

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6841Date 18/02/26

Name

Sangeeta Devi

Add.

UP 57 B 26119

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1450/-	
②	Front Rim			4000/-	
③	Chassis Repair			2000/-	
④	visor			1265/-	
⑤	M/L			3500/-	
⑥	M/L stand			280/-	
⑦	Side Panel (L)			780/-	
⑧	Lever (L)			105/-	
⑨	Mirror (R+L)			430/-	
⑩	Sokor (R+L)			2300/-	
⑪	Handle			510/-	
⑫	Handle T			980/-	
⑬	Lock set			380/-	
⑭	Labor charge			1000/-	
				/	
			TOTAL	20440/-	

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.	Sangeeta Devi 9651053005
2	Vehicle No. / वाहन संख्या	UP57B246119
3	Policy No. / पालिसी संख्या	252400/31/2026/40697
4	Period of Insurance / बीमा अवधि	6/10/2025 to 5/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/02/2025, 1:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Ghooghali petrol pump
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	7398317968, UP5319965321 Ajai 582
8	Estimated Loss / अनुमानित हानि	20440/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी बाइक मेरे देवर शैलेश प्राणमति लैमर रिस्तेवारी जा रहे थे तभी अचानक सामने से एक बाइक आता तुम्हारे मार दिया तो बाइक मेरी बायें साईड गिरी से बाइक 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.	9125197170 Gupta automobile Paschim

Date / दिनांक : 12/02/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

संगिता देवी



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. 252400/31/2026/40697

Tel. No. _____

Period of Insurance 6/10/2025 to 5/10/2026
 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 : Songata Devi
 (b) Address for correspondence : _____
 (c) Telephone : 9651053005

2. THE INSURED VEHICLE

Make & Year <u>M-120/2025</u>	Engine No. <u>HA11FB SHJ57265</u> Chassis No. <u>MBLHAW335SHJ564</u> <u>21</u>	Registration No. <u>UP57BZ</u> <u>6119</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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ajai Kumar Singh
(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 : UP5319965821582
(h) Issuing Authority :
(i) Date of Expiry : 30/08/2030
(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, 1:30 P.M
(b) Place : Catheogbali Petrol pump
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : मेरी वाहन मेरे ड्राइवर ले कर जा रहे थे तभी सामने से एक वाहन आया जो वाहन मेरी बायें साइड गिरी से टकराया जो वाहन

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage. : Front end side
(b) Estimated cost of repairs : 20440/-
(c) When and where can the damaged vehicle be inspected : Omptu automobile Padgaon

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? : _____
(d) If yes, to which Police Station? : _____ N/A _____
(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 12/02/2000

Signature of the insured



सावित्री देवी

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office

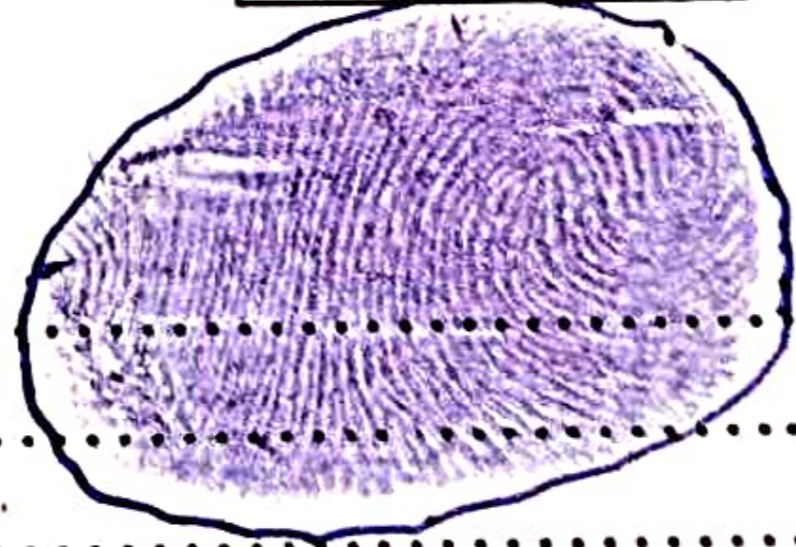


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



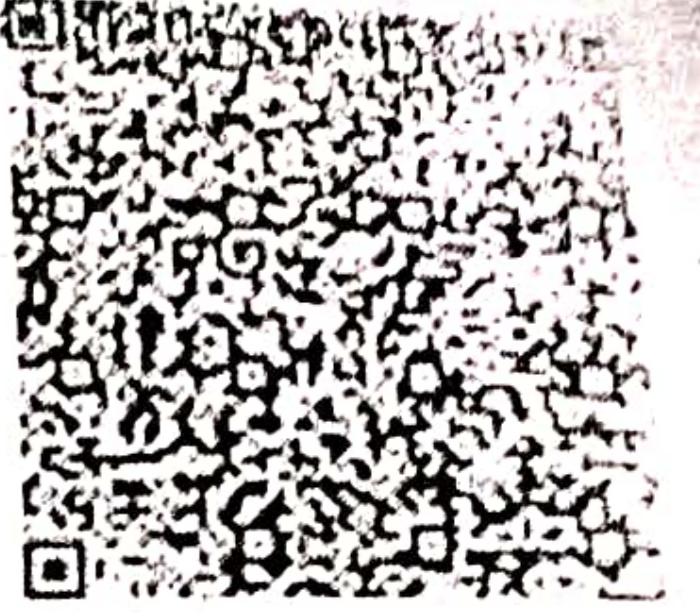
संगिता देवी

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 : UP57BZ6119
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 10-Oct-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : SANGEETA DEVI
Son/wife/daughter of : RAJU PRAJAPATI
Full Address: (Permanent) : VILL-MORWAN, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305
Full Address: (Temporary) : VILL-MORWAN, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305
Fitness UpTo : 09-Oct-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Norms : BHARAT STAGE VI
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Rear HSRP No : AA2133719782
Front HSRP No : AA2133086612
Month/Year of Manuf. : 09/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW335SHJ56421
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11FBSHJ57265
Cubic Capacity : 97.20
Horse Power(BHP) : 8.17
Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 112
Sleepar Cap : 0
Laden/GV Wt (kgs) : 242
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)

Table with 3 columns: By Manuf., Description, As Regd. Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LIMITED GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 06-Oct-2025.

Purchase dt : 06-Oct-2025
OTT Date : 06-Oct-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 13-Nov-2025
Sale Amt : 80517/-
Amount/Rcpt No : 8052 / UP57D25100002071
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

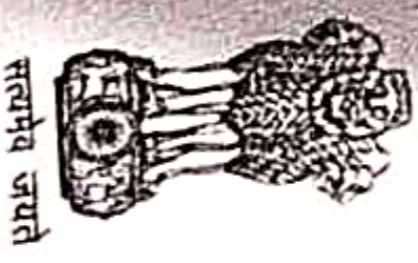
This certificate is valid from 10-Oct-2025 to 09-Oct-2040

Date : 16-Dec-2025 12:48:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 16-Dec-2025





**Indian Union Driving Licence
Issued by Government of UTTAR PRADESH**



UP53 19965321582

Issue Date 26-05-1996 Validity(NT) 30-07-2030 Validity (TR)* 08-01-2031



26-05-1996

Holder's Signature

Name: AJAI

Date of Birth: 18-03-1971

Blood Group:

Organ Donor: N

Son / Daughter / Wife of: SHRI BYAS

Address:

Vill - Morawan A Po - Ramkola Ps Ramkola Hata, Kushinagar 274305

Date of First Issue

DL No : **UP53 19965321582**

DLUP00124731



Invalid Carriages (Regn. Numbers)*

Hazardous Validity* Hill Validity*
00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP53	26-05-1996	NT		00-00-0000	
	LMV	UP53	26-05-1996	NT		00-00-0000	
	TRANS	UP53	11-07-2003	TR		00-00-0000	
	MVSD		--			--	
			--			--	
			--			--	

Emergency Contact Number

Licensing Authority
Kushinagar



भारत सरकार
Government of India



संगीता देवी
Sangeeta Devi
जन्म तिथि / DOB : 01/01/1980
महिला / Female



9394 5039 8651

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
अर्धांगिनी: राजू प्रजापति, मोरवन,
कुशीनगर, रामकोला, उत्तर प्रदेश,
274305

Address:
W/O: Raju Prajapati, Morwan,
Kushinagar, Ramkola, Uttar
Pradesh, 274305

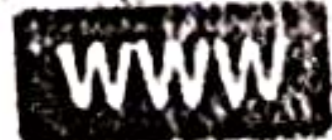
9394 5039 8651



1947
1800 300 1947

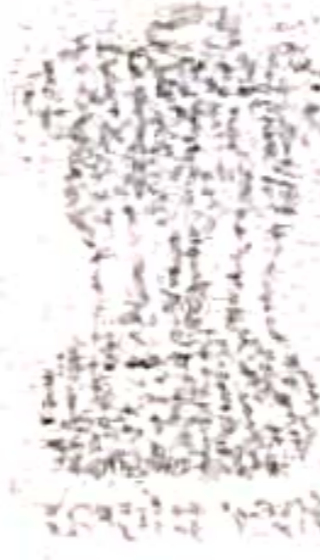


help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

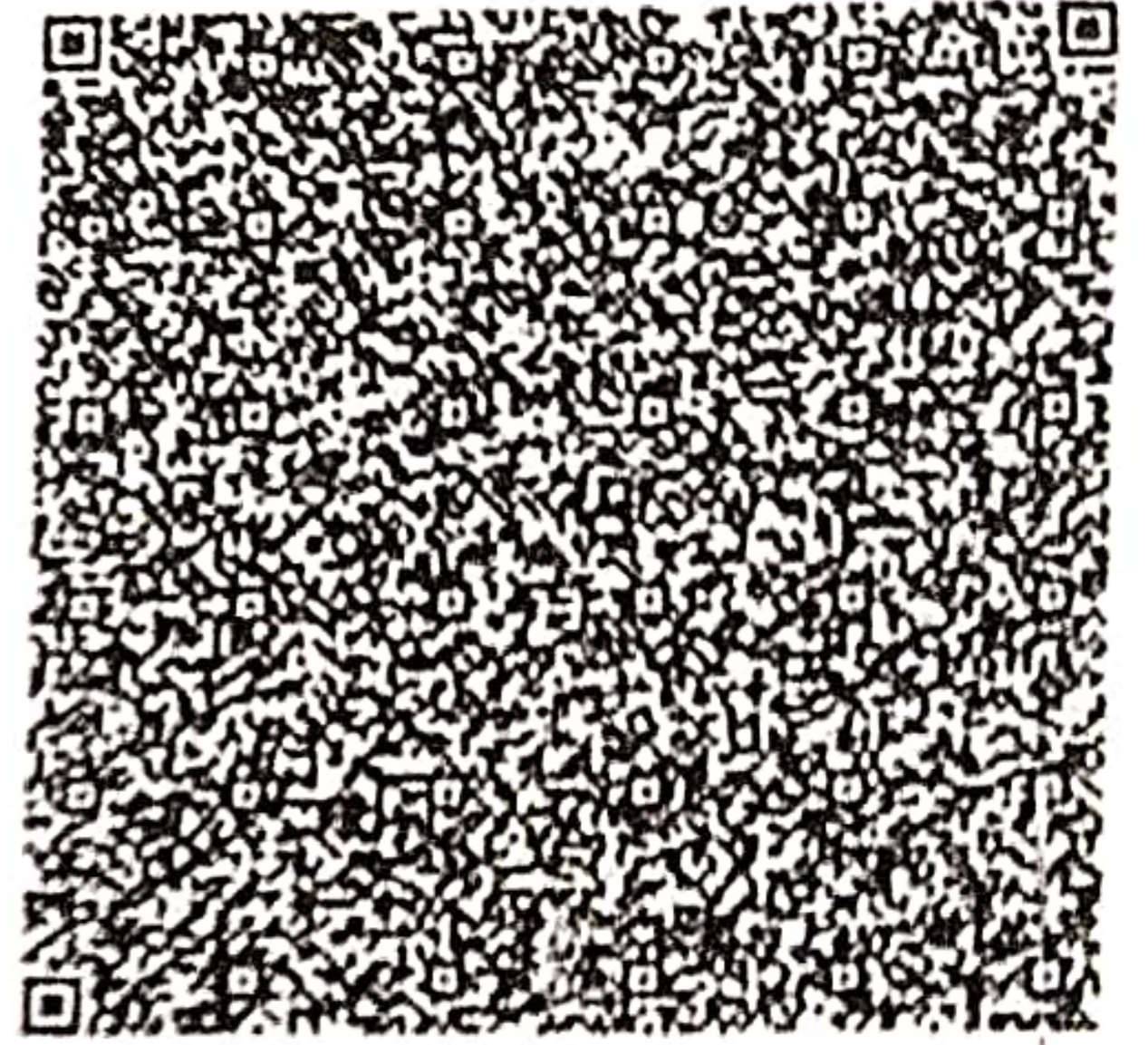


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


IYFPD7547Q



नाम / Name
SANGEETA DEVI

पिता का नाम / Father's Name
RAMAKANT

जन्म की तारीख /
Date of Birth
01/01/1980


हस्ताक्षर / Signature

29072023