

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

Date 12/02/26

Name

6865 Yashpal Yadav

Add.

UP 57 BY 7306

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	UPPER - (R)			1060/-	
②	Lower - (R)			3800/-	
③	Fender			1550/-	
④	visor			550/-	
⑤	w/s			580/-	
⑥	mirror - (R)			320/-	
⑦	Body cover - (R)			2900/-	
⑧	Handle			850/-	
⑨	Solex (RHL)			3200/-	
⑩	visor inner			400/-	
⑪	Lever - (R)			125/-	
⑫	Fork			1850/-	
⑬	Labor charge			800/-	
				1	
			TOTAL	17985/-	

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.	Yashpal Yadav 7355165383
2	Vehicle No. / वाहन संख्या	252 UP57BY 7306
3	Policy No. / पालिसी संख्या	252400/31/2026/28013
4	Period of Insurance / बीमा अवधि	15/07/2025 to 14/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/02/2026, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Saraha Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Yashpal Yadav, UP572012000 4572
8	Estimated Loss / अनुमानित हानि	17985/-
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी स्मूली लेकर ठोकी तो मातलैज छोड़ने जा रहे थे। तभी रोड पर मन्ना गिरा था तो स्मूली मेरी स्लिम होकर दाहिने साईड गिरने से स्मूली 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 automobiles Padmauna

Date / दिनांक : 12/02/26
हस्ताक्षर

यशपाल यादव
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. 252400/31/2026/28013

Tel. No. _____

Period of Insurance 15/07/2025 to 14/07/2026
 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 : Yashpal Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 7355165383

2. THE INSURED VEHICLE

Make & Year <u>HR06/2025</u>	Engine No. <u>ECD00196A06487</u> Chassis No. <u>MBLCEW05056A00019</u>	Registration No. <u>UP57BY</u> <u>7306</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? NO
 (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 : Yashpal Yadav
 (b) Age : Kushinagar
 (c) Address : Kushinagar
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
 (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 : UP5720120004572
 (h) Issuing Authority :
 (i) Date of Expiry : 27/12/2039
 (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 : 11/02/2026, 10:00 AM
 (b) Place : Sapaha Road
 (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 :
मै अपनी समूची निम्न जा रहा था तभी रोड मर जाना।
 गिरने में वजह से समूची निम्न मर दिने सड़क गिर
 जड़ कर उभरे हो गये।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 17985/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Poochana

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 12/02/26 200

Signature of the insured यशपाल यादव

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 यशपाल यादव

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 : UP57BY7306
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304
 Owner Name : YASHPAL YADAV
 Full Address: (Permanent) : VILL-BARWA BAZAR, POST-SEKHWANIYA BUJURG, THANA-KASYA, KUSHINAGAR, UTTAR PRADESH-274402
 Full Address: (Temporary) : VILL-BARWA BAZAR, POST-SEKHWANIYA BUJURG, THANA-KASYA, KUSHINAGAR-UTTAR PRADESH-274402
 Fitness UpTo : 14-Jul-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2113222081
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 0
 Engine No : ECD001S6A06487
 Horse Power(BHP) : 8.04
 Maker's Classification : VIDA V2 LITE
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : SPORTS RED GLOSSY
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 15-Jul-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SUDAMA YADAV
 Owner Serial No : 1
 Link Vehicle No :
 Norms : Not Available
 Rear HSRP No : AA2116226510
 Month/Year of Manuf. : 01/2025
 Chassis No : MBLCEW058S6A00019
 Fuel : PURE EV
 Cubic Capacity : 0.00
 Wheel base : 1301
 Standing Cap : 0
 Unladen Wt (kgs) : 114
 Laden/GV Wt (kgs) : 264
 AC Fitted : NO

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 : 15-Jul-2025
 Sale Amt : 105000/-
 OTT Date :
 Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 18-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Jul-2025 to 14-Jul-2040

Date : 26-Jul-2025 14:38:16
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 A.RTO, (M)
 Kushinagar, U.P.
 Date : 26-Jul-2025

Q 4475915

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20120004572



नाम/नाम की तिथि
Date of Issue
04/04/2012

शेषता / Validity
(UP) 24/12/2029

जन्म तिथि
Date of Birth
25/12/1979

रक्त समूह
Blood Group
UNKNOWN



नाम / Name
YASHPAL YADAV

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

SUDAMA YADAV

UP57 20120004572



LMV
04/04/2012



MCWG
04/04/2012

UP04471002RS



पता / Address

BARWA BAZAR
SAKHWANIYA
KUSHINAGAR

Holder's Signature

नाम/नाम / Issuing Authority Sign

KUSHINAGAR

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

YASHPAL YADAV

SUDAMA YADAV

25/12/1979

Permanent Account Number

AKFPY0337B

यशपाल यादव

Signature



18172013

