

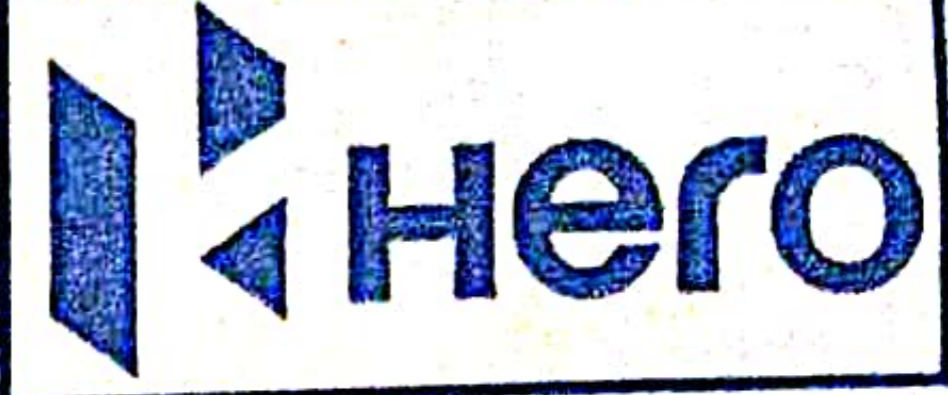
Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

6891

Date 20/02/20

Name

Abhishek Kumar Mishra

Add.

UP 57 BX 1589

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	visor			500/-	
②	mirror			450/-	
③	upper (R) + (L)			2200/-	
④	Lower (R) + (L)			3450/-	
⑤	Lever - (L)			105/-	
⑥	Labor charge			60/-	
TOTAL				7465/-	

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.	Abhishek Kumar Mishra 9151015733
2	Vehicle No. / वाहन संख्या	UP57BX1589
3	Policy No. / पालिसी संख्या	252400/31/2025/99404
4	Period of Insurance / बीमा अवधि	31/03/2025 to 30/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/02/2026, 11:00 AM
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	Abhishek Kumar Mishra UP5720110008350
8	Estimated Loss / अनुमानित हानि	7465/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी अपनी सड़की लैंगर मारने के बाद आ. तभी अचानक सामने से एक गाड़ी आती हुई साइड लैंगर मार दिया तो सड़की मेरी गाड़ी साइड गिरने से डमिया हुई 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 automobiles Padrauna

Date / दिनांक : 20/02/26
हस्ताक्षर

ABHISHEK
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. 252400/31/2025/99404
 Tel. No. _____ Period of Insurance 31/03/2025 to 30/03/2026
 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 : Abhishek Kumar Mishra
 (b) Address for correspondence : _____
 (c) Telephone : 9451015733

2. THE INSURED VEHICLE

Make & Year <u>Huwo/2025</u>	Engine No. <u>ECD00156C04156</u> Chassis No. <u>MBLCEW04X56C03470</u>	Registration No. <u>UP57BX 1589</u>
---------------------------------	--------------------------------------------------------------------------	--------------------------------------------

(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 : Abhishek Kumar Mishra
(b) Age : 26
(c) Address : Pushnagar
(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 : UP5720110008350
(h) Issuing Authority :
(i) Date of Expiry : 26/07/2031
(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 : 19/02/2026, 11:00 AM
(b) Place : Padrauna
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : मेरे सामने खड़ी कार सामने से बाईपास करती हुई आ रही थी
(e) If any third party was responsible for this accident give the name and address : अज्ञात मोटर कार से बाईपास करती हुई आ रही थी
कार चलाते समय
जैसे जैसे साईं चिरे
तै डीमेल हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end-side
(b) Estimated cost of repairs : 7965/-
(c) When and where can the damaged vehicle be inspected : crufoto 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 : 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? : _____
- (b) If yes, give full details : _____

N/A

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? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

N/A

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? : _____
- (g) When? : _____
- (h) Which Policy Station? : _____
- (i) C.R. diary Number : _____

N/A

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 ABHESHEK

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 **ABHISHEK**
Occupation
Address
.....
.....

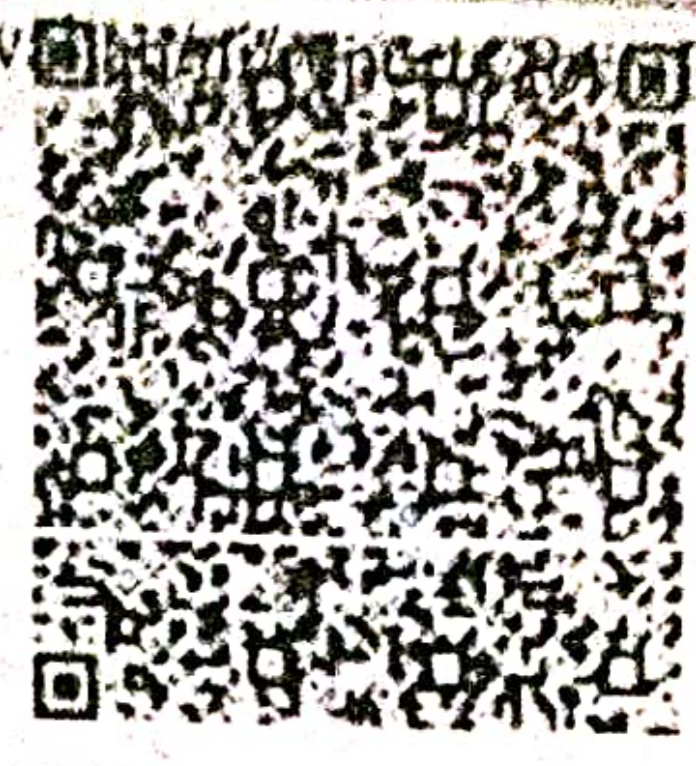
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX1589 Registration Date : 01-Apr-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 : ABHISHEK KUMAR MISHRA Son/wife/daughter of : PARMANAND
 Full Address: (Permanent) : WARD NO-4 PADRAUNA, MAIN BAZAR DAKSHINI RAMDHAM POKHARA, PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : WARD NO-4 PADRAUNA, MAIN BAZAR DAKSHINI RAMDHAM POKHARA, PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 31-Mar-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	: AA2113222028	Rear HSRP No	: AA2116226457
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 03/2025
No of Cylinders	: 0	Chassis No	: MBLCEW04XS6C03470
Engine No	: ECD001S6C04156	Fuel	: PURE EV
Horse Power(BHP)	: 8.04	Cubic Capacity	: 0.00
Maker's Classification	: VIDA V2 PLUS	Wheel base	: 1301
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 124
Colour	: MATT ABRAX ORANGE	Laden/GV Wt (kgs)	: 274
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 IDFC FIRST BANK LIMITED, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 01-Apr-2025.

Purchase dt : 31-Mar-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Apr-2025 to 31-Mar-2040

Date : 22-Apr-2025 11:55:03
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 22-Apr-2025

(1)

प्रपत्र-6

[नियम 16(1) देखिये]

चालन अनुज्ञापित का प्रारूप

अनुज्ञापितधारक का नाम अभिषेक

कुमार मिश्र
पुत्र/पत्नी/पुत्री परमानन्द मिश्र

फोटोग्राफ के नाम लिखा जाए प्राधिकारी की उसके हस्ताक्षर भाग फोटोग्राफ एक भाग चालन पर होना चाहिए



अनुज्ञापितधारक के हस्ताक्षर/अंगूठे के

(4)

परिवहन यान से भिन्न मोटर यान चलाने के लिए तारीख 27/7/11 से 26/7/2013 तक अनुज्ञापित विधिमान्य है। परिवहन यान चलाने के लिए तारीख से तक अनुज्ञापित विधिमान्य है।

चालन परीक्षा का संचालन करने वाले प्राधिकारी का नाम और पदनाम।
अनुज्ञापन प्राधिकारी के हस्ताक्षर और पदनाम।

परिवहन यान चलाने के लिए प्राधिकार संख्यांक तारीख तारीख से परिवहन यान चलाने के लिए प्राधिकृत किया जाता है।

5711588350
(2)

चालन अनुज्ञापित संख्यांक 27/7/11
जारी करने की तारीख

नाम अभिषेक कुमार मिश्र

पुत्र/पत्नी/पुत्री परमानन्द मिश्र

नागरिकता
अस्थायी पता/कार्यालय का पता (यदि कोई हो) वाहाबाबा

स्थायी पता कुशावा

जन्म-तिथि

शैक्षिक अर्हताएं

वैकल्पिक

DL-NO -
UP57.20110008350

(3)

रक्त समूह
आर०एच० फैक्टर
इस अनुज्ञापित के धारक को संपूर्ण भारत में निम्नलिखित वर्णन के यानों को चलाने की अनुज्ञापित प्रदान की जाती है : Unrestricted

बिना गियर वाली मोटर साइकिल
गियर वाली मोटर साइकिल
अशक्त यात्री गाड़ी
हल्का मोटर यान
परिवहन यान
रोड रोलेर
किसी विनिर्दिष्ट वर्णन का मोटर यान,
अर्थात्

भारत सरकार

Government of India

अभिषेक कुमार मिश्र

Abhishek Kumar Mishra

जन्म तिथि / DOB : 20/04/1988

पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

2686 3367 2618

मेरा आधार, मेरी पहचान

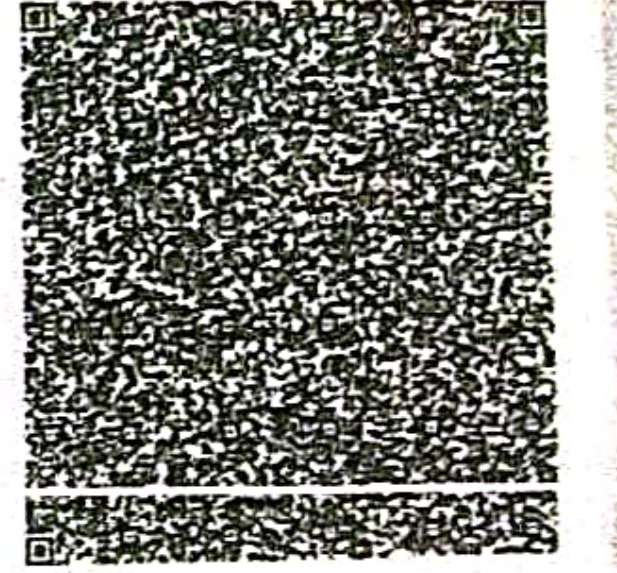


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: परमानन्द, वार्ड 4, पडरौना, मुख्य बाज़ार
दक्षिणी रामधाम पोखरा, पडरौना, कुशीनगर, उत्तर
प्रदेश, 274304
Address: C/O Parmanand, Word 4,
Padrauna, Main Bazar Dakshini
Ramdham Pokhara, Padrauna,
PO:Padrauna, DIST:Kushinagar, Uttar*
Pradesh, 274304



2686 3367 2618



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

ABHISHEK KUMAR MISHRA

PARAMA NAND MISHRA

20/04/1988

Permanent Account Number

BABPM5989E

ABHISH EK

Signature



60029051