

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6881

Date 19/02/2026

Name

Dinesh Kumar

Add.

UP 57 BR 2000

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Handle			510/-	
②	Handle - T			900/-	
③	Fork pipe (R+L)			2300/-	
④	Fenders			1450/-	
⑤	visor			1065/-	
⑥	Foot rest			275/-	
⑦	Labor charge			800/-	
TOTAL				7300/-	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

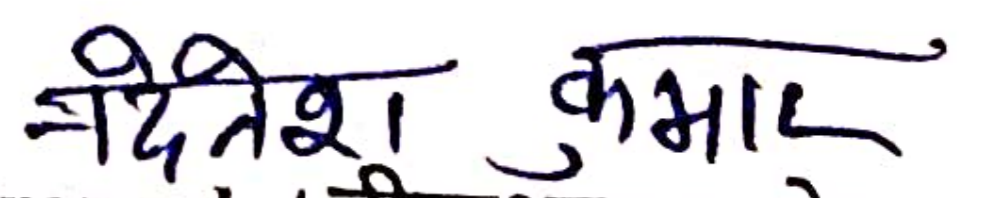
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Dinush Kumar 8660813473
2	Vehicle No. / वाहन संख्या	UP57BR2080
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/427612
4	Period of Insurance / बीमा अवधि	17/04/2025 to 16/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/02/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Hetimpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajkumar Prasad, UP5720 160001159 9214746921
8	Estimated Loss / अनुमानित हानि	7380/-
09.	Cause of Accident / दुर्घटना का कारण :	राज कुमार प्रसाद मेरे भैया बर्डिक लेकर किसी काम से जा रहे थे तभी एक बर्डिक वाले ने सामने से मेरी बर्डिक में छक्कर मार दिया जिससे मेरी बर्डिक दाया साईड गिरने से क्षतिग्रस्त हो गयी
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 Poolroom.

Date / दिनांक : 19/02/26
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. MS/2025/7001/0/46275/
427612

Tel. No. _____

Period of Insurance 17/04/2025 to 16/04/2026
 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 : Dinosh Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 8660 813473

2. THE INSURED VEHICLE

Make & Year <u>H120/2024</u>	Engine No. <u>H11E7RH087051</u> Chassis No. <u>MBLHAW21XRHC75706</u>	Registration No. <u>UP57BR</u> <u>2080</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? No
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : Rajkumar Prasad
 (b) Age : _____
 (c) Address : Amstundgaon
 (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 : UP5720160001159
 (h) Issuing Authority : _____
 (i) Date of Expiry : 18/02/2036
 (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 : 18/02/2026, 5:00 PM
 (b) Place : Muhimpur
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी बाइक बर्डमूलेमर गिरी गाम से जा रही थी तभी रक्म
 (e) If any third party was responsible for this accident give the name and address : बाइक वाहन ने सामने से मेरी बाइक में टक्कर मारी जिससे मेरी बाइक टूटने लगी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end-side
 (b) Estimated cost of repairs : ₹380/-
 (c) When and where can the damaged vehicle be inspected : Orupta automobiles Padawanca

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 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 19/02/20 200

Signature of the insured [Signature]

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Dinesh Kumar
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? _____ Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 18/02/26
Place : Podduru

[Signature]
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

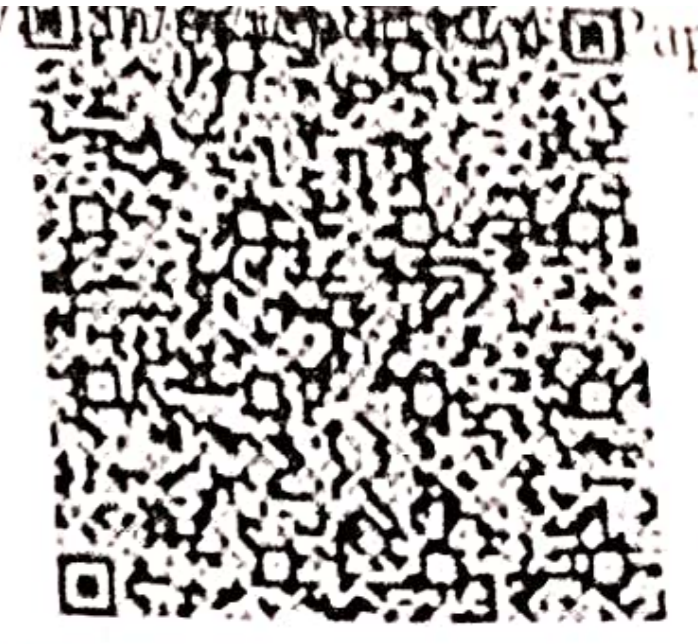
- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BR2080 Registration Date : 16-Apr-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : DINESH KUMAR Son/wife/daughter of : JHOTIL PRASAD
Full Address: (Permanent) : VILL-RAMPUR PATTI, POST-AHIRAULI BAZAR, THANA-KASYA, KUSHINAGAR, UTTAR
PRADESH-274402
Full Address: (Temporary) : VILL-RAMPUR PATTI, POST-AHIRAULI BAZAR, THANA-KASYA, KUSHINAGAR-UTTAR
PRADESH-274402
Fitness UpTo : 15-Apr-2039 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 : AA2098369588 Rear HSRP No : AA2098665205
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2024
No of Cylinders : 1 Chassis No : MBLHAW21XRHC45706
Engine No : HA11E7RHC87051 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : Red Black 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 w.e.f. .

Purchase dt : 15-Apr-2024 Sale Amt : 80511/-
OTT Date : 15-Apr-2024 Amount/Rcpt No : 8052 / UP57D24040002731
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 29-Jun-2024
Other State/Transfer/Conversion/Reassign Details :
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 16-Apr-2024 to 15-Apr-2039

Signature of Registering Authority
Date : 05-Aug-2024

Date : 05-Aug-2024 16:46:56
Taxation Particulars / Advance Registration Mark Fee Details



UNION OF INDIA **Driving Licence** (UP) (NT)

UP57 20160001159



जारी करने की तिथि
Date of Issue
19/01/2016

वैधता / Validity
(UP) 18/01/2036

जन्म तिथि
Date of Birth
07/05/1991

Blood Group
UNKNOWN



नाम / Name

RAJKUMAR PRASAD

पिता/पति का नाम / Son/Daughter/Wife of

CHHOTIL PRASAD

UP57 20160001159

UP01554433RS



LMV
19/01/2016



MCWG
19/01/2016



(UP)

Form 7 Rule 16(2)

पता / Address

VILL- RAMPUR PATTI
PO- NATWALIYA ,PS- KASIA
KUSHINAGAR

राजकुमार

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



भारत सरकार

Government of India



राजकुमार प्रसाद

Rajkumar Prasad

जन्म तिथि / DOB : 07/11/1985

पुरुष / Male



3272 4604 2141

आधार - आम आदमी का अधिकार



राष्ट्रीय विशिष्टता प्राधिकरण

Unique Identification Authority of India

पता:
S/O: झोतील प्रसाद, नटवलिया,
रामपुर पट्टी, रामपुर पट्टी, अहिरौली
बाजार, कुशीनगर, उत्तर प्रदेश,
274402

Address:

S/O: Jhotil Prasad, NATVALIYA,
rampur patti, Rampur Patti,
Ahirauli Bazar, Kushinagar, Uttar
Pradesh, 274402

3272 4604 2141



1947
1800 300 1947



help@uidai.gov.in



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