

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES

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

No. **6871** Date **13/02/26**

Name **Pragya Chauhan**

Add. **UP57B06279**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	UPPER - (R)			850/-	
②	LOWER - (R)			1750/-	
③	LIVER - (R)			125/-	
④	Body cover - (R)			1780/-	
⑤	w/s			580/-	
⑥	labor charge			800/-	
TOTAL				5085/-	

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.	Pragya Chaurasiya 9935909556
2	Vehicle No. / वाहन संख्या	UP57BU6579
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/493596
4	Period of Insurance / बीमा अवधि	11/11/2025 to 10/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/02/2026, 02.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kashia Road.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Navun Chaurasiya, UP542020 0881669020 0005301
8	Estimated Loss / अनुमानित हानि	5885/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरा भाई मेरी स्कूटी लेकर कसबा की तरफ जा रहे थे तभी अचानक स्कूटी के सामने जुता भा गया उसी को बचाते हुये मेरी स्कूटी स्लीप हो कर बायें साईड गिरने से क्षतिग्रस्त 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 Puchaura

Date / दिनांक : 13/02/26
हस्ताक्षर

Pragya Chaurasiya
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. MS/2025/7001/0/46575/

Tel. No. _____

Period of Insurance 11/11/2025 to 10/11/2026
 Claim No. 193596

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 : Pragya Chaurasiya
 (b) Address for correspondence : _____
 (c) Telephone : 9935909556

2. THE INSURED VEHICLE

Make & Year <u>Hero/2024</u>	Engine No. <u>ECD000R6K02964</u> Chassis No. <u>MBLCEW004R6K02710</u>	Registration No. <u>UP57BU</u> <u>6579</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 : Naveen Chauhan Shyoo
- (b) Age : _____
- (c) Address : Jashinagar
- (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 : UP54-20200005305
- (h) Issuing Authority : _____
- (i) Date of Expiry : 5/05/2037
- (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 : 12/02/2026, 2:00 P.M
- (b) Place : KABIA Road
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : मेरा गाड़ी मेरी सड़की लेकर जा रहा था तभी अचानक
- (e) If any third party was responsible for this accident give the name and address : सड़की के सामने गुलदा गाड़ी था उसी को ठुकरा
हुस सड़की स्थल पर ही ठुकराया
साड़ी मिरर से ठुकराया
हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front md side
- (b) Estimated cost of repairs : 5885/-
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile Padraam

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 13/02/2000

Signature of the insured Pragya chaurasiya

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 *Pragya Chaurasiya*
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 : UP57BU6579 Registration Date : 28-Oct-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : PRAGYA CHAURASIA Son/wife/daughter of : ANUBHAW CHAURASIYA
 Full Address: (Permanent) : WARD NO.7 KASBA ROAD BAZAR, TOLA RAMKOLA, , KUSHINAGAR, UTTAR
 PRADESH-274305
 Full Address: (Temporary) : WARD NO.7 KASBA ROAD BAZAR, TOLA RAMKOLA, , KUSHINAGAR-UTTAR
 PRADESH-274305
 Fitness UpTo : 27-Oct-2039 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2106014560
 Front HSRP No : AA2108516530 Month/Year of Manuf. : 10/2024
 Type of Body : SOLO WITH PILLION Chassis No : MBLCEW004R6K02710
 No of Cylinders : 0 Fuel : ELECTRIC(BOV)
 Motor No : ECD000R6K02464 Gubic Capacity : 0.00
 Motor Wattage(kw) : 5.99 Wheel base : 1301
 Maker's Classification : VIDA V1 PRO Standing Cap : 0
 Seating Cap(in ail) : 2 Unladen Wt (kgs) : 125
 Steepar Cap : 0 Laden/GV Wt (kgs) : 275
 Colour : BLACK AC Fitted : NO
 Other Criteria
 Vehicle Purchase As Fully Paid

Additional Particulars of all transport vehicles other than motor cars (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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 27-Oct-2024.

Purchase dt : 27-Oct-2024 Sale Amt : 168385/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Nov-2024
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-Oct-2024 to 27-Oct-2039

Date : 02-Dec-2024 16:28:13
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T.O. (A)
Kushinagar
 Date : 02-Dec-2024

DL No: UP54 20200005301

UPDL000002052275



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	UP54	17-06-2020	NT			
	LMV	UP54	17-06-2020	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP54 MAU

Form 7 Rule 16(2)



Indian Union Driving Licence
Uttar Pradesh
Issued by

UP54 20200005301

Issue Date
17-06-2020

Validity (NT)
05-05-2037

Validity (TR)



Holder's Signature

Name: **NAVEEN CHAURASIYA**
Date of Birth: **06-05-1997** Blood Group:
Son/Daughter/Wife of: **PARAS NATH CHAURASIYA**

Organ Donor: **N**

Address:
MOR-GOLA BAZAR BAZAR MANDI PS KOTWALI
Maunath Bhanjan, Mau, UP 275101

Date of First Issue (17-06-2020)

आयकर विभाग

INCOME TAX DEPARTMENT

PRAGYA CHAURASIYA

PARAS NATH CHAURASIYA

01/01/1991

Permanent Account Number

BATPC5650C

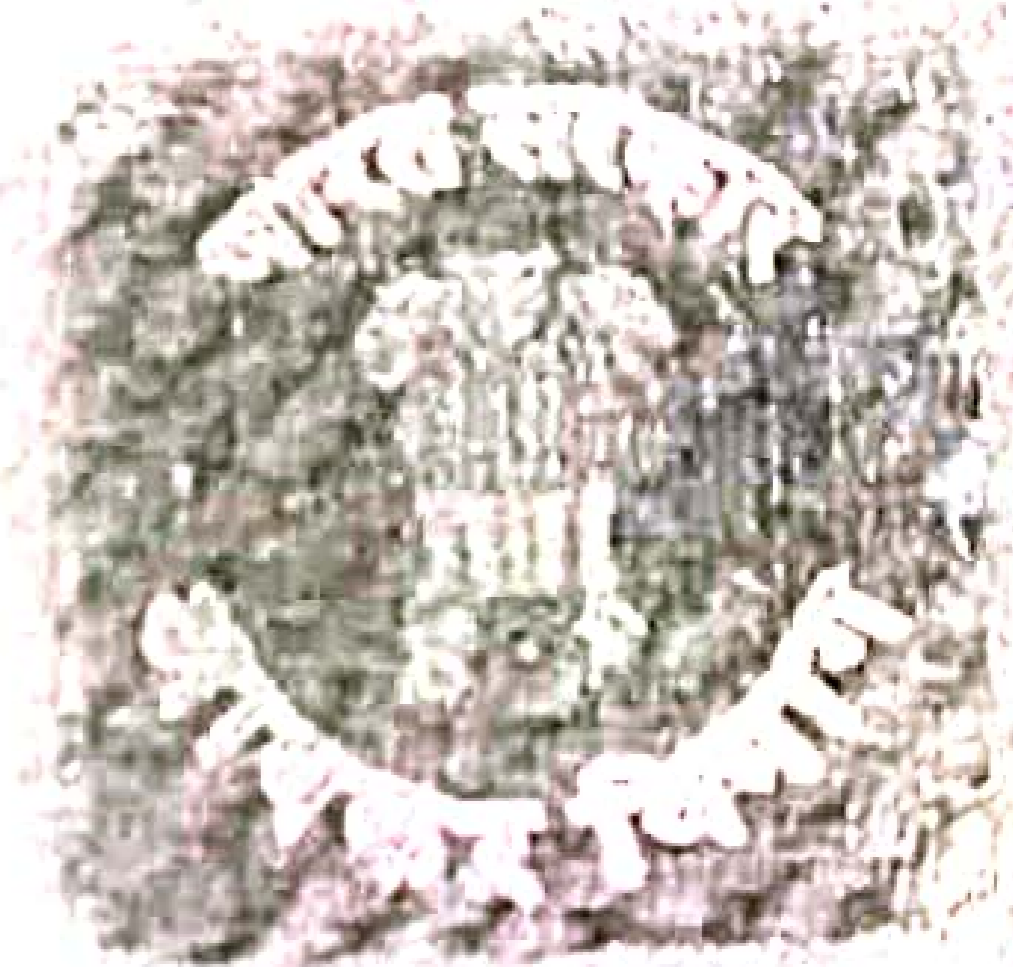
Pragya Chaurasiya

Signature



भारत सरकार

GOVT. OF INDIA



09012014



भारत सरकार
Government of India



Issue Date: 07/01/2015



प्रजा चौरसिया
Pragya Chaurasia
जन्म तिथि / DOB : 01/01/1991
महिला / Female



9554 2692 4427

मेरा आधार, मेरी पहचान

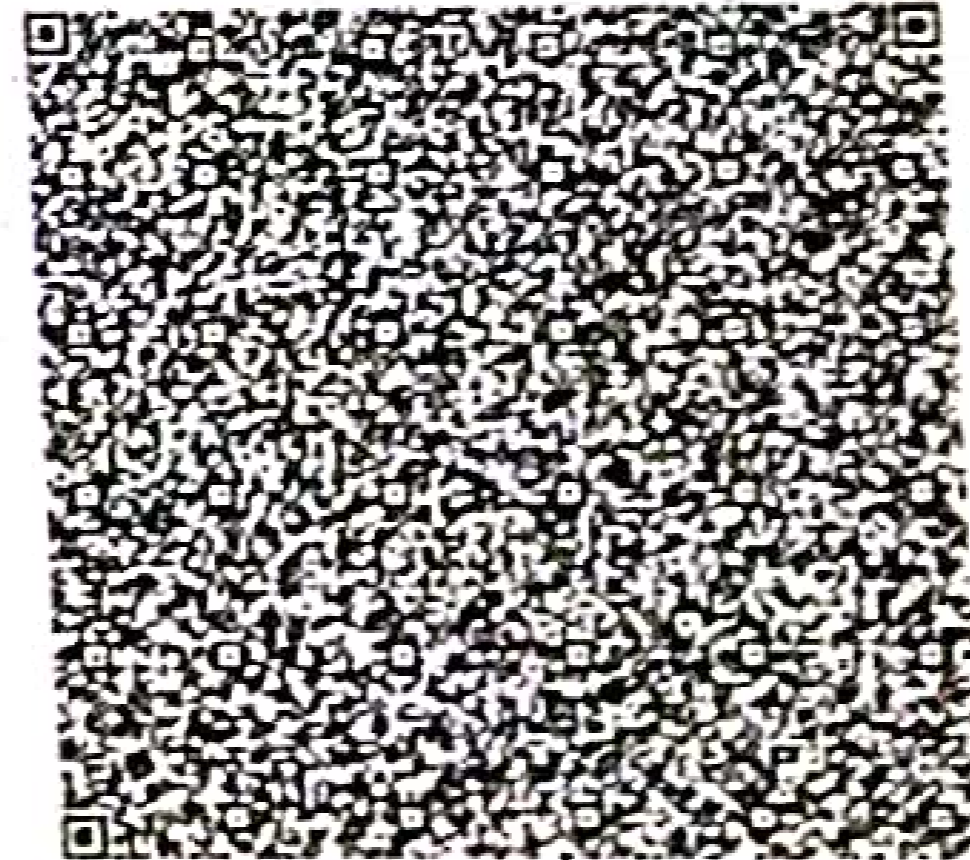


भारतीय विशिष्ट पहचान आधिकरण
Unique Identification Authority of India



Print Date: 02/02/2023

पता: C/O अनुभव चौरसिया, 0, 0, वॉर्ड न 7
कस्बा रोड बाजार टोला, रामकोला, कुशीनगर,
उत्तर प्रदेश, 274305
Address: C/O Anubhaw Chaurasiya, 0, 0,
ward NO 7 kasba road bazar tola, Ramkola,
Kushinagar, Uttar Pradesh, 274305



9554 2692 4427



1947



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