

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **6894** Date 24/07/26
Name wakil Ahmad
Add. UP57BY 2317

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			1265/-	
②	Handle			500/-	
③	chassis			9500/-	
④	Handle			980/-	
⑤	Labor charge			700/-	
			TOTAL	12945/-	

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.	wakil Ahmad 9839442658
2	Vehicle No. / वाहन संख्या	UP57BY2317
3	Policy No. / पालिसी संख्या	252400/31/2026/19194
4	Period of Insurance / बीमा अवधि	30/05/2025 to 29/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/02/2026, 1:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Ravindnagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	wakil Ahmad, UP572005000 1168
8	Estimated Loss / अनुमानित हानि	12945/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी वाहन लेकर किसी माम से जा रहा था। तभी अचानक एक वाहन वाला मोड़ पर दाहिने साइड से टक्कर मार दिया तो वाहन मेरी दाहिने साइड गिरने से डमेज 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 : 24/02/26
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. 252402/31/2026/13144

Tel. No. _____

Period of Insurance 30/05/2025 to 29/05/2026

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 : Wajid Ahmad
 (b) Address for correspondence : _____
 (c) Telephone : 9839442650

2. THE INSURED VEHICLE

Make & Year <u>Hino/2025</u>	Engine No. <u>H11FB5HE19315</u> Chassis No. <u>MBLHAW3395HE1304</u>	Registration No. <u>UP57BY</u> <u>2317</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? _____
 (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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : wakil Ahmad
(b) Age : _____
(c) Address : Ravindnagar
(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 : UP57 2005 000 1168
(h) Issuing Authority : _____
(i) Date of Expiry : 7/08/2035
(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 : 21/02/2026, 1:30 P.M
Place : Ravindnagar
Speed of vehicle at the time of accident : _____
Give a short description of the accident : मेरी अपनी वाहन में जा रहा था तभी साम वाहन के साथ
If any third party was responsible for this accident give the name and address : मौसम गाँव साई से टक्कर मार दिया तो वाहन में ही
को प्र साई सिर से प्रभावित
रही

6. DAMAGE TO INSURED VEHICLE

Full details of damage : Front end side
Estimated cost of repairs : 12,945/-
When and where can the damaged vehicle be inspected : Omaha Automobiles Padawan

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 : N/A
Full details of property damaged : _____
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 Policy 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 29/07/26 200

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/-

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 : UP57BY2317 Registration Date : 03-Jun-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 : WAKIL AHMAD Son/wife/daughter of : SIDDIQE ANSARI
Full Address: (Permanent) : VILL-CHHAVANI PURVI WARD 1, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-CHHAVANI PURVI WARD 1, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Fitness UpTo : 02-Jun-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 : AA2128978471 Rear HSRP No : AA1042388488
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
No of Cylinders : 1 Chassis No : MBLHAW339SHE13843
Engine No : HA11FBSHE14315 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS) 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 w.e.f. .

Purchase dt : 30-May-2025 Sale Amt : 86101/-
OTT Date : 30-May-2025 Amount/Rcpt No : 8611 / UP57D250600003
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 16-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 03-Jun-2025 to 02-Jun-2040

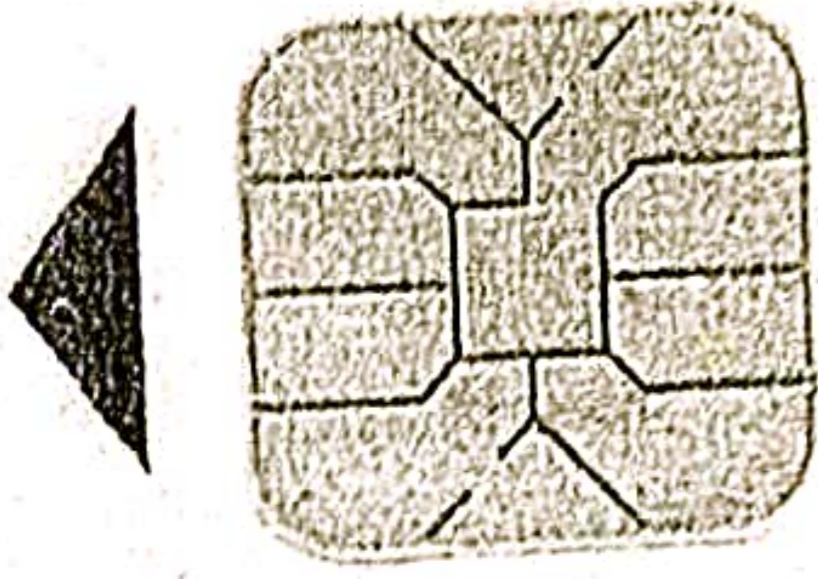
A.R.T.O. (A)
Signature of Registrar
Date : 01-JUL-2025



Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20050001168



Issue Date **13-08-2025** Validity (NT) **07-08-2035**

Validity (TR)*



08-08-2005

Holder's Signature

Date of First Issue

Name:

WAKIL ANSARI

Date of Birth: **03-03-1980**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

SADDIQ ANSARI

Address:

**R/O- CHHAWNI PADRAUNA
PADRAUNA, KUSHINAGAR 274304**

DL No: UP57 20050001168

UPDL571000024449



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	08-08-2005	NT			
	LMV	UP57	08-08-2005	NT			
	MVSD						

Emergency Contact Number

[Signature]
Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

भारत सरकार
Government of India



वकील अहमद
Wakil Ahmad
जन्म तिथि/DOB: 02/04/1982
पुरुष/ MALE

7389 8606 6787
VID : 9101 9116 7107 5842

मेरा आधार, मेरी पहचान

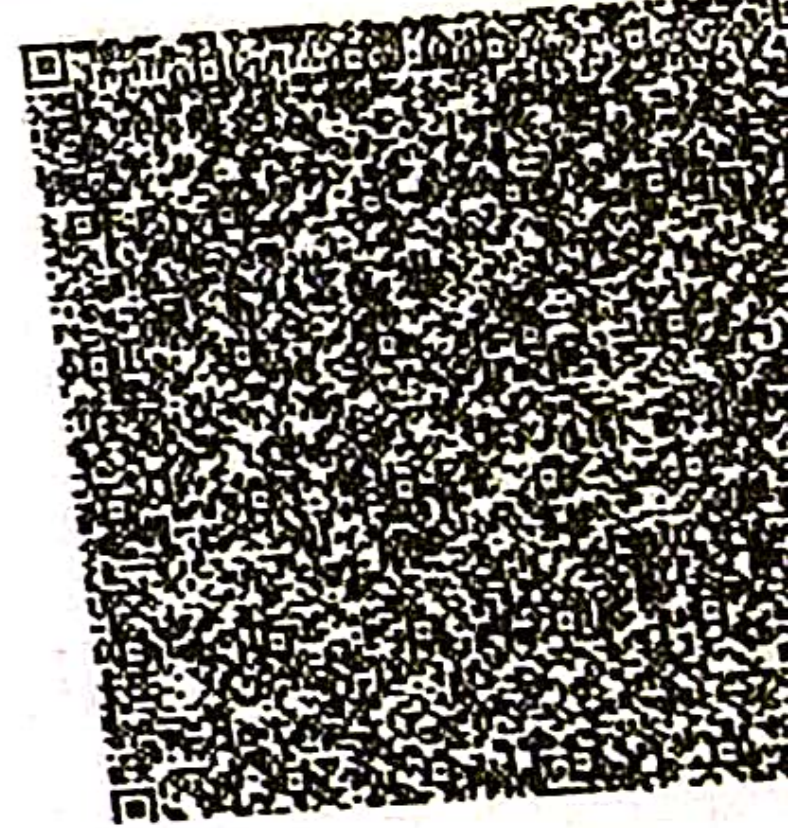


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: सिद्दिक अंसारी, छावनी पूर्वी, वार्ड 1,, पडरौना,
कुशीनगर,
उत्तर प्रदेश - 274304

Address:
C/O: Siddiqe Ansari, chhavani purvi, WARD
1,, Padrauna, Kushinagar,
Uttar Pradesh - 274304



7389 8606 6787
VID : 9101 9116 7107 5842

1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BEZPA1410A



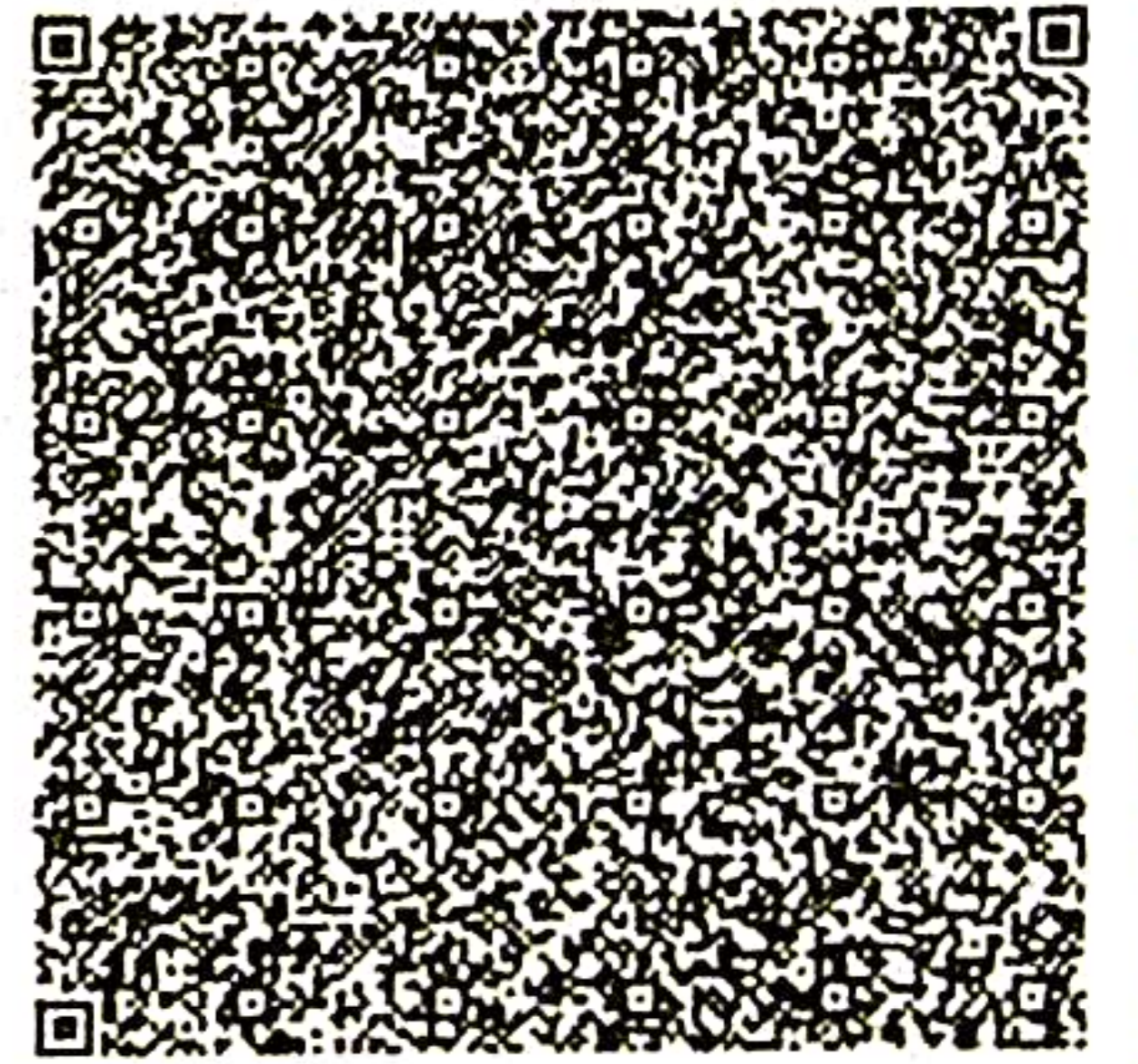
नाम / Name
WAKIL AHMAD

पिता का नाम / Father's Name
SIDDIQE ANSARI

जन्म की तारीख /
Date of Birth
02/04/1982

WAKIL AHMAD

हस्ताक्षर / Signature



22022023