

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

6885Date 20/02/26

Name

Umesh Chauhan

Add.

UP 27CB 3361

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Handle			510/-	
②	Handle			980/-	
③	Fork Pipe - ②			2300/-	
④	Fender			1450/-	
⑤	Indicator - ②			220/-	
⑥	visor			1000/-	
⑦	Inner Panel			450/-	
⑧	Rear chassis Repair			2000/-	
⑨	Labor charge			800/-	
TOTAL				9710/-	

Authorised Signatory

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

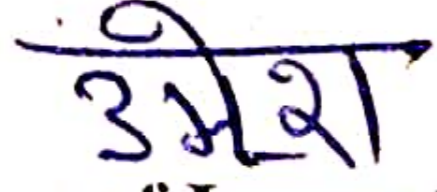
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Umish Chauhan 6351556944
2	Vehicle No. / वाहन संख्या	UP57CB3361
3	Policy No. / पालिसी संख्या	252400/31/2026/63164
4	Period of Insurance / बीमा अवधि	27/11/2025 to 26/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/02/2026, 01.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Dhabigat Manobha chhapra
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Umish Chauhan, UP20190012 684
8	Estimated Loss / अनुमानित हानि	9710/-
09.	Cause of Accident / दुर्घटना का कारण:	अपनी बाईक लेकर मन्हाछापर से अपने घर जा रहे थे तभी अचानक से एक मोड़ पर बाईक के सामने स्त्रियार आ गया उसी को बचाने हुये मेरी बाईक सामने से आ रही बाईक से टकरा कर हमे साईड गिरने से क्षतिग्रत 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 Padrauna

Date / दिनांक : 20/02/26
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. 25240/31/2026/63164

Tel. No. _____

Period of Insurance 27/11/2025 to 26/11/2026
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 : Umish Chauhan
(b) Address for correspondence : _____
(c) Telephone : 6351556944

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAIIF7SHL69705</u> Chassis No. <u>MBLHAW487SHLB4819</u>	Registration No. <u>UP57CB</u> <u>3361</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 : Vinush Chaudhan
 (b) Age : _____
 (c) Address : Rushinagar
 (d) Is the Driver owner
 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 : UP5720190012684
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2031
 (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, 1:00 P.M
 (b) Place : Dhobhegaat manschha chhad road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मे अपनी बाइक ले गुरु म-छु-छामर से अपनी बाइक ले
 (e) If any third party was responsible for this accident give the name and address : तभी मोर मर बाइक के सामने से सिगासुआ गंगा उली
हु-पा-ए-ए-ए सामने बाइक आरहे
उसमे टकरा मर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 9710/-
 (c) When and where can the damaged vehicle be inspected : Crup to automobiles Patna

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 20/02/26 200

Signature of the insured 3M21

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.

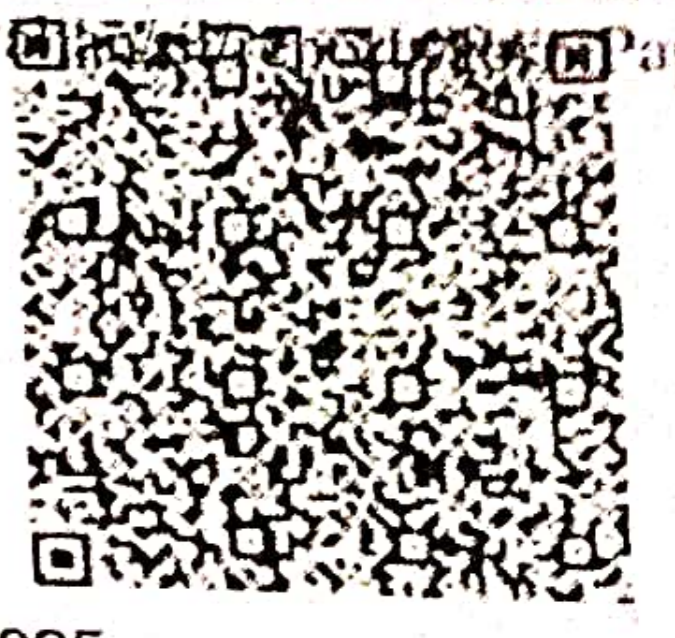
Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature 31/21
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 : UP57CB3361 Registration Date : 28-Nov-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 : UMESH CHAUHAN Son/wife/daughter of : CHANDRIKA
 Full Address: (Permanent) : VILL-JUNGLE GAIGHAT, POST-NAHAR CHHAPRA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-JUNGLE GAIGHAT, POST-NAHAR CHHAPRA, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness Up To : 27-Nov-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 : AA1047459676 Rear HSRP No : AA2143877249
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW487SHLB4814
 Engine No : HA11F7SHL69705 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 27-Nov-2025.

Purchase dt : 27-Nov-2025 Sale Amt : 73764/-
 OTT Date : 27-Nov-2025 Amount/Rcpt No : 7377 / UP57D25110008452
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Dec-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-Nov-2025 to 27-Nov-2040

Date : 28-Jan-2026 13:02:38

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 28-Jan-2026

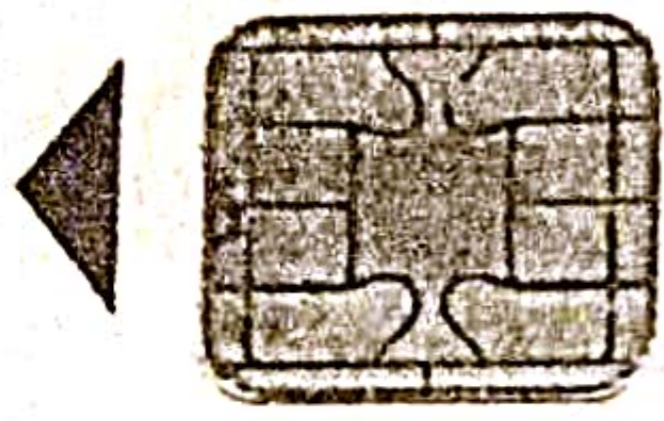




Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20190012684



Issue Date: 13-11-2019
 Validity (NT): 31-12-2031

Validity (TR)*



Signature

Holder's Signature

Name: **UMESH CHAUHAN**
 Date of Birth: 01-01-1992 Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **CHANDRIKA**
 Address:
VILL-GUNGLE GAI GHAT PO NAHAR CHHAPRA
PSPADRAUNA Padrauna, Kushinagar, UP 274304

Date of First Issue (13-11-2019)

DL No.: UP57 20190012684

UPDL000001642609



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	13-11-2019	NT			
	LMV	UP57	13-11-2019	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India



उमेश चौहन

Umesh Chauhan

माता : शुभावती देवी

Mother : Shubhawati Devi

जन्म तिथि / DOB : 01/01/1992

पुरुष / Male



6009 8102 1385

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O चन्द्रिका, 781, 00, जंगल गड्ड
घट, कुशीनगर, नहर छपरा, उत्तर
प्रदेश, 274304

Address:

S/O Chandrika, 781, 00, Jungle
Gai Ghat, Kushinagar, Nahar
Chhapra, Uttar Pradesh, 274304

6009 8102 1385



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BURPC0930K

नाम / Name
UMESH CHAUHAN

पिता का नाम / Father's Name
CHANDRIKA

जन्म की तारीख / Date of Birth
01/01/1992

A PAN Application Digitally Signed, Card Not Valid unless Physically Signed



17042018