

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **3214**Date 7/03/20Name Amit ChauhanAdd. VP57CA2914

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Funder			1450/-	
②	visor			1065/-	
③	H/L			595/-	
④	H/L stand			275/-	
⑤	Inner			380/-	
⑥	Indicator - (R) + (L)			440/-	
⑦	Tonki			5500/-	
⑧	Handle			500/-	
⑨	Handle			980/-	
⑩	Mirror - (R)			240/-	
⑪	Lever - (R)			105/-	
⑫	Break Padal			950/-	
⑬	LED			1080/-	
⑭	Labor charge			1000/-	
TOTAL				14260/-	

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.	Amit Chauhan 8795227897
2	Vehicle No. / वाहन संख्या	UP57CA2914
3	Policy No. / पालिसी संख्या	252400/31/2026/48513
4	Period of Insurance / बीमा अवधि	20/10/2025 to 19/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/03/2026, 1:02 PM
6	Place of Accident / दुर्घटना का स्थान	Betiya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amarash Kumar Gupta, UP57 9838238104 20070005243
8	Estimated Loss / अनुमानित हानि	14560/-
09.	Cause of Accident / दुर्घटना का कारण : मेरी वाइफ मेरे डिमांड अमरेश कुमार गुप्ता लैमर सिलेक्टोरी गा. रहे थे। तभी अचानक सामने से एक वाइफ आ गई उसी को बचाते वक्त वाइफ सिलेक्टोरी गा. से साइड वाइफ गिरने से ड्राइविंग 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 Padsauna

अमित

Signature of Insured / बीमाधारक के

Date / दिनांक : 7/03/2026
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. 252900/31/2026/48512

Tel. No. _____

Period of Insurance 20/10/2025 to 19/10/2026
 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 : Amit Chauhan
 (b) Address for correspondence : _____
 (c) Telephone : 0795227097

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11FG54717133</u> Chassis No. <u>MBLHAW46094707</u> <u>505</u>	Registration No. <u>UP57CA</u> <u>2914</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 : Amarash Kumar Gupta
 (b) Age : Rushinagar
 (c) Address : Rushinagar
 (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 : UP5720070002293
 (h) Issuing Authority :
 (i) Date of Expiry : 8/02/2027
 (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

Date and Time : 4/03/2026, 1:00 P.M
 Place : Betiga
 Speed of vehicle at the time of accident :
 Give a short description of the accident :
 If any third party was responsible for this accident give the name and address :

मेरी वाहन से टकराव के कारण जा रहे थे दुर्घना
का कारण था कि उसी मोड़ पर एक
वाहन काई गिरने से वाहन
डामाज हो गई

6. DAMAGE TO INSURED VEHICLE

Full details of damage : Front and side
 Estimated cost of repairs : 14560/-
 When and where can the damaged vehicle be inspected : Gupta automobiles Patna

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name :
 Address :
 Full Details of personal injury sustained :
 Name and address of any person/hospital giving medical attention to injured person : N/A
 Full details of property damaged :
 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? : _____
(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 7/03/26 200

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
.....
.....

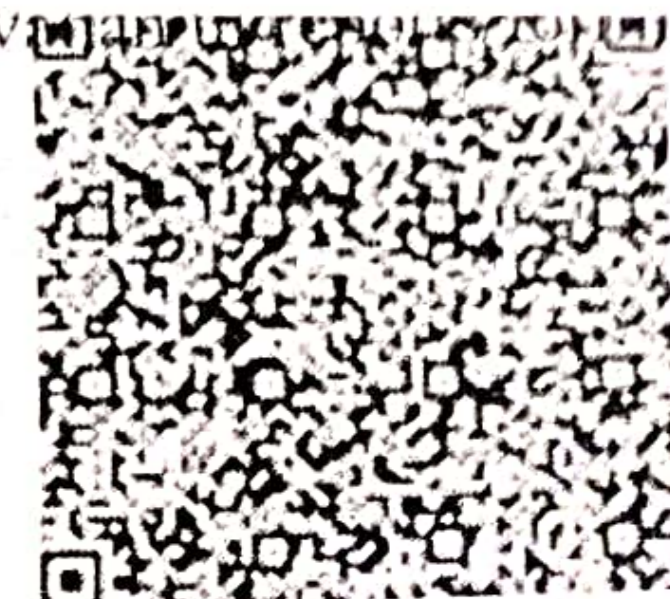
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA2914 Registration Date : 26-Oct-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 : AMIT CHAUHAN Son/wife/daughter of : RADHESHYAM CHAUHAN
 Full Address: (Permanent) : VILL-JUNGLE BAKULAHA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-JUNGLE BAKULAHA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 25-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 : AA2142495629 Rear HSRP No : AA2141829177
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW468S4J07505
 Engine No : HA11F6S4J17173 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK TORNADO 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 w.e.f. .

Purchase dt : 20-Oct-2025 Sale Amt : 77982/-
 OTT Date : 20-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100009015
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 31-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

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

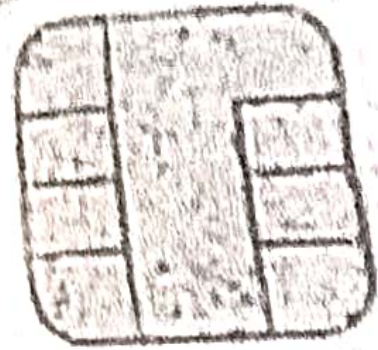
Date : 21-Feb-2026 15:59:55

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)
Kushinagar (U.P.)
 Signature of Registering Authority
 Date : 21-Feb-2026

UNION OF INDIA Driving Licence (UP) (IN)

UP57-20070005243



जारी करने की तिथि
Date of Issue
09/02/2007

वैधता-वैधता तिथि
Validity
08/02/2027

जन्म तिथि
Date of Birth
02/03/1987

Blood Group



नाम / Name

AMARESH KUMAR GUPTA

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

RAMBELASH GUPTA

UP57 20070005243

UP05255292RS



LMV

17/08/2018



MCWG

09/02/2007

(UP)

पता / Address

JUNGAL BAKULAHA
PADRAUNA
PADRAUNA, KUSHINAGAR 274304

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR

भारतीय रिजर्व

आर्यु चव्हाण
Aryu Chauhan
पुरुष (MR/DOB: 01/01/2002)
गुरु/ MALE

आर्यु चव्हाण याचा पुरावा हे, भारतीय रिजर्व मध्ये आहे।
कृपया आपला पुरावा (आर्यु चव्हाण) या पुरावाचा
आर्यु चव्हाण याचा पुरावा आहे।
आर्यु चव्हाण हे पुरावाचे प्रमाण, पुरावाचे प्रमाण
आर्यु चव्हाण हे पुरावाचे प्रमाण, पुरावाचे प्रमाण
आर्यु चव्हाण हे पुरावाचे प्रमाण, पुरावाचे प्रमाण

9214 0446 9714

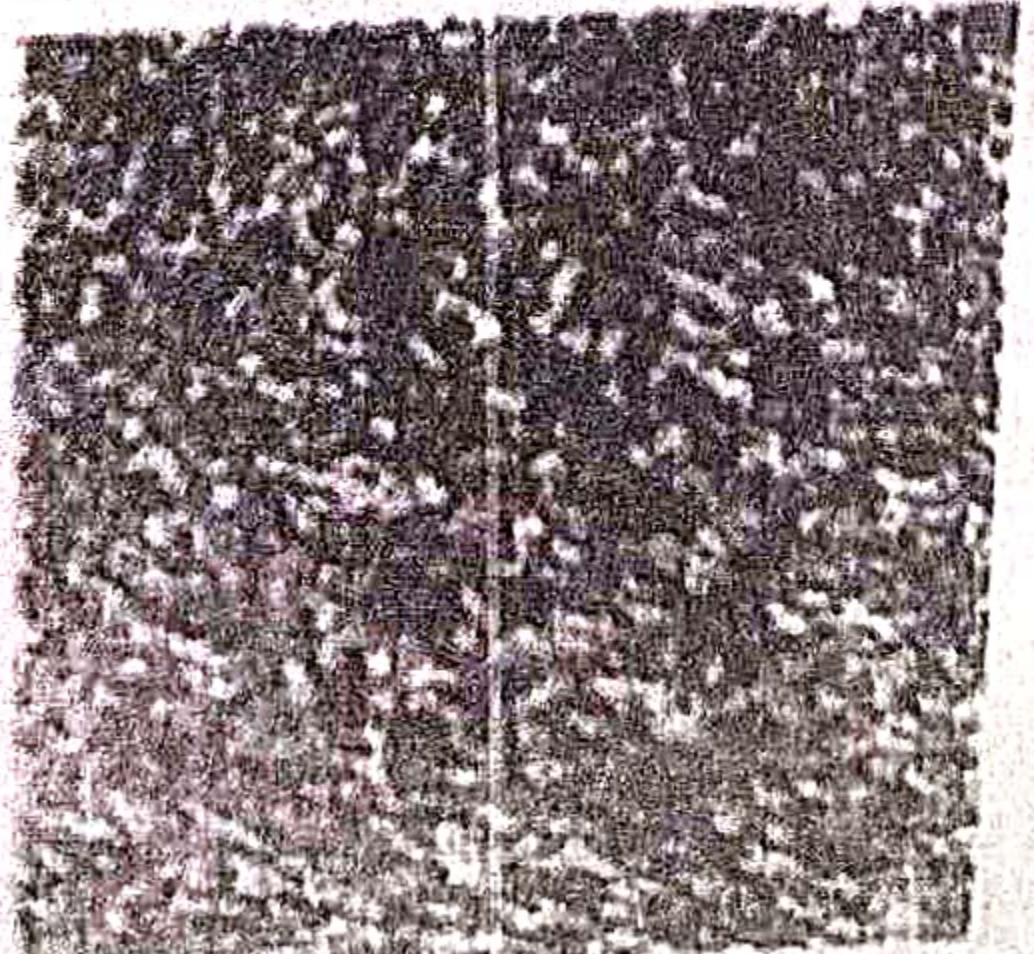
भारतीय रिजर्व



भारतीय रिजर्व
भारतीय रिजर्व

पत्ता:
आर्यु चव्हाण, राधेश्याम चौहान, बकुल्हा, उत्तर प्रदेश, पुरावा,
उत्तर प्रदेश - 274304

Address:
S/O: Radheshyam Chauhan, BAKULHA,
Jungle Bakulha, PO: Padrauna, DIST:
Kushinagar,
Uttar Pradesh - 274304



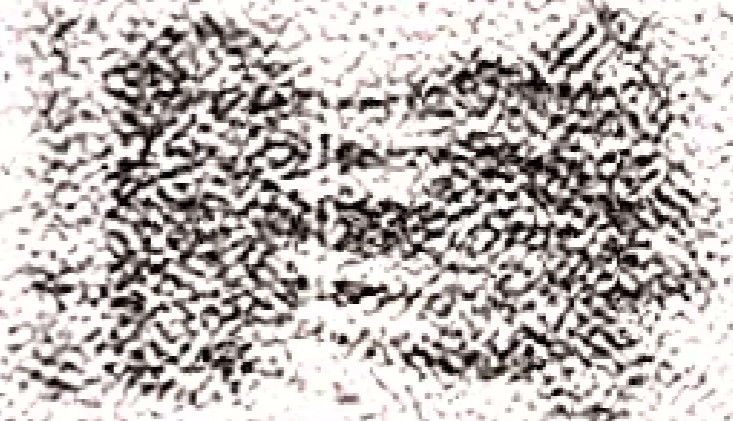
9214 0446 9714
VID : 9124 8737 9252 6211

1047 | help@utdel.gov.in

1997-98

1997-98

TAXPAYER'S IDENTIFICATION NUMBER



GOVT OF INDIA



NAME
AMIT CHAUHAN

Permanent Account Number (PAN)

CAHPC3894M

DATE OF BIRTH (DD/MM/YY)

MAADHURAM CHAUHAN

1970/04/04

32764

