

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **6887**

Date **21/02/20**

Name **Somari**

Add. **UP 57 BY 9680**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
				Rs.	
①	Break pad + Hold			1000/-	
②	Small muffler cover			650/-	
③	muffler			6000/-	
④	visor			1065/-	
⑤	handle			500/-	
⑥	solar ②+②			2300/-	
⑦	labor charge			800/-	
<b>TOTAL</b>				<b>12395/-</b>	

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.	Somari 6307405035
2	Vehicle No. / वाहन संख्या	UP57BY9680
3	Policy No. / पालिसी संख्या	252402/31/2026/31772
4	Period of Insurance / बीमा अवधि	7/08/2025 to 6/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/02/2026, 4:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Sidhuwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Suraj Kumar Gupta, UP572024 0002508 9620350250
8	Estimated Loss / अनुमानित हानि	12395/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे मंडासी सुरज कुमार गुप्ता लखन बाजार से घर जा रहे थे। तभी अचानक सामने से आकर दाहिने साइड में लक्कर मार दिया हम वाहन को लौ वाहन मेरी डामेज 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.	9125197140 Gupta automobiles Padmauna सुरेश

Date / दिनांक : 21/02/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Suraj Kumar Gupta
- (b) Age : 38
- (c) Address : Section 10
- (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 : UP5720240002580
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 14/06/2039
- (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

- (a) Date and Time : 19/02/2026, 4:00 P.M
- (b) Place : Sidhuwa
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : मेरी कार में मेरी मंजूरी के बिना एक व्यक्ति ने मेरी कार को चलाया और यह हादसा हुआ।
- (e) If any third party was responsible for this accident give the name and address : सामने से आकर चला साइड में चला और मेरी कार को टक्कर मारी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front mid-side
- (b) Estimated cost of repairs : 12395/-
- (c) When and where can the damaged vehicle be inspected : Gupta 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 : \_\_\_\_\_
- (e) Full details of property damaged : \_\_\_\_\_
- (f) Has notice of any claim been given to you? : NO

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 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 21/02/26 200

Signature of the insured [Signature]

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. \_\_\_\_\_

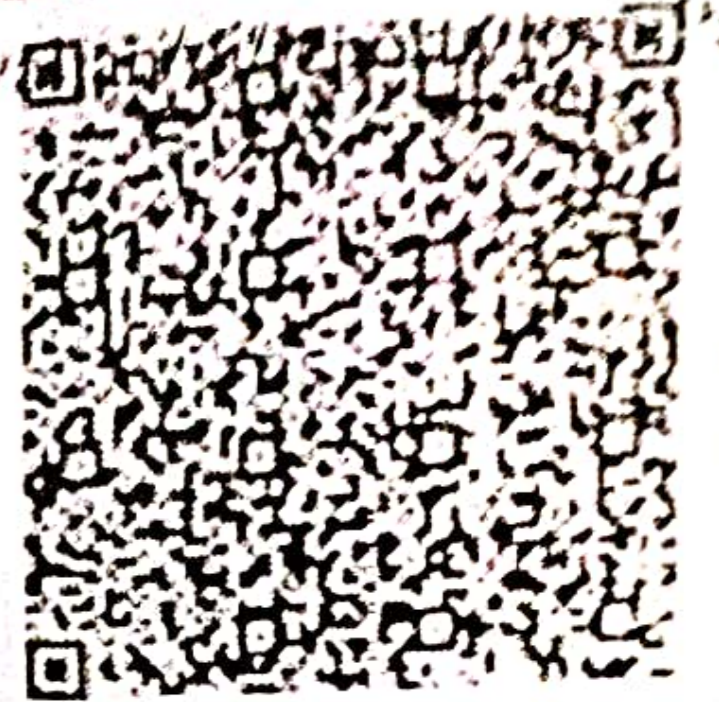
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

सोमदी

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

Signature .....  
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 : UP57BY9680 Registration Date : 08-Aug-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 : SOMARI Son/wife/daughter of : CHHEDI  
 Full Address: (Permanent) : VILL-JUNGLE BANBIRPUR, POST -KATHKUIYA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274303  
 Full Address: (Temporary) : VILL-JUNGLE BANBIRPUR, POST -KATHKUIYA, THANA -PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274303  
 Fitness UpTo : 07-Aug-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 : AA2132848959 Rear HSRP No : AA1043833927  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
 No of Cylinders : 1 Chassis No : MBLHAW465SHG51889  
 Engine No : HA11F6SHG47389 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243  
 Other Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicies 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. 07-Aug-2025.

Purchase dt : 07-Aug-2025 Sale Amt : 83351/-  
 OTT Date : 07-Aug-2025 Amount/Rcpt No : 8336 / UP57D25080000796  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 14-Aug-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 08-Aug-2025 to 07-Aug-2040

Signature of Registering Authority  
 Date: 30-Aug-2025  
 A.P.T.O. (A)  
 KUSHI NAGAR (U.P.)

DL No: UP57 20240002588

UPDL00001777



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\*



MCG

UP57

16-02-2024

NT



LNV

UP57

16-02-2024

NT



MVSD

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAH

Form 7 Rule 16(2)



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20240002588

Issue Date

Validity (NT)

Validity (TR)\*

16-02-2024

14-06-2039



(16-02-2024)

Holder's Signature

Name:

SURAJ KUMAR GUPTA

Date of Birth:

15-06-1999

Blood Group:

Organ Donor:

N

Son/Daughter/Wife of:

DAYASHANKAR GUPTA

Address:

Kan Nayan Jungle Binbirpur Padrauna  
Kushinagar Uttar Pradesh 274303

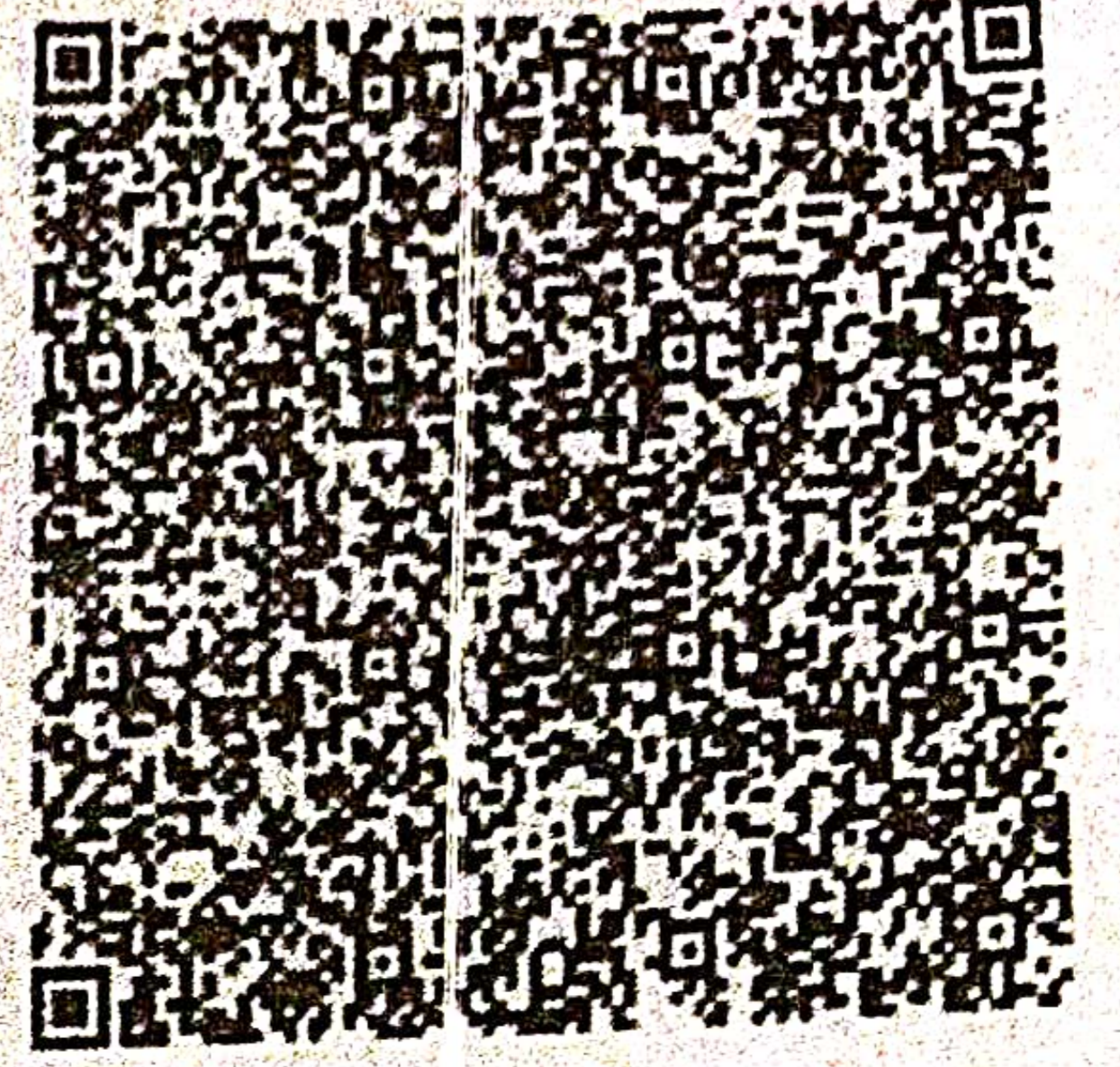
Date of First Issue



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता :  
आत्मज: छेदी जंगल बंबीरपुर कुशीनगर  
उत्तर प्रदेश - 274303



Address :  
S/O: Chhedi Jungle Banbirpur Kushinagar  
Uttar Pradesh - 274303

7985 9701 9378

1947

help@uidai.gov.in



www.uidai.gov.in



भारत सरकार  
Government of India



सोमारी  
Somari  
जन्म तिथि/DOB: 01/01/1983  
पुरुष/ Male

Issue Date: 23/10/2020

7985 9701 9378

मेरा आधार, मेरी पहचान

आयकर विभाग  
INCOME TAX DEPARTMENT

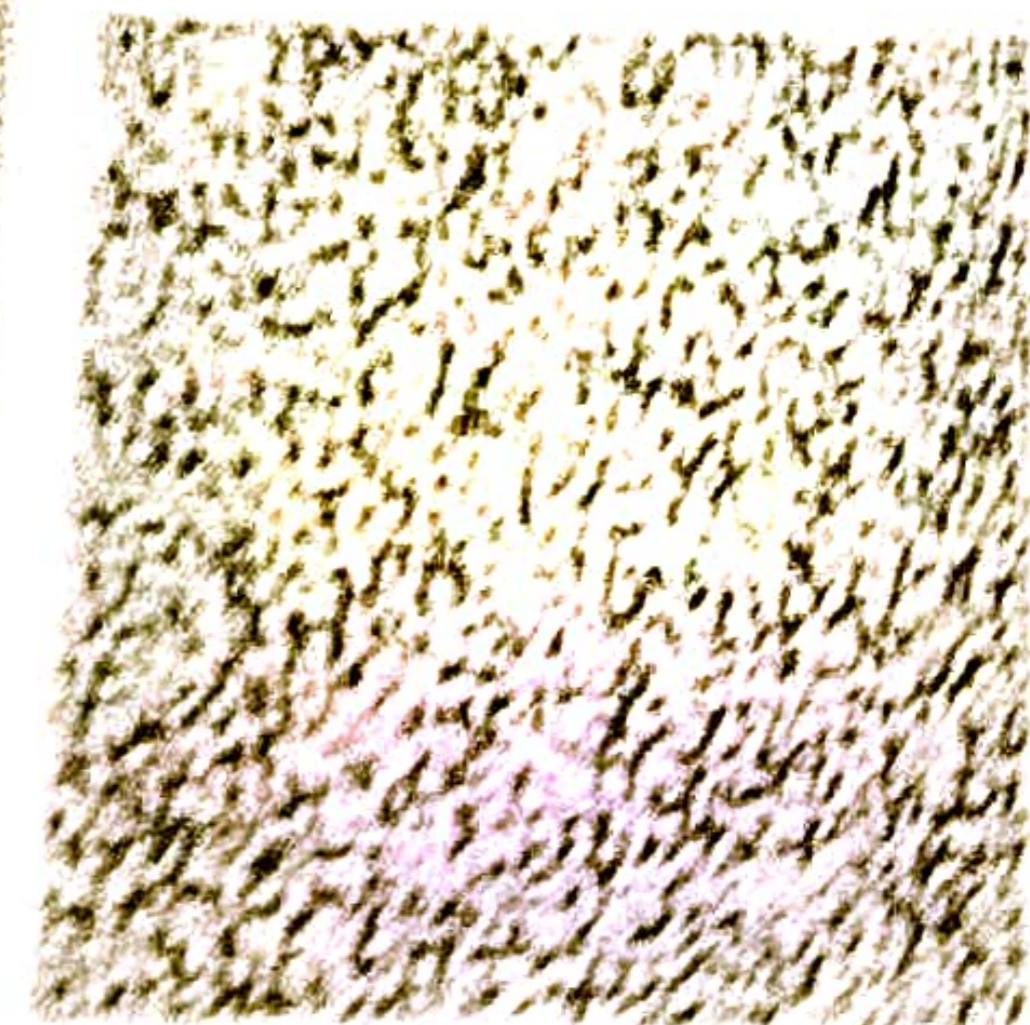


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**QGNPS0585P**



नाम / Name  
**SOMARI**

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

जन्म की तारीख / Date of Birth  
**01/01/1983**

सोमारी

हस्ताक्षर / Signature

13824