

GSTN : 09AHWPG0569P1ZE

ESTIMATE

AUTHORISED DEALER

Gupta

AUTOMOBILES



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

Date 24/02/26

No. **6895**

Name Chunachun Nisha

Add. UP57B2 2332

S.NO.	PARTICULARS	QTY.	RATE	Rs.	P.
①	Tank Surround - (R)			750/-	
				280/-	
②	visor			150/-	
③	Inner			3160/-	
④	H/L			1600	
⑤	Seat Cool (R) + (L) + center			180/-	
⑥	Gear Lever			580/-	
⑦	Engine Hood cover			580/-	
⑧	w/s			800/-	
⑨	Labor charge				
TOTAL				8000/-	

Authorised Signatory

[Signature]

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.	Chanchun Nisha 9120536527
2	Vehicle No. / वाहन संख्या	UP57BZ2332
3	Policy No. / पालिसी संख्या	252400/31/2026/36098
4	Period of Insurance / बीमा अवधि	10/09/2025 to 9/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/02/2026, 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	Dhanho, Bihar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Abhishek Paswan, UP572024 0005831 8795638013
8	Estimated Loss / अनुमानित हानि	8080/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे ड्राइवर के लड़के अभिषेक पासवान के कारण रिकेवरी जा रहे थे। तभी मेरा वाहन कोई मोड़ पर सामने से जाड़ी आ गई और मुझ पर आ गया तो उसी को बचाते वक़्त खाई में जा कर वाहन मेरी वीर 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 Padrauna

और डामिन है गई।

Date / दिनांक : 27/02/26
हस्ताक्षर

पुनपुन नेशा
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. 252400/31/2026/36098

Tel. No. _____

Period of Insurance 10/09/2025 to 9/09/2026
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 : Chandhan Nishh
(b) Address for correspondence : _____
(c) Telephone : 9120536527

2. THE INSURED VEHICLE

Make & Year <u>M120/2023</u>	Engine No. <u>JAO7A1S9T00940</u> Chassis No. <u>MBLJAW567S9T00452</u>	Registration No. <u>UP57BZ</u> <u>2332</u>
---------------------------------	--	--

(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
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 : Abhishek Paswan
 (b) Age : 24
 (c) Address : Surajpura
 (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 : UP5720240705831
 (h) Issuing Authority :
 (i) Date of Expiry : 31/12/2040
 (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 : 22/02/2026, 7:00 P.M
 (b) Place : Dhanda Bihar
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मेरी बाइक मेर दोर के लडाके मेर पिस्वोरा जा रहे थे
 (e) If any third party was responsible for this accident give the name and address : लडा मोड हर समने राडी काराई और दुन। उसी मोड के एक न शक्ति मे जाकर बिरे डिन न ही रहे

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 2080/-
 (c) When and where can the damaged vehicle be inspected : crepta 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? : _____
(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 29/02/26 200

Signature of the insured सुनयुननेशा

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 पूनचूननेशा.
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
Description of Vehicle
Dealer's Name & Address
Owner Name
Full Address: (Permanent)
Full Address: (Temporary)

: UP57BZ2332
: M-CYCLE/SCOOTER
: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...
: CHUNACHUN NESHA
: VILL- BHISAWA SARA KARI, POST- PAKDI BUZURG, THANA- RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304
: VILL- BHISAWA SARA KARI, POST- PAKDI BUZURG, THANA- RAVINDRA NAGAR, KUSHINAGAR-UTTAR PRADESH-274304
: 10-Sep-2040

Registration Date : 11-Sep-2025
Purpose For Printing RC : NEW
189-274304
Son/wife/daughter of : GYASUDDIN ANSARI
Owner Serial No : 1

Fitness Up To
Detailed Description
Class of Vehicle
Ownership
Maker's Name
Front HSRP No
Type of Body
No of Cylinders
Engine No
Horse Power(BHP)
Maker's Classification
Seating Cap(in all)
Sleepar Cap
Colour
Other Criteria
Vehicle Purchase As

: M-CYCLE/SCOOTER
: INDIVIDUAL
: HERO MOTOCORP LTD
: AA2133140265
: SOLO WITH PILLION
: 1
: JA07A1S9J00940
: 11.39
: GLAMOUR X 125 DRUM
: 2
: 0
: MAT METLK SILVER ME
: Fully Built

Link Vehicle No Norms : BHARAT STAGE VI
Rear HSRP No : AA2131515534
Month/Year of Manuf. : 09/2025
Chassis No : MBLJAW567S9J00452
Fuel : PETROL(E20)
Cubic Capacity : 124.70
Wheel base : 1267
Standing Cap : 0
Unladen Wt (kgs) : 126
Laden/GV Wt (kgs) : 256
AC Fitted : NO

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 : 10-Sep-2025
OTT Date : 10-Sep-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 15-Sep-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner
Old State
Transfer Date

Sale Amt : 91999/-
Amount/Rcpt No : 9200 / UP57D25090000914
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo
Entry Date
Conversion Date

This certificate is valid from 11-Sep-2025 to 10-Sep-2040

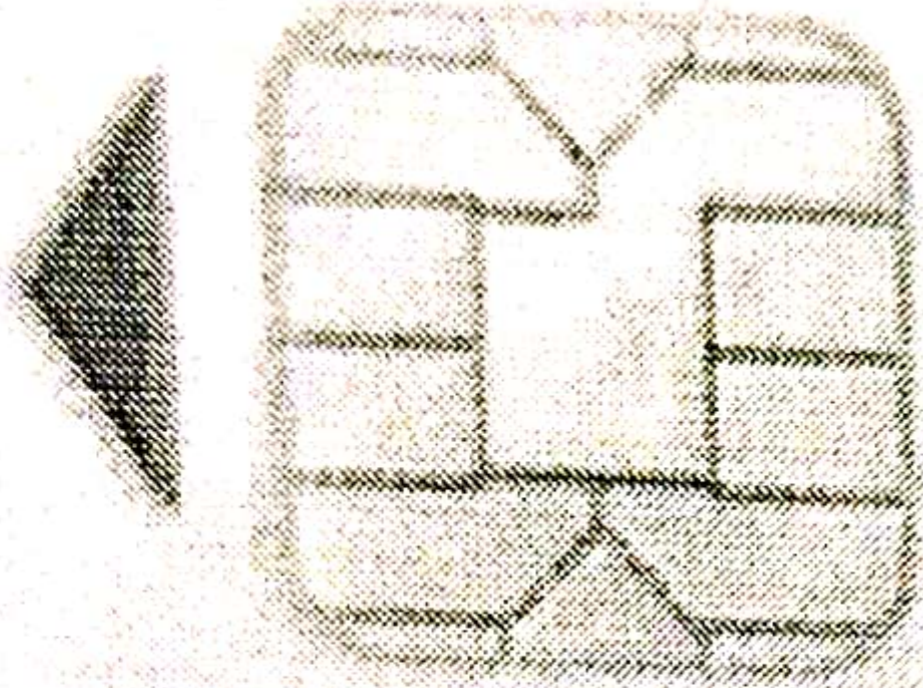
Signature of Registering Authority
Date: 26-Sep-2025



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20240005831



Issue Date Validity (NT) Validity (TR)*
05-04-2024 31-12-2040 _____



(05-04-2024)

Holder's Signature

Date of first issue

Name: **ABHISHEK PASWAN**
 Date of Birth: **01-01-2001** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **LALLAN PASWAN**
 Address:
motichhapar Bhiswa Sarkari Kushinagar
Uttar Pradesh 274304

DL No: UP57 20240005831

UPDL000013148549



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	05-04-2024	NT			
	LMV	UP57	05-04-2024	NT			

Emergency Contact Number

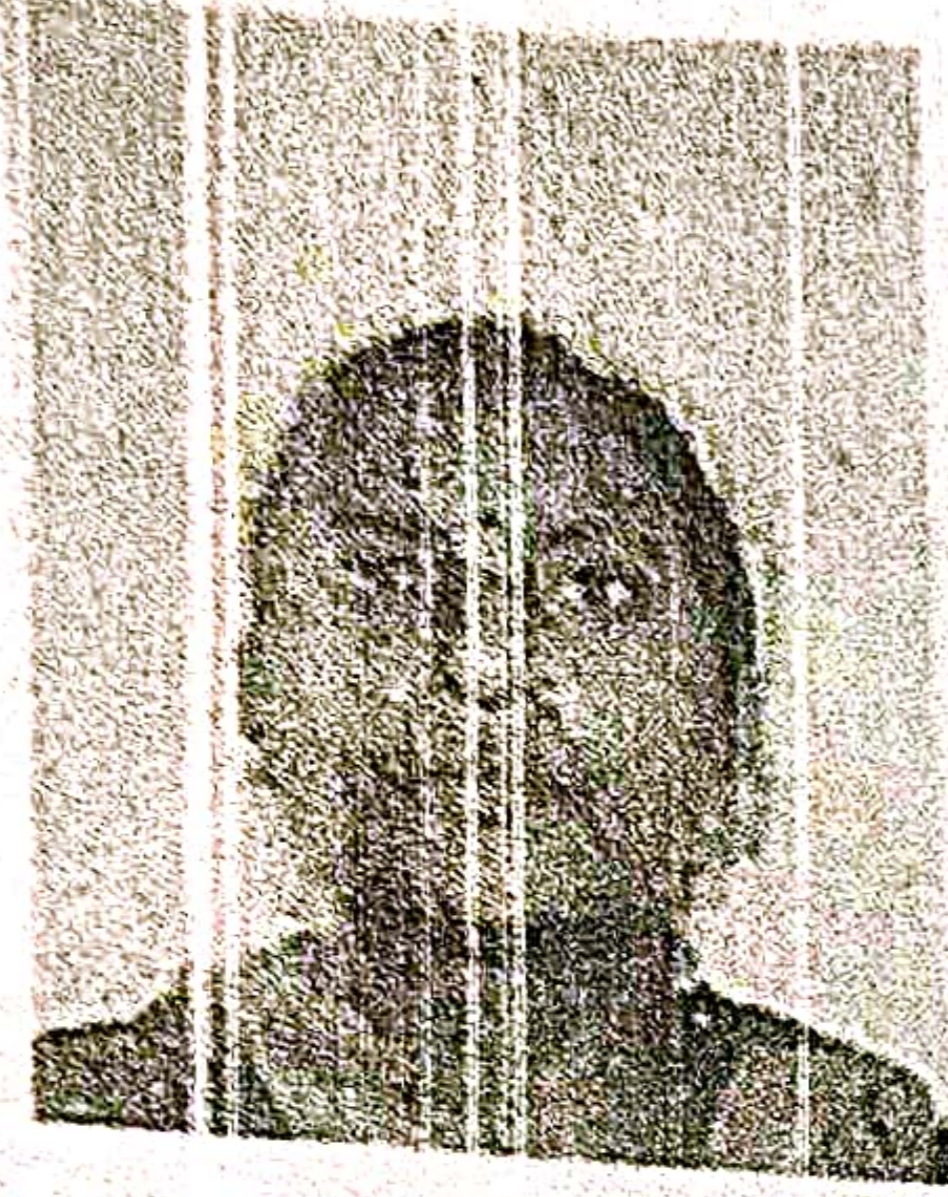
Licensing Authority

UP57 KUSHINAGAR

Form 7 Rule 16(2)

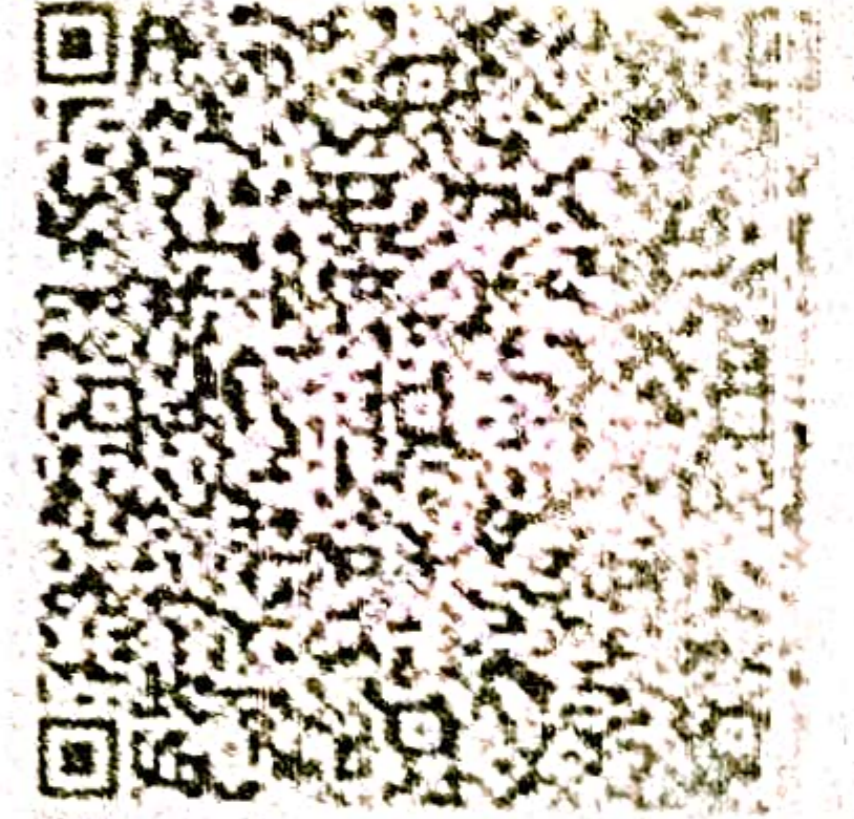


भारत सरकार
Government of India



चुनचुन नेशा
Chunachun Nisha

जन्म तिथि / DOB : 01/01/1971
महिला / Female



2908 6209 3397

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: W/O: ग्यासुद्दीन अंसारी,
भिसवा सरकारी, भिसवा सरकारी,
पडरौना, कुशीनगर, उत्तर प्रदेश,
274304

Address: W/O: Gyasuddin Ansari, Bhisawa
sarakari, Bhiswa Sarkar, Padrauna,
Kushinagar, Uttar Pradesh, 274304

2908 6209 3397

1947
1800 300 1947

help @ uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

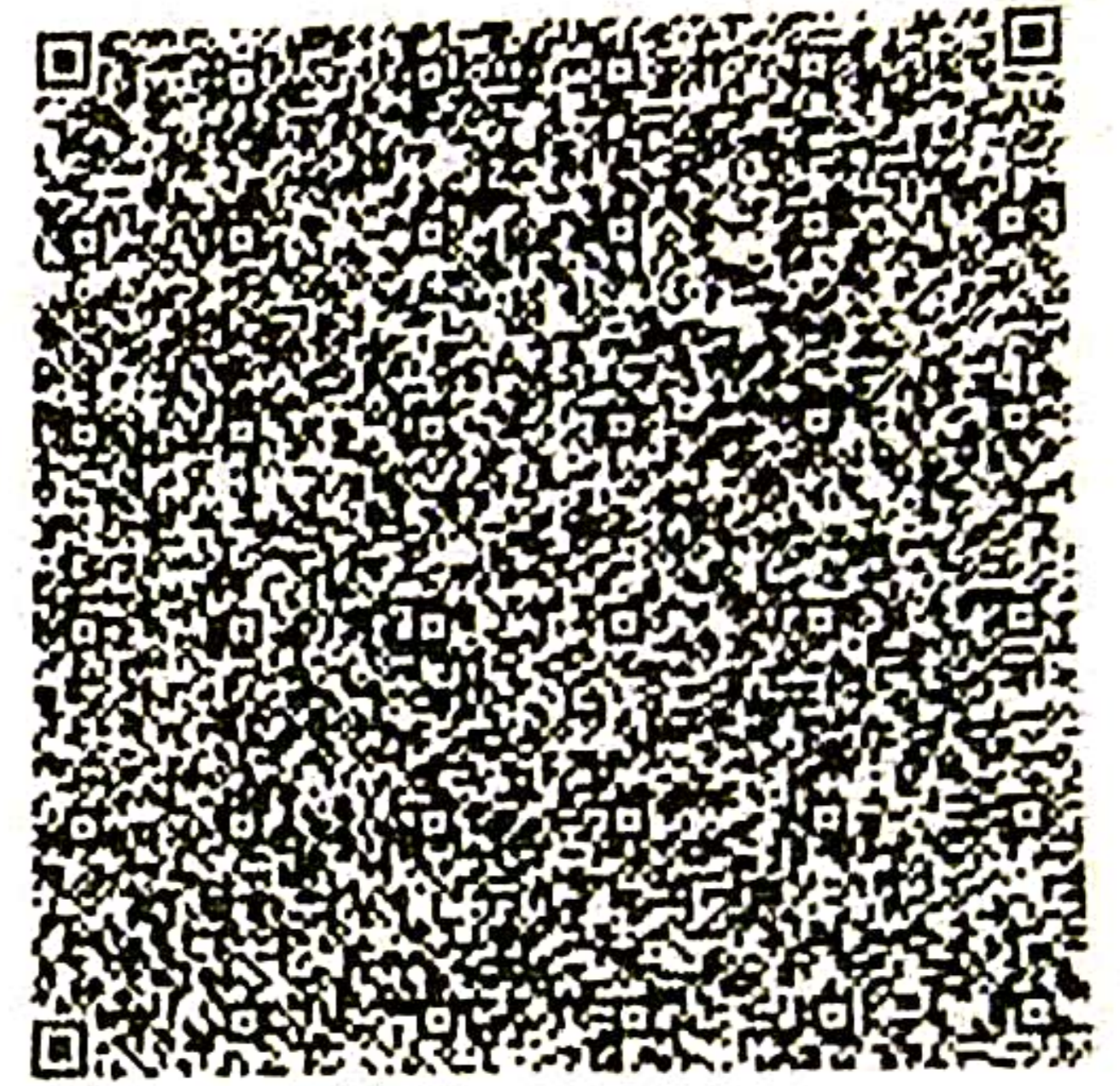


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DLEPN6285A



नाम / Name
CHUNACHUN NESHA

पिता का नाम / Father's Name
SUHUDU MIYA

जन्म की तारीख /
Date of Birth
01/01/1971

हस्ताक्षर / Signature

14062025