

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6870**

Date 10/03/26

Name Ayman

Add. UP 57 BZ 25 73

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5500/-	
②	Fender			1450/-	
③	Labour charge			500/-	
			TOTAL	7450	

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.	Arman 9026462077
2	Vehicle No. / वाहन संख्या	UP57BZ2573
3	Policy No. / पालिसी संख्या	252400/31/2026/36266
4	Period of Insurance / बीमा अवधि	13/09/2025 to 12/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/02/2026, 9:30 A.M
6	Place of Accident / दुर्घटना का स्थान	Shimra Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Salim, UP5720240009505 6393091999
8	Estimated Loss / अनुमानित हानि	7450/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी मेरा भाई सलीम लेजर मास्केट जा रहा था। लगी अचानक सामने बगरी जा गाड़ी तो उसी को बचाते वक़्त दाहिने साईड लेजर गाड़ी गिरने से डमैज 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.	9125197118 crepta automobile Padma

Date / दिनांक : 10/02/26
हस्ताक्षर

ARMAN
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. 252400/31/2024/36266

Tel. No. _____

Period of Insurance 13/09/2025 to 12/09/2026
 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 : Arman
 (b) Address for correspondence : _____
 (c) Telephone : 9026462044

2. THE INSURED VEHICLE

Make & Year <u>Hu20/2025</u>	Engine No. <u>HAIIFBSHG143317</u> Chassis No. <u>MBLHAW33XSHG1B16</u> <u>96</u>	Registration No. <u>UP57BZ</u> <u>2573</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 : 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 : Salim

(b) Age : _____

(c) Address : Jaushinagar

(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? : N/A

(g) Driving Licence Number : UP5720240209505

(h) Issuing Authority : _____

(i) Date of Expiry : 31/12/2025

(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 : 9/02/2026, 9:30AM

(b) Place : Shimra Road

(c) Speed of vehicle at the time of accident : _____

(d) Give a short description of the accident : मेरी कार में गैर गाई लैंगर का टक्का लगी सामने के कार से टक्का लगा और कार में सड़िले गैर कार से टक्का लगा और कार में सड़िले गैर कार से टक्का लगा

(e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front side

(b) Estimated cost of repairs : 7950/-

(c) When and where can the damaged vehicle be inspected : Crucita automobili Pachrauna

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 10/02/26 200

Signature of the insured - ARMAN

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 ARMAN
Occupation
Address
.....
.....

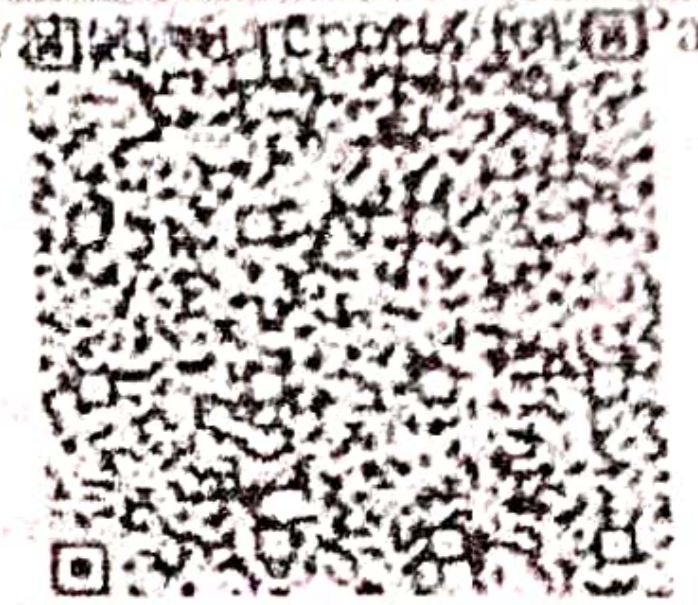
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ2573 Registration Date : 21-Sep-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 Son/wife/daughter of : MUNNA
 Full Address: (Permanent) : VILL- SEMARA HARDO, POST- KATHKUIYAN, THANA- KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL- SEMARA HARDO, POST- KATHKUIYAN, THANA- KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274303
 Fitness UpTo : 20-Sep-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 : AA1043459893 Rear HSRP No : AA2131515713
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW33XSHGB1696
 Engine No : HA11FB SHG43317 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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. 12-Sep-2025.

Purchase dt : 12-Sep-2025 Sale Amt : 86601/-
 OTT Date : 12-Sep-2025 Amount/Rcpt No : 8661 / UP57D25090001283
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Sep-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Sep-2025 to 20-Sep-2040

Date : 29-Dec-2025 17:09:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 29-Dec-2025

Q 6239095



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20240009505

Issue Date Validity (NT) Validity (TR)
31-05-2024 31-12-2045



(31-05-2024)

Holder's Signature

Date of First Issue

Name: SALIM

Date of Birth: 01-01-2006

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: MUBARAK

Address:

Khargwalya Semara Hardo Kushinagar
Uttar Pradesh 274303

DL No: UP57 20240009505

UPDL000013538878



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	31-05-2024	NT				
LMV	UP57	31-05-2024	NT				
MVSD							

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

GOVERNMENT OF INDIA



अरमान

Arman

जन्म तिथि / DOB: 01/01/2004

पुरुष / MALE

Issue Date: 22/09/2023

4131 4477 9500

मेरा आधार, मेरी पहचान

Download Date: 22/09/2023



भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: मुन्ना, सेमरा हरदो, कुशीनगर, उत्तर प्रदेश - 274303

Address:

S/O: Munna, Semara Hardo, Kushinagar, Uttar Pradesh - 274303



4131 4477 9500



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

आयकर विभाग

INCOME TAX DEPARTMENT

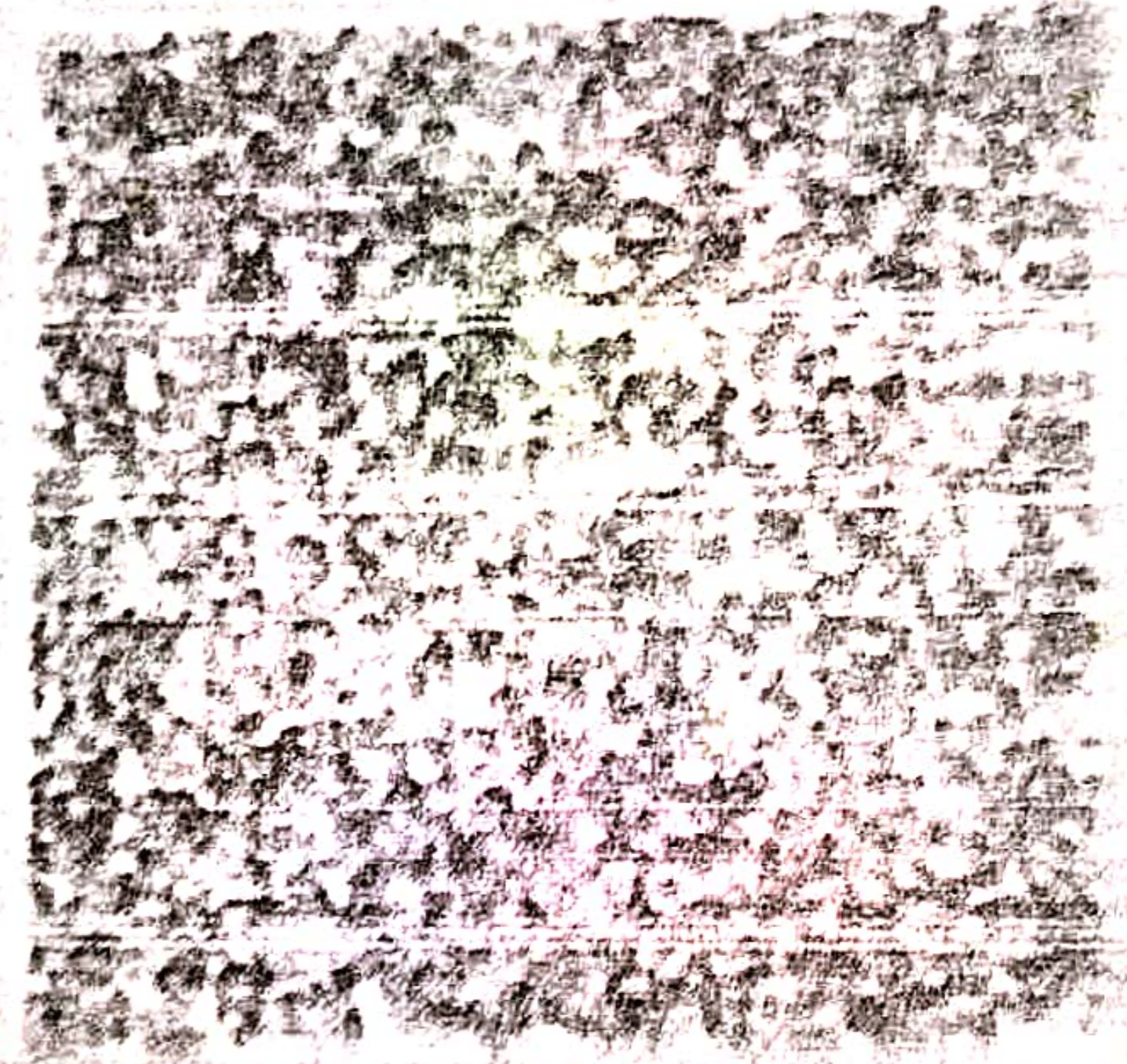


भारत सरकार

GOVT OF INDIA



व्यक्तिगत आयकर खाते का
Permanent Account Number Card
EXIPA4314Q



नाम / Name
ARMAN

पिता का नाम / Father's Name
MUNNA

जन्म का तिथि / Date of Birth
01/01/2004

ARMAN