

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6867

Date 17/02/26

Name

Amit Kumar Sharma

Add.

UP 57CB 6630

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	UPPER CENTER			8100/-	
②	Lever (A)			125/-	
③	Labor charge			500/-	
TOTAL				8725/-	

Authorised Signatory

Ray

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.	Amit Kumar Sharma 8700221279
2	Vehicle No. / वाहन संख्या	UP57CB6630
3	Policy No. / पालिसी संख्या	252400/31/2026/67662
4	Period of Insurance / बीमा अवधि	30/12/2025 to 29/12/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/02/26, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit Kumar Sharma UP5720150012459
8	Estimated Loss / अनुमानित हानि	8725/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी अपनी स्कूटी लेम 2 मारने का रहे मेरी तभी अचानक सामने से एक कार्ड वाला गाड़ी साईड से टक्कर मार दिया तो स्कूटी मेरी बायें साईड गिरने से डामेन 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 Padrauna

Date / दिनांक : 17/02/26
हस्ताक्षर

Amit 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. 252402/31/2026/67662
 Tel. No. _____ Period of Insurance 30/12/2025 to 29/12/2026
 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 : Amit Kumar Sharma
 (b) Address for correspondence : _____
 (c) Telephone : 8700221279

2. THE INSURED VEHICLE

Make & Year <u>H170/2025</u>	Engine No. <u>ECD00156L06953</u> Chassis No. <u>MBLCEW11656L03485</u>	Registration No. <u>UP57CB</u> <u>6630</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 : Armit Kumar Sharma
 (b) Age : _____
 (c) Address : Puchhinagar
 (d) Is the Driver
 1. Owner
 2. paid driver? _____
 3. Owner's relative or friend? _____
 (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 : UP5720150012459
 (h) Issuing Authority : _____
 (i) Date of Expiry : 14/06/2035
 (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 : 15/02/2026, 2:00 P.M
 (b) Place : Puchhinagar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मैं अपना स्कूटर लेकर मार्केट जा रही थी तभी
 (e) If any third party was responsible for this accident give the name and address : अचानक सामने से एक साइकलवाला टाचर साईड से टकरा कर मार दिया तो स्कूटर में भी धक्के सहित मिट्टी से जमका हा गिरा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : ₹ 725/-
 (c) When and where can the damaged vehicle be inspected : Carwaha automobile Puchhinagar

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 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 17/02/2006

Signature of the insured Amitsharma

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 *Amit Sharma*
Occupation
Address
.....
.....

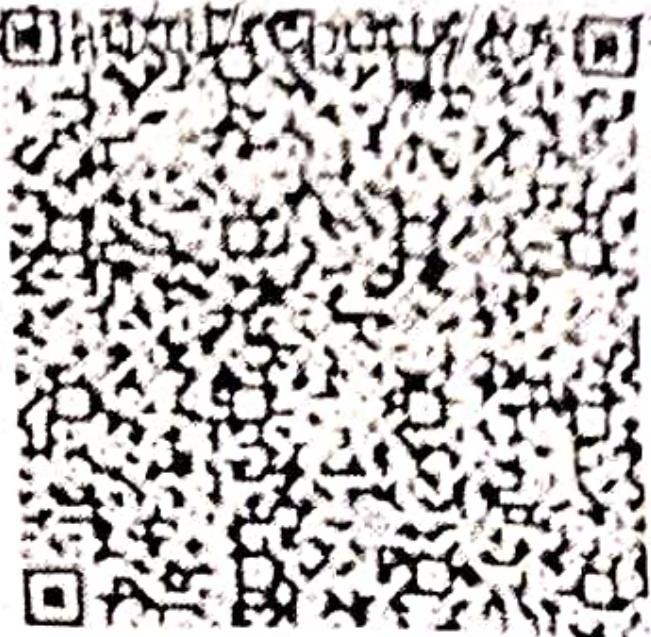
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB6630 Registration Date : 31-Dec-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 : AMIT KUMAR SHARMA Son/wife/daughter of : HARI GOVIND
 Full Address: (Permanent) : PARGAN CHHAPRA DANDOPUR PADRAUNA, PARGAN CHHAPRA DANDOPUR
 PADRAUNA, , KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : PARGAN CHHAPRA DANDOPUR PADRAUNA, PARGAN CHHAPRA DANDOPUR
 PADRAUNA, , KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 30-Dec-2040 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
 Front HSRP No : AA2130921235 Rear HSRP No : AA2144292219
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 0 Chassis No : MBLCEW116S6L03485
 Engine No : ECD001S6L06953 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA VX2 GO 3.4 Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 115
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 265
 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 L & T FINANCE LTD, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 30-Dec-2025.

Purchase dt : 30-Dec-2025 Sale Amt : 110990/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Feb-2026
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 31-Dec-2025 to 30-Dec-2040

Date : 07-Feb-2026 13:39:47

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 07-Feb-2026

MR.T.O. (A)
Kushinagar (U.P.)

UNION OF INDIA **Driving Licence**



UP57 20150012459



Date of Issue
15/06/2015

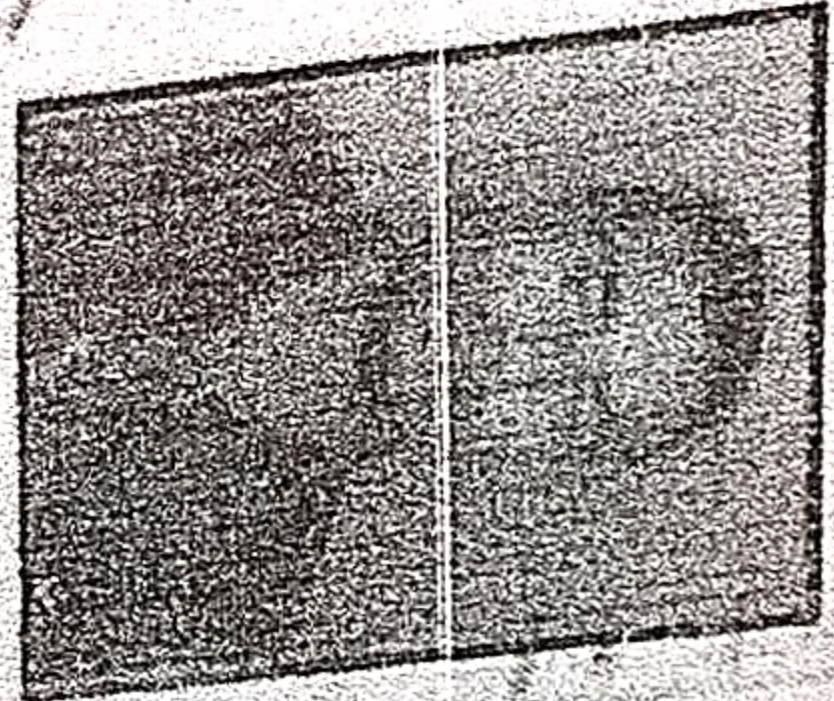
Date of Validity
14/06/2035

Date of Birth
15/05/1990

Blood Group
UNKNOWN

AMIT KUMAR SHARMA

HARIGOVIND SHARMA



UP57 20150012459

LMV 15/06/2015
MCWG 15/06/2015

VILL - PARGAN CHHAPRA
PO - DANDOPUR, P.S - RAMKOLA
KUSHINAGAR 274304

Holder's Signature

UP01316594



Issuing Authority Sign
KUSHINAGAR

आयकर विभाग

INCOME TAX DEPARTMENT

AMIT KUMAR SHARMA

HARI GOVIND SHARMA

15/05/1990

Permanent Account Number

GOYPS3721C

Amit Sharma

Signature



भारत सरकार

GOVT. OF INDIA

