

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6875

Date 16/02/2026

Name

Punam Devi

Add.

UP57CA1685

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Tanki			5500/-	
②	Handle			510/-	
③	Handle T			980/-	
④	visor			1265/-	
⑤	Leguard			680/-	
⑥	Fender			1450/-	
⑦	Rear grip			1400/-	
⑧	Chassis Repair			2000/-	
⑨	M/L			3500/-	
⑩	mirror - (L)			290/-	
⑪	Labor charge			800/-	
TOTAL				18325/-	

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.	Purnima Devi 7898199987
2	Vehicle No. / वाहन संख्या	UP57CA1685
3	Policy No. / पालिसी संख्या	252400/31/2026/47387
4	Period of Insurance / बीमा अवधि	19/10/2025 to 18/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/02/2026, 6:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Kasbia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Prab. Paswan, UP572015000 6387509947 1197
8	Estimated Loss / अनुमानित हानि	18325/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी बाईक मेरे जीजा के भाई हरश मासवान के घर से घर आ रहे थे। तभी अचानक सामने ट्रक आ गया उसी को बचाने के लिए डिवाइर से जाकर लड़ गया और दाहिने साइड बाईक गिर गई और ड्राइवर 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.	9125197178

- पूनम देवी

Signature of Insured / बीमाधारक के

Date / दिनांक : 16/02/2026
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. 252400/31/2026/473

Tel. No. _____

Period of Insurance 13/10/2025 to 10/10/2026
 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 : Punim Devi
 (b) Address for correspondence : _____
 (c) Telephone : 73.98 1999 87

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HATIFBSHR29700</u> Chassis No. <u>MBLHAW338SHR2965</u>	Registration No. <u>UP57CA</u> <u>1685</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 : Texas Poojan
 (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 : UP5720150001197
 (h) Issuing Authority : _____
 (i) Date of Expiry : 16/07/2035
 (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 : 13/02/2026, 6:00 P.M
 (b) Place : Haridwar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी वाहन मेरी जीन के भाई ने करवाने और है मेरी
 (e) If any third party was responsible for this accident give the name and address : सामने डल का रहा था उसी को बताया वक्त डिवर से प्य
मर लगी मर लगे साइड वॉल
गिरने से वॉल
जमिनी ही मर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front mid-side
 (b) Estimated cost of repairs : 10325/-
 (c) When and where can the damaged vehicle be inspected : erupta automobiles Poojan

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? : _____

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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 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 16/02/26 200

Signature of the insured पूनम 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/-

Witness

Name

Signature

Address

Signature पुनम देवी

Occupation

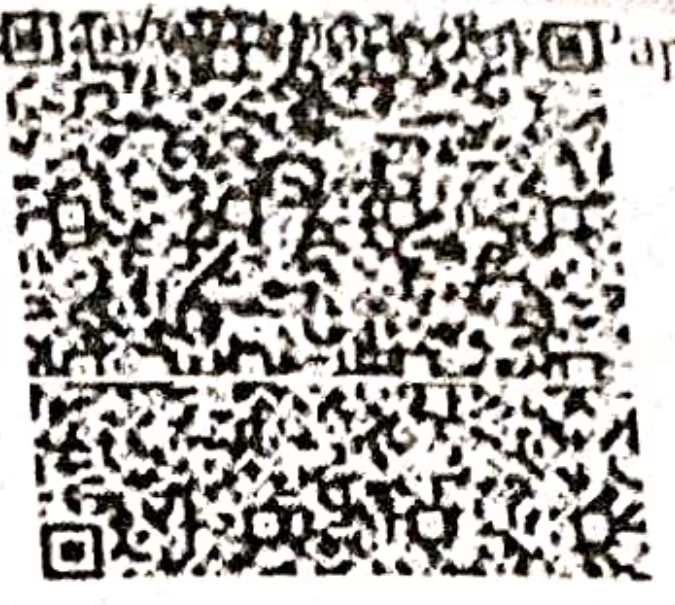
Address

.....

.....

Bank Account Number

Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57CA1685 Registration Date : 25-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : PUNAM DEVI Son/wife/daughter of : AVADH CHANDRA
 Full Address: (Permanent) : VILL-KALYAN CHHAPRA, POST-BATRAULI, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL-KALYAN CHHAPRA, POST-BATRAULI, THANA-KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274303
 Fitness UpTo : 24-Oct-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2140319316 Rear HSRP No : AA2138242488
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW338SHK29605
 Engine No : HA11FBSHK29700 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 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. 25-Oct-2025.

Purchase dt : 19-Oct-2025 Sale Amt : 80517/-
 OTT Date : 19-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100007793
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Feb-2026
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 25-Oct-2025 to 24-Oct-2040

A.R.T.O. (A)
KUSHI NAGAR (U.P.)
 Signature of Registering Authority
 Date : 13-Feb-2026

Date : 13-Feb-2026 16:59:31
Taxation Particulars / Advance Registration Mark Fee Details

Q7831703

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20150001197

TERAS PASVAN

श्री / Name
Date of Issue
17/01/2015

श्री / Validity
16/01/2035

श्री / Date of Birth
01/01/1996

श्री / Blood Group
UNKNOWN

श्री / Issuing Authority Sign
KUSHINAGAR

श्री / Address
VILL-TANDWA (LAKHRAIYA)
PO-SIDHUWA BANGAR, PS-KUBERSTHAN
KUSHINAGAR

श्री / Holder's Signature

श्री / Issuing Authority Sign
KUSHINAGAR

Form 7 Rule 16(2)

UP57 20150001197

LMV 17/01/2015

MCWG 17/01/2015

UP

UP02431524RS

श्री / Address
VILL-TANDWA (LAKHRAIYA)
PO-SIDHUWA BANGAR, PS-KUBERSTHAN
KUSHINAGAR

श्री / Holder's Signature

श्री / Issuing Authority Sign
KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
Government of India



पुनम देवी
Punam Devi
जन्म तिथि/DOB: 12/04/2000
महिला/ FEMALE

2212 2862 2202

VID : 9119 1917 4030 3884

मेरा आधार, मेरी पहचान

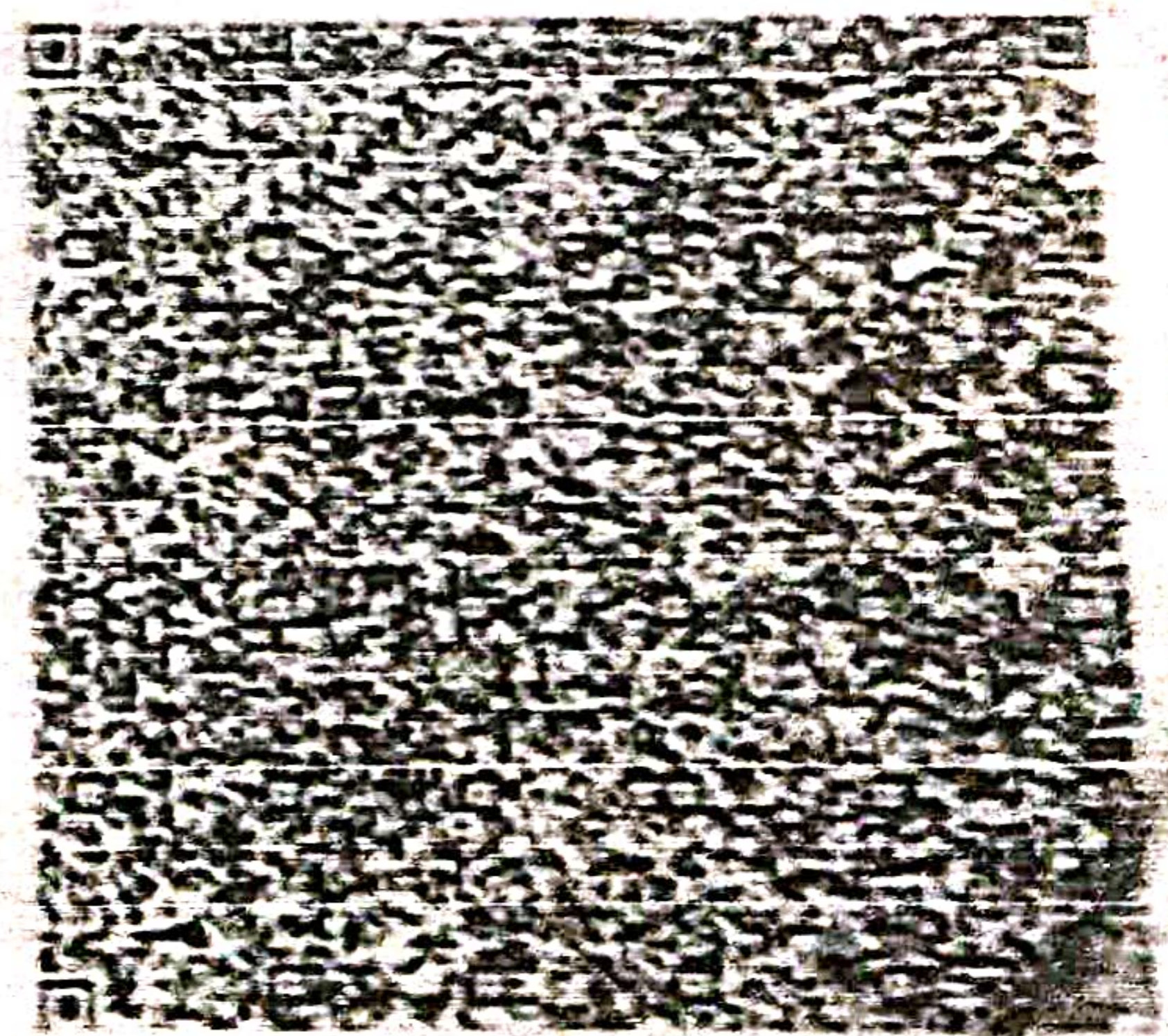


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
श्री. अवध चंद्र, कल्याण छपरा, कुशीनगर,
उत्तर प्रदेश - 274303

Address:
C/O: Avadh Chandra, Kalyan Chhapra,
Kushinagar,
Uttar Pradesh - 274303



2212 2862 2202

VID : 9119 1917 4030 3884

Download Date: 20/11/2022

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HFEPD3336C



PUNAM DEVI

पिता का नाम / Father's Name
SWAMINATH RAM

जन्म का तिथि / Date of Birth

12/04/2000

पुनम देवी

Signature

35896

