

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6877

Date 10/02/26

Name

Johra fahateon

Add.

UP 571348110

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	H/L			620/-	
②	visor			950/-	
③	UPPER			1550/-	
④	mirror - (L)			280/-	
⑤	Lower			1250/-	
⑥	labor charge			700/-	
			TOTAL	5350/-	

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.	जोहरा खतून 6387228407
2	Vehicle No. / वाहन संख्या	UP57BY8110
3	Policy No. / पालिसी संख्या	252400/31/2026/28946
4	Period of Insurance / बीमा अवधि	21/07/2025 to 20/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/02/2026, 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	Barwaha Buxidin
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Khurshid Ahmad, UP5720 8736045307 210009272
8	Estimated Loss / अनुमानित हानि	5350/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरी स्कूली मैरी माते खुशीग अदमग लैमर मारमेट जा रहे को लभी अचानक सामने धु गुला आगया उसी मो वचाते पकत जा मर लट मे लड गया और स्कूली मैरी डमेण 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 / फोन नं.	9125197148 Aupta automobiles Patna

Date / दिनांक : 18/02/26
हस्ताक्षर

जोहरा खतून
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. 252900/31/2026/20946

Tel. No. _____

Period of Insurance 21/07/2025 to 20/07/2026
 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 : Johra khatoon
 (b) Address for correspondence : _____
 (c) Telephone : 0387228407

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JF17EYS010100064</u> Chassis No. <u>MBLTFN438S0100138</u>	Registration No. <u>UP57BY</u> <u>8110</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 : Khurshid Ahmad
 (b) Age : _____
 (c) Address : Ambehnagar
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Belonging
 (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 : UP57 20210009272
 (h) Issuing Authority : _____
 (i) Date of Expiry : 1/08/2031
 (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 : 16/02/2026, 3:00 P.M
 (b) Place : Barwa pardin
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी गाड़ी को मारते हुए ले जा रहे थे और सभी सामान को
 (e) If any third party was responsible for this accident give the name and address : गाड़ी का मालिक उसी को ले जाते हुए गाड़ी को मार डाले थे
गाड़ी को रस्ते में ही छोड़ दिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 5350/-
 (c) When and where can the damaged vehicle be inspected : crupca automobiles Padrauna

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 : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : N/A

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 18/02/26 200

Signature of the insured

जोहरा खान

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/-

जोहरा खान

Witness
Name
Signature
Address

Signature
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 : UP57BY8110 Registration Date : 23-Jul-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 : JOHRA KHATOON Son/wife/daughter of : KHURSHID AHMAD
 Full Address: (Permanent) : VILL - BELWA BABURAM, POST -RUARI, THANA - NEBUA NAURANGIA, KUSHINAGAR.
 Full Address: (Temporary) : VILL - BELWA BABURAM, POST -RUARI, THANA - NEBUA NAURANGIA, KUSHINAGAR-
 Fitness UpTo : 22-Jul-2040 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Norms : BHARAT STAGE VI
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD : AA1043833434
 Front HSRP No : AA2132848466 : 07/2025
 Type of Body : SOLO WITH PILLION : MBLJFN438SGG00136
 No of Cylinders : 1 : PETROL
 Engine No : JF17EYSGG00064 : 124.60
 Horse Power(BHP) : 8.98 : 1245
 Maker's Classification : DESTINI PRIME : 0
 Seating Cap(in all) : 2 : 115
 Sleeper Cap : 0 : 245
 Colour : NOBLE RED : NO
 Other Criteria :
 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) Tar. em:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED

DELHI, DELHI. . . New Delhi, Delhi-110057 w.e.f. 22-Jul-2025. Sale Amt : 77255/-
 Purchase Dt : 22-Jul-2025 Amount/Rcpt No : 7726 / UP57D25070002423
 OTT Date : 22-Jul-2025 Tax Exempted or Not : NOT EXEMPTED
 Vehicle Is Govt./ Pvt. : PRIVATE
 Date of Approval : 25-Jul-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 This certificate is valid from 23-Jul-2025 to 22-Jul-2040

Previous RegNo :
 Entry Date :
 Conversion Date :

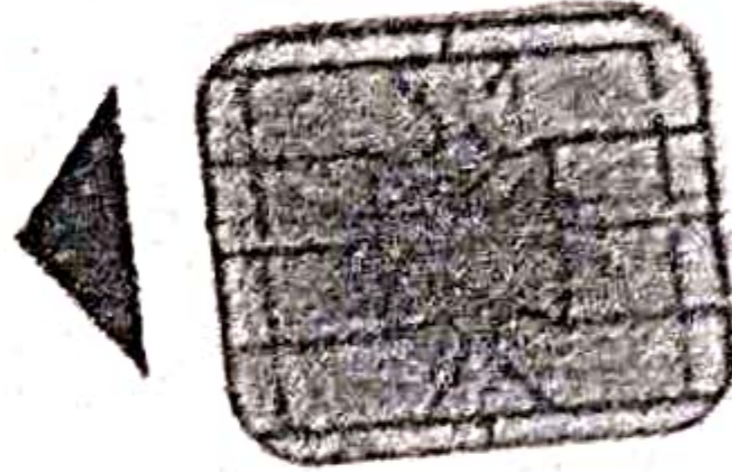
Signature of Registering Authority
 Kushinagar
 Date: 25 Aug 2025



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20210009272



Issue Date 02-08-2021
Validity (NT) 01-08-2031

Validity (TR) _____



Holder's Signature

(02-08-2021)

Date of First Issue

Name: KHURSHID AHMAD
Date of Birth: 01-01-1989
Son/Daughter/Wife of: ISTEYAK AHMAD
Address: Belwa Baburam
Padrauna, Kushinagar, UP 274305
Blood Group: O+ VE
Organ Donor: Y

DL No: UP57 20210009272

UPDL000006033302



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
	MCWG	UP57	02-08-2021	NT			
	LMV	UP57	02-08-2021	NT			

Form 7 Rule 16(2)

Emergency Contact Number
6386771869

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार

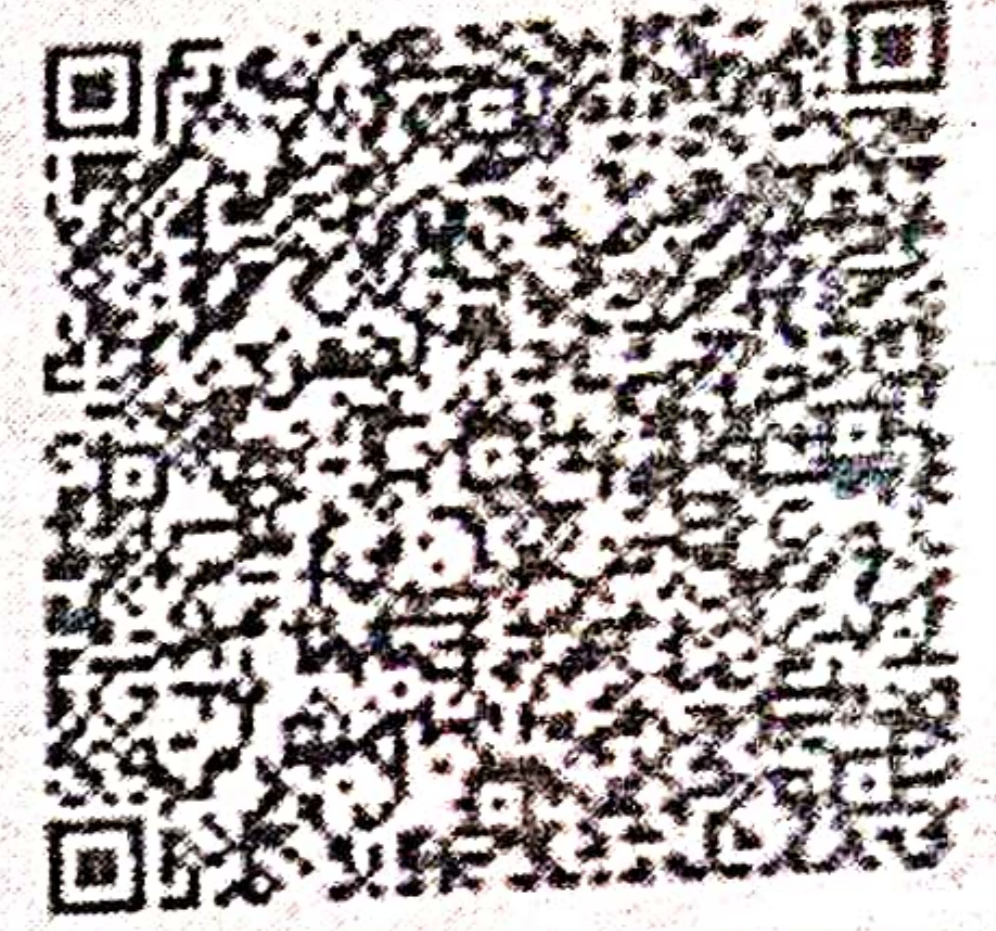
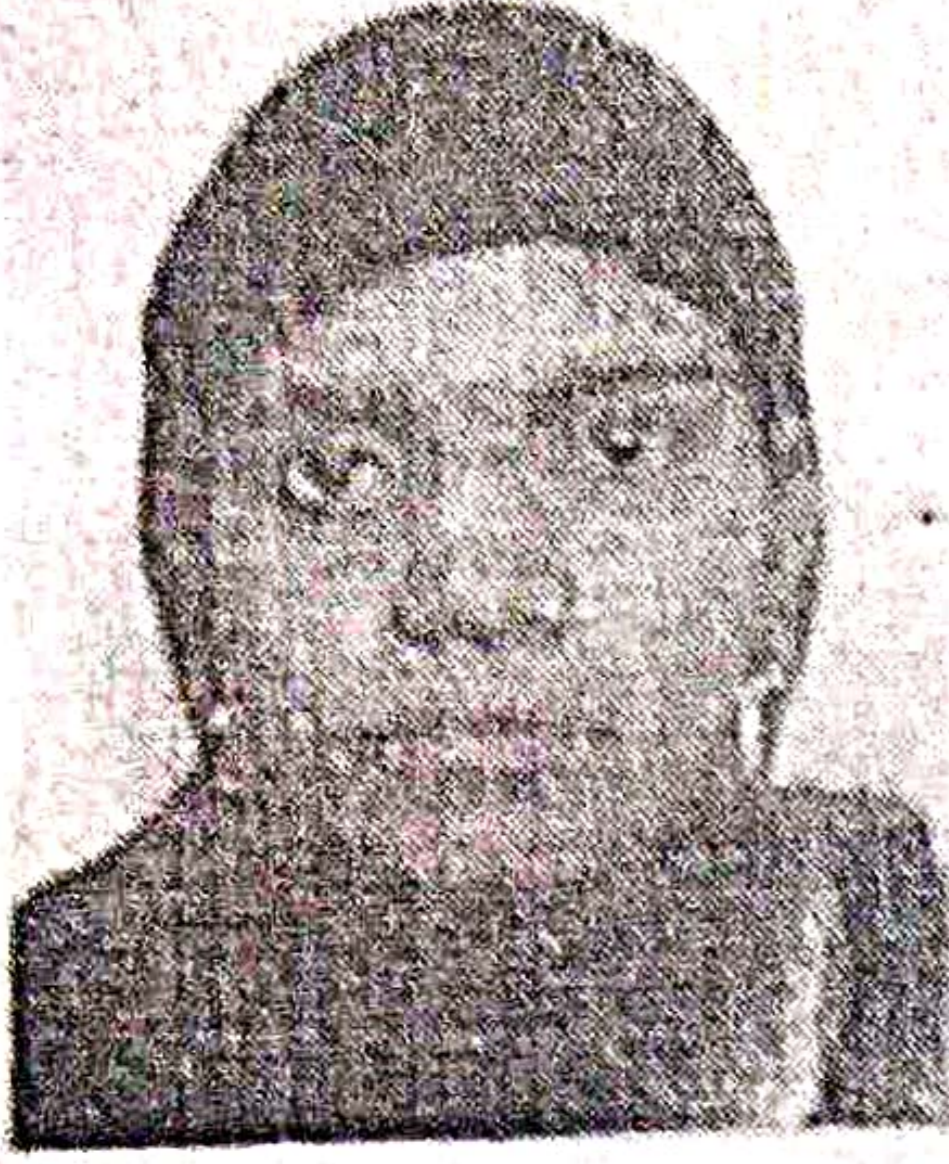
Government of India

जोहरा खातून

Johra Khaloon

जन्म तिथि / DOB : 01/01/1990

महिला / Female



5635 3734 5922

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

अर्धाबिनी: खुरशीद अहमद, बेलवा
बाबुराम, कुशीनगर, रुआरी, उत्तर
प्रदेश, 274305

Address:

W/O: Khurshid Ahmad, Belwa
Baburam, Kushinagar, Ruari, Uttar
Pradesh, 274305

5635 3734 5922



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

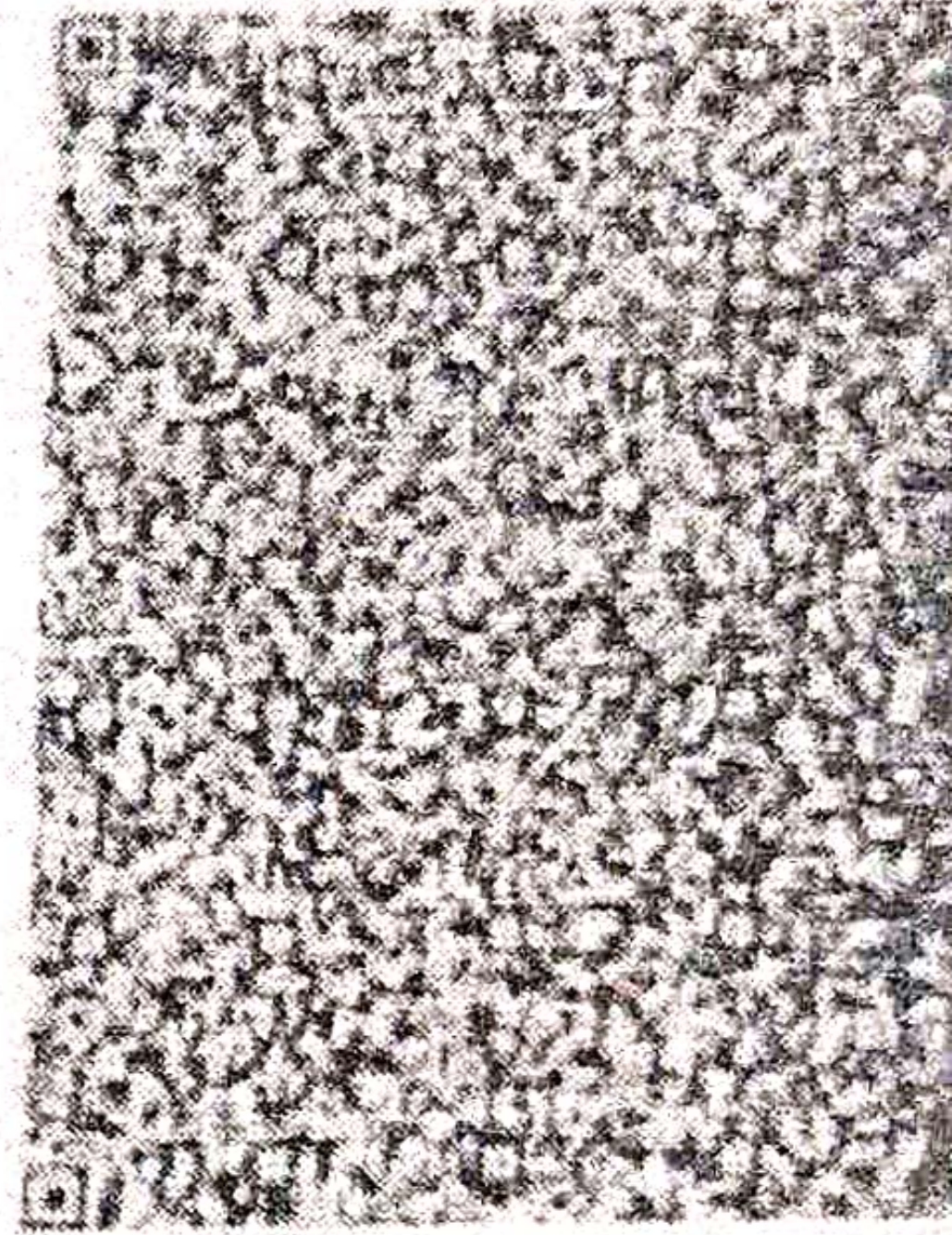
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
HYRPK1989N



नाम / Name
JOHRA KHATOON

पिता का नाम / Father's Name
ABDUL RAHMAN

जन्म की तारीख /
Date of Birth
01/01/1990

हस्ताक्षर / Signature