

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6889**

Date 23/02/26

Name Arman

Add. UP 27 CB 6426

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Front Rim			4800/-	
②	Rear Rim			4500/-	
③	Labor charge			500/-	
			TOTAL	9800/-	

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.	Arman , 9569443947
2	Vehicle No. / वाहन संख्या	UP57CB6426
3	Policy No. / पालिसी संख्या	252400/31/2026/PRTL/4600566
4	Period of Insurance / बीमा अवधि	27/12/2025 to 26/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/02/2026, 09.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Khadga
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP57.20210009198 7704050131, Gulam Muhammad
8	Estimated Loss / अनुमानित हानि	9800/-
09.	Cause of Accident / दुर्घटना का कारण :	गुलाम मोहम्मद मेरा दोस्त बस्कि लेकर बिहार से घर आ रहा था तभी अचानक से बड़ा के पास रोड पर एक गढ़वा पड़ा उसी में बस्कि का पहिया जाने से बस्कि का दोनों रिम क्षतिग्रस्त 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.	Gupta automobiles Paokhuma.

ARMAN

Signature of Insured / बीमाधारक के

Date / दिनांक : 22/2/2026
हस्ताक्षर



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. 252402/31/2026/PRII/4688
 Tel. No. _____ Period of Insurance 27/12/2025 to 26/12/2026
 Claim No. 566

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 : Arman
 (b) Address for correspondence : _____
 (c) Telephone : 9569443949

2. THE INSURED VEHICLE

Make & Year <u>Huay/2025</u>	Engine No. <u>HAT1E9SHM00269</u> Chassis No. <u>MBLHAW490SHM00219</u>	Registration No. <u>UP57CB</u> <u>6426</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? No
 (d) If a Motor Cycle/scooter No
 1. Was a side-car attached No
 2. Was a pillion rider carried _____

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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Owlam Muhammad
 (b) Age : _____
 (c) Address : Laxminagar
 (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 : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP57 2021 0009198
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2037
 (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, 9:00 P.M
 (b) Place : Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : दो दोस्त बाइक लेकर दार आ रहे थे लम्बी टायर
 (e) If any third party was responsible for this accident give the name and address : दो दोस्त बाइक लेकर दार आ रहे थे लम्बी टायर
रोड पर गलती मडा उसी में बाइक का मुहुरा जनि हो
बाइक का दोनो रिम उभरे हो
गता

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front mid Back
 (b) Estimated cost of repairs : 9000/-
 (c) When and where can the damaged vehicle be inspected : Gupta 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? : N/A
(f) Has theft been reported to Police? : _____
(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 23/02/2000

Signature of the insured ARMAN

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 ... *ARMAN*
Occupation
Address
.....
.....

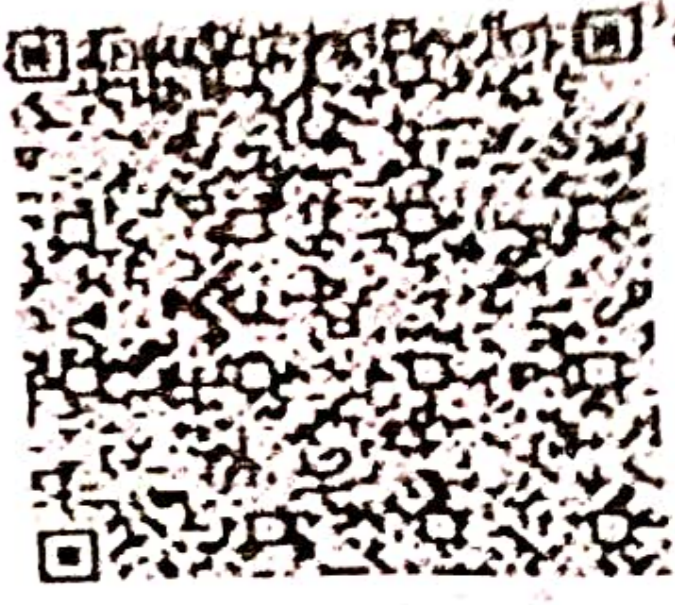
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB6426 Registration Date : 27-Dec-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 : ARMAN Son/wife/daughter of : SAMSER ALI
 Full Address: (Permanent) : GRAUN NAGAR PADRAUNA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : GRAUN NAGAR PADRAUNA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 26-Dec-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 : AA2147212052 Rear HSRP No : AA1047587773
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2025
 No of Cylinders : 1 Chassis No : MBLHAW490SHM00219
 Engine No : HA11F9SHM00269 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 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. 26-Dec-2025.

Purchase dt : 26-Dec-2025 Sale Amt : 77982/-
 OTT Date : 26-Dec-2025 Amount/Rcpt No : 7799 / UP57D25120002904
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Feb-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-Dec-2025 to 26-Dec-2040

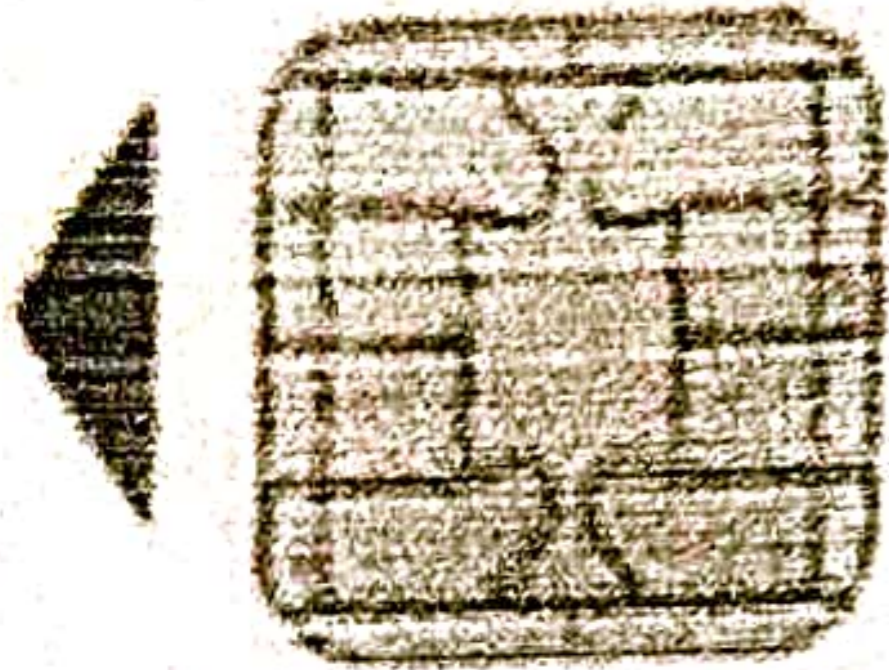
Signature of Registering Authority Date : 13-Feb-2026



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



UP57 20210009198



Issue Date: 30-07-2021
Validity (NT): 31-12-2037
Validity (TR): _____



Holder's Signature

30-07-2021

UP57 20210009198

Name: **GULAM MUHAMMAD**
Date of Birth: **01-01-1998** Blood Group: _____ Organ Donor: **Y**
Son/Daughter/Wife of: **RAJU**
Address:
VILL JUNGLE BELWA PO-PADRAUNA PADRAUNA
Padrauna, Kushinagar, UP 274304

DL No: UP57 20210009198



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
NT	NT	UP57	30-07-2021	NT			
TR	TR	UP57	30-07-2021	TR			

Emergency Contact Number: _____

Licensing Authority
UP57 KUSHINAGAR

Form 2 (Rule 103)

Aadhaar no. Issued: 16/01/2016



अरमान

Arman

जन्म तिथि/DOB: 10/10/2004

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).

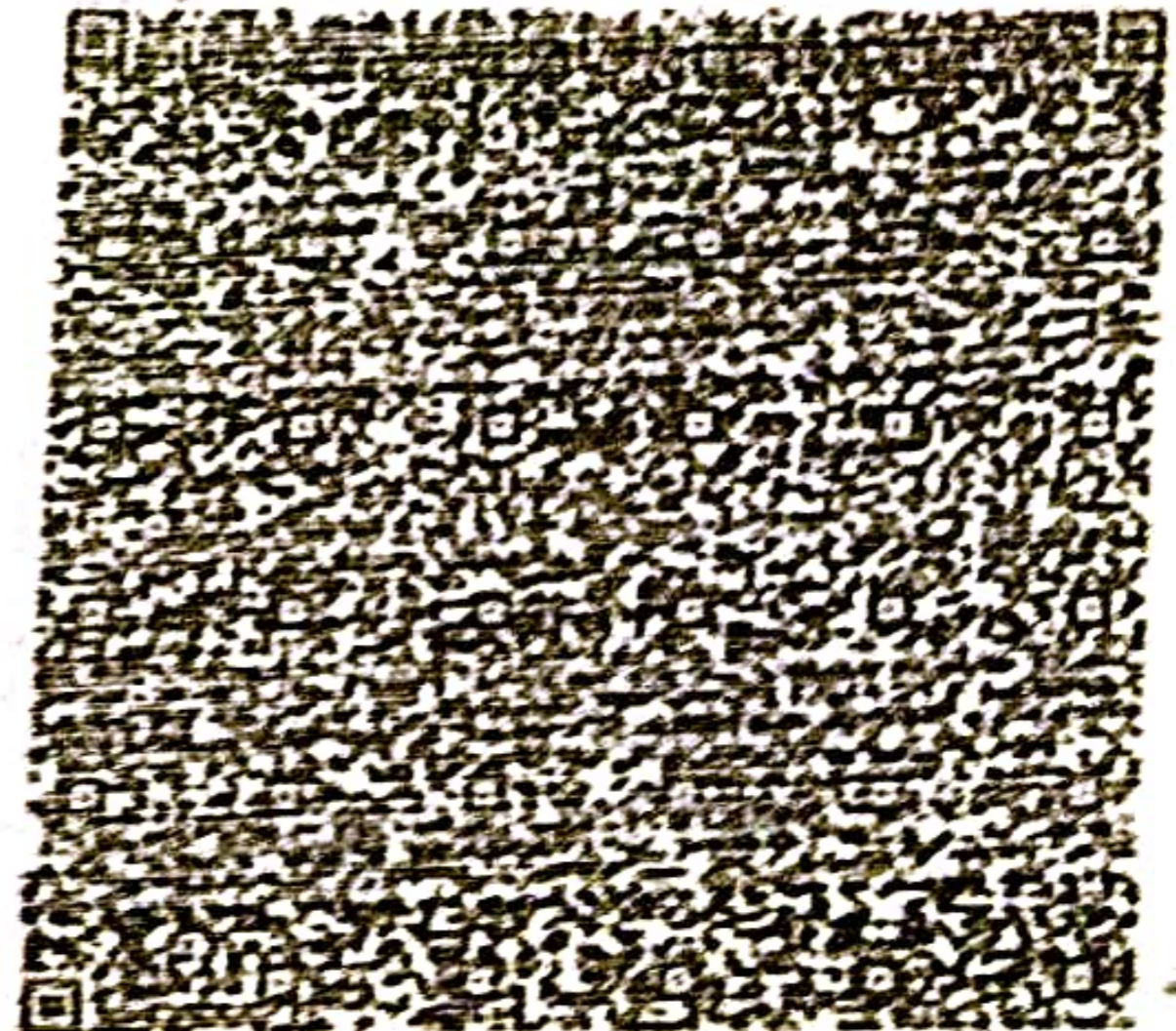
9015 6062 9548

मेरा आधार, मेरी पहचान

Details as on: 18/07/2025

पता:
आत्मज: समसेर अली, हथिसार मोहल्ला गरुण नगर, पडरोना,
पडरोना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Samser Ali, Hathisar Mohhala Graun Nagar,
Padrauna, PO: Padrauna, DIST: Kushinagar,
Uttar Pradesh - 274304



9015 6062 9548

VID : 9159 1156 9834 6141

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

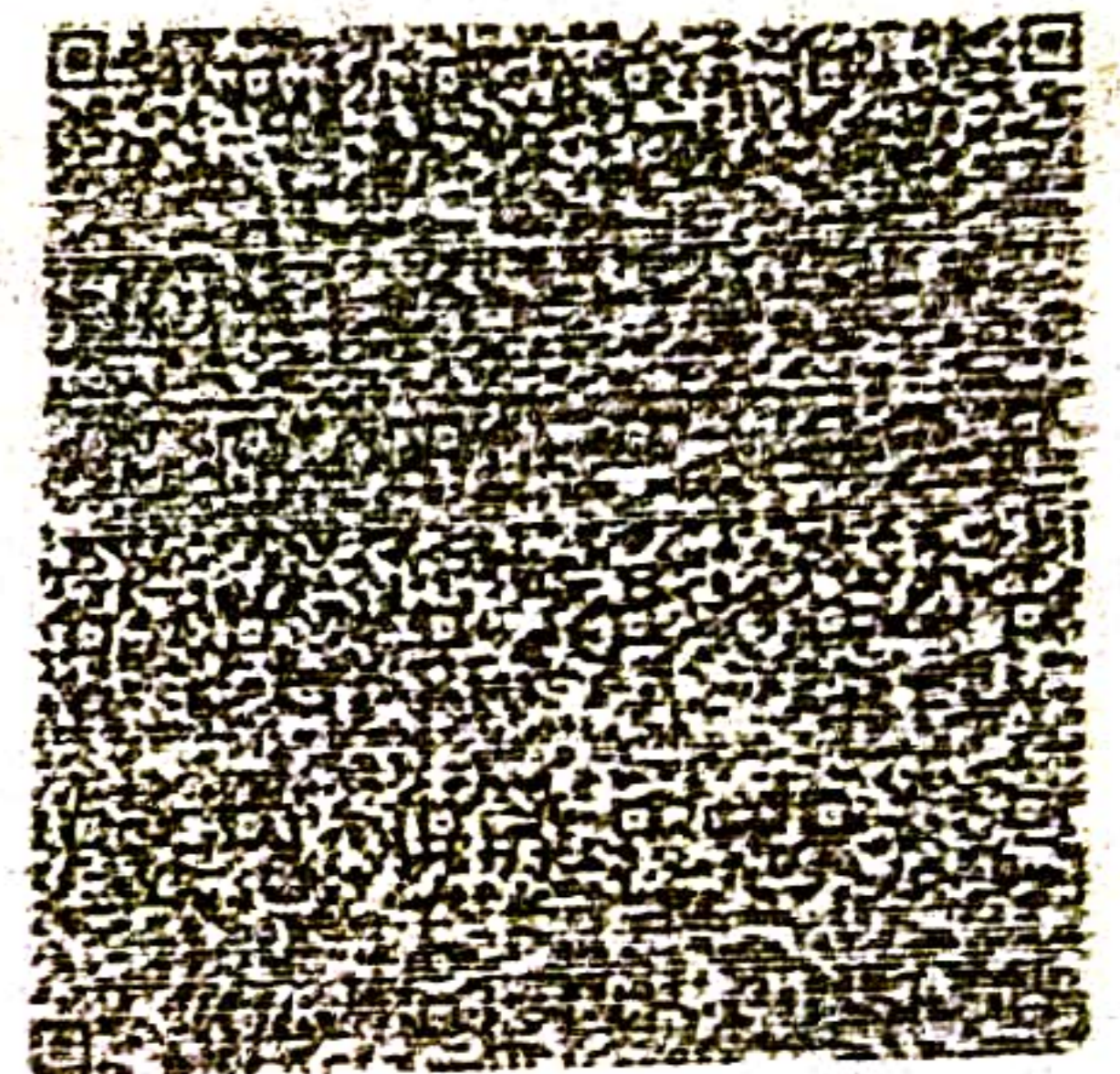


भारत सरकार
GOVT. OF INDIA



स्थायी खाता नंबर कार्ड
Permanent Account Number Card

EYLPA0910E



नाम / Name
ARMAN

पिता का नाम / Father's Name
SAMSER ALI ALI

जन्म तिथि / Date of Birth
10/10/2004

हस्ताक्षर / Signature

15595