

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3210** Date 6/03/26
Name Koiki Devi
Add. UP 57 BX 1229

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	VIBOX			1000/-	
②	H/L			595/-	
③	Fender			1450/-	
④	Fork Pipe (2)			2300/-	
⑤	Handle			500/-	
⑥	Handle			900/-	
⑦	Tanki			5000/-	
⑧	Labor charge			700/-	
TOTAL				12525/-	

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.	Koili Devi 8545061408
2	Vehicle No. / वाहन संख्या	VP57 BX 1529
3	Policy No. / पालिसी संख्या	252400/31/2025/97645
4	Period of Insurance / बीमा अवधि	26/03/2025 to 25/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/03/2026, 07:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Pahadia Bazar.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sunil, VP57 20160002639 8423180846.
8	Estimated Loss / अनुमानित हानि	12525/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे डेवर सुनिल शाम के वक्त बाजार से वापस घर आ रहे थे तभी अचानक से बस के सामने सांप आ गया उसी को बचाने हुये मेरी बस के सामने से आ रही एक बस से छूरा कर दाये साइड गिस्से से क्षतिग्रत 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.	9175197118 Gupta automobiles Padma

Date / दिनांक : 6/03/26
हस्ताक्षर


कोश्ली देवी
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. 252100/31/2025/97645

Tel. No. _____

Period of Insurance 26/03/2025 to 25/03/2025
 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 Swati Devi
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : 0545061408

2. THE INSURED VEHICLE

Make & Year <u>Hu80/2025</u>	Engine No. <u>HA11E7SHA77253</u> Chassis No. <u>MBLHAW226SHA73396</u>	Registration No. <u>UPS7BX1529</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 : Sanil
 (b) Age : _____
 (c) Address : Rushikeshwar
 (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 : MP572016 ODD2639
 (h) Issuing Authority : _____
 (i) Date of Expiry : 9/02/2036
 (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, 7:00 P.M
 (b) Place : Palashwar Bazar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी लाइम में टकराकर था रूके को सही लाइम
 (e) If any third party was responsible for this accident give the name and address : मे सामने साय आ गया उसी मा ठचले हुये मेरी लाइम सामने से ठा रहे लाइम टिकरुय। मर टम सके।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front md side
 (b) Estimated cost of repairs : 12575/-
 (c) When and where can the damaged vehicle be inspected : anupma automobiles Padraun

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? : _____

गिरने से सामने ही गइ

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

उत्सव/के

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office

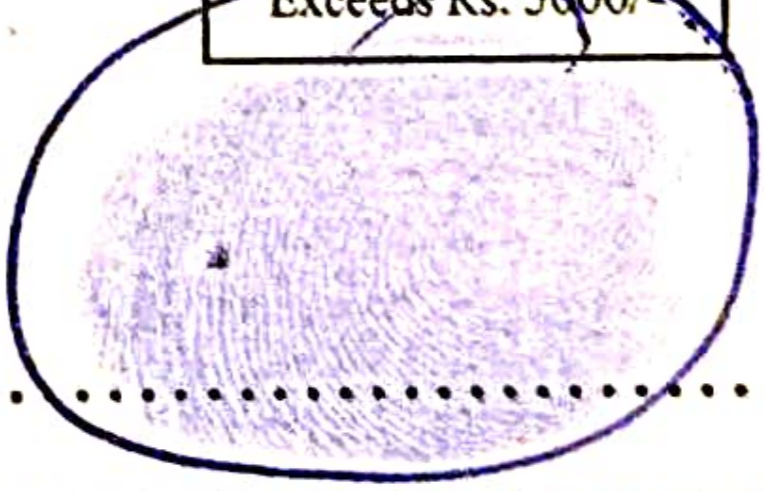


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



ओरिंजली देवी

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



भारत सरकार
Government of India

कोइली देवी
Koili Devi

जन्म तिथि / DOB : 18/07/1990
महिला / Female



5079 9630 6111

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: W/O: सुबाष, कुइया,
कुशीनगर, हरपुर माफ़ी, उत्तर प्रदेश,
274306

Address: W/O: Subash, Kuia, Kushinagar,
Harpur Mafi, Uttar Pradesh, 274306

5079 9630 6111

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

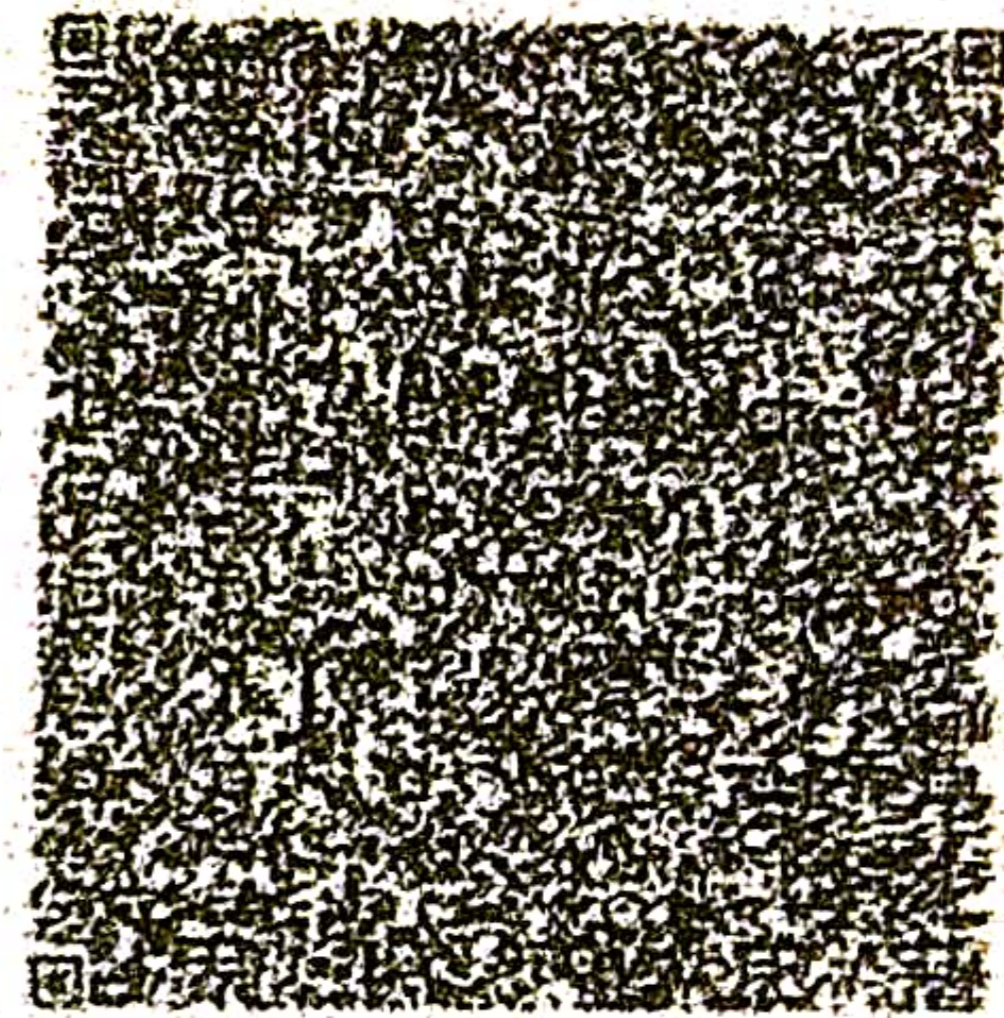
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



ई-स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IZXPD7915M



नाम / Name
KOILI DEVI

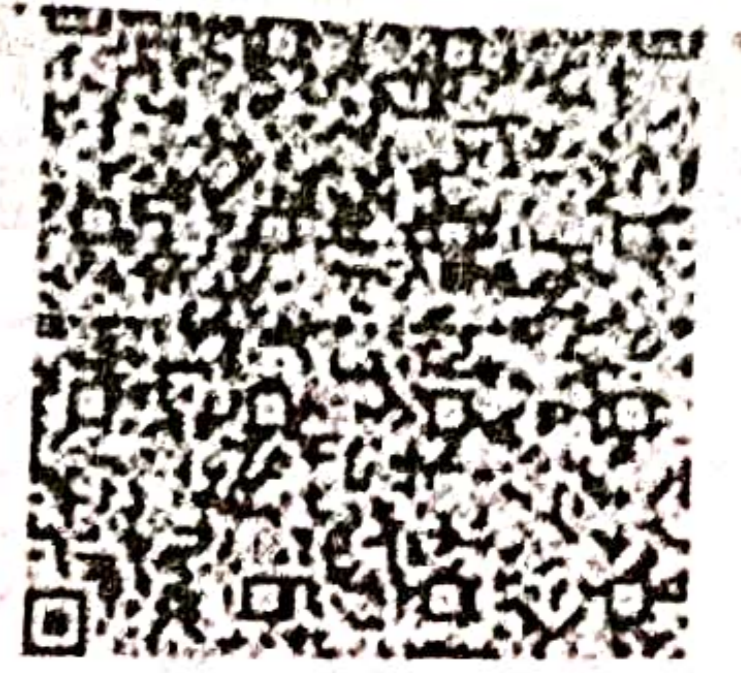
पिता का नाम / Father's Name
ARJUN

जन्म की तिथि /
Date of Birth
18/07/1990

हस्ताक्षर / Signature

Fold

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23



CERTIFICATE OF REGISTRATION

Registration No : UP57BX1529
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 31-Mar-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Purpose For Printing RC : NEW
Owner Name : KOILI DEVI
Son/wife/daughter of : SUBASH
Full Address: (Permanent) : VILL-KUIA, POST-HARPUR MAFI, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306
Full Address: (Temporary) : VILL-KUIA, POST-HARPUR MAFI, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274306
Fitness UpTo : 30-Mar-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 : AA2120227513
Rear HSRP No : AA2121565325
Type of Body : SOLO WITH PILLION
Month/Year of Manuf. : 01/2025
No of Cylinders : 1
Chassis No : MBLHAW226SHA73396
Engine No : HA11E7SHA77253
Fuel : PETROL
Horse Power(BHP) : 7.91
Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
S (DRS)
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT
Laden/GV Wt (kgs) : 241
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. 26-Mar-2025.

Purchase dt : 26-Mar-2025
Sale Amt : 78366/-
OTT Date : 26-Mar-2025
Amount/Rcpt No : 7837 / UP57D25030004672
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 30-Apr-2025

Other State/Transfer/Conversion/Reassign Details

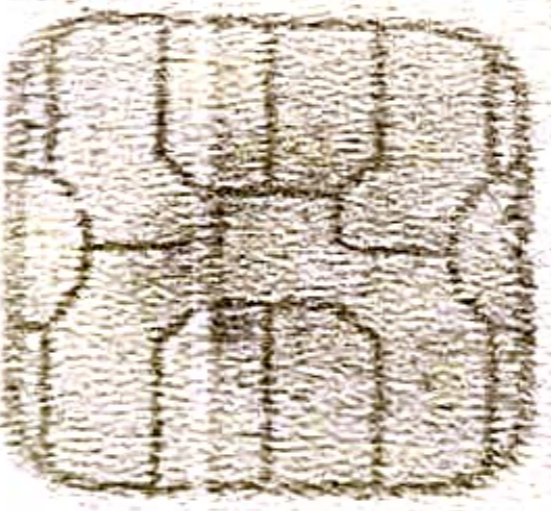
Previous Owner :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

This certificate is valid from 31-Mar-2025 to 30-Mar-2040

Signature of Registering Authority
Date : 09-May-2025

UNION OF INDIA **Driving Licence** (UP) (NT)

UP57 20160002639



नाम / Name

SUNIL

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

RAJENDRA

कार्य जारी की तिथि / Date of Issue

10/02/2016

अवधि / Validity

(MP) **09/02/2036**

Blood Group

UNKNOWN

जन्म तिथि / Date of Birth

15/06/1995



UP57 20160002639



LMV



MCWG

10/02/2016 10/02/2016

पता / Address

VILL-KHANU CHHAPARA
PO-KHANU CHHAPARA, PS-NEBUA NAURANGIYA
KUSHINAGAR

Holder's Signature

अधिकारी / Issuing Authority Sign

KUSHINAGAR

