

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6878

Date 11/02/26

Name

Sanjay Kumar Sharma

Add.

UP 57132 3404

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1450/-	
②	Labor charge			200/-	
TOTAL				1650/-	

Authorised Signatory

[Signature]

LNH

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.	Sanjay Kumar Sharma 9828586658
2	Vehicle No. / वाहन संख्या	UP57 BZ3404
3	Policy No. / पालिसी संख्या	252402/31/2026/37288
4	Period of Insurance / बीमा अवधि	24/09/2025 to 23/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/02/2026, 02.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Padrauma
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Pradup Kumar, UP57201400 9838762746 22652
8	Estimated Loss / अनुमानित हानि	1650/-
09.	Cause of Accident / दुर्घटना का कारण : मेरे दोस्त प्रदीप वर्मा मेरी अइक लेकर मारुई किसी काम रहे जा रहे थे एक अइक वाले के कामे रहे अकट मर दिवा जिले के कारक का मोटरगाडि डेमेज हो गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	9125197148 Gupta automobile Padrauma

Date / दिनांक : 11/02/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
श. Sanjay Sharma



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. 252400/31/2026/37288
 Period of Insurance 24/09/2025 to 23/09/2026
 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 : Sanjay Kumar Sharma
 (b) Address for correspondence : _____
 (c) Telephone : 9020506658

2. THE INSURED VEHICLE

Make & Year <u>Hu60/2025</u>	Engine No. <u>MATIF6SHG102700</u> Chassis No. <u>MBLHAW471SH061485</u>	Registration No. <u>UP57B2</u> <u>3404</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
 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 : Pradeep Verma
 (b) Age :
 (c) Address : Kushinagar
 (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 : UP57 2014 OD 22652
 (h) Issuing Authority :
 (i) Date of Expiry : 07/07/2032
 (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 : 10/02/2026, 07:30 PM
 b) Place : Padrauna
 c) Speed of vehicle at the time of accident :
 d) Give a short description of the accident : मेरे वाहन कई मल्लिकार जा रहे थे एक बस का टर्न करने के
 e) If any third party was responsible for this accident give the name and address : सामन से बस का टर्न दिया जिससे बस का मोटर बस
 डामन हो गया

6. DAMAGE TO INSURED VEHICLE

- a) Full details of damage : Front
 b) Estimated cost of repairs : 1650/-
 c) When and where can the damaged vehicle be inspected : Gupta automobile Padrauna

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 11/02/26 200

Signature of the insured Sanjay Sharma

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
Where Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Sanjay Sharma*
Occupation
Address
.....
.....

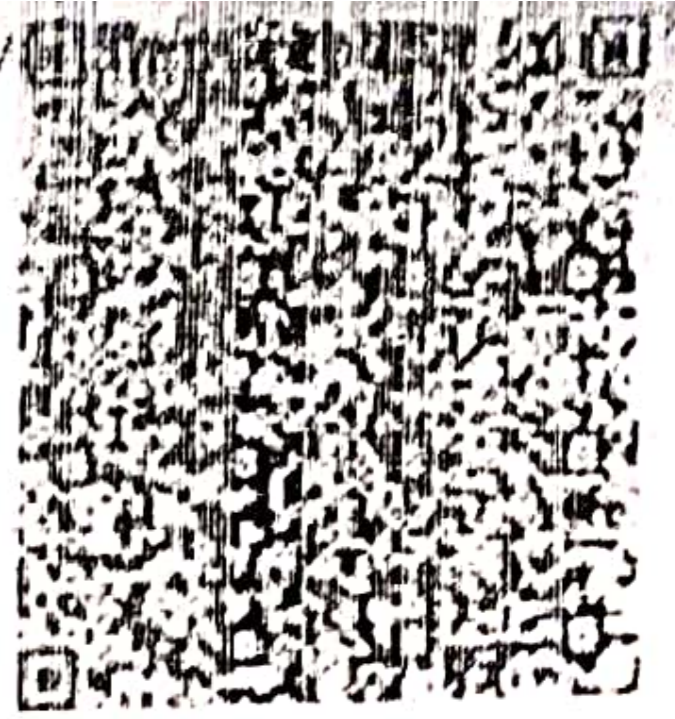
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ3404 Registration Date : 27-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 : SANJAY KUMAR SHARMA Son/wife/daughter of : OM PRAKASH SHARMA
 Full Address: (Permanent) : GANDHI NAGAR DHARMDHALA ROAD, WARD NO-20 PADRAUNA POST-PADRAUNA
 THANA- PADARUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : GANDHI NAGAR DHARMDHALA ROAD, WARD NO-20 PADRAUNA POST-PADRAUNA
 THANA- PADARUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 26-Sep-2040 Owner Serial No : 1
 Detailed Description : M-CYCLE/SCOOTER Link Vehicle No :
 Class of Vehicle : INDIVIDUAL Norms : BHARAT STAGE VI
 Ownership : HERO MOTOCORP LTD
 Maker's Name : AA1043460128 Rear HSRP No : AA2131515949
 Front HSRP No : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 Type of Body : 1 Chassis No : MBLHAW471SHGC1485
 No of Cylinders : HA11E6SHG02700 Fuel : PETROL
 Engine No : 8.17 Cubic Capacity : 97.20
 Horse Power(BHP) : SPLENDOR+ 01 EDITION (D Wheel base : 1235
 Maker's Classification RS) : 2 Standing Cap : 0
 Seating Cap(in all) : 0 Unladen Wt (kgs) : 113
 Sleeper Cap : MATT GREY Laden/GV Wt (kgs) : 243
 Colour : AC Fitted : NO
 Other Criteria : 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.

Purchase dt : 24-Sep-2025
 OTT Date : 24-Sep-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 14-Oct-2025

Sale Amt : 74995
 Amount/Rcpt No : 7500 UPSTD25090002235
 Tax Exempted or Not : NOT EXEMPTED

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

This certificate is valid from 27-Sep-2025 to 26-Sep-2040

Signature of Registrar
 Date: 11-Nov-2025

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20140022652



जारी करने की तिथि
Date of Issue

14/11/2014

वैधता / Validity

08/07/2032

जन्म तिथि
Date of Birth

09/07/1982

Blood Group

UNKNOWN



नाम / Name

PRADEEP VERMA

पिता/पति का नाम / Son/Daughter/Wife of

GULAB VERMA

UP57 20140022652

UP02156972RS



LMV

14/11/2014



MCWG

14/11/2014



Form 7 Rule 16(2)

पता / Address

R/O-JAI PRAKASH NAGAR PADRAUNA,
PADRAUNA
KUSHINAGAR 274304

प्रदीप वर्मा

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR

भारत सरकार
GOVERNMENT OF INDIA



शुभम सुभाष शर्मा
SANJAY KUMAR SHARMA
जन्म तिथि/DOB: 05/07/1980
लिंग/ GENDER: MALE

विशेष नोट: 2019/01/01

4415 2613 3720

VID: 9120155158939052

आर्य समाज, आर्य परिवार

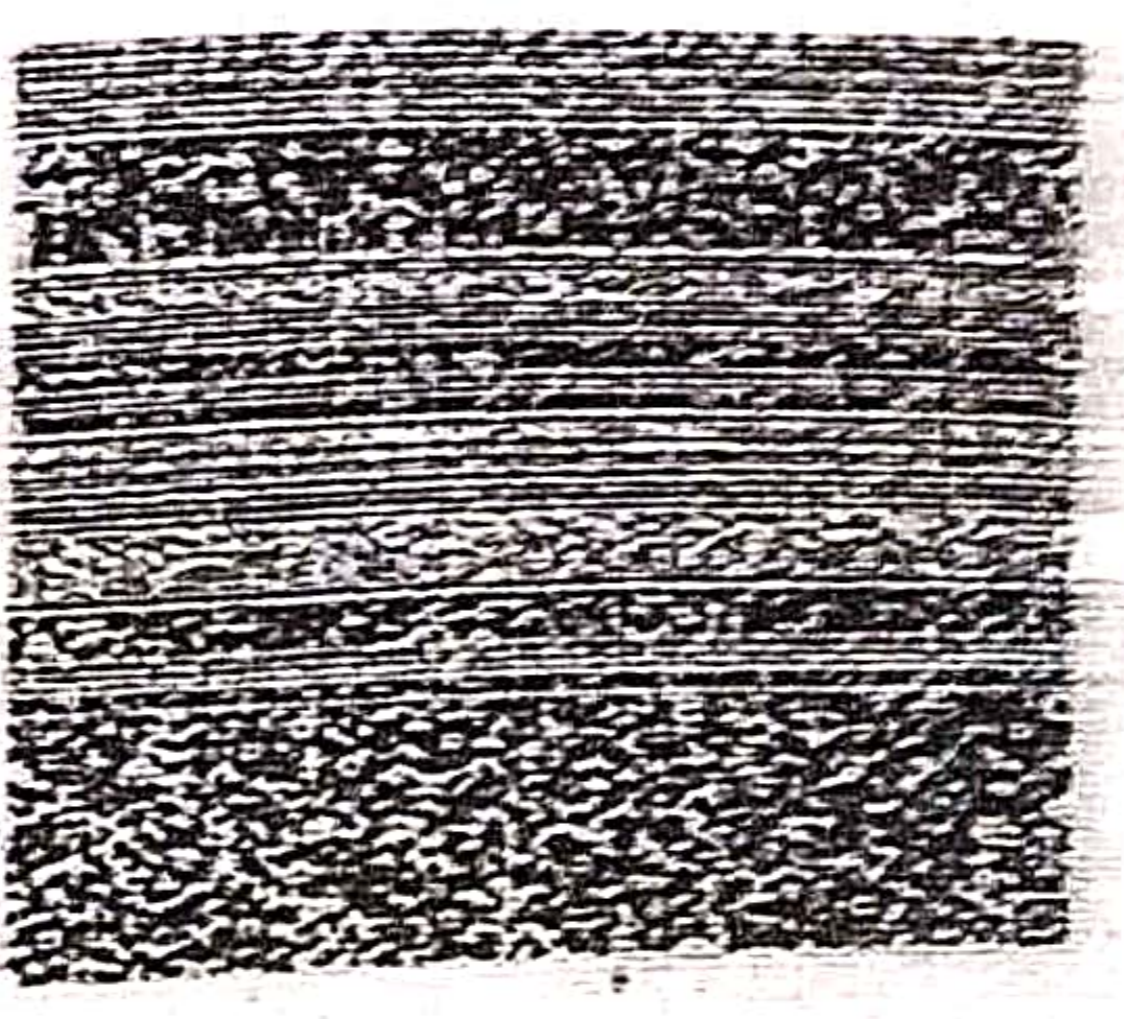


भारत निर्वाचन आयोग
Unique Identification Authority of India



पते:
S/O: शुभम सुभाष शर्मा, 74, धर्मशाला रोड, गान्धी नगर
वार्ड, पोस्ट 20, वार्ड, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Om Prakash Sharma, 74,
DHARMSHALA ROAD, GANDHI NAGAR
PADRAUNA, WARD 20, Padrauna,
Kushinagar,
Uttar Pradesh - 274304



4415 2613 3720

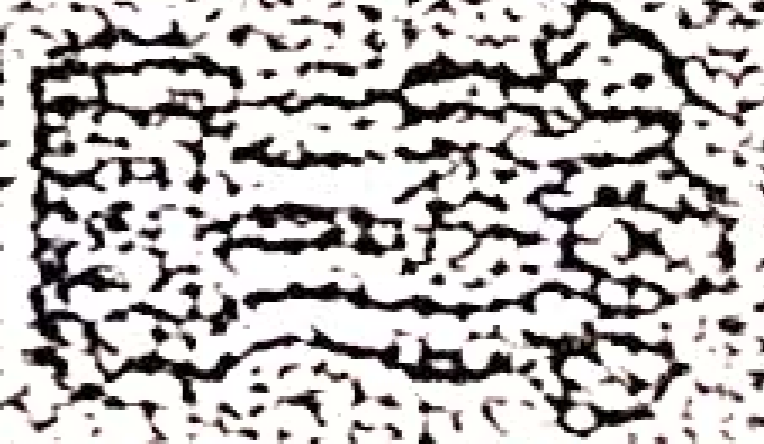
VID: 9120155158939052

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शुद्ध पत्र

शुद्ध पत्र

INCOME TAX DEPARTMENT



GOVT. OF INDIA

SANJAY KUMAR SHARMA

OM PRAKASH SHARMA

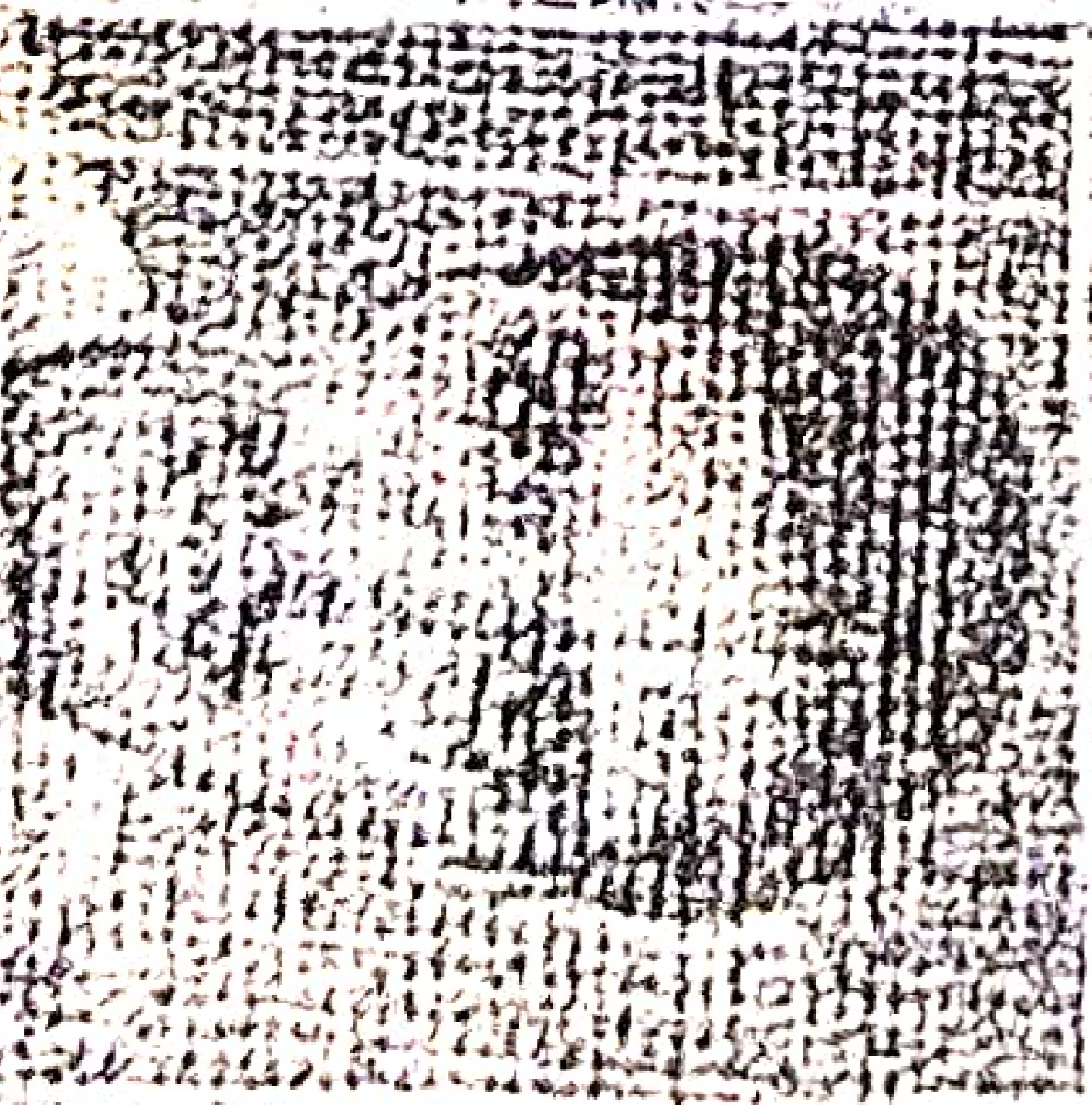
05/07/1980

Permanent Account Number

BRMPS40026

Sanjay Sharma

Signature



16012009