

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



## AUTOMOBILES

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

No. **3221**

Date 10/03/26

Name Surydev Sahani

Add. UP 570325472

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs. P.
①	VIBOR			1265/-
②	M/L			3500/-
③	M/L stand			275/-
④	Inner			480/-
⑤	Handle			500/-
⑥	Handle			980/-
⑦	Solxor - (R+E)		1450/-	<del>1450/-</del>
⑧	Fender			5500/-
⑨	Tanki			1000/-
⑩	Labor charge			
			<b>TOTAL</b>	<b>17250/-</b>

Authorised Signatory

/ सेवा में,  
Oriental Insurance Co Ltd /  
ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

/ महोदय .

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे  
दिए 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.	Suryodev Sahani 9542073383
2	Vehicle No. / वाहन संख्या	UP57BZ5475
3	Policy No. / पालिसी संख्या	252400/31/2026/40530
4	Period of Insurance / बीमा अवधि	6/10/2025 to 5/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	7/03/2026, 1:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Manikpur, Gulari, UP
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manish Kumar Pal, UP5720 7408507328 220006709
8	Estimated Loss / अनुमानित हानि	17250/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे लड़के के दोस्त मनीष कुमार माल लेकर घर से घर जा रहे थे। तभी रास्ते में वाहन रुकी मार मिसाव करने गये थे। तभी एक वाहन वाला सामने से टक्कर मार दिया तो वाहन मेरी दाहिने साइड गिरने को डामेन 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.	9125197198 Gupta automobiles Patna

Date / दिनांक : 10/03/26  
हस्ताक्षर

सुर्यदेव साहनी  
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. 252402/31/2026/40538

Tel. No. \_\_\_\_\_

Period of Insurance 6/10/2025 to 5/10/2026  
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 : Surydev Sahani  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 8542073383

2. THE INSURED VEHICLE

Make & Year <u>Hu20/2025</u>	Engine No. <u>HATTFB9HJ57337</u> Chassis No. <u>MBLHAW330SHJ56</u> <u>455</u>	Registration No. <u>UP57BZ</u> <u>5475</u>
---------------------------------	---	--

- (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 : Manish Kumar Pal  
 (b) Age : 34  
 (c) Address : Pushinagar  
 (d) Is the Driver  
 1. 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 : UP5720220006709  
 (h) Issuing Authority : 17/05/2038  
 (i) Date of Expiry :  
 (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 : 7/03/2026, 1:00 A.M  
 (b) Place : Manikpur Ludhiana  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : मेरी बाइक में लेवने में दो दो कारों के धर आ रहे  
 (e) If any third party was responsible for this accident give the name and address : जहाँ बाइक खाड़ी कर मिसाब लाने गये श्री लक्ष्मी को ब  
जहाँ बाइक खाड़ी कर मिसाब लाने गये श्री लक्ष्मी को ब  
वाला सामन से लकड़ मार दिया ल  
इसने सबूत शिख  
प्रम ७ ए

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front md side  
 (b) Estimated cost of repairs : 17250/-  
 (c) When and where can the damaged vehicle be inspected : Ompt automobile Pabaura

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

N/A

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.

N/A

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

N/A

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 10/03/26 200

Signature of the insured सुश्री साहनी

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.

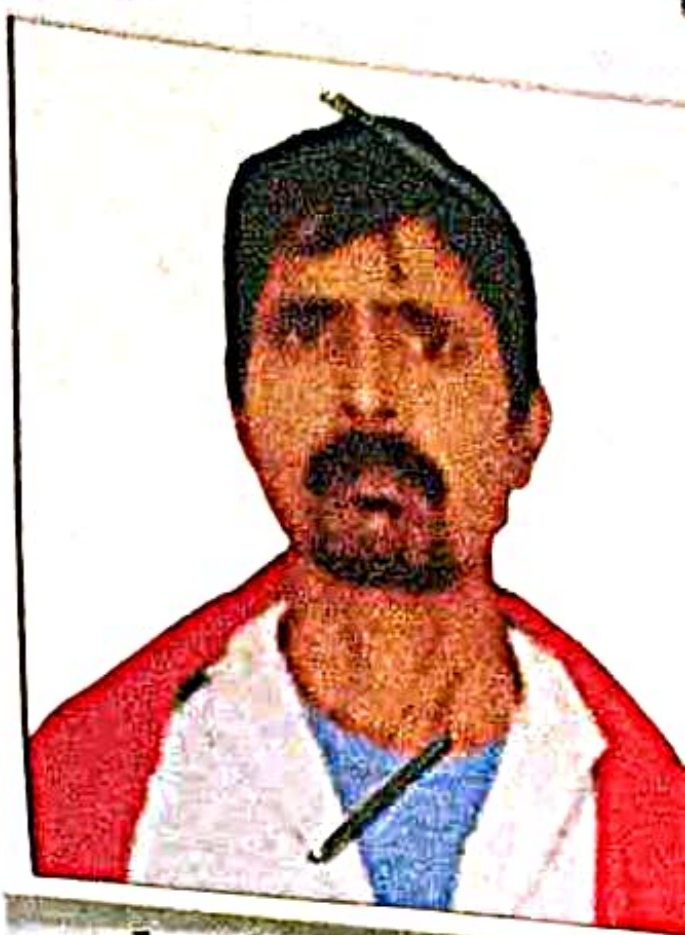
Rs. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature सुरेश साहनी .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



## FORM NO. 60

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant Surydev Saha
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 10/03/26  
Place : Patna

Surydev Saha  
Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

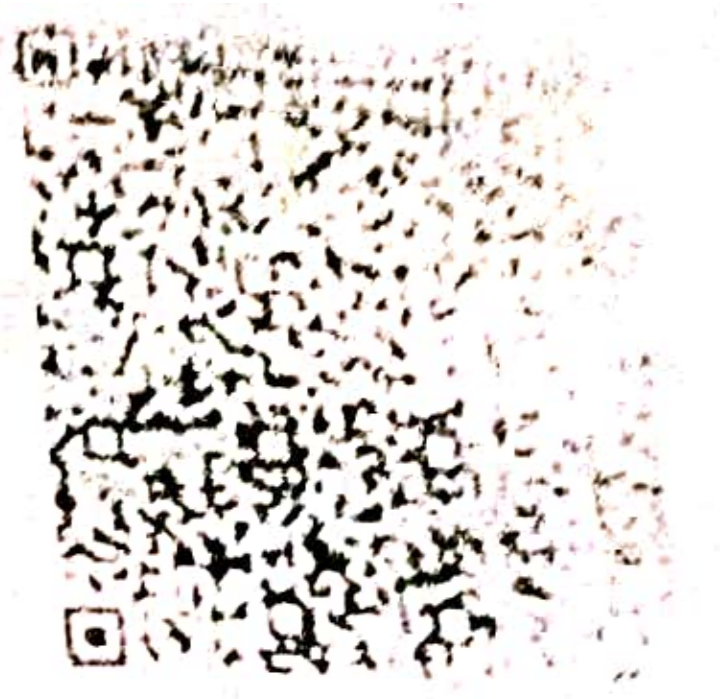
- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No	: UP57BZ5475	Registration Date	: 07-Oct-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, PIN-274304		
Owner Name	: SURYDEV SAHANI	Son/wife/daughter of	: KUMAR SAHANI
Full Address: (Permanent)	: VILL-PADARI PIPARPATI, POST--PADARI PIPARPATI, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304		
Full Address: (Temporary)	: VILL-PADARI PIPARPATI, POST--PADARI PIPARPATI, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304		
Fitness Up To	: 06-Oct-2040	Owner Serial No	
Detailed Description		Link Vehicle No	
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP.LTD	Rear HSRP No	: AA2133719556
Front HSRP No	: AA2133086386	Month/Year of Manuf.	: 09/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: BELHAW330SHJ56455
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11FBSHJ57337	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ XTEC 2.0 (DR S)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: Black Heavy Grey	AC Fitted	: NO
Other Criteria			
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. 06-Oct-2025	Sale Amt	: 80517/-	
Purchase dt	: 06-Oct-2025	Amount/Rcpt No	: 8052 / UP57D2510000133
OTT Date	: 06-Oct-2025	Tax Exempted or Not	: NOT EXEMPTED
Vehicle is, Govt./ Pvt.	: PRIVATE		
Date of Approval	: 29-Oct-2025		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	
Previous Owner		Entry Date	
Old State		Conversion Date	
Transfer Date			

This certificate is valid from 07-Oct-2025 to 06-Oct-2040

Date : 14-Nov-2025 13:31:14

Signature of Registering Authority  
Date: 14-Nov-2025



Indian Union Driving Licence  
Issued by Uttar Pradesh

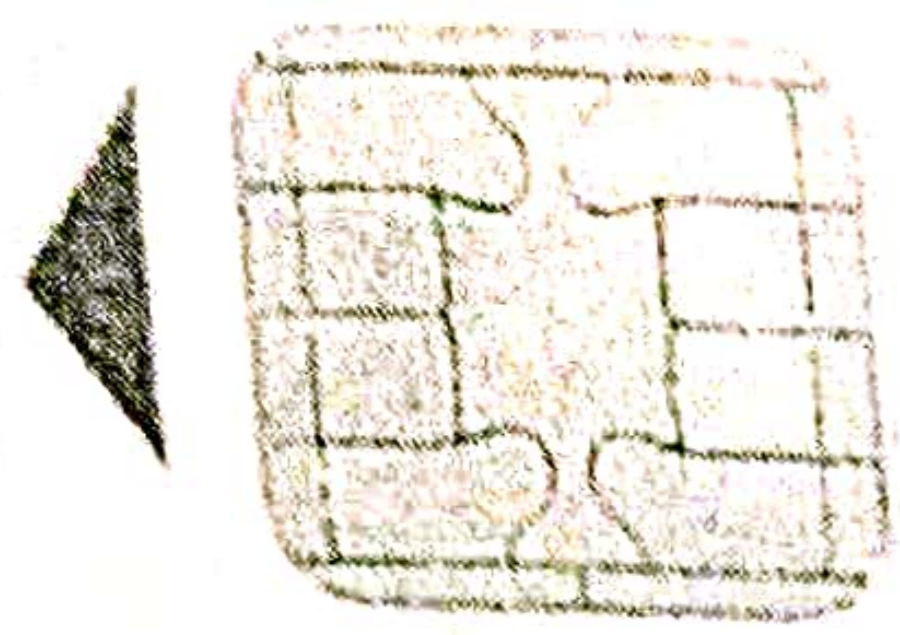


UP57 20220006709

Issue Date: 17-06-2022  
Validity (NT): 14-05-2038  
Validity (TR): \_\_\_\_\_



(17-06-2022)



Name: **MANISH KUMAR PAL**  
Date of Birth: **15-05-1998** Blood Group: \_\_\_\_\_ Organ Donor: **Y**  
Son/Daughter/Wife of: **RAVINDRA PAL**  
Address:  
**Dhaurahara Abadkari  
Padrauna, Kushinagar, UP 274304**

Holder's Signature

Date of First Issue

DL No: UP57 20220006709

UPDLG00008487551



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	17-06-2022	NT			
	LIAV	UP57	17-06-2022	NI			
	MVSD						

Emergency Contact Number

Licensing Authority  
UPS / KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार  
Government of India



Aadhaar no. issued: 09/01/2012



सूर्यदेव साहनी  
Surydev Sahani  
जन्म तिथि/ DOB: 01/01/1974  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**9326 3130 1566**

**मेरा आधार, मेरी पहचान**



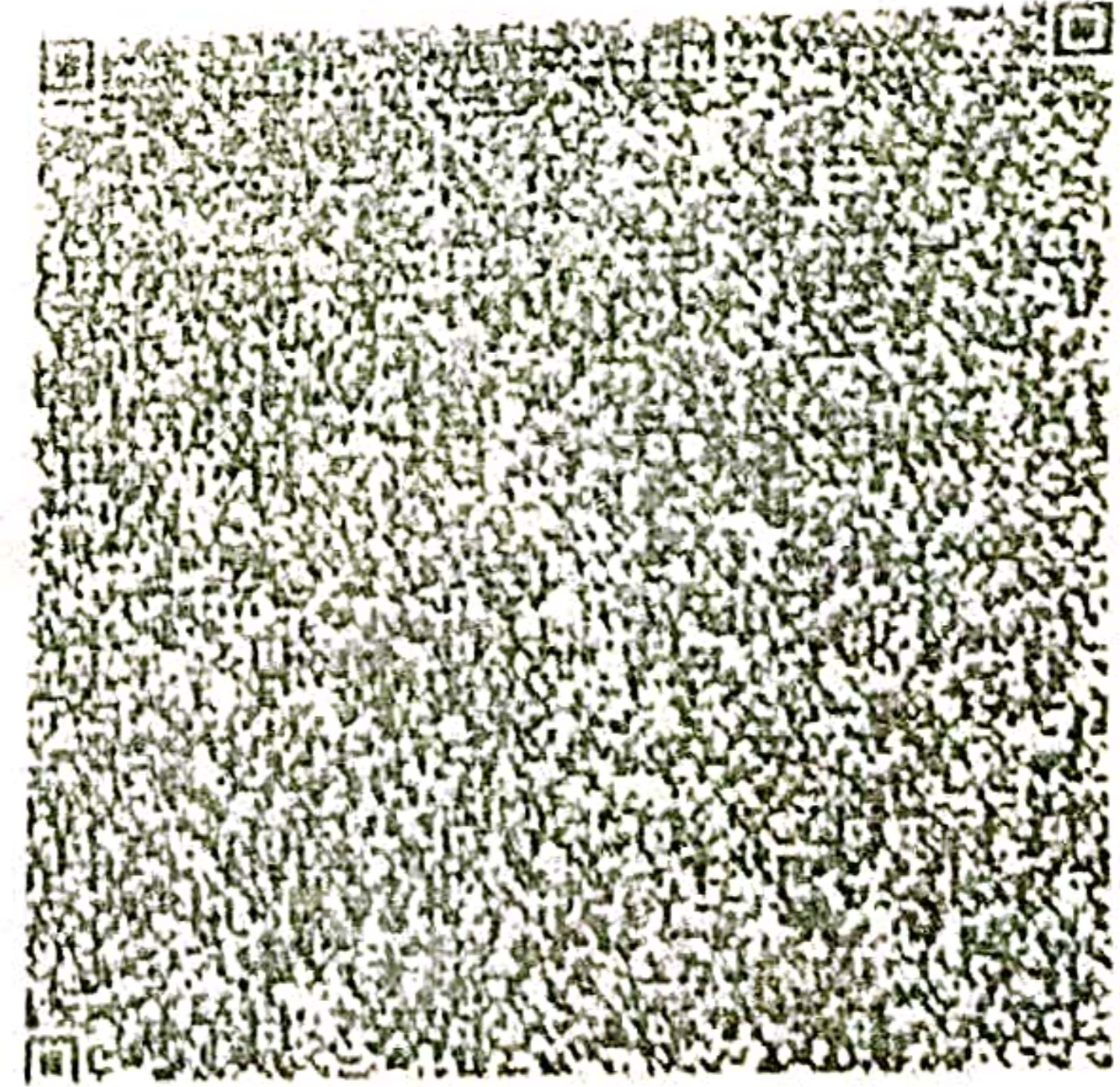
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O कुमार साहनी, पडरी पिपरपाती, मनीकौरा, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
S/O Kumar Sahani, padari piparpati, Mani  
Kaura, DIST: Kushinagar,  
Uttar Pradesh - 274304

Details as on 19/11/2024



**9326 3130 1566**



1947



help@uidai.gov.in



www.uidai.gov.in