

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6882** Date 19/02/26

Name Jamula

Add. 9 UP57A06115

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1450/-	
②	visor			1000/-	
③	meter			1350/-	
④	Indicator - (L)			220/-	
⑤	seat caul (R+L)			1200/-	
⑥	Center			250/-	
⑦	Back light			430/-	
⑧	side panel - (L)			700/-	
⑨	Liquid			600/-	
⑩	Foot Rest (L)			245/-	
⑪	Labor charge			700/-	
TOTAL				8305/-	

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.	Jamula 7706908355
2	Vehicle No. / वाहन संख्या	UP57A06115
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46275/42935
4	Period of Insurance / बीमा अवधि	21/04/2025 to 20/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/02/2026, 12.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Khislaya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dharmendra Kumar Kushwaha 7703083260 / UP8720170006160
8	Estimated Loss / अनुमानित हानि	8305/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी कार मेरे मशरूम के सामने मुझसे टकरा गई जिससे मेरी कार में हानि हुई। मुझे से एक कार मेरे सामने से टकरा गई जिससे मेरी कार में हानि हुई। मेरी कार के ड्राइवर को घायल कर दिया गया। मेरी कार के ड्राइवर को घायल कर दिया गया। मेरी कार के ड्राइवर को घायल कर दिया गया।
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 Padraema.

जमिना

Signature of Insured / बीमाधारक के

Date / दिनांक : 19/02/26
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. MS/2025/7001/0/46575/

Tel. No. _____

Period of Insurance 21/04/2025 to 20/09/2025
 Claim No. 42935

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 : Tamula
 (b) Address for correspondence : _____
 (c) Telephone : 7706900355

2. THE INSURED VEHICLE

Make & Year <u>M120/2019</u>	Engine No. <u>MA10ACR4C24317</u> Chassis No. <u>MBLHAW089K4C11821</u>	Registration No. <u>UP57A0</u> <u>0115</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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Dharmendra Kumar Kushwaha
 (b) Age : _____
 (c) Address : Kushwaha
 (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 : UP5720170006160
 (h) Issuing Authority : _____
 (i) Date of Expiry : 25/10/2037
 (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, 12:00 P.M
 (b) Place : Whirlwind
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी बाइक मेर मंडा सा ने मर ग्या रहे थे। लगी मिथ
 (e) If any third party was responsible for this accident give the name and address : को राम बाइक वाला टक्कर मार दिना तो सामने गुला से
मई कोर वाइ बाइक मि
को गमेल हो

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Back side
 (b) Estimated cost of repairs : 8305/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobiles Poochaura

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

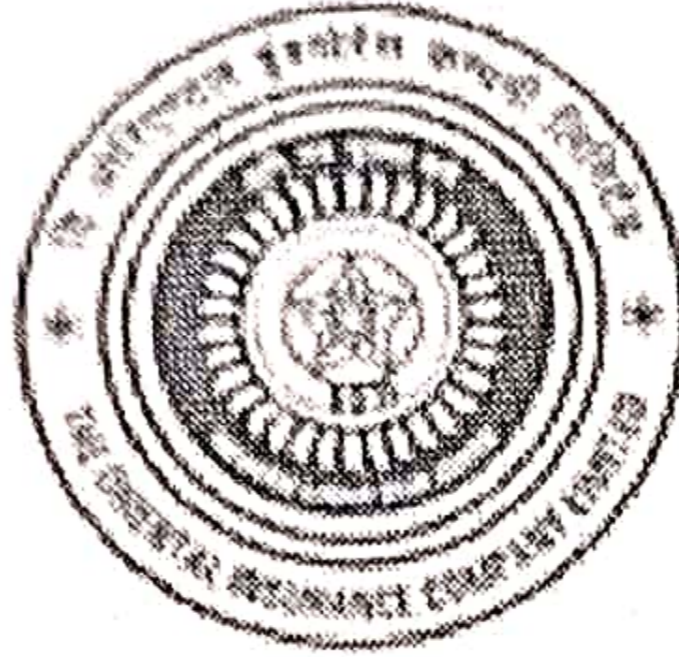
- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : N/A
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

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 19/02/26 200

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



GOVERNMENT OF UTTAR PRADESH
Transport Department Padrauna(KUSHI NAGAR)
FORM 21
CERTIFICATE OF REGISTRATION



Registration No : UP57AQ6115 Registratio.: Date : 16-Apr-2019
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -
Owner Name : JAMEELA Son/wife/daughter of : ROJDDIN
Full Address: (Permanent) : VILL-JUNGLE AMWA ANAND NAGAR, POST-JUNGLE AMWA, THANA-PADRAUNA,
KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-JUNGLE AMWA ANAND NAGAR, POST-JUNGLE AMWA, THANA-PADRAUNA,
KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 15-Apr-2034 Tax UpTo : One Time
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE IV
Maker's Name : HERO MOTOCORP LTD
Front HSRP No :
Type of Body : SOLO WITH PILLION Rear HSRP No :
No of Cylinders : 1 Month/Year of Manuf. : 03/2019
Engine No : HA10AGK4C24317 Chassis No : MBLHAW089K4C11821
Horse Power(BHP) : 8.24 Fuel : PETROL
Maker's Classification : SPLENDOR+ (13S-SELF-DR Wheel base : 97.20
UM-CAST) Cubic Capacity : 1230
Seating Cap(in all) : 2 Standing Cap : 0
Steepar Cap : 0 Unladen W/t (kgs) : 112
Colour : GBK Laden/GV Wt (kg) : 222
Other Criteria : 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 : 06-Apr-2019 Sale Amt : 54225/-
OTT Date : 06-Apr-2019 Amount/Rcpt No : 5423 / UP57D19040001071
TaxUpTo : One Time Vehicle Is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 16-Apr-2019
Other State/Transfer/Conversion Details
Previous Owner :
Old State :
Transfer Date :

Date : 16-Apr-2019 16:59:02
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 16-Apr-2019

Union Driving Licence
by Uttar Pradesh



UP57 20170006160

Issue Date Validity (NT) Validity (TR)*
06-10-2022 25-10-2037 05-10-2027



Holder's Signature

DHARMENDRA KUMAR KUSHWAHA

Date of Birth: 19-07-1995 Blood Group: Organ Donor: **N**
 Daughter/Wife of: **SUDAMA KUSHWAHA**

Date of First Issue (26-10-2017)

Address:
 VILL-JUGAL AMAWA PO-BELWA
 JUNGAL, PS-PADRAUNA
 PADRAUNA, KUSHINAGAR, UP 274304

DL No: UP57 20170006160

UPDL000009428480



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	26-10-2017	NT			
	LMV	UP57	26-10-2017	NT			
	TRANS	UP57	03-07-2019	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
GOVERNMENT OF INDIA



जमीला

Jameela

जन्म तिथि/ DOB: 01/01/1982

महिला / FEMALE



5740 9166 1729

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

अर्धांगिनी: मुसाफिर, जंगल
अमवा, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

W/O: Musafir, Jungle Amwa,
Kushinagar,
Uttar Pradesh - 274304

5740 9166 1729

Aadhaar-Aam Admi ka Adhikar

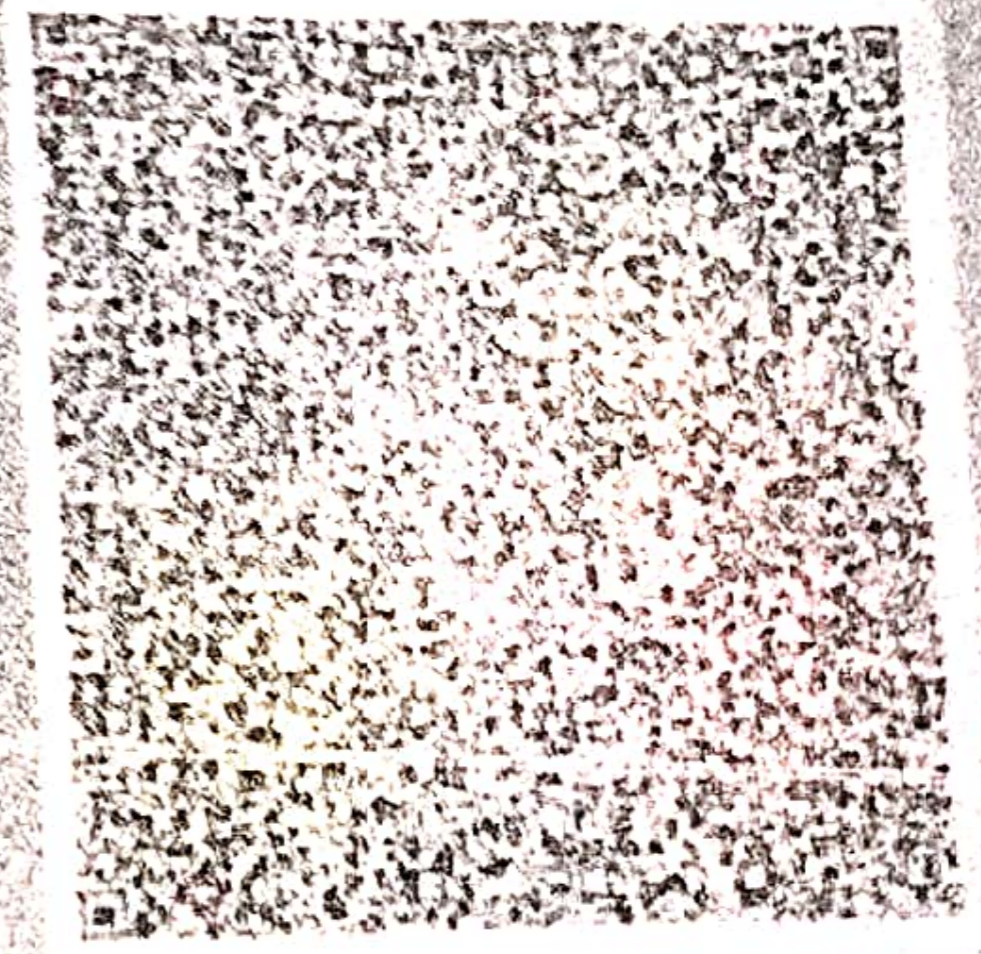
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BWMPJ2127E



नाम / Name
JAMEELA

पिता का नाम / Father's Name
ROJAMIYA

जन्म की तारीख / Date of Birth
01/01/1982

जामिला
हस्ताक्षर / Signature