

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **6874**Date 11/02/26Name RajanAdd. UP57CA0881

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	SOKAR PIPE (R+L)	—	—	2300/-	
②	Fender	—	—	1450/-	
③	visor	—	—	1000/-	
④	Mirror - (R)	—	—	290/-	
⑤	Handle	—	—	900/-	
⑥	Labor charge	—	—	600/-	
TOTAL				6570/-	

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.	Rajan 9779490316
2	Vehicle No. / वाहन संख्या	UP57CA0281
3	Policy No. / पालिसी संख्या	252400/31/2026/44977
4	Period of Insurance / बीमा अवधि	17/10/2025 to 16/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/02/2026, 10:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Palradiyax Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Romush, UP5720230004058 9793757854
8	Estimated Loss / अनुमानित हानि	6570/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरी मद्रासी ब्रेमडा लेमर रिस्तेवारी जा रहे थे। तभी डाचानाम एक वाहन वाला सामने से लकमर मार दिया तो वाहन मेरी डामेज 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 : 11/02/26
हस्ताक्षर

राजन
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 _____
 Tel. No. _____

Certificate/Policy No. 252100/31/2026/44977
 Period of Insurance 17/10/2025 to 16/10/2026
 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 : Rajan
 (b) Address for correspondence : _____
 (c) Telephone : 9779490316

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAIIF750FI7211</u> Chassis No. <u>MBLHAW48950F052</u> <u>97</u>	Registration No. <u>UP57CA</u> <u>0081</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 : Ramish
(b) Age : _____
(c) Address : frustanagar
(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 : UP5720230004058
(h) Issuing Authority : _____
(i) Date of Expiry : 16/03/2033
(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, 10:00AM
(b) Place : Pokadiyar Bazar
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी गाड़ी में मुझे सीट बेल्ट नहीं लगा रहा था तभी एक बड़ी गाड़ी ने मुझे टक्कर मारी।
(e) If any third party was responsible for this accident give the name and address : विक्रम कुमार सिंह, राधाकृष्णनगर, इंदौर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front side
(b) Estimated cost of repairs : 6570/-
(c) When and where can the damaged vehicle be inspected : Omika automobiles Radhauna

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? : _____
- (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 रविश

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
.....
.....

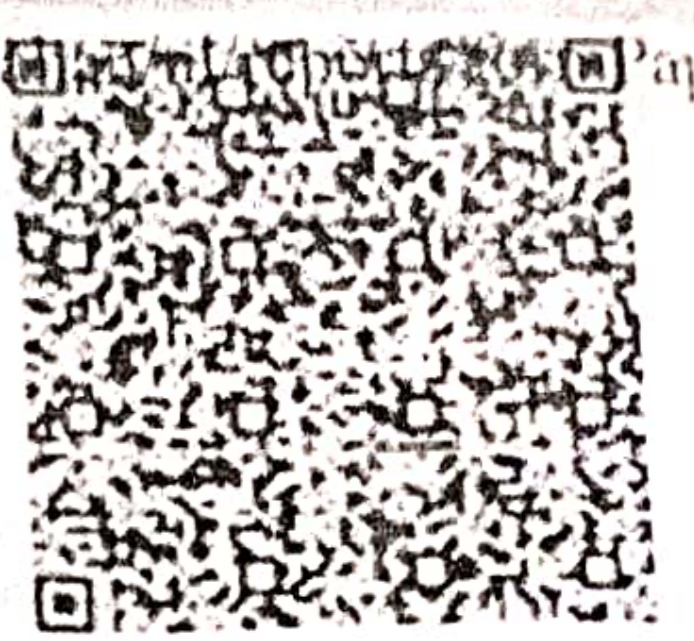
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA0881 Registration Date : 23-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 : RAJAN Son/wife/daughter of : SAMA
 Full Address: (Permanent) : VILL- HOUSE NO.155MANSACHHAPRA, POST- NEBUARAIGANJ, THANA-
 HANUMANGANJ, KUSHINAGAR, UTTAR PRADESH-274802
 Full Address: (Temporary) : VILL- HOUSE NO.155MANSACHHAPRA, POST- NEBUARAIGANJ, THANA-
 HANUMANGANJ, KUSHINAGAR-UTTAR PRADESH-274802
 Fitness Up To : 22-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 Rear HSRP No : AA2141825434
 Front HSRP No : AA2140321350 Month/Year of Manuf. : 06/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW489SGF05597
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11F7SGF17211 Cubic Capacity : 97.20
 Horse Power(BHP) : 8.17 Wheel base : 1235
 Maker's Classification : SPLENDOR+ (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 113
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 243
 Colour : Black Heavy Grey AC Fitted : NO
 Other Criteria :
 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 : 17-Oct-2025 Sale Amt : 73764/-
 OTT Date : 17-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100006951
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 03-Dec-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

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

A.T.O. (A)
Kushinagar (U.P.)
 Signature of Registering Authority
 Date : 09-Jan-2026



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20230004058

Issue Date 17-03-2023
Validity (NT) 16-03-2033

Validity (TR) _____



Holder's Signature

Date of First Issue (17-03-2023)

Name: RAMESH
Date of Birth: 01-02-1993 Blood Group:
Son/Daughter/Wife of: SITARAM
Address: mansha chhapra Nebua Rai Ganj
Kushinagar Uttar Pradesh 274802

Organ Donor: N

UPDL000010485953

DL No: UP57 20230004058



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	17-03-2023	MT			
LMV		UPS7	17-03-2023	MT			
MVSD							

Emergency Contact Number

Licensing Authority
UPS7 KUSHNAGAR

Form 7 Rule 16(2)

संघन संस्कृत
Government of India



राजन
Rajen
जन्म तिथि/DOB: 05/03/1992
पुरुष / MALE



7246 6941 5449

मेरा आधार, मेरी पहचान

संघन संस्कृत
Unique Identification Authority of India

पता:
S/O Sama, H.No. 155, एनएच-
28बी, मंशा छपरा, नेबुआ गढ़ राज,
कुशीनगर,
उत्तर प्रदेश - 274802

Address:
S/O Sama, H.No. 155, NH-28B,
Mansha Chhapra, Nebua Rai
Ganj, Kushinagar,
Uttar Pradesh - 274802

7246 6941 5449

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

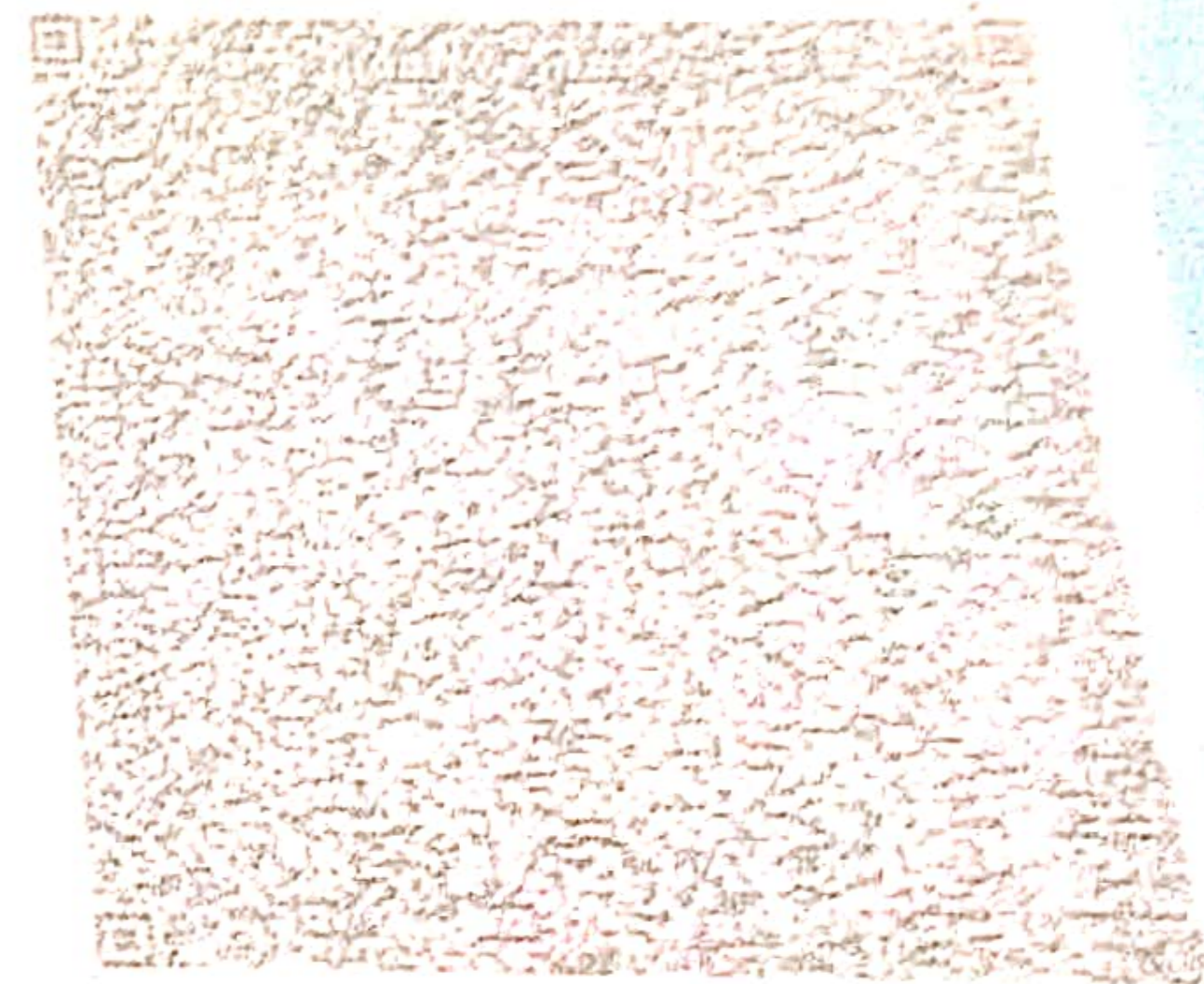


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GKAPR1273Q



नाम / Name
RAJAN

पिता का नाम / Father's Name
SAMA

जन्म तिथि / Date of Birth
05/03/1992

हस्ताक्षर / Signature

नाम