

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3215**

Date 7/03/26

Name

Rahul Patel

Add.

UP 57 B Z 4580

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	1200 fender			1080/-	
②	chain cover ②			700/-	
③	mirror - ②			290/-	
④	labor charge			500/-	
TOTAL				2420/-	

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.	Rahul Patel 9026104617
2	Vehicle No. / वाहन संख्या	UP57BZ1580
3	Policy No. / पालिसी संख्या	222400/31/2026/38599
4	Period of Insurance / बीमा अवधि	28/09/2025 to 27/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/03/2026, 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	Shakropur Chowk
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Bachu, UP5720110010219 9628044673
8	Estimated Loss / अनुमानित हानि	2420/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी बहन मेरी मामा के चू लेकर मारमोट से घर आ रहे थी तभी अचानक मिठे से रुक आते वाला लकड़ मार दिया तो बहन मेरी दाहिने साइड गिरने से डामेज 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.	9125107148 Gupta Automobiles Pachwan

Date / दिनांक : 7/03/2026
हस्ताक्षर

शहूल पटेल
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. 252402/31/2026/38594

Tel. No. _____

Period of Insurance 28/09/2025 to 27/09/2026
 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 : Rohul Patel
 (b) Address for correspondence : _____
 (c) Telephone : 9026104617

2. THE INSURED VEHICLE

Make & Year <u>MUV/2025</u>	Engine No. <u>HATF7SHG62202</u> Chassis No. <u>MBLHAU485SHGB 1082</u>	Registration No. <u>UP57BZ 1580</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 : Becha
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP5720110010219
 (h) Issuing Authority : _____
 (i) Date of Expiry : 12/04/2029
 (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 : 5/03/2026, 5:00 PM
 (b) Place : Shalshapur Chauraha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : दो वाहन मध्याम रात में लगे हुए थे। एक वाहन ने दूसरे वाहन को टक्कर मारी।
 (e) If any third party was responsible for this accident give the name and address : सं. राम अजी वाहन। तत्कालीन स्थिति में जानकारी नहीं है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 2420/-
 (c) When and where can the damaged vehicle be inspected : upto automobile Padawanu

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? : _____
(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? : _____
(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 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 7/03/26 200

Signature of the insured सहज परेल

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

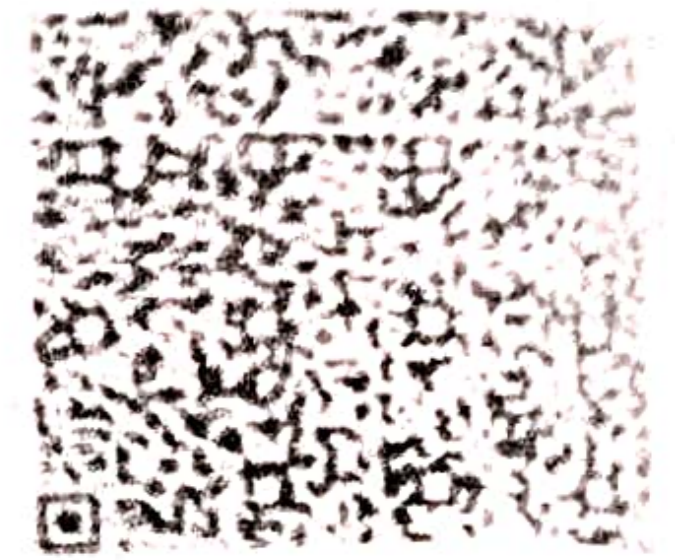
Signature *राहुल पटेल*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ4580 Registration Date : 02-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 : RAHUL PATEL Son/wife/daughter of : BECHU PATEL
Full Address: (Pemanent) : VILL-BOHARAPUR, POST-SAKHOPAR, THANA-KASYA, KUSHINAGAR, UTTAR
PRADESH-274402
Full Address: (Temporary) : VILL-BOHARAPUR, POST-SAKHOPAR, THANA-KASYA, KUSHINAGAR UTTAR
PRADESH-274402
Fitness UpTo : 01-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 : AA2133086014 Rear HSRP No : AA2133719164
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
No of Cylinders : 1 Chassis No : MBLHAW485SHGB1082
Engine No : HA11F7SHG62202 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : Black Heavy 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 IDFC FIRST BANK LIMITED,
PADRAUNA, . . Kushinagar, Uttar Pradesh 274304 w.e.f. 28-Sep-2025.

Purchase dt : 28-Sep-2025 Sale Amt : 73764/-
OTT Date : 28-Sep-2025 Amount/Rcpt No : 7377 / UP57D25100000341
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 14-Oct-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 11-Nov-2025 13:28:51
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 11-Nov-2025
Kushinagar

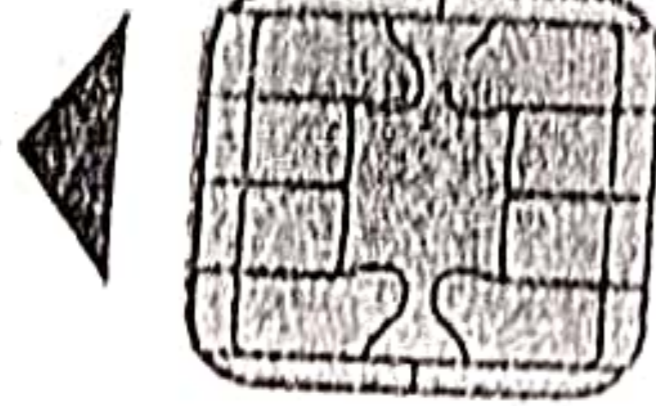
Q 3742234



Indian Union Driving Licence
Issued by Uttar Pradesh

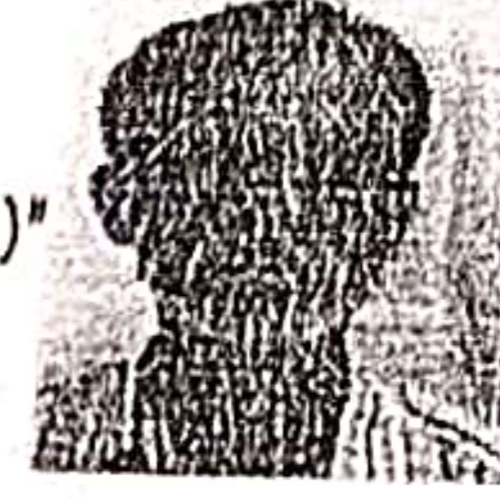


UP57 20110010219



Issue Date 19-02-2020
Validity (NT) 12-04-2029

Validity (TR) _____



Holder's Signature

Name: BECHU

Date of Birth: 13-04-1969 Blood Group: _____

Organ Donor: N

Son/Daughter/Wife of: INDRASAN

Address:
VILL-BAHORA PUR PO-SAKHOPAR PS KASYA
KASYA, KUSHINAGAR 274402

Date of First Issue (07-09-2011)

DL No: UP57 20110010219

UPDL000002600548



Invalid Carriage (Regn Numbers) _____

Hazardous Validity _____ Hill Validity _____

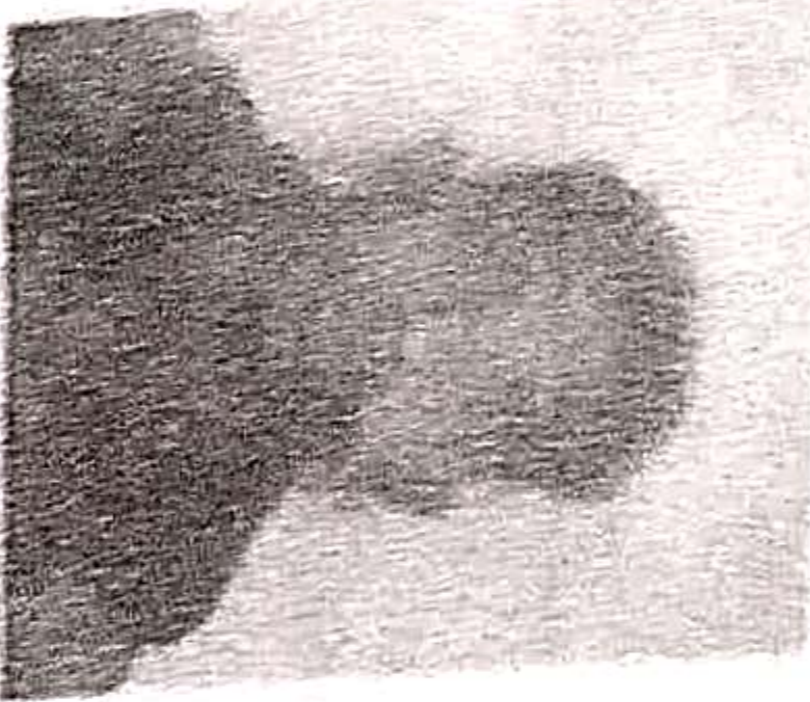
Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	MCWG	UP57	07-09-2011	NT			
	LMV	UP57	07-09-2011	NT			
	MVSD						

Form 7 Rule 16(2)

भारत सरकार, अरुण प्रदेश

भारत सरकार

Government of India



राहुल पटेल
Rahul Patel
जन्म तिथि/DOB: 12/02/2002
लिंग/ GENDER: MALE

7702 8807 1343

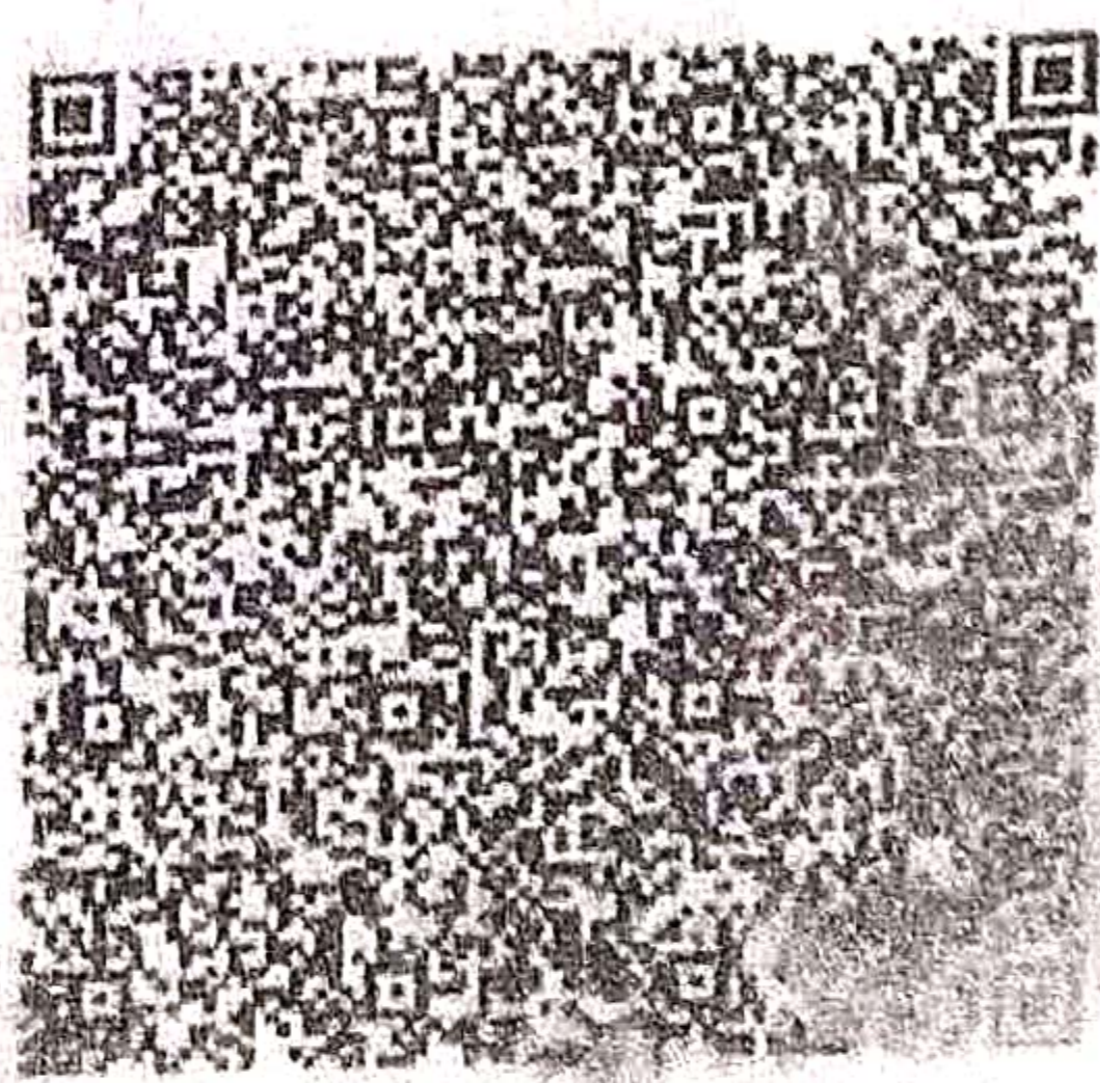
VID : 9198 9610 1496 6506

भारत सरकार, अरुण प्रदेश

भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

राहुल पटेल, -साखोपर, बहोरपुर, बहोरपुर,
अरुण प्रदेश - 274402

Address:
S/O: Bedhu Patel, -, -SAKHOPAR, bahorapur,
Bahorapur, Kushinagar,
Uttar Pradesh - 274402



7702 8807 1343

VID : 9198 9610 1496 6506

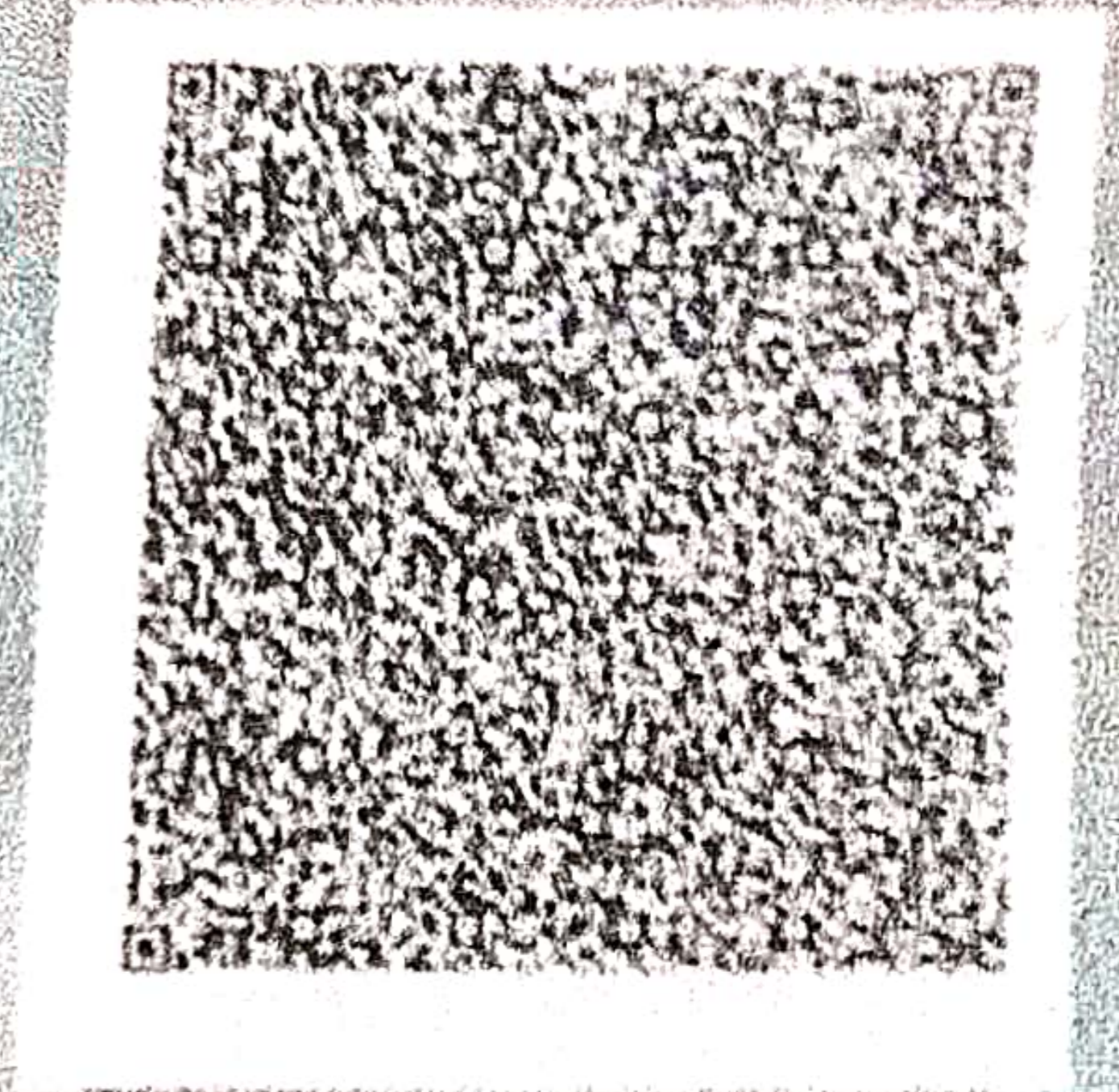
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GSDPP3419P



नाम / Name
RAHUL PATEL

पिता का नाम / Father's Name
BECHU PATEL

जन्म की तिथि / Date of Birth
12/02/2002

हस्ताक्षर / Signature

61997