

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3216**

Date 09/03/26

Name Vinod Rajbhar

Add. UP 57374606

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	विशुद्ध			981/-	
	H/L			535/-	
	ठामेस			279/-	
	Handle			500/-	
	Handle T			875/-	
	Fork pipe Both side			2150/-	
	Femalar			860/-	
	meter			1530/-	
	Tanki			5070/-	
	Indicators Rear-①			220/-	
	Rear Grip			905/-	
	Kauchi			945/-	
	Rear Rim			5000/-	
	Labour charge.			900/-	
			TOTAL	20750/-	

Authorised Signatory

3518

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.	Vinod Rajbhar, 9839554520
2	Vehicle No. / वाहन संख्या	UP57BZ4606
3	Policy No. / पालिसी संख्या	252400/31/2026/38840
4	Period of Insurance / बीमा अवधि	29/09/2025 to 28/9/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/03/2026, 05:00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Patesra chauraha UP572023000/481
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9696632490, Ajil Rajbhar
8	Estimated Loss / अनुमानित हानि	20750/-
09.	Cause of Accident / दुर्घटना का कारण : अजित राजभर मेरा भतीजा बर्षक लेकर रिइलेवार के यहां जा रहा था लकी बर्षक के सामने लकरी लकरी आ गया उसी को बचाते हुये मेरी बर्षक डिस्कनेक्ट हो कर सामने से आ रही बर्षक से छरा कर लकरी बर्षक 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 Poo/Saung

Date / दिनांक : 09/03/2026
हस्ताक्षर

विनोद राजभर
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. 252400/31/2026/38840

Tel. No. _____

Period of Insurance 29/9/25 to 28/9/26

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 : Vinod Rajbhar
 (b) Address for correspondence : _____
 (c) Telephone : 9839554520

2. THE INSURED VEHICLE

Make & Year <u>Herao/2025</u>	Engine No. <u>HA11F7S9G00427</u> Chassis No. <u>MBLHAW481S9G00983</u>	Registration No. <u>UP57BZ</u> <u>4606</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
 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

NTA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ajit Rajbhay
(b) Age : _____
(c) Address : Padrauna 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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP57 20230001481
(h) Issuing Authority : _____
(i) Date of Expiry : 22/01/2040
(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 : 06/03/2026, 05.00 P.M.
(b) Place : Patewa chauraha
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बकरी के बन्दे को बचाने हुये कई सामने से
(e) If any third party was responsible for this accident give the name and address : आ रही कई से टकरा कर क्षतिग्रस्त हो गई!

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : 20750/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padrauna.

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 : _____
(e) Full details of property damaged : _____
(f) Has notice of any claim been given to you? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

9. WITNESS

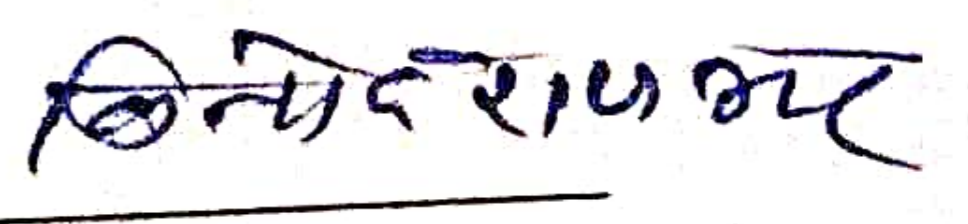
- (a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : _____
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

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 09/03/2026 200

Signature of the insured 

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 *विलेय राम*
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 : UP57BZ4606
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA. . . 189-274304
Owner Name : VINOD RAJBHAR
Full Address: (Permanent) : VILL- JUNGLE JAGDISHPUR (TOLA-MADAR, POST- SARPATAHI KHURD. THANA- NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL- JUNGLE JAGDISHPUR (TOLA-MADAR, POST- SARPATAHI KHURD , THANA- NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 01-Oct-2040
Registration Date : 02-Oct-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAMRAJ RAJBHAR
Owner Serial No : 1
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2133086038
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11F7S9G00427
Horse Power(BHP) : 8.17
Maker's Classification : SPLENDOR+ (DRS)
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : SPORTS RED BLACK
Other Criteria :
Vehicle Purchase As : Fully Built
Link Vehicle No Norms : BHARAT STAGE VI
Rear HSRP No : AA2133719208
Month/Year of Manuf. : 07/2025
Chassis No : MBLHAW481S9G00983
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
Standing Cap : 0
Unladen Wt (kgs) : 113
Laden/GV Wt (kgs) : 243
AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 4 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem, and registration details like Purchase dt, OTT Date, Vehicle is Govt./ Pvt., Date of Approval, Previous Owner, Old State, Transfer Date.

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

Signature of Registering Authority
Date : 11-Nov-2025
A. P. ...
Kushinagar



भारत सरकार
Government of India



विनोद राजभर
Vinod Rajbhar

जन्म तिथि / DOB : 01/01/1987

पुरुष / MALE



9491 0050 9675

मेरा आधार, मेरी पहचान

9491 0050 9675

Address:
S/O.: Ramraj Rajbhar
Jagdishpur Madaraha, Khadda
Khurd, Kushinagar
Uttar Pradesh - 274304

पता:
S/O.: रामराज राजभर
जागदिशपुर मदारहा, खड्डा
खुर्द, कुशीनगर
उत्तर प्रदेश - 274304

Unique Identification Authority of India

भारतीय विशिष्ट पहचान प्राधिकरण



DL No: UP57 20230001481

UPDL 01/06 2023/001



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	MCWG	UP57	25-01-2023	NT			
LMV	LMV	UP57	25-01-2023	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20230001481



Issue Date
25-01-2023

Validity (NT)
22-01-2040

Validity (TR)*



Holder's Signature

Name:

AJIT RAJBHAR

Date of Birth: 23-01-2000

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: LATE LAXMI RAJBHAR

Address:

Inrahi Jungle Nahar Chhapra Kushinagar
Uttar Pradesh 274304

(25-01-2023)

Date of First Issue

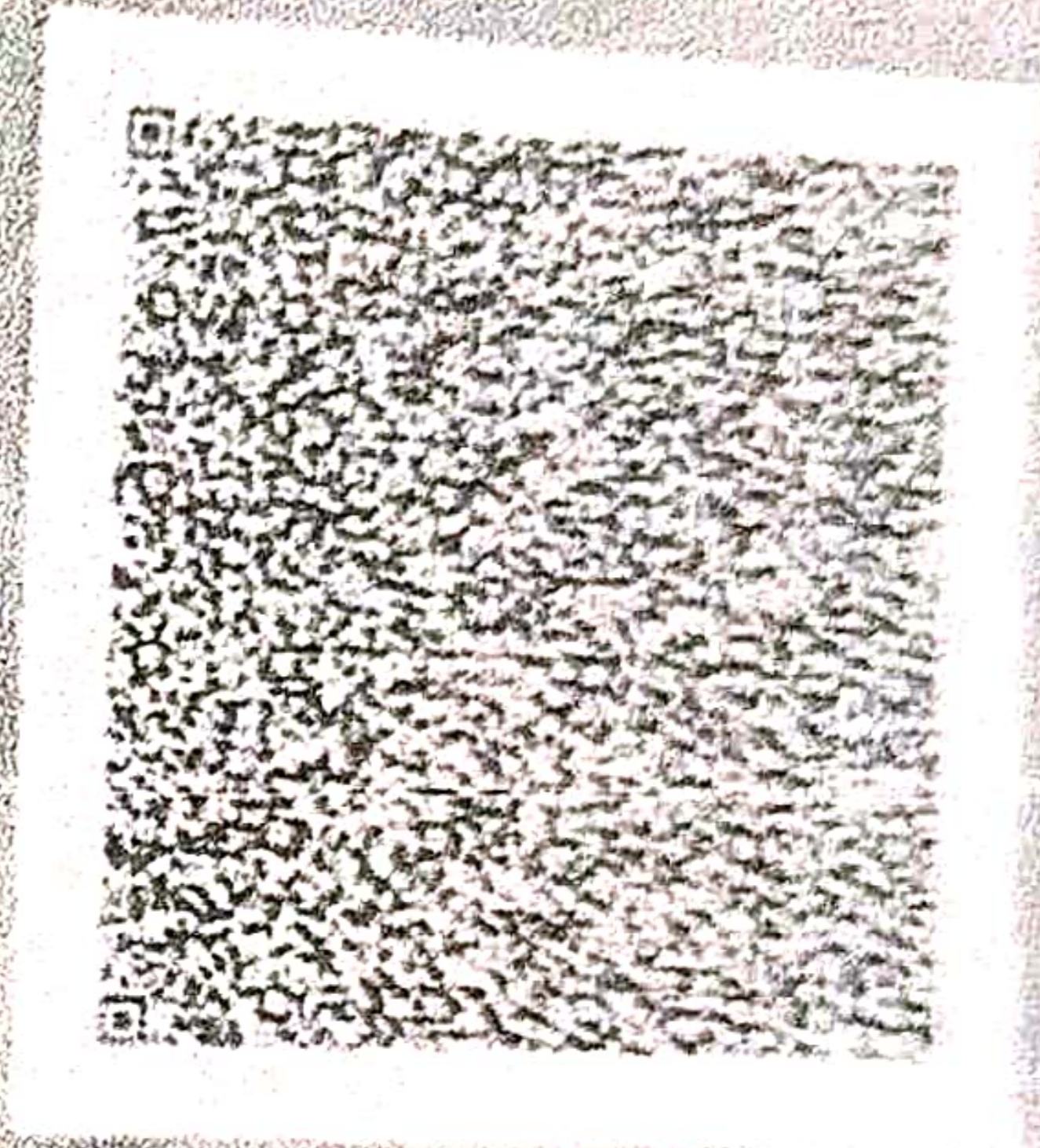
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GEBPR9390H



नाम / Name
VINOD RAJBHAR

पिता का नाम / Father's Name
RAMRAJ RAJBHAR

जन्म की तारीख / Date of Birth
01/01/1987

विनोद राजभार
हस्ताक्षर / Signature

17444