

GSTN: 09AHWPG0569P1ZE

ESTIMATE

AUTHORISED DEALER

Gupta

AUTOMOBILES



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

Date 23/02/26No. 6890Name ShailishAdd. ~~7404710~~ UP57BS0793

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
				1065/-	
①	Vibor			595/-	
②	H/L			275/-	
③	H/L stand			480/-	
④	Inner			3800/-	
⑤	meter			985/-	
⑥	Lock set			220/-	
⑦	Indicator - (R)			500/-	
⑧	Handle			980/-	
⑨	Handle - T			1080/-	
⑩	LED			900/-	
⑪	Labor charge				
			TOTAL	10000/-	

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.	Shailish 7404718534
2	Vehicle No. / वाहन संख्या	UP57BS 8793
3	Policy No. / पालिसी संख्या	143/2026/7002/0/46575/569892
4	Period of Insurance / बीमा अवधि	23/02/2026 to 22/02/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/02/2026, 7:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Naurangiya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramesh Chandra, UP5720 9670825539 240017984
8	Estimated Loss / अनुमानित हानि	10880/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी बर्डम मेरे जीजा के गाड़ी ममलेश चौहान केमर रिस्तेवारी जा रहे थे तभी अचानक सामने लीलवाथ का गाड़ी को उसी मे बर्डम मेरी लड गाडी और 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.	9125197148 Gupta automobiles Padma

Date / दिनांक : 23/02/26  
हस्ताक्षर

Shailish  
Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Samresh Chauthan  
(b) Age : \_\_\_\_\_  
(c) Address : Aushinagar  
(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 : UP57 2024 0017984  
(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 : 19/02/2026, 7:30 P.M  
(b) Place : Naurangiya  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : मेरी गाड़ी मेरे लाइन में मुझे लेमर का रहे और लगी  
(e) If any third party was responsible for this accident give the name and address : सामन लालवाल का बस तो उसी में लक्ष्मी से ठाम प्रमोद ही राउ

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end-side  
(b) Estimated cost of repairs : 10880/-  
(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 : 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 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 Shantesh

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 *Smilsh* .....  
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 : UP57BS8793  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : SHAILESH  
 Full Address: (Permanent) : VILL-DHOLHA, POST-KOTWA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305  
 Full Address: (Temporary) : VILL-DHOLHA, POST-KOTWA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305  
 Fitness UpTo : 21-Aug-2039  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2104670460  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11E7RHG06425  
 Horse Power(BHP) : 7.91  
 Maker's Classification : SPLENDOR+ XTEC (DRS)  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : BLACK TORNADO GREY  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Registration Date : 22-Aug-2024  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : RAJENDRA  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2105398167  
 Month/Year of Manuf. : 07/2024  
 Chassis No : MBLHAW214RHG02622  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 AC Fitted : NO

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 HDB FINANCIAL SERVICES LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 20-Aug-2024.

Purchase dt : 20-Aug-2024  
 OTT Date : 20-Aug-2024  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 04-Oct-2024  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 80761/-  
 Amount/Rcpt No : 8077 / UP57D24080002104  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 22-Aug-2024 to 21-Aug-2039

Signature of Registering Authority  
Date : 14-Oct-2024



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

UP

**UP57 20240017984**



Issue Date    Validity (NT)    Validity(TR)\*  
**04-10-2024    31-12-2045**



Holder's Signature

Name: **KAMLESH CHAUHAN**  
 Date of Birth: **01-01-2006**    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **CHARAN SINGH CHAUHAN**  
 Address:  
**KHESIA KHESIA PADRAUNA KUSHINAGAR UTTAR  
 PRADESH 274304**

Date of First Issue 04.10.2024

**DL No: UP57 20240017984**

UPDL000014186889



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	04-10-2024	NT			
	LMV	UP57	04-10-2024	NT			

Form 7 Rule 16(2)

Emergency Contact Number  
**9565508166**

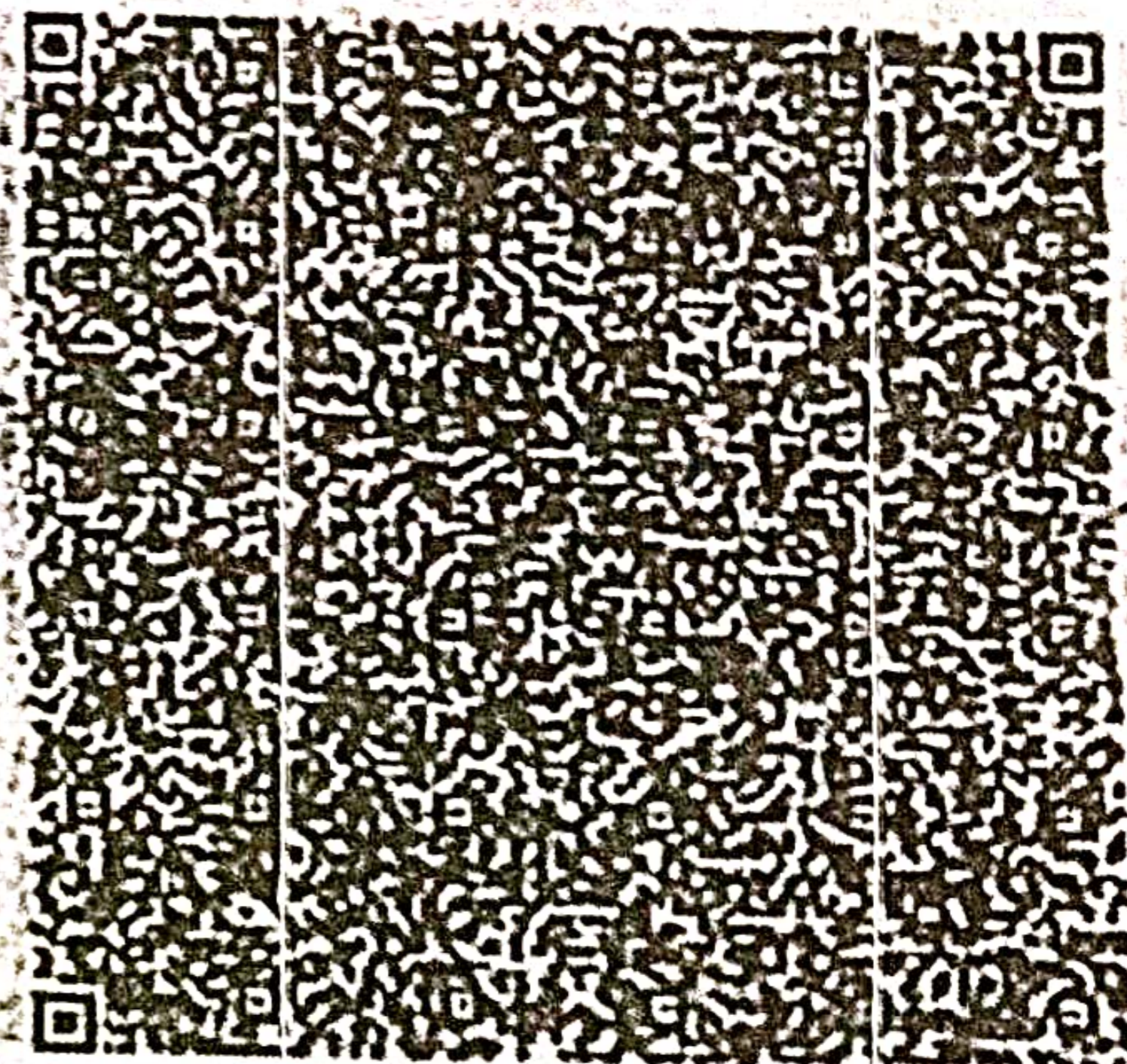
Licensing Authority  
**UP57 KUSHINAGAR**



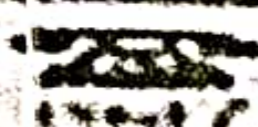
भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
आत्मज: राजेन्द्र, डोलहा, कुशीनगर,  
उत्तर प्रदेश - 274305

Address:  
S/O: Rajendra, Dholha, Kushinagar,  
Uttar Pradesh - 274305



2941 0310 1712

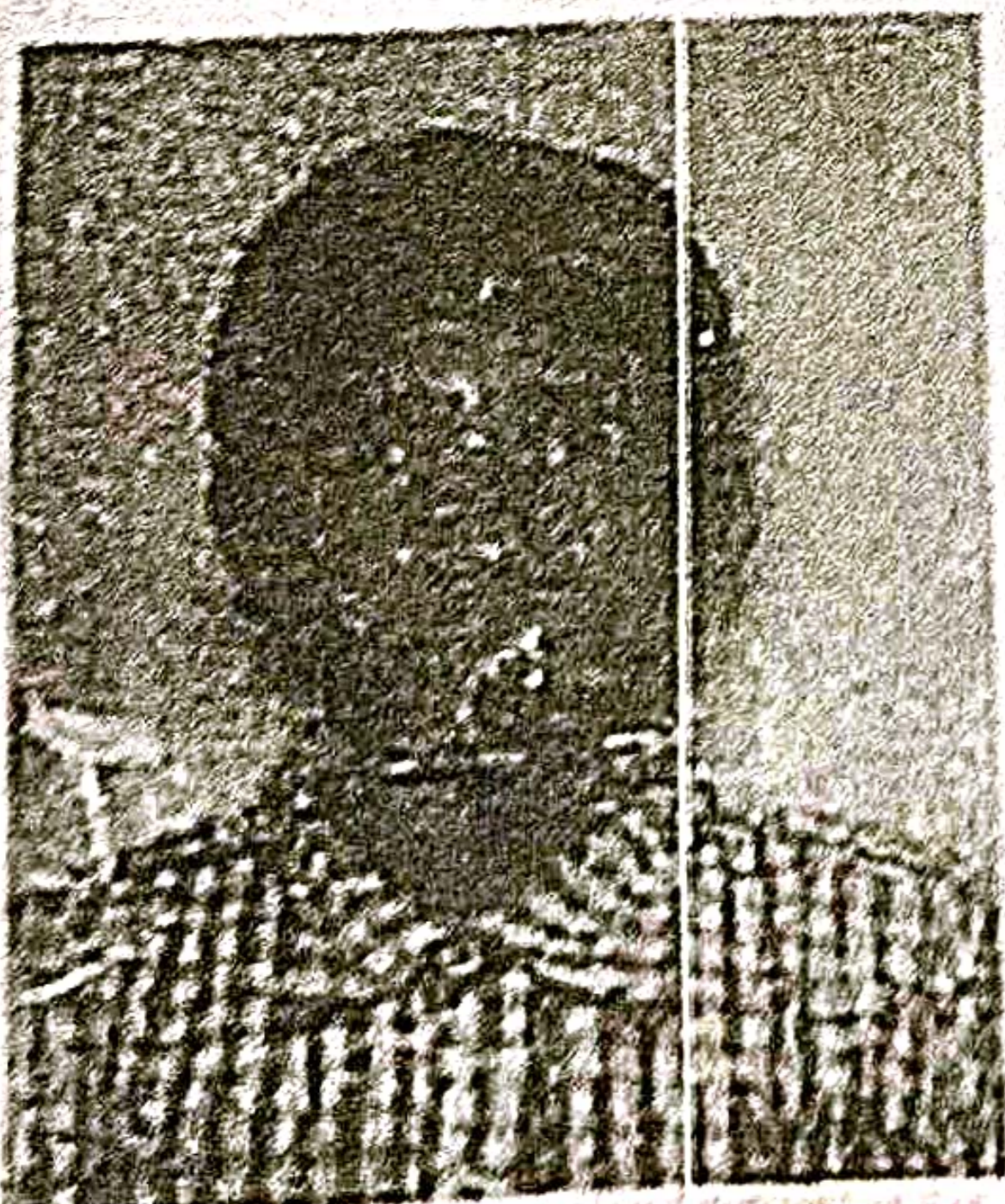


help@uidai.gov.in

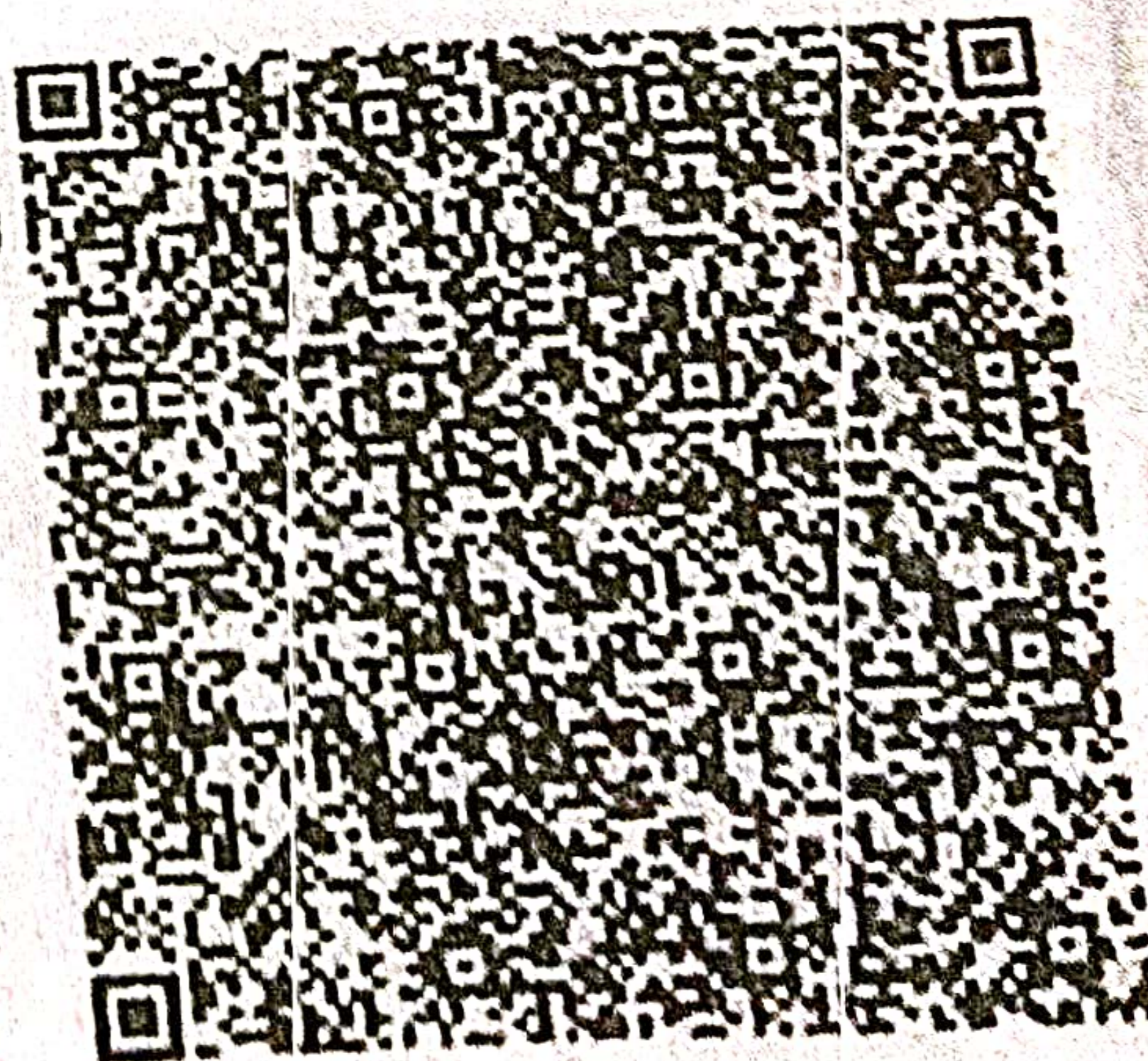
www.uidai.gov.in



भारत सरकार  
Government of India



शैलेश  
Shailesh  
जन्म तिथि/DOB: 07/08/2000  
पुरुष/ MALE



2941 0310 1712

मेरा आधार, मेरी पहचान

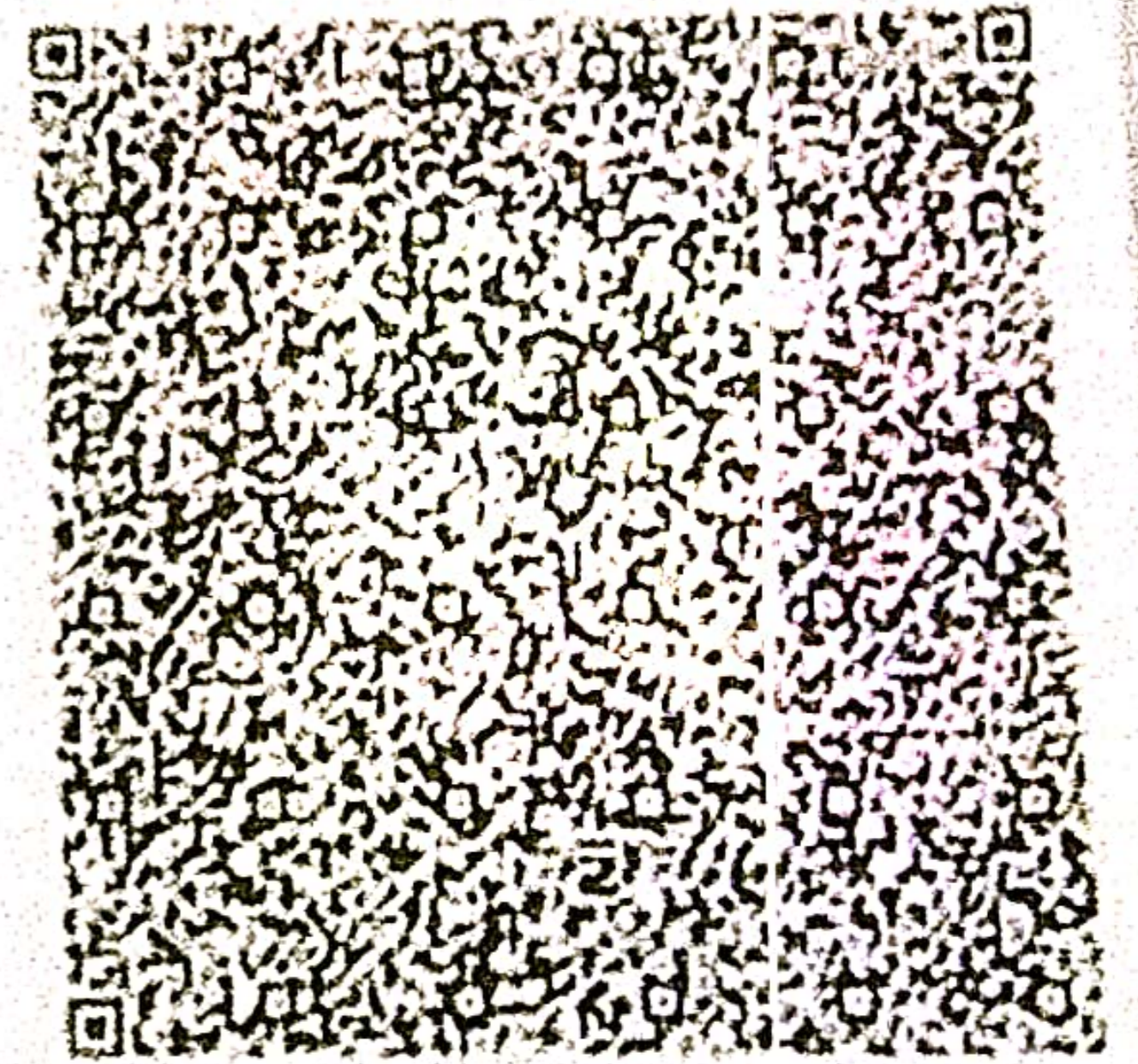
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

QPPPS7189J



नाम / Name

SHAILESH

पिता का नाम / Father's Name

RAJENDRA

जन्म की तारीख / Date of Birth

07/08/2000

Shailesh

हस्ताक्षर / Signature

24988