

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3211**

Date 6/03/26

Name Nitish Kumar Kushwaha

Add. UP57CA 6429

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	visor			1000/-	
②	Handle			500/-	
③	Lever. (R)			105/-	
④	Foot Rest (R)			240/-	
⑤	muffler cover			680/-	
⑥	Rear grip			1450/-	
⑦	Labour charge			600/-	
TOTAL				4575/-	

Authorised Signatory

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Nitish Kumar Kushwaha 9065594345
2	Vehicle No. / वाहन संख्या	UP57CA 6429
3	Policy No. / पालिसी संख्या	222400/31/2026/23008
4	Period of Insurance / बीमा अवधि	27/10/2025 to 26/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/03/2026, 9:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Dauraha
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Nitish Kumar Kushwaha DR 20250216201
8	Estimated Loss / अनुमानित हानि	4575/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बाईक लेकर मारमेट जा रहा था। तभी अचानक सामने एक साईकल वाला आ गया। उसी को बचाते वक़्त वेम तिसा ले बाईक स्टिल टैकर ठाँव साईकल गिरी से डमिण 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.	9125197140 Gupta automobiles Panchsaran

Date / दिनांक : 6/03/26  
हस्ताक्षर

Nitish Kushwaha  
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. 252400/31/2026/23008

Tel. No. \_\_\_\_\_

Period of Insurance 27/10/2025 to 26/10/2026  
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 : Nitish Kumar Kushwaha  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 9065294342

2. THE INSURED VEHICLE

Make & Year <u>Hyundai/2025</u>	Engine No. <u>MA11F6SHJM0039</u> Chassis No. <u>MBLHAW776SHJD</u> <u>1296</u>	Registration No. <u>UP 57</u> <u>CA 6429</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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nitish Kumar Kushwaha
- (b) Age : Kushinagar
- (c) Address : Kushinagar
- (d) Is the Driver :
  - 1. Owner
  - 2. paid driver?
  - 3. Owner's relative or friend?
- (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 28 20 2500 16281
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 31/12/2021
- (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 : 4/03/2026, 9:00 A.M. Purnaha
- (b) Place : \_\_\_\_\_
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : मे अपनी बाइक लेकर रहा था वही साइने मे अपनी बाइक लेकर था वही साइने मे अपनी बाइक लेकर था
- (e) If any third party was responsible for this accident give the name and address : मेम साइने वाला था वही साइने मे अपनी बाइक लेकर था

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side 7575/-
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : Gupta 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 : \_\_\_\_\_
- (e) Full details of property damaged : \_\_\_\_\_
- (f) Has notice of any claim been given to you? : N/A

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? : \_\_\_\_\_ N/A \_\_\_\_\_  
(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 6/03/26 200 :

Signature of the insured Nitish kishwaha

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 *Atish Kushwaha*  
Occupation .....  
Address .....  
.....  
.....

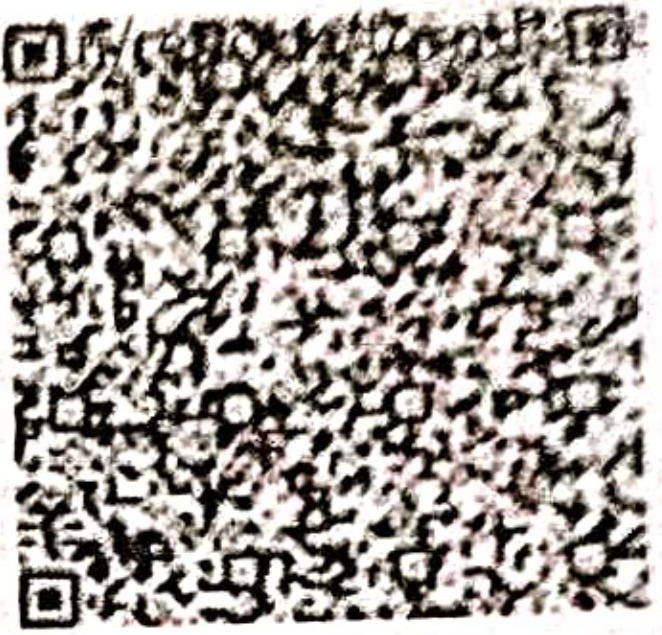
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA6429      Registration Date : 01-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 : NITESH KUMAR KUSHWAHA Son/wife/daughter of      : DHARMENDRA KUSHWAHA  
 Full Address: (Permanent) : VILL-BHAPASA, POST-DAUNAHA, , PASHCHIM CHAMPARAN, BIHAR-845404  
 Full Address: (Temporary) : VILL-PATERA BUJURG, POST-BALKUDIYA, , KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 31-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 : AA2140321686      Rear HSRP No : AA2141824258  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1      Chassis No : MBLHAW476SHJD1296  
 Engine No : HA11F6SHJM0039      Fuel : PETROL  
 Horse Power(BHP) : 8.17      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235  
 RS)  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 113  
 Colour : MATT GREY      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. 27-Oct-2025.

Purchase dt : 27-Oct-2025      Sale Amt : 74999/-  
 OTT Date : 27-Oct-2025      Amount/Rcpt No : 7500 / UP57D25110000279  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 09-Feb-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Nov-2025 to 31-Oct-2040

Date : 11-Feb-2026 14:30:53  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 11-Feb-2026

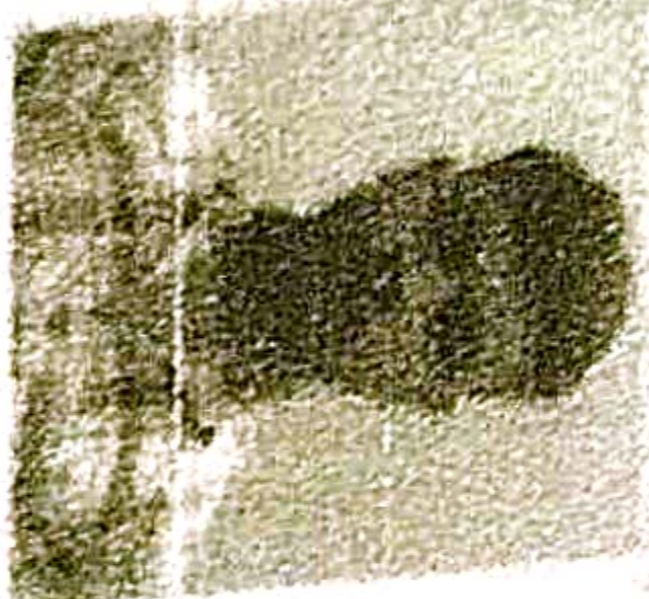
Q 7656542

**Indian Union Driving Licence**  
 Issued by Government of Bihar



BR28 20250016281

Issue Date 11/08/2025    Validity (NT) 31/12/2041    Validity (TR)



Name: **NITISH KUMAR KUSHWAHA**

Holder's Signature  
*Nitish Kushwaha*  
 Organ Donor : NO

Date Of Birth : 01/01/2002    Blood Group : A+  
 Son/Daughter/Wife of : DHARMENDRA KUSHWAHA

Address:  
 AT BHAPASA PO DAUNAHA  
 PS DHANAHA  
 DIST WEST CHAMPARAN BIHAR 845004

Date Of First Issue 11082025

BR-D2823033415

DL No: **BR28 20250016281**

BR-D2823033415



ADPVEH No. (Regn. Numbers)

Hazardous validity    HM Validity

Class of Vehicle	Code	Issued By	Date Of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	CRANE	BR28	11/08/2025	NT			
	LMV	BR28	11/08/2025	NT			
	MOWG	BR28	11/08/2025	NT			

Emergency Contact Number

Subordinate Registrar  
 Licensing Authority  
 MTA, COBALT CANTON



भारत सरकार  
Government of India

नीतिश कुमार कुशवाहा  
Nishish Kumar Kushwaha  
माता : विरसवती देवी  
Mother : Virsavati Devi

जन्म तिथि / DOB: 01/01/2002  
पुरुष / Male

4442 6260 1498



भारत - आर्य आदर्श का अधिष्ठाता



भारत सरकार  
Unique Identification Authority of India

पता: अरुणदास चौक, कुशवाहा  
B.P. 8, कुशवाहा, मधुबनी  
पश्चिमी चम्पारण, बिहार, 845404

Address: S/O: Dhanmendra  
Kushwaha, Bhabasa,  
Daunaha, Madhubani, West  
Champaran, Bihar, 845404

4442 6260 1498

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

सिवायक

विभागा

INCOME TAX DEPARTMENT



GOVT. OF INDIA

भारत सरकार

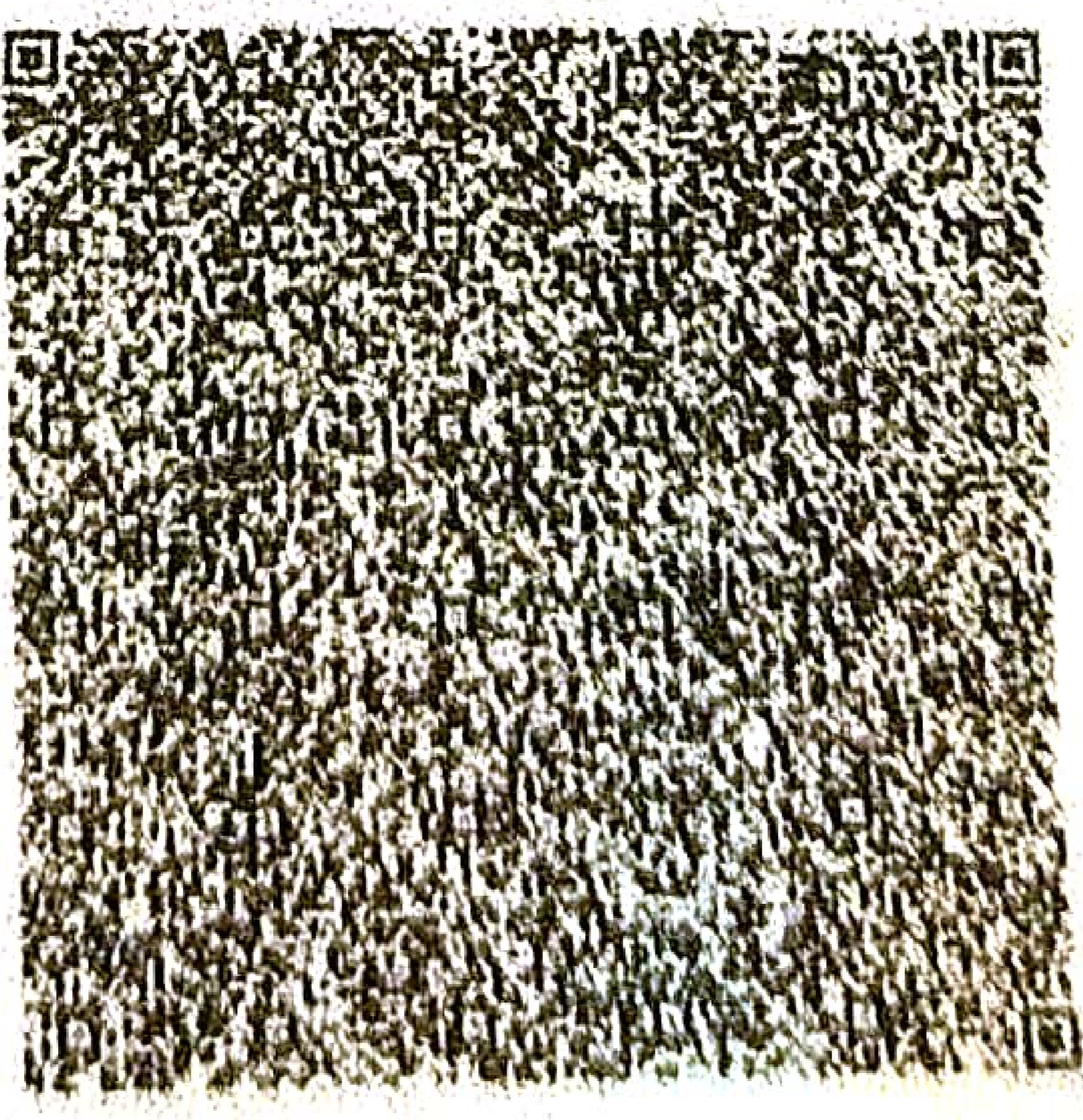


नाम / Name

NITISH KUMAR KUSHWAHA

पैनल अकाउंट नम्बर कोड  
PAN/Account Number Code

OBEPK9115H



पिता का नाम / Father's Name

DHARMENDRA KUSHWAHA

निश कुशवाहा

जन्म का तिथि / Date of Birth

01/01/2002

हस्ताक्षर / Signature 30100