

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6873**

Date **14/02/26**

Name **Rambali Sharma**

Add. **UP 57 BB 7672**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	VIBOR			800/-	
②	W/S			300/-	
③	H/L			650/-	
④	Head stand				
⑤	Mirror - (R)			240/-	
⑥	Lever - (R)			105/-	
⑦	Floor panel - (R)			1150/-	
⑧	Lever - (L)			205/-	
⑨	Fender			1020/-	
⑩	Foot Rest			275/-	
⑪	meter inner			210/-	
⑫	meter			3000/-	
⑬	Body cover - (R)			1700/-	
⑭	Indicator - (R)			240/-	
⑮	meter cover			240/-	
⑯	side panel			2300/-	
⑰	Labor charge			1000/-	
	TOTAL			13415/-	

Authorised Signatory

[Signature]

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.	Rambali Sharma 9839142016
2	Vehicle No. / वाहन संख्या	UP57BB7672
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/153772
4	Period of Insurance / बीमा अवधि	11/07/2025 to 10/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/02/2026, 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Ravindnagar
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Priyank Sharma UP572022 9839142016 0015938
8	Estimated Loss / अनुमानित हानि	13415/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी सख्ती मेरी बेटी प्रियांका शर्मा लेमर लेमर आम्नी वहन को सख्त से घर लेमर जा रही थी तभी अचानक सामने एक कार्डो आ रही थी। तो उसी को बचाव वक्त जा कर हम मै लग गई मैरे सख्ती साथे साईड लेमर को वन से सख्ती मेरी जमेल 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 Urupta automobile Padrauna

Date / दिनांक : 14/02/2026
हस्ताक्षर

Rambali Sharma
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 11/07/2025 to 10/07/2026

Claim No. _____

453772

10/07/2026

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

: Rambali Sharma
 : _____
 : 9839142016

2. THE INSURED VEHICLE

Make & Year <u>H120/2021</u>	Engine No. <u>JF16E/MGT D00407</u> Chassis No. <u>MBLJFW152MGT024</u> <u>23</u>	Registration No. <u>UP57BB</u> <u>7672</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 : Priganka sharma
 (b) Age : _____
 (c) Address : Surshingor
 (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 : UP5720220013939
 (h) Issuing Authority : _____
 (i) Date of Expiry : 19/07/2025
 (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 / 4:00 PM
 (b) Place : Ravindra nagar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी स्कूटी मेरी बेली लेम्प जमना बिचन को धर आरुई
 (e) If any third party was responsible for this accident give the name and address : भारती खाम रम बरुण आरुई भाती उसीको
बचाते वक्त समने ड्रक मे लड वाई डीर
स्कूटी वाते साइ गिरन
से जमने हो

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front md side
 (b) Estimated cost of repairs : 13415/-
 (c) When and where can the damaged vehicle be inspected : crupeta automobile Padawan

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? : N/A
(f) Has theft been reported to Police? : _____
(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 14/02/96 200

Signature of the insured Rambali Shauver

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. _____

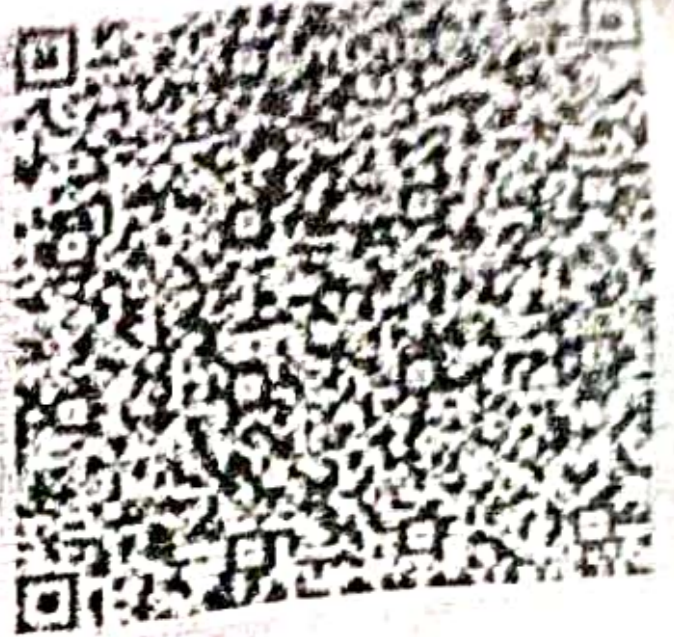
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Rambali 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 : UP57BB7672 Registration Date : 16-Jul-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...
 Owner Name : RAMBALLI SHARMA Son/wife/daughter of : MANBODH SHARMA
 Full Address: (Permanent) : VILL-PARSAUNA, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR, UTTAR PRADESH-274402
 Full Address: (Temporary) : VILL-PARSAUNA, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR-UTTAR PRADESH-274402
 Fitness UpTo : 15-Jul-2036 Tax UpTo : One Time
 Owner Serial No : 1
 Detailed Description : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI
 Class of Vehicle : INDIVIDUAL Norms :
 Ownership : HERO MOTOCORP LTD
 Maker's Name : AA2040678475 Rear HSRP No : AA2039879473
 Front HSRP No : SOLO WITH PILLION Month/Year of Manuf. : 04/2021
 Type of Body : 1 Chassis No : MBLJFW152MGD02423
 No of Cylinders : JF16EKMGD00487 Fuel : PETROL
 Engine No : 8.04 Cubic Capacity : 110.90
 Horse Power(BHP) : MAESTRO EDGE (CAST WH Wheel base : 1261
 Maker's Classification : EEL) Standing Cap : 0
 Seating Cap(In all) : 2 Unladen Wt (kgs) : 112
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : CANDY BLAZING RED AC Fitted : NO
 Other Criteria : Fully Built
 Vehicle Purchase As : 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 HERO FINCORP LIMITED DELHI, DELHI, New Delhi, Delhi-110057 w.e.f. 09-Jul-2021.

Purchase dt : 09-Jul-2021 Sale Amt : 67200/-
 OTT Date : 09-Jul-2021 Amount/Rcpt No : 6720 / UP57D21070001179
 TaxUpTo : One Time Vehicle Is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 16-Jul-2021
 Other State/Transfer Conversion Details :
 Previous RegNo :
 Old State :
 Transfer State :
This certificate is valid from 16-Jul-2021 to 15-Jul-2036

Date : 28-Oct-2021 16:17
 Signature of Registering Authority :
 Date : 28-Oct-2021
 Taxation / Advance Registration Mark Fee Details



सत्यमेव जयते

Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20220015938



Issue Date: 02-12-2022
Validity (NT): 19-01-2045

Validity (TR): _____



(02-12-2022)

Name: **PRIYANKA SHARMA**

Holder's Signature

Date of Birth: 20-01-2005 Blood Group: _____

Organ Donor: **N**

Son/Daughter/Wife of: **RAMBALI SHARMA**

Address:

Parsauna Sohanaria Kushinagar Uttar Pradesh 274304

Date of First Issue

DL No: UP57 20220015938

UPDL000008773957



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*
	MCWOG	UP57	02-12-2022	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



Unique Identification Authority of India

पता

भारत, मन्बोध शरी, राजा विराट
पराधीन, गावा/कस्बा/शहर, राजा भट,
जिला कुशीनगर, पुराट अहमदाबाद,
पराधीन, राज्य, उत्तर प्रदेश, पिन
कोड 274304

Address

S/O: Manbodb Sharma
Landmark: parsaura,
Village/Town/City: Dumar Bhat,
District: Kushinagar, P.O.:
Pardrauna, State: Uttar Pradesh,
PinCode: 274304

4243 6731 7508

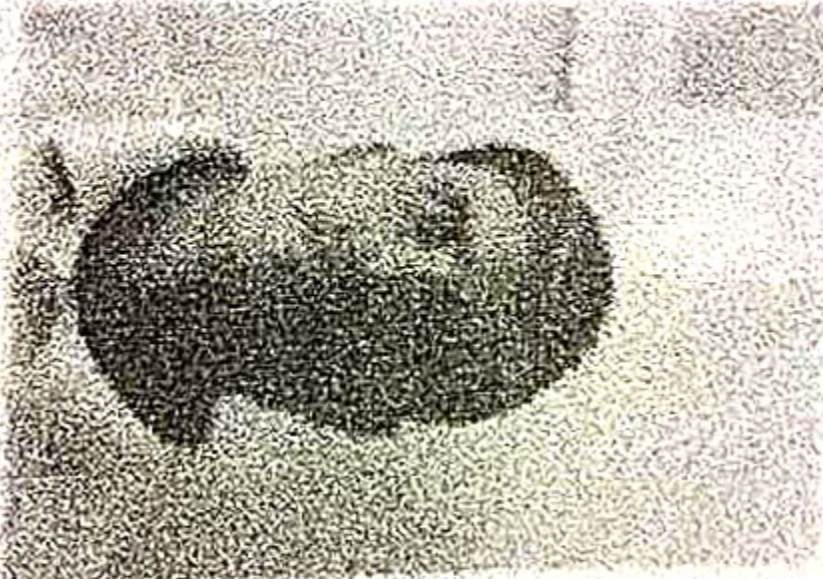
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help@uidai.gov.in

www.uidai.gov.in



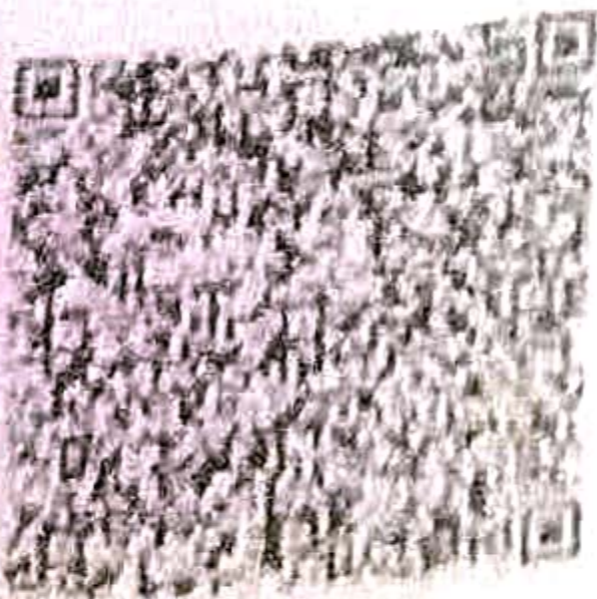
भारत सरकार
Government of India



रामबहा शर्मा
Rambah Sharma
जन्म तिथि / DOB : 15/07/1982
पुरुष / Male

4243 6731 7508

भारत सरकार, भौती पहचान



आयकर विभाग
INCOME TAX DEPARTMENT

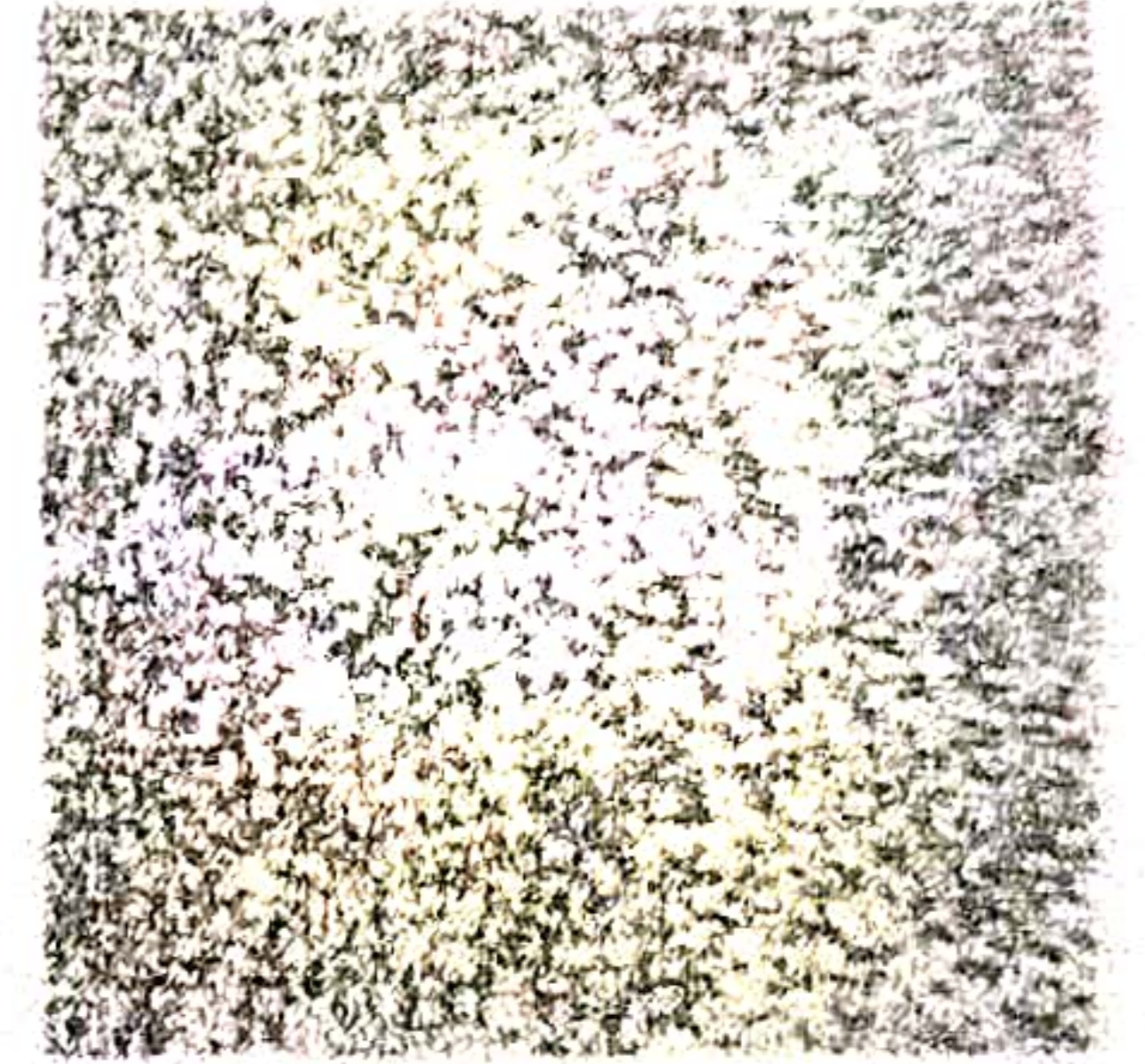


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BXNPS4324Q



नाम / Name
RANBALI SHARMA

पिता का नाम / Father's Name
MANBODH SHARMA

जन्म की तारीख /
Date of Birth
15/07/1982


हस्ताक्षर / Signature