

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6892** Date 23/02/26

Name Nasruddin ali

Add. UP57 BZ1715

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Rear fender			1070/-	
②	Indicators (R)			220/-	
③	Labor charge			500/-	
			TOTAL	1790/-	

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.	Nasruddinali 9792381870
2	Vehicle No. / वाहन संख्या	UP57 BZ 1715
3	Policy No. / पालिसी संख्या	252400/31/2026/34987
4	Period of Insurance / बीमा अवधि	30/08/2025 to 29/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/02/2026, 04:50 P.m.
6	Place of Accident / दुर्घटना का स्थान	Godrapur chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Hamid Raza, UP572025000 7388102979 6060
8	Estimated Loss / अनुमानित हानि	1790/-
09.	Cause of Accident / दुर्घटना का कारण: हमीद राजा मेरा दोस्त बर्डक लेकर किसी काम से जा रहा था तभी एक बर्डक वाले ने पिछे से चक्कर मार दिया बर्डक का पिछला मोटरगार्ड डेमेज हो 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.	9125794148. Gupta automobiles Raohana

Date / दिनांक : 23/02/26
हस्ताक्षर

Nasruddinali अली
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Hamid Raza
(b) Age : _____
(c) Address : Leubhi Nagar
(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 : UP5720250006060
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2025
(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 : 20/02/2026, 4:00 PM
(b) Place : Indrapur Chauraha
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरा गाड़ी वाहन के मर जाय सिखा रहा था तभी
(e) If any third party was responsible for this accident give the name and address : मम वाहन वाहन के मर जाय सिखा रहा था तभी
मासिकला मोटर गाडी सिखा रहा था
जग

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Back side
(b) Estimated cost of repairs : 1750/-
(c) When and where can the damaged vehicle be inspected : Crupra 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? : _____ 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? : _____ N/A
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police 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 23/02/26 200

Signature of the insured नसरुद्दीन अली

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 जस रंजीव अली
Occupation
Address
.....
.....

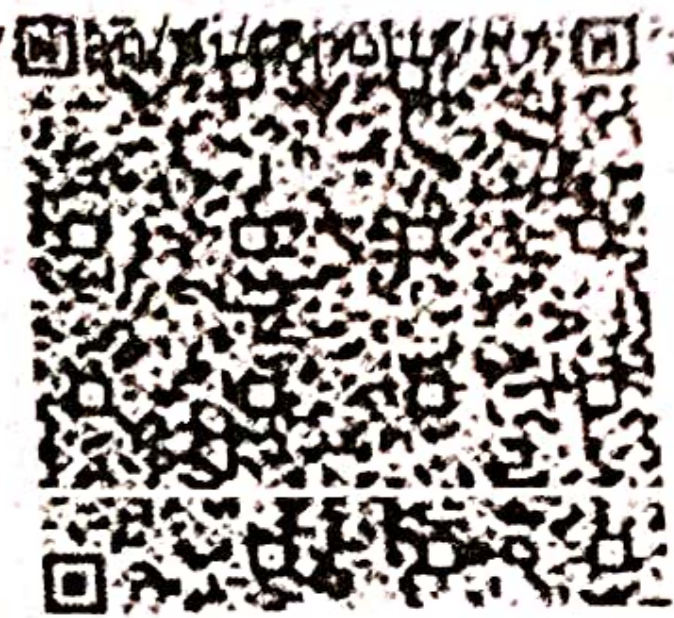
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ1715
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 02-Sep-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Purpose For Printing RC : NEW
Owner Name : NASRUDDIN ALI
Son/wife/daughter of : HABIB
Full Address: (Permanent) : ADD- SUBASH NAGAR PURVI, BASAHIYA URF KAPTANGANJ, POST & PS- KAPTANGANJ, KUSHINAGAR, UTTAR PRADESH-274301
Full Address: (Temporary) : ADD- SUBASH NAGAR PURVI, BASAHIYA URF KAPTANGANJ, POST & PS- KAPTANGANJ, KUSHINAGAR-UTTAR PRADESH-274301

Fitness UpTo : 01-Sep-2040
Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Ownership : INDIVIDUAL
Nominee Name : KHURSHED ALAM
Relationship with the : Son
Norms : BHARAT STAGE VI
Nominee

Maker's Name : HFRM MOTOCORP LTD
Front HSRP No : AA2133139927
Rear HSRP No : AA2131515195
Type of Body : SOLO WITH PILLION
Month/Year of Manuf. : 04/2025
No of Cylinders : 1
Chassis No : MBLHAW472SHDB2284
Engine No : HA11F6SHD05869
Fuel : PETROL
Horse Power(BHP) : 8.17
Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+BLACK&ACCENT Wheel base : 1235
NT I3S(DRS)
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 113
Sleepar Cap : 0
Laden/GV Wt (kgs) : 243
Colour : BLACK AND ACCENT
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf. : 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 : 30-Aug-2025
Sale Amt : 80616/-
OTT Date : 30-Aug-2025
Amount/Rcpt No : 8062 / UP57D25090000158
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 08-Sep-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Previous RegNo :
Entry Date :
Old State :
Conversion Date :
Transfer Date :

This certificate is valid from 02-Sep-2025 to 01-Sep-2040

Signature of Registering Authority
Date : 11-Sep-2025



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

UP57 20250006060

Issue Date Validity (NT) Validity (TR)*
02-04-2025 31-12-2045



Holder's Signature

Name: **HAMID RAZA**
Date of Birth: **01-01-2006** Blood Group:
Son/Daughter/Wife of: **MOHAMMAD RAZA** Organ Donor: **Y**
Address:
**WARD N 1 AMBEDKAR NAGAR CAPTAINGANJ
BASAHIYA URF KAPTAN GANJ HATA KUSHINAGAR
Uttar Pr 274301**

Date of First Issue: 02-04-2025

DL No: **UP57 20250006060**

UPDL571000009296



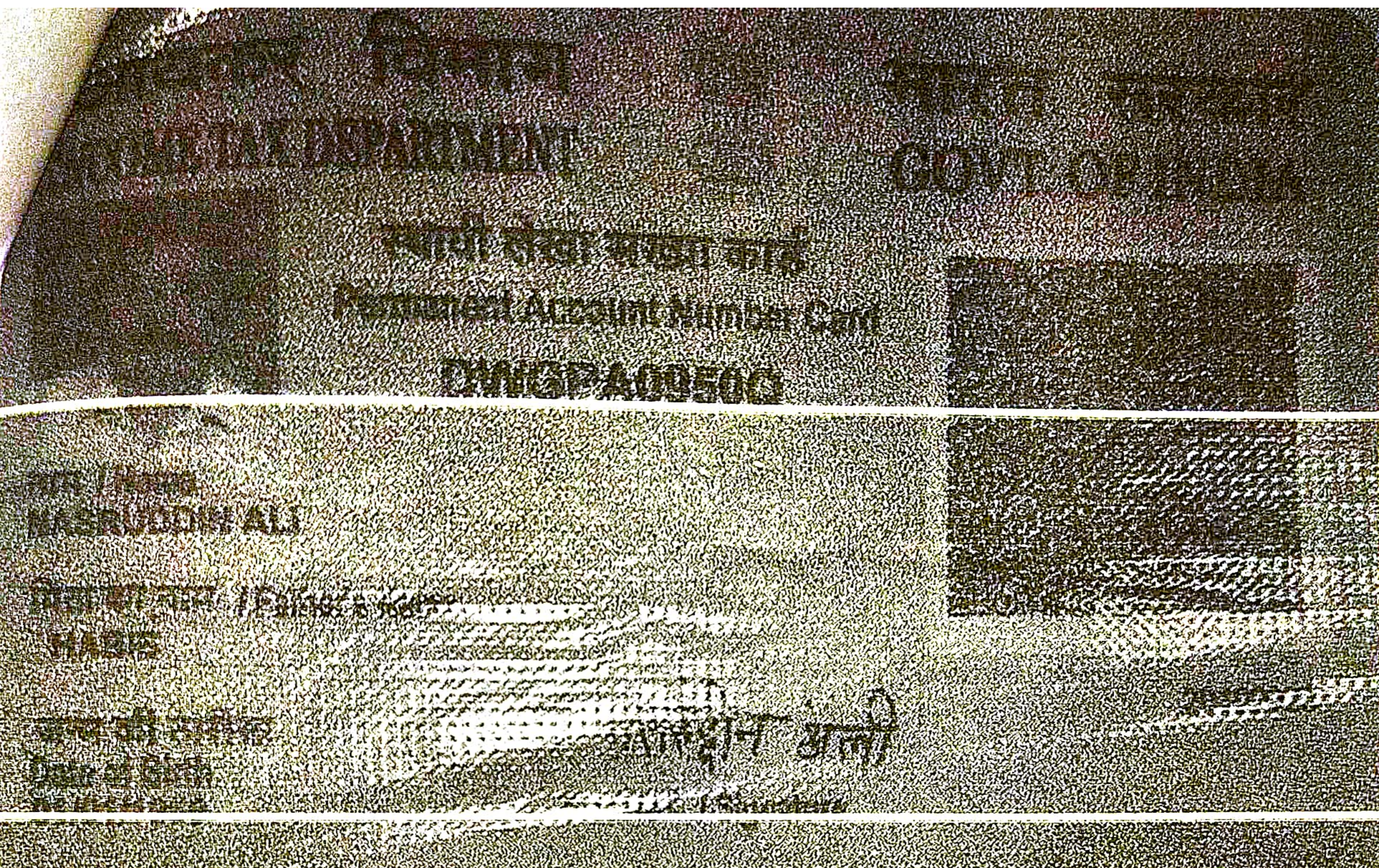
Invalid Carriage (Regn Numbers)*
Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP57	02-04-2025	NT			
	LMV	UP57	02-04-2025	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 (Rule 16(2))





भारत सरकार
जनसंपर्क विभाग



Issue Date: 28/09/2018



नसरुद्दीन अली
Nasruddin Ali
जन्म तिथि/DOB: 01/01/1969
पुरुष/ MALE

Issue Date: 28/09/2018

4567 1069 1706
VID : 9196 0329 7039 2505
मेरा आधार, मेरी पहचान

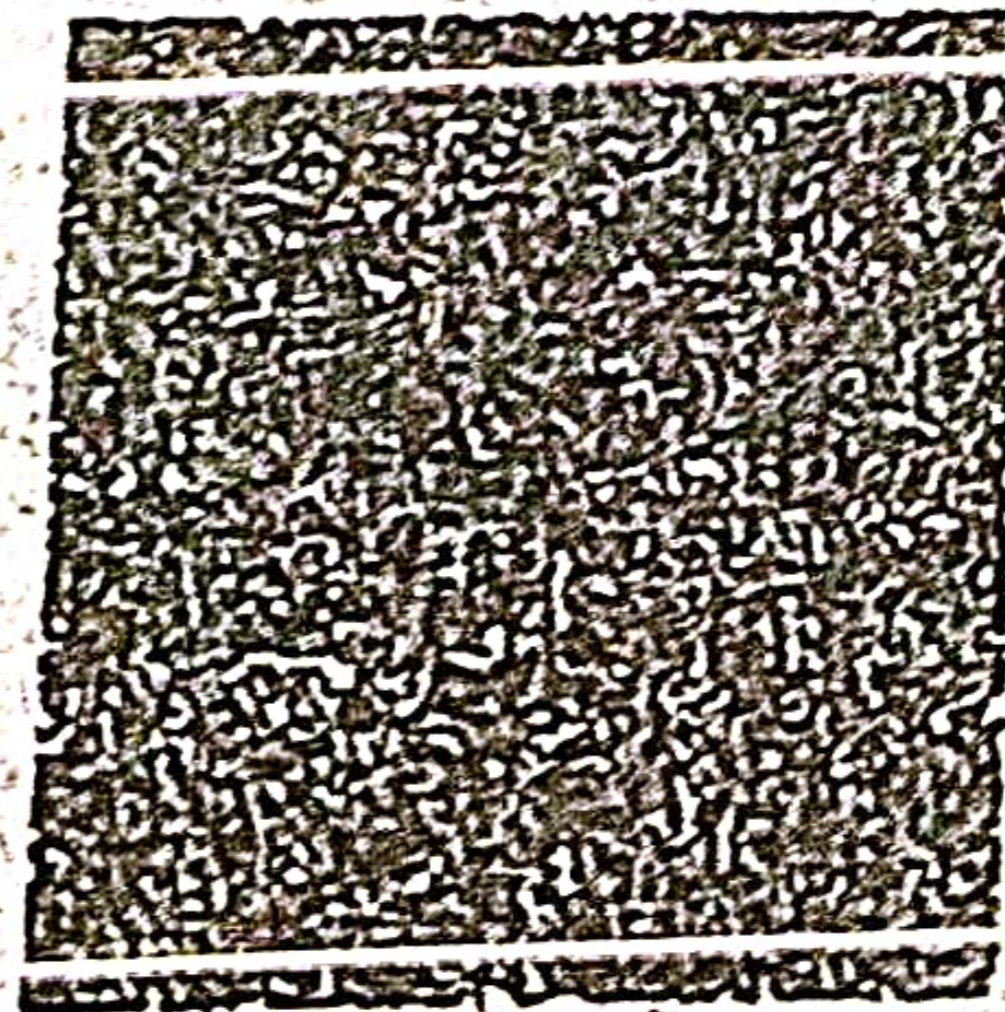


भारतीय विज्ञान संशोधन परिषद
National Science Foundation of India



पता:
आत्मजा, हबीब, सुबाष नगर पूर्वी वॉर्ड 7, कसहिया उर्फ
कप्तान गंज, कुशीनगर,
उत्तर प्रदेश - 274301

Address:
S/O: Habib, subash nagar purvi ward 7,
Basahiya Urf Kaptan Ganj, Kushinagar,
Uttar Pradesh - 274301



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VID : 9196 0323 7035 2505