

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3202**

Date **20/03/26**

Name

Babalu Prasad

Add.

UP 57CA 2308

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			1065/-	
②	H/L			595/-	
③	LED			1020/-	
④	H/L stand			275/-	
⑤	Innu			300/-	
⑥	Sokor (R) (L)			2300/-	
⑦	Handle			500/-	
⑧	Handle T			980/-	
⑨	Fender			1450/-	
⑩	Van/ri			5500/-	
⑪	mirror (L)			190/-	
⑫	muffler			9500/-	
⑬	Labor charge			800/-	
				1	
TOTAL				24505/-	

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.	Bablu Prasad 7460066419
2	Vehicle No. / वाहन संख्या	UP57CA 2308
3	Policy No. / पालिसी संख्या	252400/31/2026/49179
4	Period of Insurance / बीमा अवधि	21/10/2025 to 20/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/02/2026, 5:30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Pandey Chhapra
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajan nath, UP57 2018000 8960182226 2611
8	Estimated Loss / अनुमानित हानि	24505/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बाइक मेरे चाचा मालिक राजन नथ लेजर मारकर जा रहा था। तभी डोकान सामने से एक बाइक वाला टक्कर मार दिया जिससे बाइक 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.	9125197170 Gupta automobiles Padawan

Date / दिनांक : 20/03/26
हस्ताक्षर

बबलू प्रसाद
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. 252400/31/2026/49179
 Tel. No. _____ Period of Insurance 21/10/2025 to 20/10/2026
 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 : Babalu Prasad
 (b) Address for correspondence : _____
 (c) Telephone : 7460066419

2. THE INSURED VEHICLE

Make & Year <u>Hero</u>	Engine No. <u>HA11FGSHJ45080</u> Chassis No. <u>MBLHAW467SHJ479</u> <u>30</u>	Registration No. <u>UP57CA</u> <u>2300</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 : Rajan nat
(b) Age : _____
(c) Address : Seeshinagar
(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 : UP5720180002611
(h) Issuing Authority : _____
(i) Date of Expiry : 9/04/2038
(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 : 27/02/2026, 5:30 P.M
(b) Place : Pandey chauraha
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी वाहन लेमर बाया लडल जा रहा था। लमी सामने
(e) If any third party was responsible for this accident give the name and address : सु लम वाहन वाला लम लम दिमा जि स से वाहन मेरी लम साइड मि रने लमि हो गि।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side
(b) Estimated cost of repairs : 24505/-
(c) When and where can the damaged vehicle be inspected : Gupta automobiles Padwanra

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 20/03/2006

Signature of the insured व. व. लु. गुहाड़

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Babalu Prasad
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No ✓
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 2/03/26
Place : Poddandu

Babalu Prasad
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA2308 Registration Date : 25-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 : BABALU PRASAD Son/wife/daughter of : HAMID PRASAD
 Full Address: (Permanent) : VILL-DEV GAON, POST-NEBUA RAIGANJ, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274802
 Full Address: (Temporary) : VILL-DEV GAON, POST-NEBUA RAIGANJ, THANA-NEBUA NAURANGIA, KUSHINAGAR- UTTAR PRADESH-274802
 Validity Up To : 24-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 : AA2142495561 Rear HSRP No : AA2141829109
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW467SHJ47938
 Engine No : HA11F6SHJ45080 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : Red Black Laden/GV Wt (kgs) : 243
 Other Criteria :
 Vehicle Purchase As : Fully Built AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 21-Oct-2025.

Purchase dt : 21-Oct-2025 Sale Amt : 77982/-
 OTT Date : 21-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100008411
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED

Date of Approval : 25-Feb-2026
Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Conversion Date :

This certificate is valid from 25-Oct-2025 to 24-Oct-2040


 Signature of Registering Authority
 Date : 26-Feb-2026

UNION OF INDIA Driving Licence (UP) (NT)

UP57-20180002611



कार्य का दिनांक / Date of Issue

10/04/2018

व्यक्ति / Authority

09/04/2038

जन्म तिथि / Date of Birth

20/07/1998

Blood Group



नाम / Name

RAJAN NAT

पिता/पति का नाम / Son/Daughter/Wife of

ISLAM NAT

UP57-20180002611



LMV

10/04/2018



MCWG

10/04/2018

पता / Address

VILL KISHUMPUR VIJAYPUR
PO-KHAIRI, PS-NEBUA NAURANGIYA, Vijaipur
Padrauna, Kushinagar, UP 274802

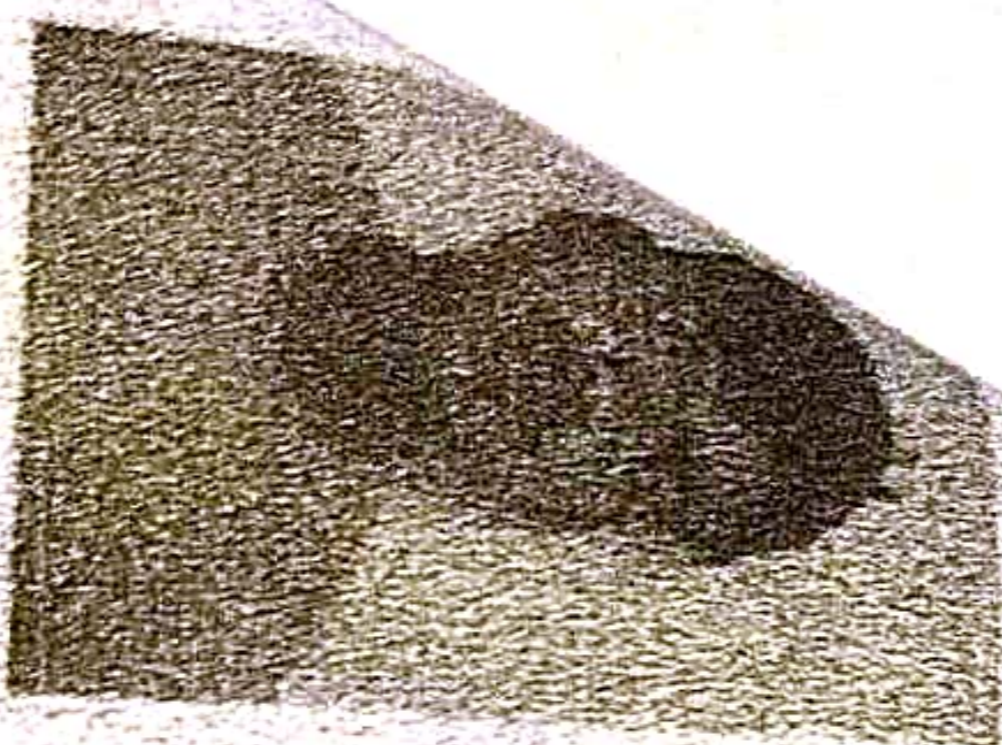
Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



Form 2 (Rev. 11/01)



भारत सरकार

Government of India

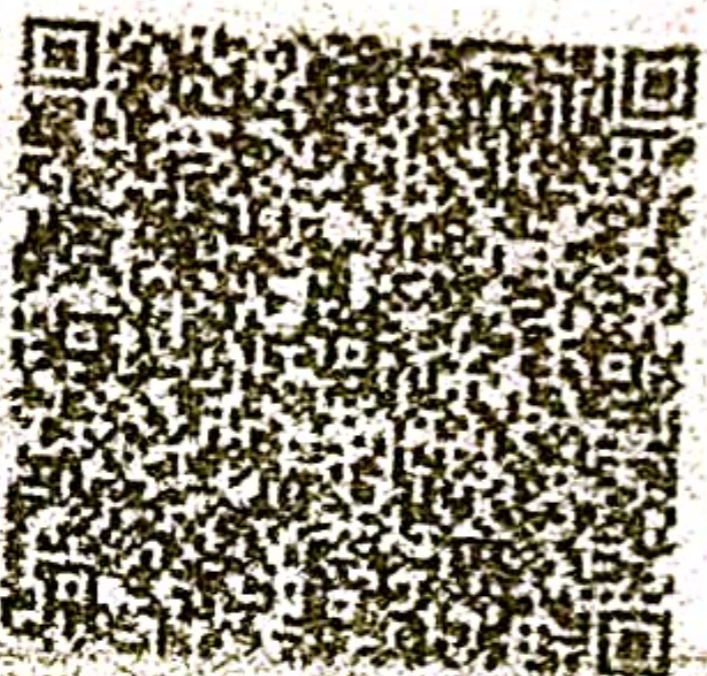
बबलू प्रसाद

Babalu Prasad

जन्म तिथि / DOB : 01/01/1991

पुरुष / Male

6087 7581 4913



आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:

आत्मज: हमीद प्रसाद, देव गाँव,
कुशीनगर, नेबुआ रायगंज, उत्तर
प्रदेश, 274802

Address:

S/O: Hamid Prasad, Deo Gaon,
Kushinagar, Nebua Raiganj, Uttar
Pradesh, 274802

6087 7581 4913

1800 300 1947

help@uidai.gov.in

www.uidai.gov.in