

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **3212**

Date 7/03/26

Name

Hafim Ansari

Add.

UP 57 BS 2762

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Handle			510/-	
②	Mirror - (2)			240/-	
③	Tanki			5500/-	
④	Labor charge			600/-	
			<b>TOTAL</b>	<b>6850/-</b>	

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.	Matim Ansari 9628099648
2	Vehicle No. / वाहन संख्या	UP57BS 2762
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46573/451401
4	Period of Insurance / बीमा अवधि	27/06/2025 to 26/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/03/2026, 04:00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Jigoma
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Matim Ansari, UP572013 0013852
8	Estimated Loss / अनुमानित हानि	6850/-
09.	Cause of Accident / दुर्घटना का कारण : अपनी बाईक लेकर बाजार जा रहा था तभी अचानक बाईक के सामने बरुनी का बच्चा आ गया उसी को बचाने के लिये बाईक दाबे साईड गिरने से क्षतिग्रस्त 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 automobile Padma.

Date / दिनांक : 7/03/2026  
हस्ताक्षर

Matim 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. MS/2025/7001/0/46575/451401  
 Tel. No. \_\_\_\_\_ Period of Insurance 27/06/2025 to 26/06/2026  
 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 : Hafim Ansari  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9628099648

2. THE INSURED VEHICLE

Make & Year <u>Huwo/2024</u>	Engine No. <u>HA11F1RHFO9824</u> Chassis No. <u>MBLHAW400RHFO9326</u>	Registration No. <u>UP57BS2762</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 : \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Matin Ansari  
(b) Age : \_\_\_\_\_  
(c) Address : Kushinagar  
(d) Is the Driver :  
1. Owner  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 : UP5720130013052  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 7/10/2033  
(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 : 5/03/2026, 4:00 P.M  
(b) Place : Jigama  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : मे सामनी वाइमलेगर जा रहा मा तमी वाइमले  
(e) If any third party was responsible for this accident give the name and address : सामने वमरी मा बच्चा आनामा उसी को बचाते हुए वाइम दाये साईर गिरने से डामेन हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front mid-side  
(b) Estimated cost of repairs : 6850  
(c) When and where can the damaged vehicle be inspected : Crupra automobiles Podgarna

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 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 7/03/200

Signature of the insured - एम ए अशोक

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 ..... *एनिस अशोक*  
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 : UP57BS2762 Registration Date : 28-Jun-2024  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
Owner Name : HATIM ANSARI Son/wife/daughter of : ISRAYAL ANSARI  
Full Address: (Permanent) : VILL-JIGANA, POST-SAKHOPAR, THANA-KASYA, KUSHINAGAR, UTTAR PRADESH-274402  
Full Address: (Temporary) : VILL-JIGANA, POST-SAKHOPAR, THANA-KASYA, KUSHINAGAR-UTTAR PRADESH-274402

Fitness UpTo : 27-Jun-2039 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 : AA2103581228 Rear HSRP No : AA2105387693  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2024  
No of Cylinders : 1 Chassis No : MBLHAW400RHF09326  
Engine No : HA11F1RHF09824 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar 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:			

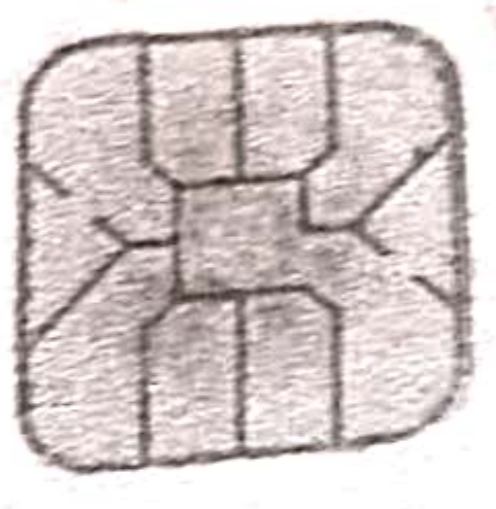
The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 27-Jun-2024 Sale Amt : 83511/-  
OTT Date : 27-Jun-2024 Amount/Rcpt No : 8352 / UP57D24060003641  
Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 05-Aug-2024  
Other State/Transfer/Conversion/Reassign Details  
Previous Owner : Previous RegNo :  
Old State : Entry Date :  
Transfer Date : Conversion Date :

This certificate is valid from 28-Jun-2024 to 27-Jun-2039

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

UP57 20130013852



संज्ञित तारखेची दिनांक  
Date of Issue  
08/10/2013

वैधता / Validity  
(NT) 07/10/2033

जन्म तारीख  
Date of Birth  
04/12/1990

Blood Group  
B+



पत्ता / Address  
R/O- JIGANA  
SAKHOPAR, KASIA  
KUSHINAGAR 274203

Holder's Signature

संज्ञित / Issuing Authority Sign  
KUSHINAGAR

UP00505172RS

Form 7 Rule 16(2)

UP57 20130013852  
LMV (Car icon) MCWG (Motorcycle icon)  
08/10/2013 08/10/2013

नाम / Name  
**HATIM ANSARI**  
पुत्र/पुत्री/पत्नी या सपुत्र / Son/Daughter/Wife of  
MD ISRAYAL ANSARI

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CCBPA7893L

नाम / Name  
HATIM ANSARI

पिता का नाम / Father's Name  
ISRAYAL ANSARI

जन्म की तारीख / Date of Birth  
01/07/1994

हस्ताक्षर / Signature



16032017



भारत सरकार

Government of India



हालिम अंसारी

Halim Ansari

जन्म तिथि / DOB : 01/07/1994

पुरुष / Male

2324 0193 3695



आधार = आत्म आदर्शी का अधिकार



Unique Identification Authority of India

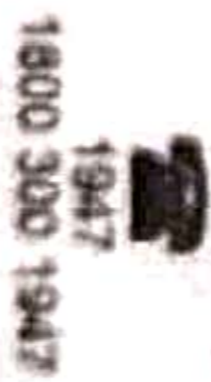
पता:

आत्मार: इशरातअल अंसारी, कृष्णनगर,  
कशीनगर, साखीपार, जेठर बरौडा,  
274402

Address:

9/C, Israjai Ansari, Jigana,  
Kushinagar, Sakhopar, Uttar  
Pradesh, 274402

2324 0193 3695



1800 300 1947



help@uidai.gov.in



www.uidai.gov.in