

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6868

Date 13/02/26

Name

Kunti

Add.

UP 27 CB 68 22

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
1	Visor			1065/-	
2	Tanki			5500/-	
3	H/L			595/-	
4	H/L stand			275/-	
5	Finder			1450/-	
6	Legard			680/-	
7	Solcar R+L			2300/-	
8	Solcar Bottom (R)			1150/-	
9	Handle			500/-	
10	Handle V			980/-	
11	meter inner			400/-	
12	Excel Rod			120/-	
13	Break Padal			1080/-	
14	Foot Rest (R)			275/-	
15	Front Rim			4800/-	
16	muffler cover small			290/-	
17	meter			3000/-	
18	chassis repair			2000/-	
			TOTAL	10000/-	

robot change

Authorised Signatory

28340/-

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.	Kunti 6392016365
2	Vehicle No. / वाहन संख्या	UP57CB6822
3	Policy No. / पालिसी संख्या	252400/31/2026/PRTL/4722891
4	Period of Insurance / बीमा अवधि	27/12/2025 to 26/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/02/2026, 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	Ikhada Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rakesh Kumar UP572024 7460957799 0022850
8	Estimated Loss / अनुमानित हानि	28340/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी कार में मेरी पत्नी रमेश कुमार लेकर चलाए गए थे जो तभी अचानक सामने से एक ट्रक का लोकर मार दिया तो कार में गिरने से डमरु 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.	912519 7148 Gupta automobile Panchsara

कुन्ती कुमारी

Signature of Insured / बीमाधारक के

Date / दिनांक : 13/02/26
हस्ताक्षर



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. 252402/31/2026/PRTV/4722891

Tel. No. _____

Period of Insurance 27/12/2025 to 26/12/2026
 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
- (b) Address for correspondence
- (c) Telephone

Sumti
6392016365

2. THE INSURED VEHICLE

Make & Year <u>Hu80/2026</u>	Engine No. <u>HA11FGSHM141207</u> Chassis No. <u>MBLHAW166SHM15295</u>	Registration No. <u>UP57CB</u> <u>6822</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 : Rakesh Kumar
 (b) Age : 38
 (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 : UP5720240022850
 (h) Issuing Authority : _____
 (i) Date of Expiry : 4/09/2036
 (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, 8:00 AM
 (b) Place : Khadu Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी गाड़ी मेरी सुप्रीमा रोमेश कुमार लैण्डर का रहे
 (e) If any third party was responsible for this accident give the name and address : वकी सामन रोमन से काम बहिष्कार का हुक्म मार
दयालु बहिन मेरी दादा साहब बिरा
से डामिल दी गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 28340/-
 (c) When and where can the damaged vehicle be inspected : Crupto automobiles Patna

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 13/02/2020

Signature of the insured कु-री कुमारी

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 कु-ली कुमारी

Occupation

Address

Bank Account Number

Name of the Bank



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Suruti Kumar
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 13/02/26

Place : Patna

Suruti Kumar
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB6822
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304
 Owner Name : KUNTI
 Full Address: (Permanent) : VILL-CHIRAIHAVAN, POST-MAGHI KOTHILWA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-CHIRAIHAVAN, POST-MAGHI KOTHILWA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Registration Date : 02-Jan-2026
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SINGASAN

Fitness Up To : 01-Jan-2041
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2147212235
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F6SHM41207
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ XTEC (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK TORNADO GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built

Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1047587956
 Month/Year of Manuf. : 12/2025
 Chassis No : MBLHAW466SHM45395
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kgs) : 243
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
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- 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 : 27-Dec-2025
 OTT Date : 27-Dec-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 31-Jan-2026
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Sale Amt : 77982/-
 Amount/Rcpt No : 7799 / UP57D26010000163
 Tax Exempted or Not : NOT EXEMPTED
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 02-Jan-2026 to 01-Jan-2041

Signature of Authority
 03/02/2026
 11-Feb-2026

Date : 11-Feb-2026 14:30:42
Taxation Particulars / Advance Registration Mark Fee Details

Q 7656541



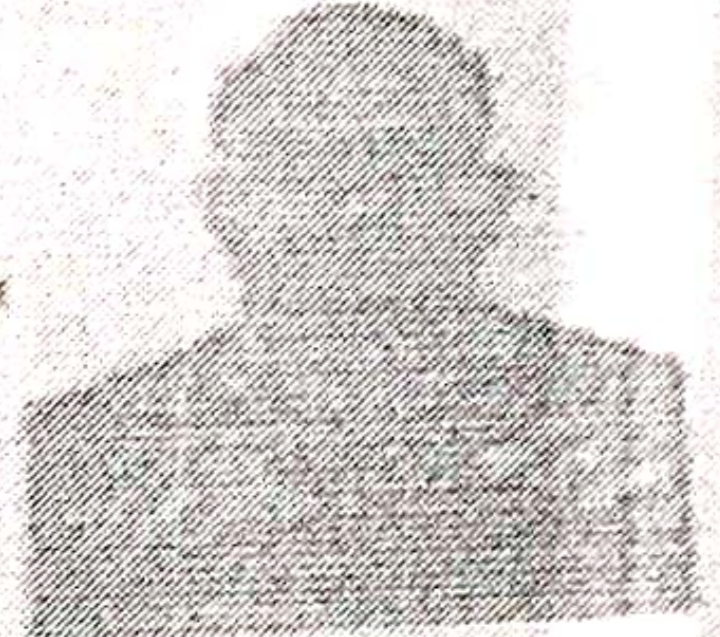
Indian Union Driving Licence
Issued by Uttar Pradesh

13

UP57 20240022850



Issue Date Validity (NT) Validity (TR)*
18-12-2024 04-09-2036



Holder's Signature

Name: **RAKESH KUMAR**
Date of Birth: **05-09-1996** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **RADHESHYAM BHARTI**
Address:

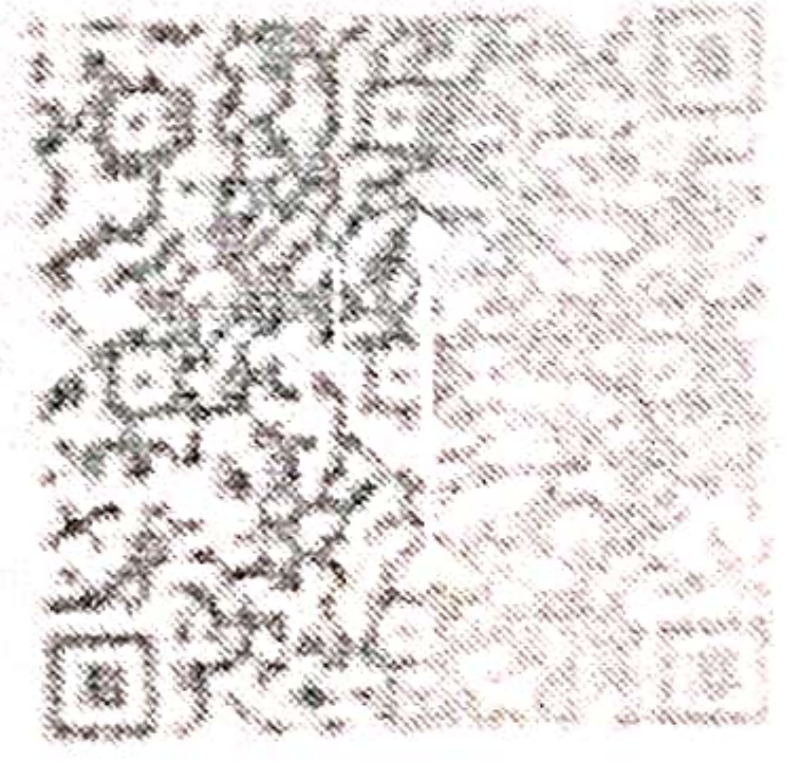
**HANUMANGANI KHADDA BHAI SAHA BHAI SAHA
MUS.+ AHT. PADRAUNA KUSHINAGAR UTTAR PRA
274802**

Date of First Issue: 18-12-2024

Emergency Contact Number

Issuing Authority
UP57 KUSHINAGAR

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Issued By
MVSD							
LVA	UP57	UP57	18-12-2024	NT			
MCWG	UP57	UP57	18-12-2024	NT			



Hazardous Validity Hill Validity

Invalid Carriage (Regn Numbers)

DL No: UP57 20240022850

UP57 KUSHINAGAR



भारत सरकार
Government of India

कुंती
Kunti
जन्म तिथि / DOB : 01/01/2004
प्रतिष्ठा / Female



3691 2576 2169
आधार - आधार आदर्श का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
आत्मजा, सिंगसन, चिरइहवाँ, मगही
कोथिलवा, कुशीनगर, मगही
कोथिलवा, उत्तर प्रदेश, 274304

Address:
D/O: Singasan, Chirahavan,
Maghi Kothliwa, Kushinagar,
Maghi Kothliwa, Uttar Pradesh,
274304

1800 300 1947
1947

help@uidai.gov.in

3691 2576 2169



www.uidai.gov.in