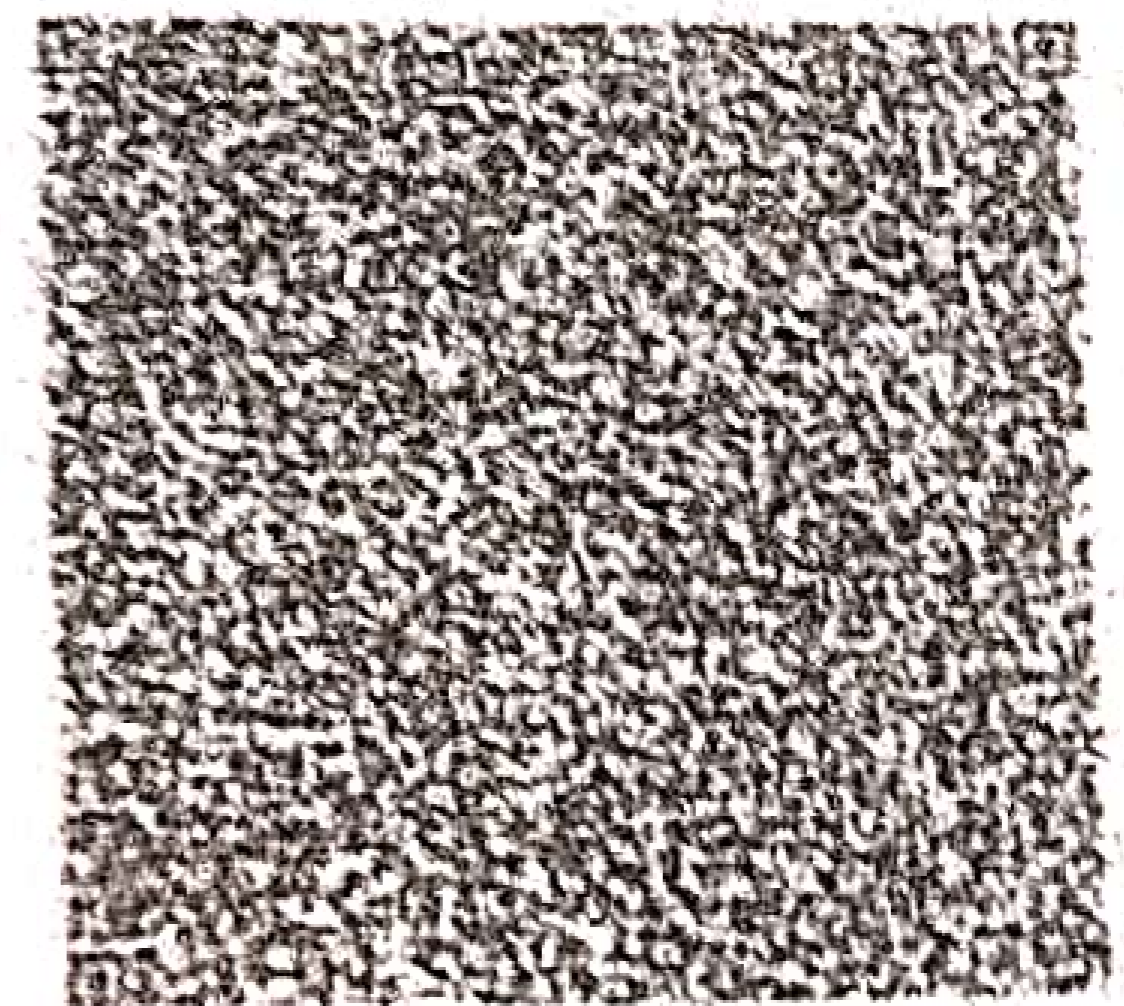
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

INKPP1608E



नाम / Name
TUNTUN PATEL

पिता का नाम / Father's Name
SURY NRAYAN PATEL

जन्म की तारीख /
Date of Birth
01/01/1998

14112024

PAE Application Digitally Signed. Card Not
Valid unless Physically Signed