

# Supta

## AUTOMOBILES

AUTHORISED DEALER



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

No. **3208**Date 6/03/20Name Rafik AnsariAdd. UP57C13 2242

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	visor			1265/-	
②	H/L			3500/-	
③	meter			3800/-	
④	Indicator - R+L			440/-	
⑤	Fork Pipe - (2)			2300/-	
⑥	Handle			510/-	
⑦	Handle			980/-	
⑧	Fender			1450/-	
⑨	Front wheel			4800/-	
⑩	Labor charge			1000/-	
TOTAL				20045/-	

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.	Rafiq Ansari 9541959188
2	Vehicle No. / वाहन संख्या	UP57CB2242
3	Policy No. / पालिसी संख्या	252400/31/2026/59830
4	Period of Insurance / बीमा अवधि	17/11/2025 to 16/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/03/2026, 07.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Bhaujauli Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Samir Ansari, MH34 2019000 3321 7440242548
8	Estimated Loss / अनुमानित हानि	20045/-
09.	Cause of Accident / दुर्घटना का कारण: मेश अलीजा समीर अन्सारी बाइक लेकर पधा लाने जा रहा था अचानक ओवर में मंथी चली गई जिससे मेरी बाइक डिस्बैलेन्स हो कर एक ओछे से लड़ गई और सामने से क्षतिग्रस्त हो गई और बाइक दामे गिर 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 automobile Padma.

Date / दिनांक : 6/03/26  
हस्ताक्षर

Rafiq Ansari  
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. 252402/31/2026/59838

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

Period of Insurance 17/11/2025 to 16/11/2026

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 : Rafiq Ansari  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 9541959186

2. THE INSURED VEHICLE

Make & Year <u>H170/2022</u>	Engine No. <u>H11FBSHL00893</u> Chassis No. <u>MBLHAW33ASHL091</u> <u>70</u>	Registration No. <u>UP57CB</u> <u>2242</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 : Samir Ansari  
(b) Age : \_\_\_\_\_  
(c) Address : Lushonagar  
(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 : MH3420190003321  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 25/03/2039  
(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 : 3/03/2026, 7:30 P.M  
(b) Place : Bhujawli Bazar  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : मेरी गाडी मेरा काली लैंगर जा रहा था तभी आंस मे  
(e) If any third party was responsible for this accident give the name and address : मरवा चली गई जिससे गाडी टिकटिले सु टूटकर आली सुलक और सामान से जमेन हो गये दाभे संकेत लिए गये

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
(b) Estimated cost of repairs : 20015/-  
(c) When and where can the damaged vehicle be inspected : Geeta automobiles Pochanra

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/-

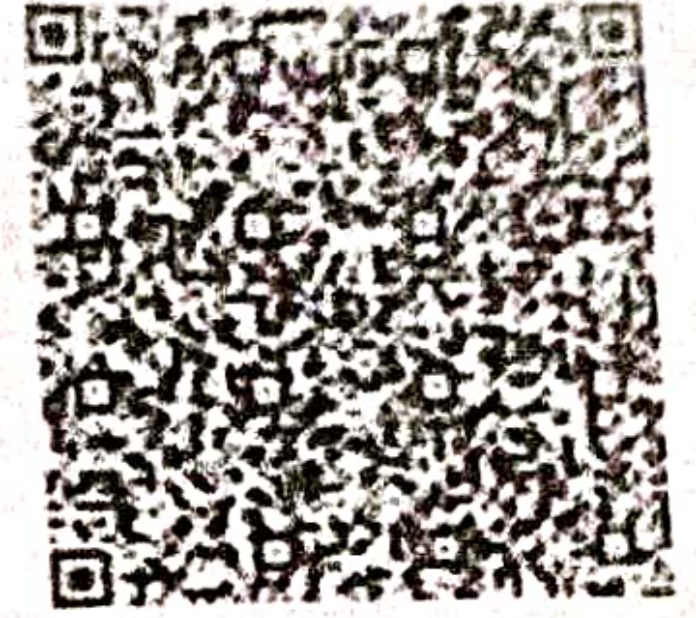
Witness

Name .....  
Signature .....  
Address .....

Signature .....  
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 : UP57CB2242      Registration Date : 21-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 : RAFIK ANSARI      Son/wife/daughter of : THAGAI ANSARI  
 Full Address: (Permanent) : VILL-WARD NO-5 BODHI CHHAPARA, POST GETHIHAWA, , KUSHINAGAR, UTTAR  
 PRADESH-274802  
 Full Address: (Temporary) : VILL-WARD NO-5 BODHI CHHAPARA, POST GETHIHAWA, , KUSHINAGAR-UTTAR  
 PRADESH-274802

Fitness Up To : 20-Nov-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 : AA2142503973      Rear HSRP No : AA2141824993  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 11/2025  
 No of Cylinders : 1      Chassis No : MBLHAW33XSHL09178  
 Engine No : HA11FBSHL08843      Fuel : PETROL  
 Horse Power(BHP) : 8.17      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS)      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 :  
 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)
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, DELHI, , New Delhi, Delhi-110057 w.e.f. 17-Nov-2025.

Purchase dt : 17-Nov-2025      Sale Amt : 80517/-  
 OTT Date : 17-Nov-2025      Amount/Rcpt No : 8052 / UP57D25110006977  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 24-Jan-2026  
**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 21-Nov-2025 to 20-Nov-2040

Signature of Registering Authority  
 Date : 01-Feb-2026

Date : 01-Feb-2026 12:20:44  
 Taxation Particulars / Advance Registration Mark Fee Details

Q 7659821

THE UNION OF INDIA  
 MAHARASHTRA STATE MOTOR DRIVING LICENCE

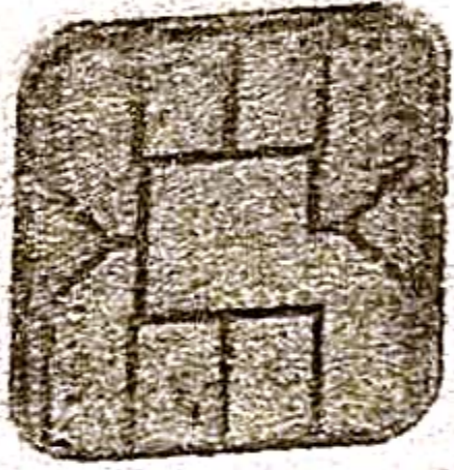
DL No. MH34 20190003321  
 Valid Till : 25-03-2039 (NT)

DOI : 26-03-2019

26-03-2019  
 AUTHORIZATION TO DRIVE FOLLOWING CLASS  
 OF VEHICLES THROUGHOUT INDIA

FORM 1  
 RULE 16 (2)

COV DOI  
 LMV 26-03-2019  
 MCWVG 26-03-2019



DOB : 01-01-1996 BG :

Name : SAMIR ANSARI  
 S/DW of LIYAKAT ANSARI  
 Add : PATHANPURA GATE MOHAMMADIYA NAGAR

Chandrapur, MH  
 PIN : 442401  
 Signature & ID of Issuing Authority: MH34

Signature/Thumb  
 Impression of Holder

Maharashtra Motor Vehicles Department  
 LEGEND FOR CLASS OF VEHICLES (COV)

S.No	COV	DESCRIPTION	S.No	COV	DESCRIPTION
1	MCWOG	M.C W/o Gear	13	MCWOGT	M.C W/o Gear TR
2	MCWVG	M.C With Gear	14	MCWGT	M.C With Gear TR
3	LMV	LMV-NT-Car	15	LMVPT	LMV-Private
4	3W-NT	LMV-3 WheelerNT	16	PSVBUS	TRV-PSV-Bus
5	TRACTOR	LMV-Tractor	17	PVTBUS	TRV-Private Bus
6	LMV-TR	LMV-Transport	18	LDRXCV	OTH-Load/rxcvt
7	3W-TR	LMV-3 WheelerTR	19	CRANE	OTH-Cranes
8	TRANS	Transport	20	FLFT	OTH-Fork Lift
9	INVCRG	Inv Carriage	21	BRIGS	OTH-Boring Rigs
10	RDRLR	Road Roller	22	CNEQP	OTH-ConsEqpmnt
11	LMV-TT	LMV-Tractor/Tr	23	INVCG2	INV-Carriage-2
12	OTVVEH	Others	24	INVCG3	INV-Carriage-3

LMV - LIGHT MOTOR VEHICLE

TRV - TRANSPORT VEHICLE

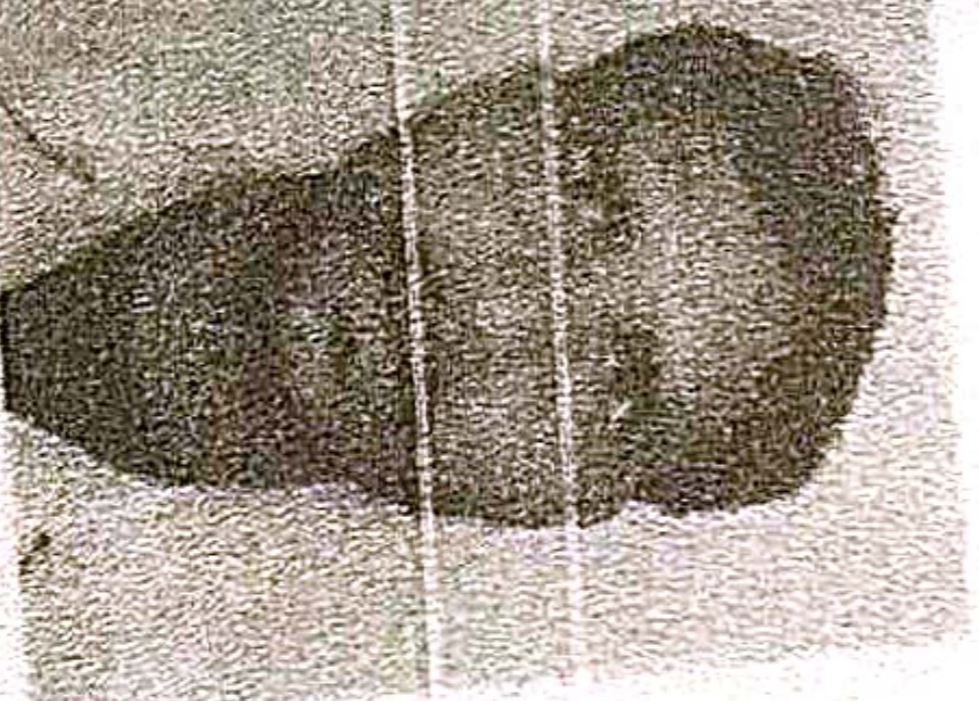
● DRIVE CAREFULLY - AVOID ACCIDENTS ●





भारत सरकार

Government of India



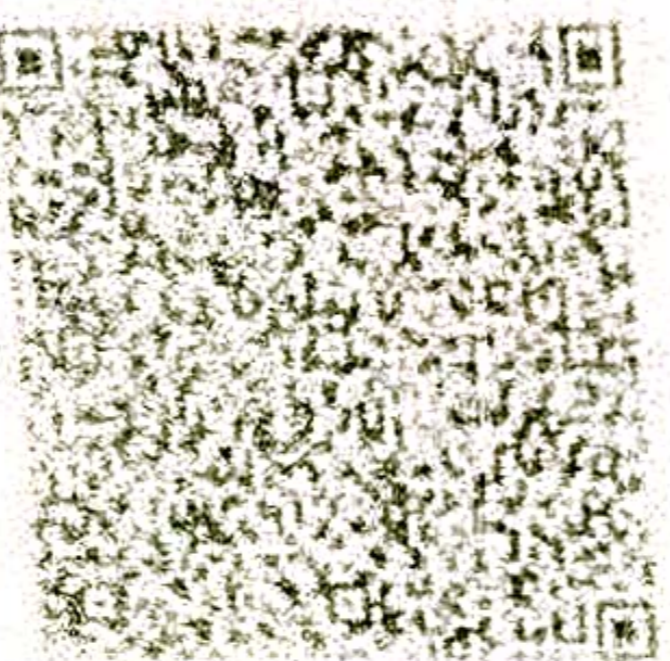
राफ़ीक़ अंसारी

Rafiq Ansaari

जन्म तिथि / DOB : 01/01/1990

पुरुष / Male

7335 3779 4085



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आनंजना ठाड़ें अंसारी, बॉडी  
नं. 05, बोधी छापरा, गौरीचंद मुस  
विशिवह आहत., गौरीहवा, कुशीनगर,  
पडरौना, उत्तर प्रदेश, 274802

Address: S/O. Thagai Ansan, ward no. 05,  
bodhi chhapara, Gaurihawa Mus.  
Gurhahwa Ahl, Gaurihawa, Kushinagar,  
Padrauna, Uttar Pradesh, 274802.

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1800 300 1947

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