

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3209**

Date 6/03/26

Name Indu Kushwaha

Add. UP 57 BY 0514

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			1265/-	
②	H/L			3500/-	
③	Inner			480/-	
④	Handle			500/-	
⑤	Sari Guard			220/-	
⑥	Foot Rest - (2)			290/-	
⑦	Mirror (2)			290/-	
⑧	Labor charge			800/-	
			TOTAL	7245/-	

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.	Indu Kushwaha 9118808959
2	Vehicle No. / वाहन संख्या	UP57BY0514
3	Policy No. / पालिसी संख्या	252400/31/2026/16279
4	Period of Insurance / बीमा अवधि	21/05/2025 to 20/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/03/2026, 03:30 P.m.
6	Place of Accident / दुर्घटना का स्थान	Chhitani Road,
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vijay Mall Kushwaha, UP57200 0601713058 90305852
8	Estimated Loss / अनुमानित हानि	7245/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बहन मेरे पिता जी विजय मल कुशवाहा लेजर मशीन काम से जा रहे थे तभी अचानक सामने बच्चा आ गया, उसी को बचाव करते बहन मेरी ठाठ साईड गिरने से बहन मेरी डमेन 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.	9125197148 Gupta automobiles Panchsara

इंदु कुशवाहा

Signature of Insured / बीमाधारक के

Date / दिनांक : 6/03/26
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. 252400/31/2026/16279

Tel. No. _____

Period of Insurance 21/05/2025 to 20/05/2026
 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 : Indu Kuchwaha
 (b) Address for correspondence : _____
 (c) Telephone : 9110008959

2. THE INSURED VEHICLE

Make & Year <u>Hiro/2025</u>	Engine No. <u>HA11FB SHE03282</u> Chassis No. <u>MBLHAW33X SHE03063</u>	Registration No. <u>UP57 BY0514</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 : N/A
 (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 : Vijay mall Kushwaha
(b) Age : _____
(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 : UP5720290305852
(h) Issuing Authority : _____
(i) Date of Expiry : 6/09/2029
(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, 3:30 P.M
(b) Place : Chhitauri Road
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : _____
(e) If any third party was responsible for this accident give the name and address : मिस्टर बिन्दाय सिंह मिठा लैकरु जा रहे थे तभी अचानक सामने से एक गाड़ी उसी की खन्ती वकट वाइकिंग कारो काईड विरुद्ध में घुसने से गड़ी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end-side
(b) Estimated cost of repairs : ₹ 245/-
(c) When and where can the damaged vehicle be inspected : Gupta Automobiles Padrauna

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 Policy 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 [Signature]

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 13/11/21
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 enters into any transaction specified in rule 114B



1. Full name and address of the declarant Indu Kushwaha
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 : 6/03/26
Place : Padaana

इंदु कुशवाहा
Signature of the declarant

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

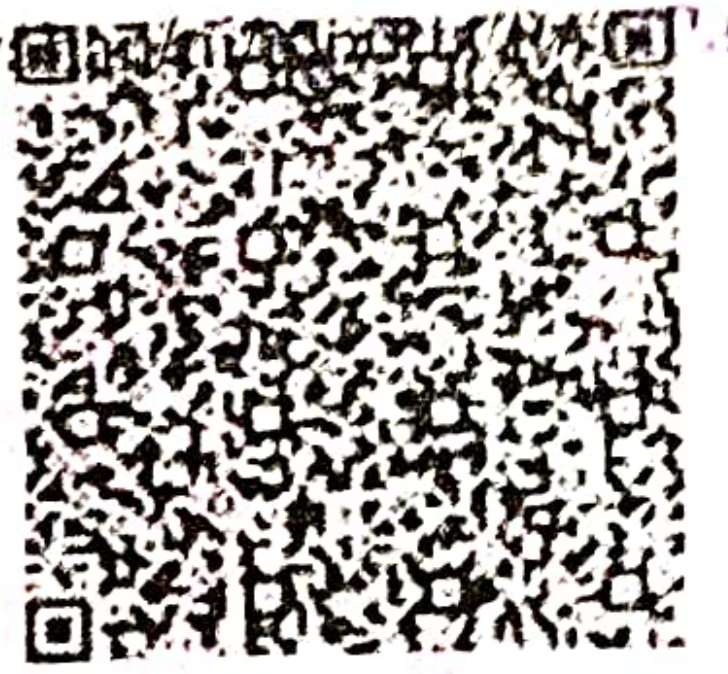
- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies 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 : UP57BY0514 Registration Date : 26-May-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 : INDU KUSHWAHA Son/wife/daughter of : VIJAY MALL KUSHWAHA
 Full Address: (Permanent) : VILL-NAURANGIYA, POST -NAURANGIYA, THANA -NEBUA NAURANGIYA,
 KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-NAURANGIYA, POST -NAURANGIYA, THANA -NEBUA NAURANGIYA,
 KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 25-May-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 : AA1042556804 Rear HSRP No : AA2124120772
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW33XSHE03063
 Engine No : HA11FBSHE03282 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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. 21-May-2025.

Purchase dt : 21-May-2025 Sale Amt : 86101/-
 OTT Date : 21-May-2025 Amount/Rcpt No : 8611 / UP57D25050004844
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 03-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 26-May-2025 to 25-May-2040

Date : 19-Jun-2025 11:34:10

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 19-Jun-2025
 A.R.T.O. (A)
 KUSHI NAGAR (U.P.)

Q 3786990

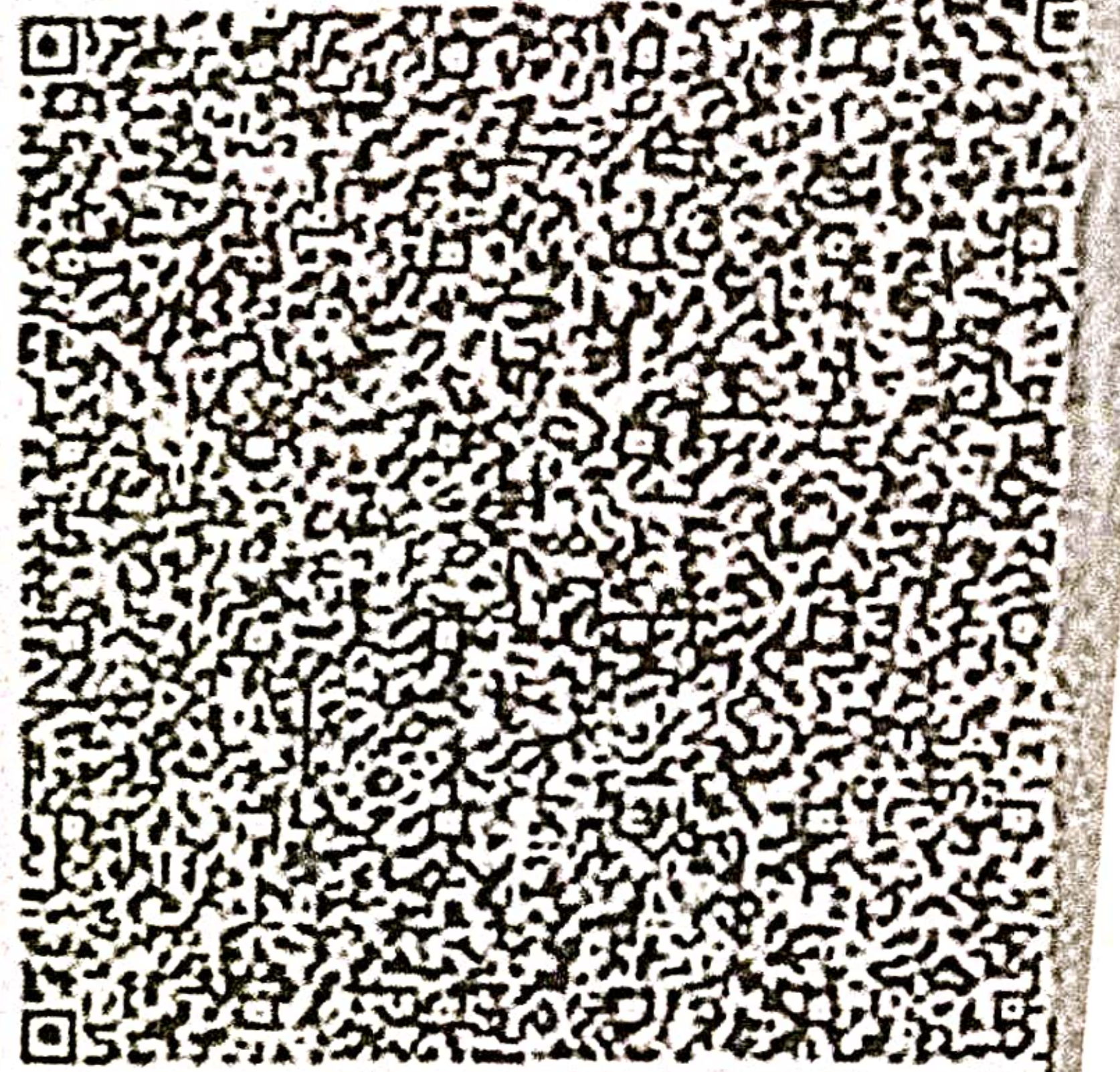


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
हारा: बबलू कुशवाहा, ,, धरनी पट्टी, नेबुआ रागंज, कुशीनगर,
उत्तर प्रदेश - 274802

Address:
C/O: Bablu Kushwaha, ,, Dhami Patti, PO: Nebua
Raiganj, DIST: Kushinagar,
Uttar Pradesh - 274802



2742 5095 5219

VID : 9176 0812 2227 5115

२ 1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार
Government of India



इंदु कुशवाहा
Indu Kushwaha
जन्म तिथि/DOB: 15/08/2004
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग राज्यासन (ऑनलाइन प्रमाणिकरण, या ब्लूडार कोड/
ऑफलाइन एक्सएमएल को स्कैनिंग) 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).

2742 5095 5219

मेरा आधार, मेरी पहचान