

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No.

6872

Date

16/02/26

Name

Sanjiv Rai

Addr.

UP57BW850A

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1450/-	
②	Sokor - (R) + (L)			2300/-	
③	visor			1000/-	
④	meter			1350/-	
⑤	meter frame			400/-	
⑥	Tanki			5500/-	
⑦	H/L stand			275/-	
⑧	Handle			500/-	
⑨	Handle			900/-	
⑩	Front Rim			4800/-	
⑪	mirror - (R)			240/-	
⑫	Labor charge			800/-	
TOTAL				19675/-	

Authorised Signatory

*Rai*

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Sanjiv Rai 7379677870
2	Vehicle No. / वाहन संख्या	UP57BW8508
3	Policy No. / पालिसी संख्या	252907/31/2025/92924
4	Period of Insurance / बीमा अवधि	8/03/2025 to 7/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/02/2026, 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Ahirauli
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rudal Kumar Raybhar, MH02 20130738259 8080612051
8	Estimated Loss / अनुमानित हानि	19675/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरी बाल साहब के बल मुमारे राजभर लेमर बिस्तेवारी जा रहे थे तभी अचानक सामने से एक वाहन वाला टकरा मार दिया तो वाहन मेरी डायरेक्ट 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 Pachayana

संजिव राय

Date / दिनांक : 16/02/26  
हस्ताक्षर

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. 252400/31/2025/92924

Tel. No. \_\_\_\_\_

Period of Insurance 8/03/2025 to 7/03/2026  
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 : Sanjeev Rai  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 7379677870

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>MATE01SHB69808</u> Chassis No. <u>MBLHAW230SHB57318</u>	Registration No. <u>UP57BW</u> <u>8508</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 : Rudal Kumar Rajbhar  
(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 : MH0220130038259  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 26/05/2033  
(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 : 14/02/2026, 7:00 P.M  
(b) Place : Ahirauli  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : मेरी वाहन मेरे साले सा एक्सीडेंट हुआ रहे मेरी लकी  
(e) If any third party was responsible for this accident give the name and address : अज्ञानम सामन से वरम वाहन गला एक्सीडेंट हुआ जिसमे मेरी ड्राइवर का डी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side  
(b) Estimated cost of repairs : 19675/-  
(c) When and where can the damaged vehicle be inspected : rupta automobiles Pochrana

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? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_ N/A

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 संजित राय

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 ..... संजित राय  
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 : UP57BW8508 Registration Date : 10-Mar-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 : SANJEET RAI Son/wife/daughter of : MOHAN RAJBIHAR  
Full Address: (Permanent) : VILL-JATHA, POST-DUMMARBHAR NATWA, THANA-RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304  
Full Address: (Temporary) : VILL-JATHA, POST-DUMMARBHAR NATWA, THANA-RAVINDRA NAGAR, KUSHINAGAR- UTTAR PRADESH-274304  
Fitness UpTo : 09-Mar-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 : AA2120226557 Rear HSRP No : AA2120675474  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
No of Cylinders : 1 Chassis No : MBLHAW230SHB57318  
Engine No : HA11E8SHB69808 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 109  
Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239  
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)
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- 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. 08-Mar-2025.

Purchase dt	: 08-Mar-2025	Sale Amt	: 77026/-
OTT Date	: 08-Mar-2025	Amount/Rcpt No	: 7703 / UP57D25030001321
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 07-Apr-2025		
<b>Other State/Transfer/Conversion/Reassign Details</b>			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 10-Mar-2025 to 09-Mar-2040

Date : 20-May-2025 11:33:15  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 20-May-2025

Q 3393615

Indian Union Driving Licence  
Issued by Uttar Pradesh



**MH02 20130038259**

Issue Date    Validity (NT)    Validity (TR)\*  
23-09-2024    26-05-2033



Holder's Signature

Date of First Issue 27-05-2013

Name: **RUDAL KUMAR RAJBHAR**  
Date of Birth: **05-07-1986**    Blood Group:    Organ Donor: **N**  
Son/Daughter/Wife of: **RAMASHISH RAJBHAR**  
Address:

**R/O- 499 DHURIA BHATH PO- DHURIA KHAS  
KASIA DIST- KUSHINAGAR 274402**

**DL No: MH02 20130038259**

UPDL000014281151



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*
<b>MCWG</b>	<b>MH02</b>	<b>27-05-2013</b>	<b>NT</b>				
<b>LMV</b>	<b>MH02</b>	<b>27-05-2013</b>	<b>NI</b>				
<b>MVSD</b>							

Form 7 Rule 16(2)

Emergency Contact Number

**Licensing Authority  
UP57 KUSHINAGAR**



भारत सरकार  
Government of India



संजीत राय  
Sanjeet Rai  
जन्मतिथि / DOB: 07/01/1987  
पुरुष / MALE



5955 7995 1681

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O मोहन राजभर डुमर भर, कुशीनगर,  
उत्तर प्रदेश - 274304

**Address:**  
S/O Mohan Rajbhar, Dumar  
Bhar, Kushinagar,  
Uttar Pradesh - 274304



QR Code with photograph

5955 7995 1681

आयकर विभाग  
INCOME TAX DEPARTMENT

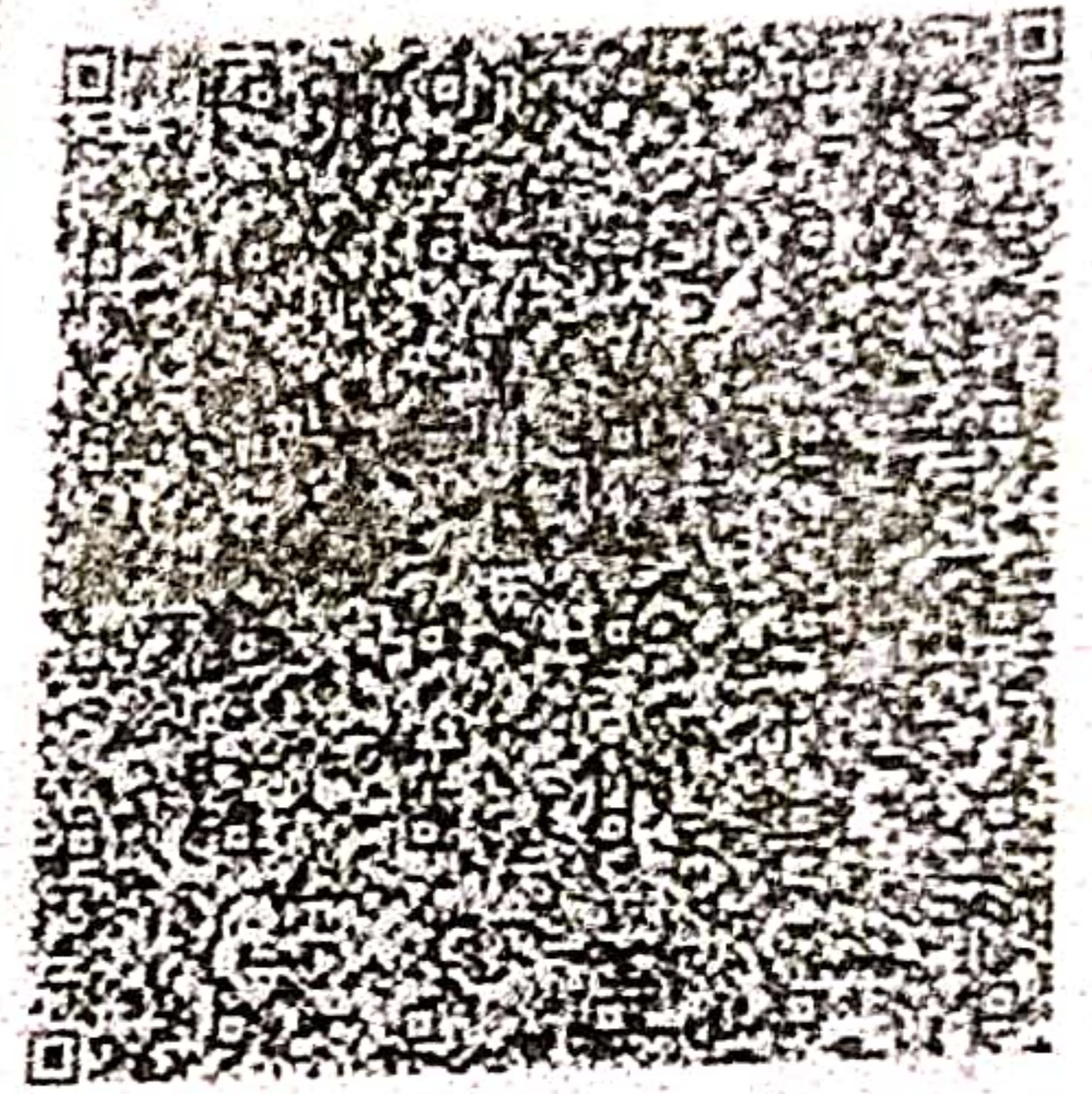


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**EKLPR5734P**



नाम / Name  
**SANJEET RAI**

पिता का नाम / Father's Name  
**MOHAN RAJBHAR**

17092019

जन्म की तारीख /  
Date of Birth  
**07/01/1987**

संजीव राय  
हस्ताक्षर / Signature