

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

6897

Date 25/02/26

Name

Ankita Singh

Add.

UP57CA5280

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs. P.
①	visor			1000/-
②	H/L			595/-
③	inner			380/-
④	meter			1375/-
⑤	lever - (R)			105/-
⑥	leguard			600/-
⑦	indicator - (R)			220/-
⑧	Sokar (R)+(L)			2300/-
⑨	Handli			500/-
⑩	Handli - (T)			980/-
⑪	Tanki			5500/-
⑫	Brake Padal			1070/-
⑬	Foot Rest - (R)			275/-
⑭	muflex cover			680/-
⑮	Rear fender			1070/-
⑯	mirror (R)+(L)			280/-
⑰	Fender			
⑱	H/L stand			
⑲	Labor charge			
			TOTAL	1450/-
				900/-
				19640/-

Authorised Signatory

900/-

19640/-

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.	Ankita Singh 9335485969
2	Vehicle No. / वाहन संख्या	UP57CA5280
3	Policy No. / पालिसी संख्या	252100/31/2026/51555
4	Period of Insurance / बीमा अवधि	24/10/2025 to 23/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/02/2026, 8:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Baadipool
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mahendra Singh, UP572023 0005746 73,93828655
8	Estimated Loss / अनुमानित हानि	19640/-
09.	Cause of Accident / दुर्घटना का कारण:	<p>मैरी बाईक मैरी रिस्तेदार मैरे-ड सिंह लेमर रिस्तेदारी से आ रहे थे। तभी अचानक सामने से एक बाईक वाला दायाँ साइड से लक्कर मार दिया तो बाईक मैरी ड्रैमिंग हो गई।</p>
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

Date / दिनांक : 25/02/26
हस्ताक्षर

- Ankit Singh
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. 252400/31/2026/51555

Tel. No. _____

Period of Insurance 24/10/2025 to 23/10/2026
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 : Ankita Singh
(b) Address for correspondence : _____
(c) Telephone : 9335405989

2. THE INSURED VEHICLE

Make & Year <u>MH20/2025</u>	Engine No. <u>MA11F75070714194</u> Chassis No. <u>MBLHAW4005020147</u> <u>39</u>	Registration No. <u>UP57CA</u> <u>5280</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? No
- (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 : Mahendra Singh
 (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 : UP5720230005746
 (h) Issuing Authority :
 (i) Date of Expiry : 23/08/2035
 (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

- (a) Date and Time : 22/08/2026, 8:00 PM
 (b) Place : Baidipali
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मेरी बाइक मेरे रिस्तेवार लेमुर का रहे थी तभी सामने
 (e) If any third party was responsible for this accident give the name and address : से राम बाइक वाला राम साई से लक्कर मार
 दिया तो बाइक मेरी डमिज हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front mid-side
 (b) Estimated cost of repairs : 19600/-
 (c) When and where can the damaged vehicle be inspected : anubha automobiles Pachrawana

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 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 25/02/26 200

Signature of the insured Ankita Singh

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 *Ankita Singh*
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 : UP57CA5280 Registration Date : 30-Oct-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 : ANKITA SINGH Son/wife/daughter of : AWADHESH KUMAR SINGH
 Full Address: (Permanent) : VILL-SHEWANIYA BUJURG, POST-SEKHWANIYA, TAHAN-KUBERSTHAN,
 KUSHINAGAR, UTTAR PRADESH-274402
 Full Address: (Temporary) : VILL-SHEWANIYA BUJURG, POST-SEKHWANIYA, TAHAN-KUBERSTHAN,
 KUSHINAGAR-UTTAR PRADESH-274402
 Fitness UpTo : 29-Oct-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 : AA2144475514 Rear HSRP No : AA2144976749
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW480SGG14739
 Engine No : HA11F7SGG14194 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 : BLUE 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)

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. 24-Oct-2025.
 Purchase dt : 24-Oct-2025 Sale Amt : 73764/-
 OTT Date : 24-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100011434
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-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 30-Oct-2025 to 29-Oct-2040

Signature of Registering Authority
 Date : 23-Dec-2025
 Kushinagar



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



UP57 20230005746



Issue Date: **20-04-2023** Validity (NT): **23-08-2035** Validity (TR): _____



20-04-2023

Name: **MAHENDRA SINGH** Holder's Signature: _____
 Date of Birth: **24-08-1995** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **RAMASHRAYA SINGH**
 Address: **pahadpur Nebua Rai Ganj Kushinagar
 Uttar Pradesh 274802**

Class of Vehicle

DL No: **UP57 20230005746**

UPTA 0150 1045 2023



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
MCV	MCVG	UP57	20-04-2023	NT			
LMV	LMV	UP57	20-04-2023	NT			
MSD							
MSD							

Class of Vehicle

Emergency Contact Number

Licensing Authority
UP57 KUSHNAGAR



भारत सरकार
Government of India

Aadhaar No. Issued: 03/03/2014



अंकिता सिंह

Ankita Singh

जन्म तिथि / DOB : 16/07/2003

महिला / Female

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कनिंग) 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).

9269 7816 3534

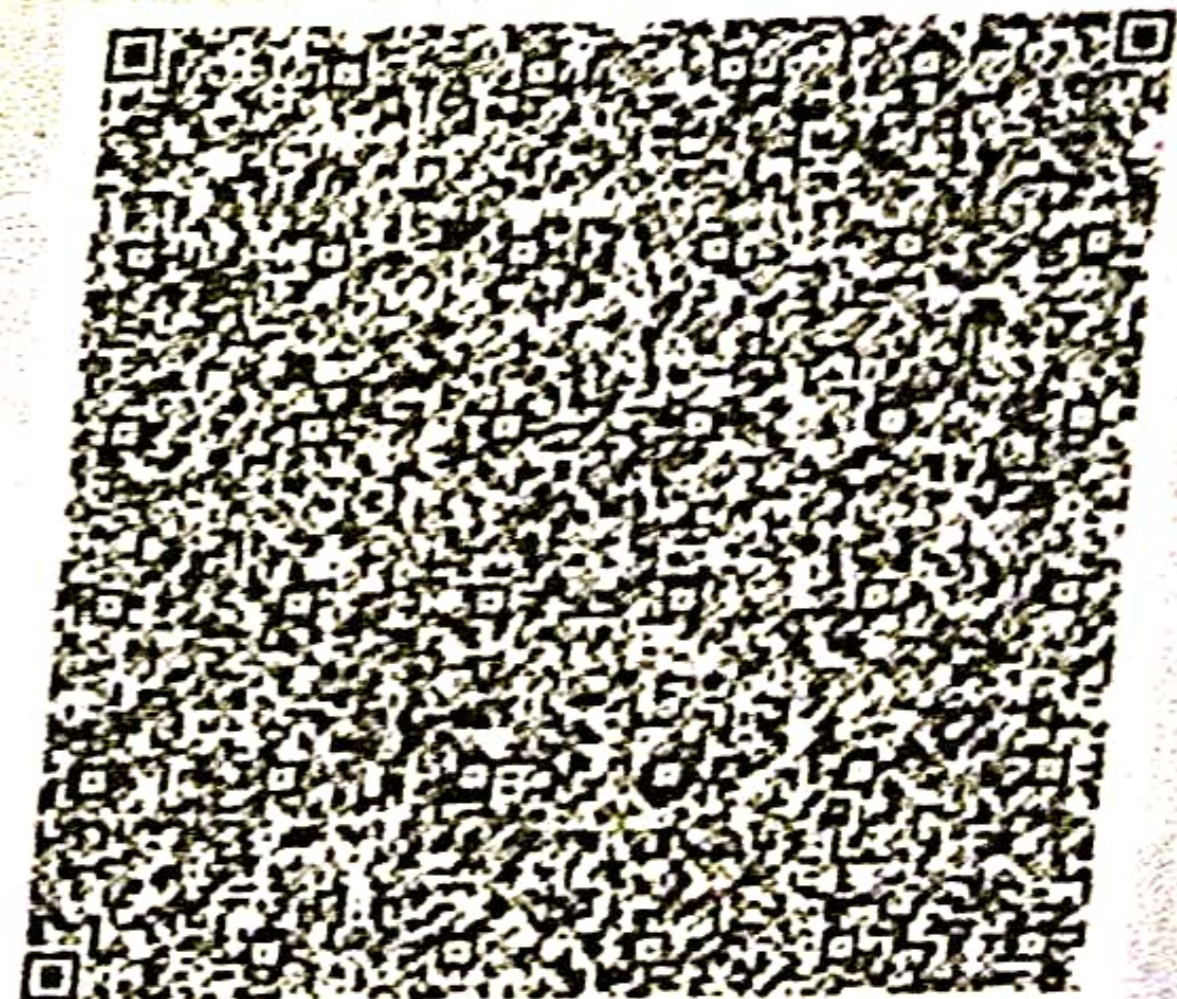
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Details as on 23/11/2024

पता: द्वारा: अवधेश कुमार सिंह, शेख्वानिया
बुजुर्ग, कुशीनगर, उत्तर प्रदेश, 274402
Address: C/O: Awadhesh Kumar Singh,
Shekhwanias Buzurg, PO: Sekhwanias,
DIST: Kushinagar, Uttar Pradesh, 274402



9269 7816 3534

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

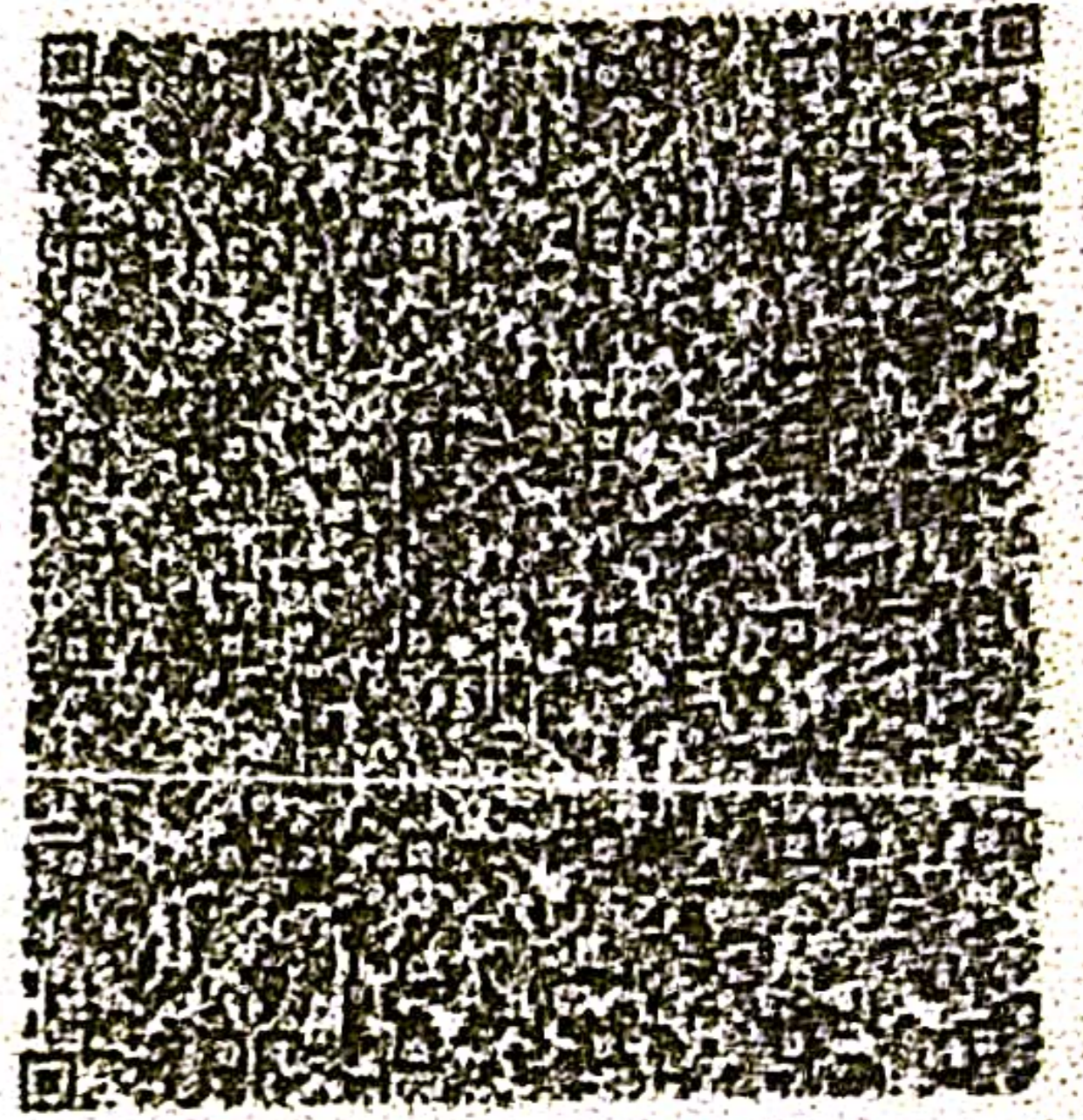


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EELPA4015L



नाम / Name
ANKITA

पिता का नाम / Father's Name
AVADHESH

कार्ड का जारी करने का तिथि / Date of Issue
16/07/2003

Ankita Singh
हस्ताक्षर / Signature

51772