

# Gupta

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**

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

No. **6888**Date **21/02/26**Name **Nutu Devi**Add. **UP 57 CA 2212**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5500/-	
②	Fender			1450/-	
③	visor			1265/-	
④	Tool BOX cover			120/-	
⑤	Labor charge			600/-	
			<b>TOTAL</b>	<b>8935/-</b>	

Authorized Signatory

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

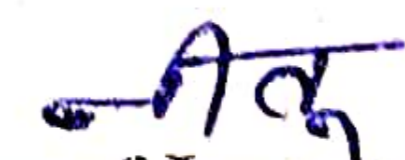
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Neetu Devi, 0180084792
2	Vehicle No. / वाहन संख्या	UP57CA2212
3	Policy No. / पालिसी संख्या	22/10/2025 to 21/10/2026
4	Period of Insurance / बीमा अवधि	252400/31/2026/49375
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/02/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Hanuman Ganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pradeep Yadav, UP5720200010829 0726141560
8	Estimated Loss / अनुमानित हानि	8935/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे डेवर प्रदीप यादव बाइक लेकर किसी काम से जा रहे थे तभी एक बस्कि वाले ने साइड से चक्कर मार दिया बाइक बायें साइड गिरने से क्षतिग्रत 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 / फ़ोन नं.	Gupta automobile Padrauna

Date / दिनांक : 21/02/26  
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. 252400/31/2026/49375  
 Tel. No. \_\_\_\_\_ Period of Insurance 22/10/25 to 21/10/26  
 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 : Neetu Dew'  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 0180084792

2. THE INSURED VEHICLE

Make & Year <u>Hesle/2025'</u>	Engine No. <u>H A 11 F B S H K 3 0 5 6 4</u> Chassis No. <u>M B L H A W 3 3 X S H K 3 0 4 1 6</u>	Registration No. <u>UP57CA 2212</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 trailor attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pradup yadav  
(b) Age :  
(c) Address : kuskinagar  
(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 : UP5720200010809  
(h) Issuing Authority :  
(i) Date of Expiry : 3/07/2039  
(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

- Date and Time : 19/02/2026, 5:00 P.M.  
Place : Hanumanganj  
Speed of vehicle at the time of accident :  
Give a short description of the accident : मेरी देवर वाहन ले कर किसी काम से जा रहे थे  
If any third party was responsible for this accident give the name and address : लक्ष्मी राम वाहन चाल न सामन के लक्ष्मण रमा  
दिसा ले वाहन चामे हाईसिबिरी के अमेन एवाइ

6. DAMAGE TO INSURED VEHICLE

- Full details of damage : Front md side  
Estimated cost of repairs : 2935/-  
When and where can the damaged vehicle be inspected : Gajpota automobiles Padrauna

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- Name :  
Address :  
Full Details of personal injury sustained :  
Name and address of any person/hospital giving medical attention to injured person :  
Full details of property damaged :  
Has notice of any claim been given to you? :  
N/A

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. : \_\_\_\_\_

~~/~~

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 Police 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 21/02/20 200

Signature of the insured Atk

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. \_\_\_\_\_

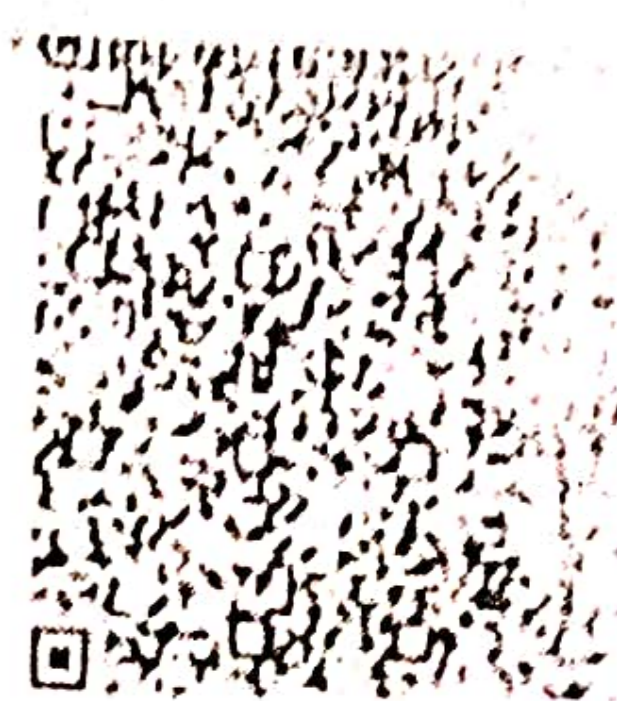
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature ..... *AK* .....  
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 : UP57CA2212 Registration Date : 25-Oct-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 : NETU DEVI Son/wife/daughter of : SUNIL SAHANI  
Full Address: (Permanent) : WARD NO-5 BODHI CHHAPRA, POST-GAITHIHAW MUS., THANA-HANUMANGANJ, KUSHINAGAR, UTTAR PRADESH-274802  
Full Address: (Temporary) : WARD NO-5 BODHI CHHAPRA, POST-GAITHIHAW MUS., THANA-HANUMANGANJ, KUSHINAGAR-UTTAR PRADESH-274802  
Fitness Up To : 24-Oct-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 : AA2140321549 Rear HSRP No : AA2141824121  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
No of Cylinders : 1 Chassis No : MBLHAW/33XSHK30416  
Engine No : HA11FBSHK30564 Fuel : PETROL  
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 112  
Colour : Black Heavy Grey 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, . . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 24-Oct-2025.

Purchase dt : 22-Oct-2025 Sale Amt : 80517/-  
OTT Date : 22-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100008324  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 05-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 25-Oct-2025 to 24-Oct-2040

Signature of Registering Authority  
Date : 16-Dec-2025

**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**

**UP57 20200010809**

Issue Date: 23-09-2020    Validity (NT): 03-07-2039    Validity (TR): \_\_\_\_\_

Name: **PRADEEP YADAV**  
 Date of Birth: **04-07-1999**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **NIRMAL YADAV**

Address:  
**WARD NO-10 BODHI CHHAPARA PO GHITHIHAWA  
 PS HANUMANGANJ PADRAUNA, KUSHINAGAR, UP  
 274802**

Holder's Signature: \_\_\_\_\_  
 Date of First Issue: **(23-09-2020)**

**DL No: UP57 20200010809**    UPDL000003837148

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*
	LMV	UP57	23-09-2020	NT			

Emergency Contact Number \_\_\_\_\_

Licensing Authority  
**UP57 KUSHINAGAR**

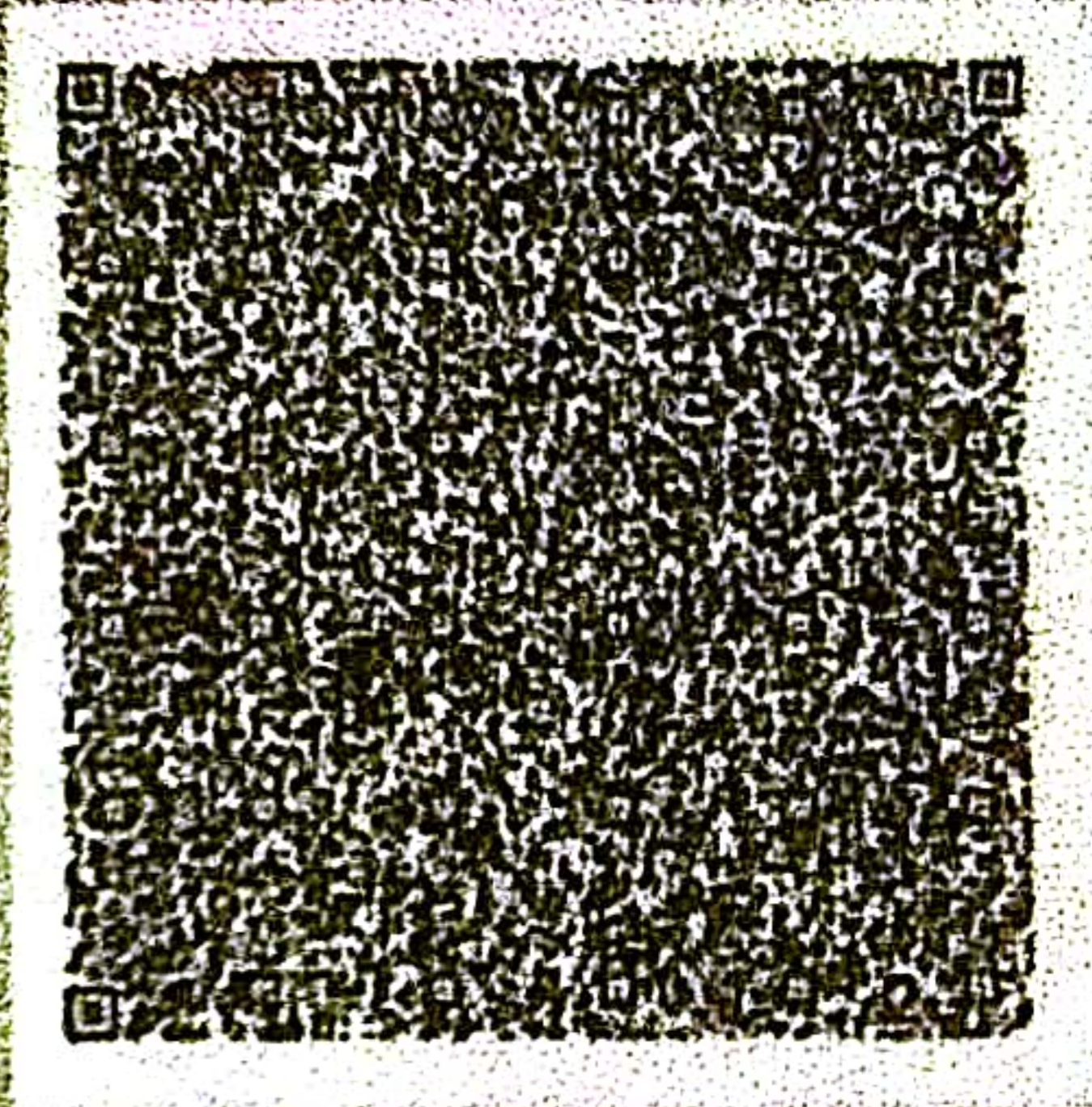
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**EVRPD6696F**



श्री. / श्रीमती  
**NEETU DEVI**

पिता का नाम / Father's Name  
**MAHADEV**

जन्म तिथि / Date of Birth  
**01/08/1999**

हस्ताक्षर / Signature



भारत सरकार

Government of India

नीतू देवी  
Neetu Devi

पति : सुनील  
Husband : Sunil

जन्म तिथि / DOB : 01/08/1999  
महिला / Female



9873 9508 9763

मेरा आधार, मेरी पहचान



भारतीय पहचान प्राधिकरण

Unique Identification Authority of India

पता: W/O सुनील साहनी, वॉर्ड  
न.05, बोधीछापर, गैठिहव मुस.  
घिथिहव आहत., कुशीनगर, गेथीहवा,  
उत्तर प्रदेश, 274802

Address: W/O Sunil Sahani, ward no.05,  
Bodhichhapar, Gaithihaw Mus. Ghithihaw  
Aht., Kushinagar, Gethihawa, Uttar  
Pradesh, 274802

9873 9508 9763



1947



help@uidai.gov.in

www

www.uidai.gov.in