

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3206**Date 06/03/26Name Mina DeviAdd. UP 570M0352

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Indicator Front - (R)			990/-	
	Indicator Rear - (R)			220/-	
	Leg Guard			220/-	
	Muffler Cover			630/-	
	Muffler			650/-	
	Cover Cat Protector			7700/-	
	Handle			140/-	
	Handle T			510/-	
	Tank			875/-	
	Foot Rest			5550/-	
	Brake Pedal			245/-	
	Lever - (R)			985/-	
	Throttle Pedal			105/-	
	Labour charge			200/-	
				800/-	
				1	
			TOTAL	19900/-	

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.	Miya Devi 7521035390
2	Vehicle No. / वाहन संख्या	UP57BM0352
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/446001
4	Period of Insurance / बीमा अवधि	6/06/2025 to 5/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/03/2026, 6:00 P.m
6	Place of Accident / दुर्घटना का स्थान	Rambhala
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rushav Kumar Bhand, UP57 7068500431 20130002322
8	Estimated Loss / अनुमानित हानि	19900/-
9.	Cause of Accident / दुर्घटना का कारण:	<p>मेरी बॉर्डिंग मेरे मडोसी मिश्रा कुमार जी के त्रिपलर मारने से घर आ रहे थे। तभी अचानक एक बॉर्डिंग वाला सामने से दाहिने साइड में त्रिपलर मार दिया तो बॉर्डिंग मेरी दाहिने साइड गिरने से बॉर्डिंग मेरी डैमेज 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.	9125197198 Gupta automobiles Poochanna

— मिश्रा देवी
Signature of Insured / बीमाधारक के

Date / दिनांक : 08/03/2026
हस्ताक्षर



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. MS/2025/4002/046575

Tel. No. _____

Period of Insurance 6/06/2025 to 5/06/2026 **446801**
 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 : Mira Devi
 (b) Address for correspondence : HS 21035390
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Huwo/2023</u>	Engine No. <u>HATEOPHE04037</u> Chassis No. <u>MBLHAW231PHEA90</u> <u>46</u>	Registration No. <u>UP57BP</u> <u>0352</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
 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 : Keshav Kumar Goyal
(b) Age : Kushinagar
(c) Address :
(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 : UP 57-2013-0002372
(h) Issuing Authority :
(i) Date of Expiry : 19/02/2033
(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 : 02/03/2026, 06.00 P.M.
(b) Place : Rambola
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : बाइक वाले ने सामने के दाये साइड में ठक्कर
(e) If any third party was responsible for this accident give the name and address : मार दिया बाइक दाये साइड गिरने से क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : 19990/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Poolgama.

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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : PIA

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 Police 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 08/03/2020

Signature of the insured मीरा देवी

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 ... श्रीरा देवी

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 : UP57BM0352 Registration Date : 05-Jun-2023
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA. . . 189-274304
Owner Name : MIRA DEVI Son/wife/daughter of : BHARATH
Full Address: (Permanent) : VILL-DHUAN TIKAR, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR, UTTAR
PRADESH-274305
Full Address: (Temporary) : VILL-DHUAN TIKAR, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR-UTTAR
PRADESH-274305
Fitness Up To : 04-Jun-2038 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : BHARATH
Relationship with the : Spouse Norms : BHARAT STAGE VI
Nominee
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2075904449 Rear HSRP No : AA2077421568
Type of Bouy : SOLO WITH PILLION Month/Year of Manuf. : 05/2023
No of Cylinders : 1 Chassis No : MBLHAW231PHEA9046
Engine No : HA11E8PHE84837 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 109
Colour : Red Black Laden/GV.Wt (kgs) : 239
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. : As Regd. :
Description 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. 02-Jun-2023.

Purchase dt : 02-Jun-2023 Sale Amt : 73331/-
OTT Date : 02-Jun-2023 Amount/Rcpt No : 7334 / UP57D23060000657
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 19-Jun-2023
Other State/Transfer/Conversion Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 05-Jun-2023 to 04-Jun-2038



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



UP57 20130002322

Issue Date: 14-09-2022 Validity (NT): 19-02-2033 Validity (TR)*: 13-09-2027



(20-02-2013)

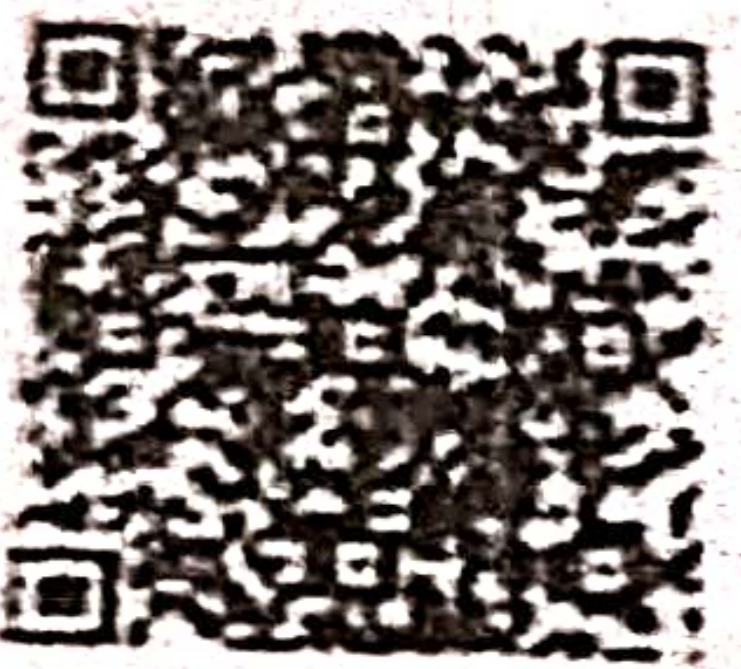


Name: **KESHAV KUMAR GOND** Holder's Signature: _____
 Date of Birth: **20-10-1993** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **PRABHU GOND**
 Address: **R/O- HARUAN TOLA RAMKOLA
 HATA, KUSHINAGAR 274305**

Date of First Issue

DL No: UP57 20130002322

FDL 05000427 10003



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	MCWG	UP57	20-02-2013	NT			
LIV	LIV	UP57	20-02-2013	NT			
TRANS	TRANS	UP57	22-08-2014	TR			
MVSD							

Emergency Contact Number

Licence Authority
UP57 KUSHINAGAR

UP57 KUSHINAGAR



भारत सरकार
Government of India



मीरा देवी
Mira Devi
जन्म तिथि / DOB : 01/01/1984
महिला / FEMALE

6932 3746 3714

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

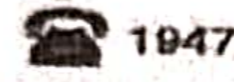


पता:
W/O : भरत, 257, धुआंटिकर, रामकोला, कुशीनगर,
उत्तर प्रदेश-274305

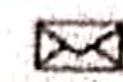
Address:
W/O : bharath, 257, Dhuantikar, Ramkola,
Kushinagar, Uttar Pradesh-274305



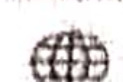
6932 3746 3714



1947



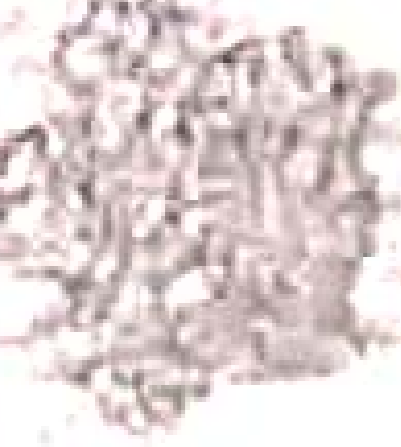
help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



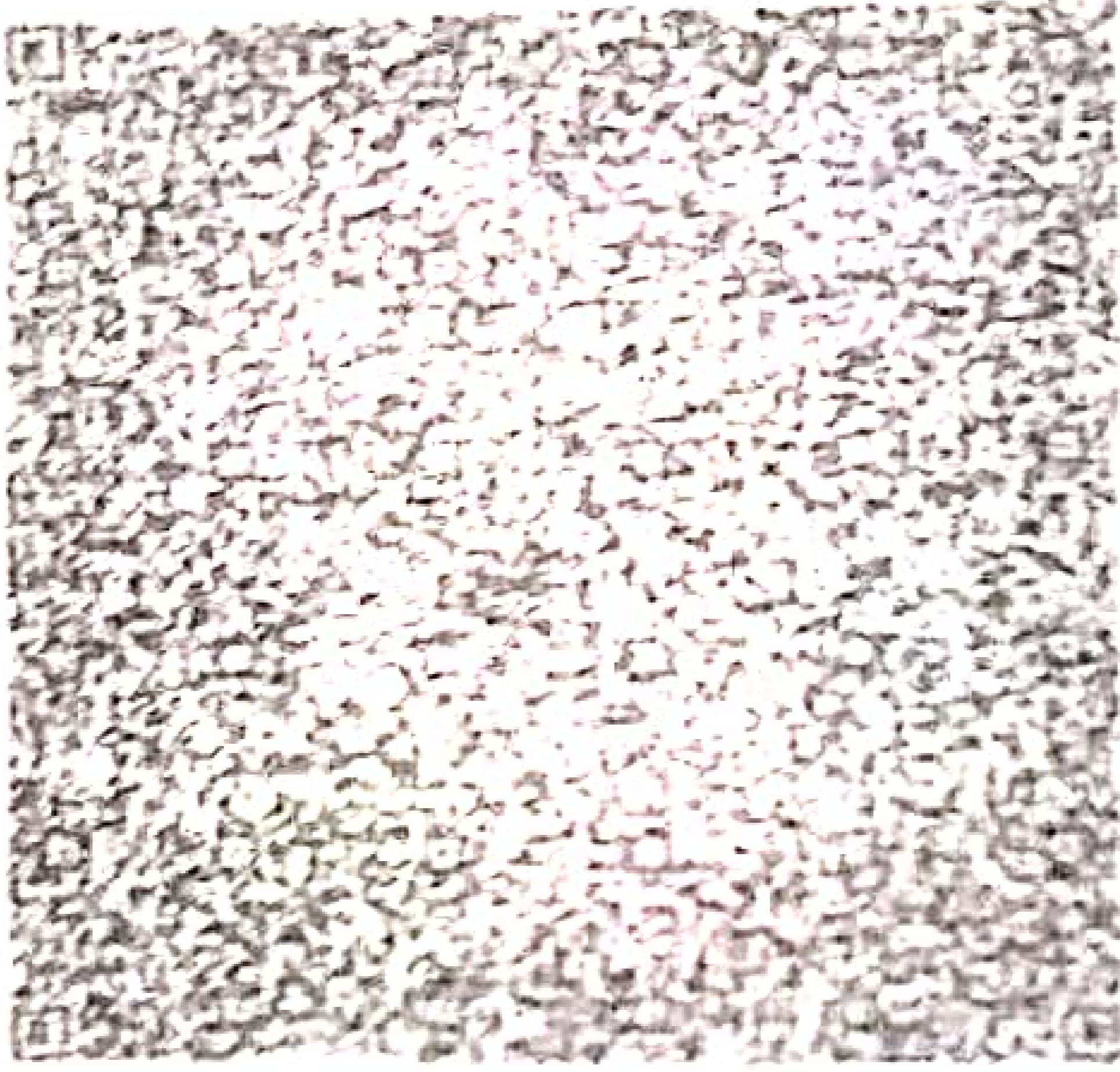
भारत सरकार

GOVT. OF INDIA



नाम / Name
MIRA DEVI

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FNFPD4086J



पिता का नाम / Father's Name
RAMAVADH CHAURASIYA

जन्म की तिथि / Date of Birth
01/01/1984

हस्ताक्षर / Signature