

ESTIMATE

GSTN : 09AHWPG0569P1ZE

Gupta

AUTOMOBILES

AUTHORISED DEALER



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

No. **6896** Date 24/02/20Name Gulaiichi DeviAdd. VP57CB3751

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5000/-	
②	Front Rim			4800/-	
③	Lock set			975/-	
④	Sokar - (B) (C)			2300/-	
⑤	Handlu			500/-	
⑥	Handlu T			900/-	
⑦	Labor charge			800/-	
TOTAL				15355/-	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

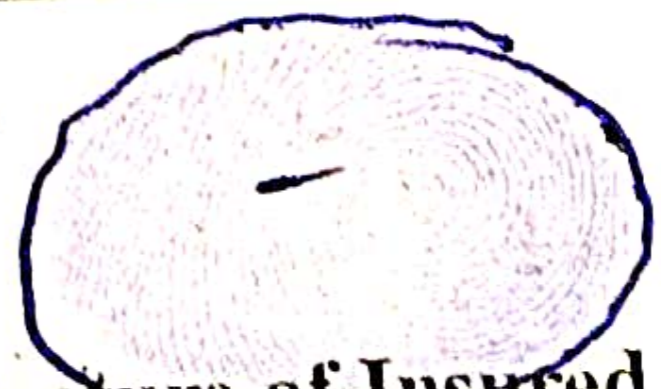
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Gulachi Devi 8603506965
2	Vehicle No. / वाहन संख्या	UP57CB3751
3	Policy No. / पालिसी संख्या	252400/31/2026/63244
4	Period of Insurance / बीमा अवधि	27/11/2025 to 26/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/02/2026, 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	Padraunda
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anil Kumar, BR20201800918 8207552351 86
8	Estimated Loss / अनुमानित हानि	12355/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन में काम आनिल कुमार लेकर पैदार देने जा रहे थे तभी अचानक सामने एक लड़का आ गया उसी को बचाने के लिए सामने रुक वाहन से लड़कर हाथ सड़ि गये मे गिर कर गैर काम हो गये
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 automobile

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. 252402/31/2026/6329

Tel. No. _____

Period of Insurance 27/11/2025 to 26/11/20
 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 : Gulachi Devi
 (b) Address for correspondence : _____
 (c) Telephone : 8603506965

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAIIF7SHL62723</u> Chassis No. <u>MBLHAW487SHLB0729</u>	Registration No. <u>UP57CB</u> <u>3751</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 _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Anil Kumar
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : BR 222018 0091006
 (h) Issuing Authority : _____
 (i) Date of Expiry : 16/04/2030
 (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 : 18/02/2026, 2:00 P.M
 (b) Place : Padrauna
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी कार में ठोका वल्ले मर जा रहे थे। तभी बिचलाम सा
 (e) If any third party was responsible for this accident give the name and address : रम लक्ष्मी आ गया उसी को ठोका वल्ले सामने रम कार्डिन
से लक्ष्मी ठोके सड़क वा हे मे बिचल
वाड कीर जमेण है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front md side
 (b) Estimated cost of repairs : 15355/-
 (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? : _____ 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. : _____

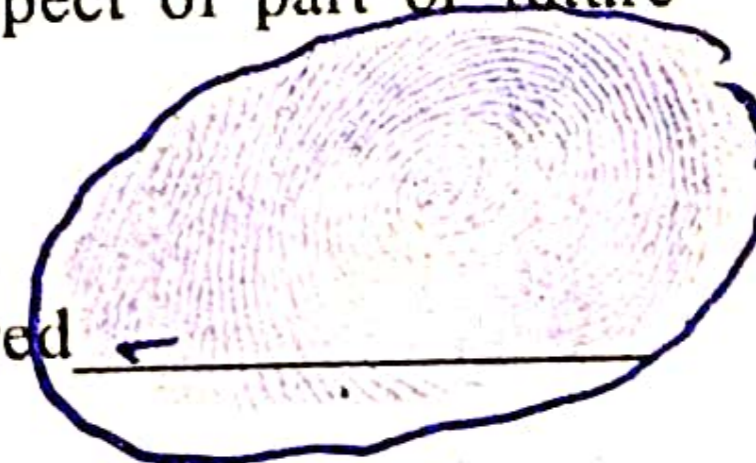
10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____ N/A _____
(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 24/02/26 200

Signature of the insured



Handwritten signature in blue ink

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.

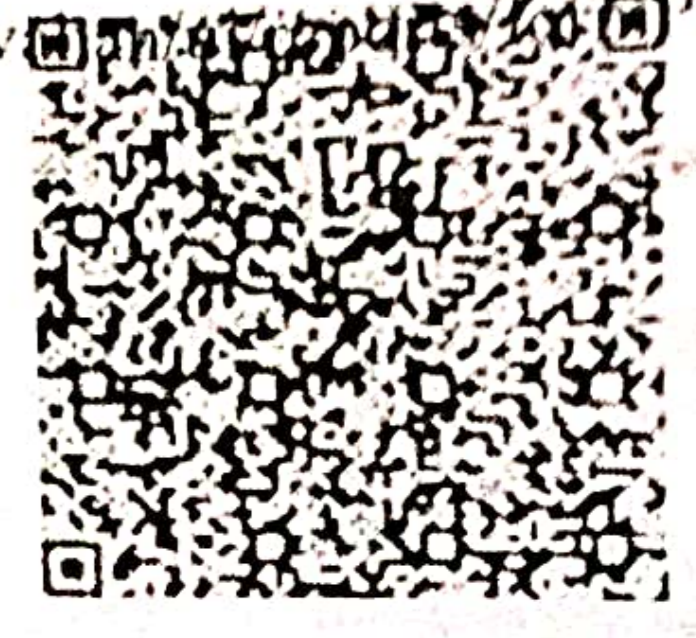
Rs. _____

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 : UP57CB3751 Registration Date : 29-Nov-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 : GULAICHI DEVI Son/wife/daughter of : MOHAN
Full Address: (Permanent) : VILL-BANSGAW, POST-DUDAHI, THANA-BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302
Full Address: (Temporary) : VILL-BANSGAW, POST-DUDAHI, THANA-BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274302
Fitness UpTo : 28-Nov-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 : AA1047459530 Rear HSRP No : AA2143877103
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
No of Cylinders : 1 Chassis No : MBLHAW487SHLB0729
Engine No : HA11F7SHL62723 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : SPORTS RED BLACK 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)

Table with 4 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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, DELHI, DELHI, New Delhi, Delhi-110057 w.e.f. 27-Nov-2025.

Purchase dt : 27-Nov-2025 Sale Amt : 73764/-
OTT Date : 27-Nov-2025 Amount/Rcpt No : 7377 / UP57D25110008905
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 18-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Nov-2025 to 28-Nov-2040

Date : 20-Dec-2025 10:15:45

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 20-Dec-2025

6301929



Indian Union Driving Licence

Issued by Government of Bihar



BR22 20180091886

Issue Date 28-08-2023 Validity(NT) 16-04-2038 Validity(TR) 27-08-2028



Anil Kumar
Holder's Signature

Date of First Issue (17-04-2018)

Name: ANIL KUMAR

Date of Birth 01-01-1990

Blood Group A+

Organ Donor: N

Son of LAXMI SHARMA

Address: AT-JHAWTHIYA PO- MACHHA PS THAKRAHAN THAKRAHAN, BETTIAH, BR 845404

DL No : BR22 20180091886



Invalid Carriages (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
	M/CWG	BR22	17-04-2018	NI			
	SV	BR22	17-04-2018	NI			
	PANS	BR22	28-08-2023	IR			
	OTH	BR22	28-08-2023	NI			

Emergency Contact Number

Licensing Authority
DTO - BR22

Form 7 Rule 16(2)



भारत सरकार

Government of India

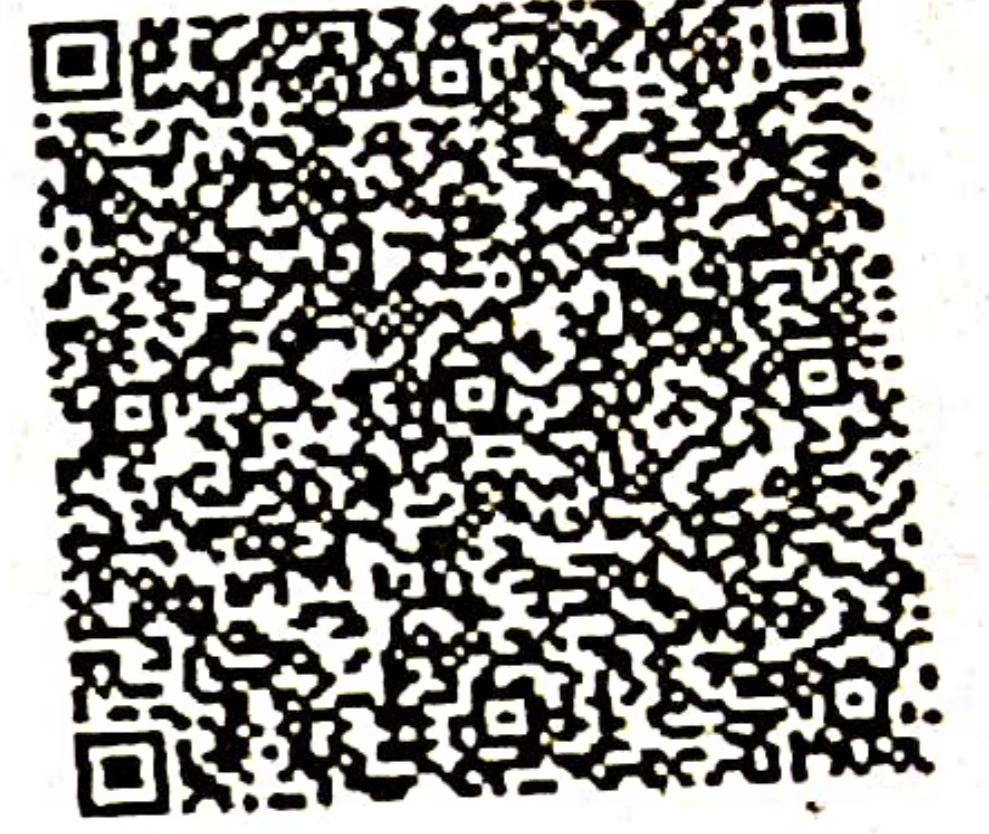


गुलईची देवी

Gulaichi Devi

जन्म तिथि / DOB : 30/08/1979

महिला / Female



6238 8394 6158

मेरा आधार, मेरी पहचान



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: W/O मोहन, बांसगाव टोला
चौरिया, दुदही, दूधि, कुशीनगर, दुधई,
उत्तर प्रदेश, 274302

Address: W/O Mohan, Bansgaw Tola
Chauriya, Dudahi, Dudhi, Kushinagar,
Dudhai, Uttar Pradesh, 274302

6238 8394 6158



1947



help@uidai.gov.in

WWW

www.uidai.gov.in

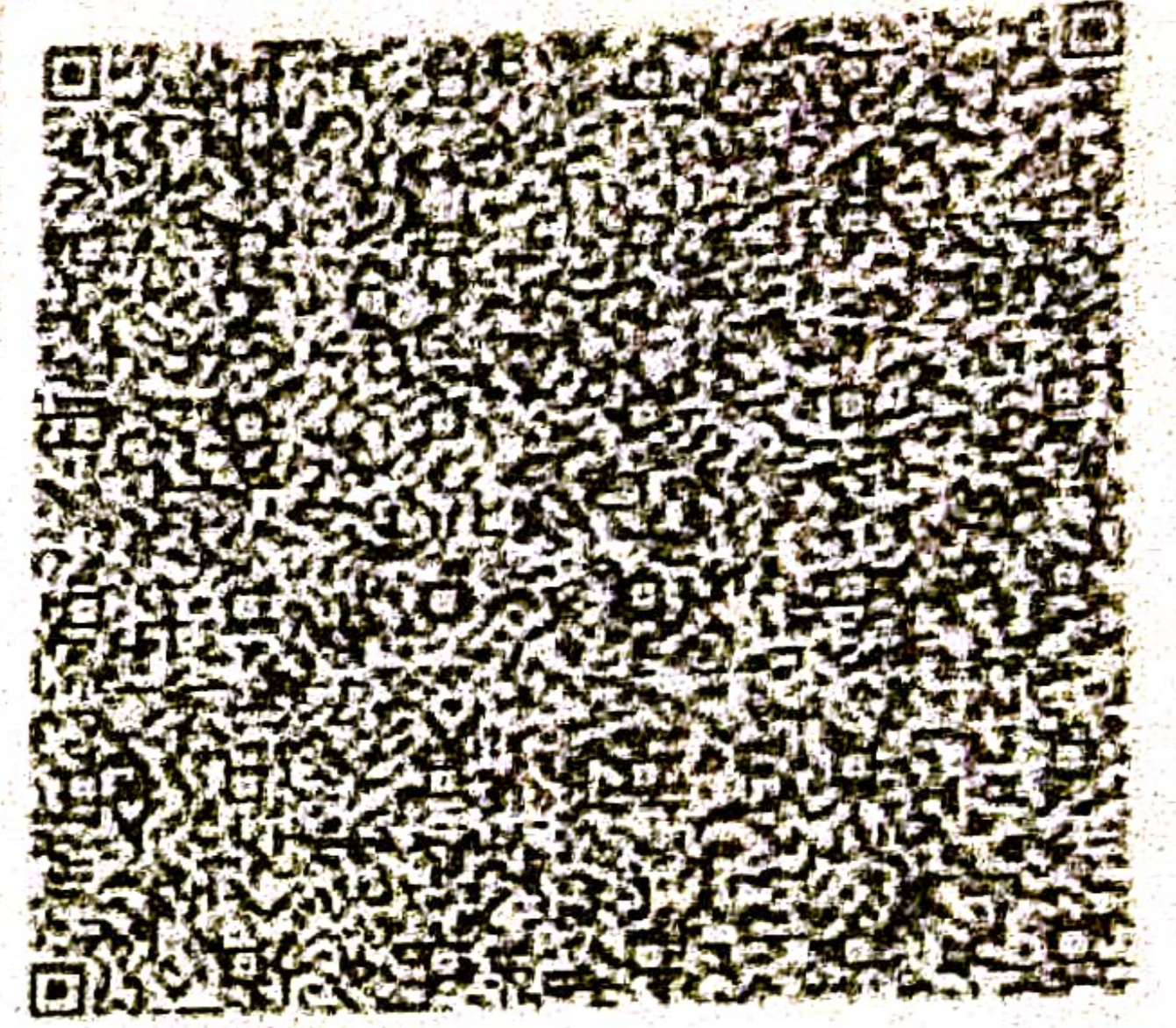
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FRNPD3458Q



नाम / Name
GULAICHI DEVI

पिता का नाम / Father's Name
JAGDEV MAJHI

जन्म की तारीख
Date of Birth
30/08/1979



हस्ताक्षर / Signature

10062019