

# Gupta

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**

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

No. **3224**Date 10/03/20Name Sitara DeviAdd. UP 57 BY 4680

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	UPPER			1500/-	
②	LOWER			1400/-	
③	visor			1160/-	
④	mirror - (R+L)			310/-	
⑤	Body cover - (L)			2100/-	
⑥	Labor charge			200/-	
<b>TOTAL</b>				<b>7270/-</b>	

Authorised Signatory

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.	Sitara Devi 9005011529
2	Vehicle No. / वाहन संख्या	UP57BY4688
3	Policy No. / पालिसी संख्या	252400/31/2026/23310
4	Period of Insurance / बीमा अवधि	17/06/2025 to 16/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/03/2026, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Laxmiganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9005011529 Roni, UP5720260001315
8	Estimated Loss / अनुमानित हानि	₹200/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी स्कूटी मेरी लड़की शानी लेकर स्कूल जा रही थी तभी एक सामने आया आ गया उसी मौ लंचात वक्त सामने शरी हेलर मे जा कर लड कर स्कूटी मेरी ड्रिग 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.	9125194148 Crupta automobiles Panch

Date / दिनांक : 10/03/26  
हस्ताक्षर

सिताश देवी  
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. 252400/31/2026/23310

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

Period of Insurance 17/06/2025 to 16/06/2026  
 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 : Sifora Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9005011229

2. THE INSURED VEHICLE

Make & Year <u>Huwo/2025</u>	Engine No. <u>JF17EYSGE07059</u> Chassis No. <u>MBLJFN432SGE06976</u>	Registration No. <u>UP57BY4608</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: Roni

(b) Age: 28

(c) Address: Kushenagar

(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: UP57 2026 0001312

(h) Issuing Authority

(i) Date of Expiry: 8/08/2046

(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: 9/03/2026, 10:00 A.M

(b) Place: Laxmiganj

(c) Speed of vehicle at the time of accident

(d) Give a short description of the accident

(e) If any third party was responsible for this accident give the name and address

मेरी स्कूटर मसलत मालिक मर जा रही थी तभी सामने एक बच्चा आ गया उसी में बचने के लिये स्कूटर में से छूट कर स्कूटर डीमो हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Front end side

(b) Estimated cost of repairs: ₹ 270/-

(c) When and where can the damaged vehicle be inspected: Gupta automobiles Patna

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.

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.....  
N/A  
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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

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N/A  
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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 10/03/20 200

Signature of the insured शितारा देवी

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 ..... *विनय देव* .....  
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 : UP57BY4688
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 19-Jun-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Purpose For Printing RC : NEW
Owner Name : SITARA DEVI
Son/wife/daughter of : SURAJ KUMAR
Full Address: (Permanent) : VILL-DEORIA BABU, POST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306
Full Address: (Temporary) : VILL-DEORIA BABU, POST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274306
Fitness UpTo : 18-Jun-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
Rear HSRP No : AA1043058987
Front HSRP No : AA2132808820
Month/Year of Manuf. : 05/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLJFN432SGE06976
No of Cylinders : 1
Fuel : PETROL
Engine No : JF17EYSGE07054
Cubic Capacity : 124.60
Horse Power(BHP) : 8.98
Wheel base : 1245
Maker's Classification : DESTINI PRIME
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 115
Sleepar Cap : 0
Laden/GV Wt (kgs) : 245
Colour : PEARL SILVER WHITE
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

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.

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

Purchase dt : 17-Jun-2025
Sale Amt : 77255/-
OTT Date : 17-Jun-2025
Amount/Rcpt No : 7726 / UP57D25060002954
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 23-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-Jun-2025 to 18-Jun-2040

Date : 26-Jul-2025 11:53:23

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 26-Jul-2025





**Indian Union Driving Licence**  
**Issued by Government of UTTAR PRADESH**



**UP57 20260001315**

Issue Date 16-01-2026 Validity(NT) 08-08-2046 Validity (TR)\* 00-00-0000



Holder's Signature

Date of First Issue

16-01-2026

Name:

RANI

Date of Birth: 09-08-2006

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: SURAJ KUMAR

Address:

Laxmiganj Deoria Babu Hata Kushinagar Uttar Pradesh 274306

DL No : **UP57 20260001315**

DLUP00144904



Invalid Carriages (Regn. Numbers)\*

Hazardous Validity\* Hill Validity\*

00-00-0000

00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
Car	MCW06	UP57	16-01-2026	NT		00-00-0000	
LMV	LMV	UP57	16-01-2026	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
**Kushinagar**

आयकर विभाग  
INCOME TAX DEPARTMENT

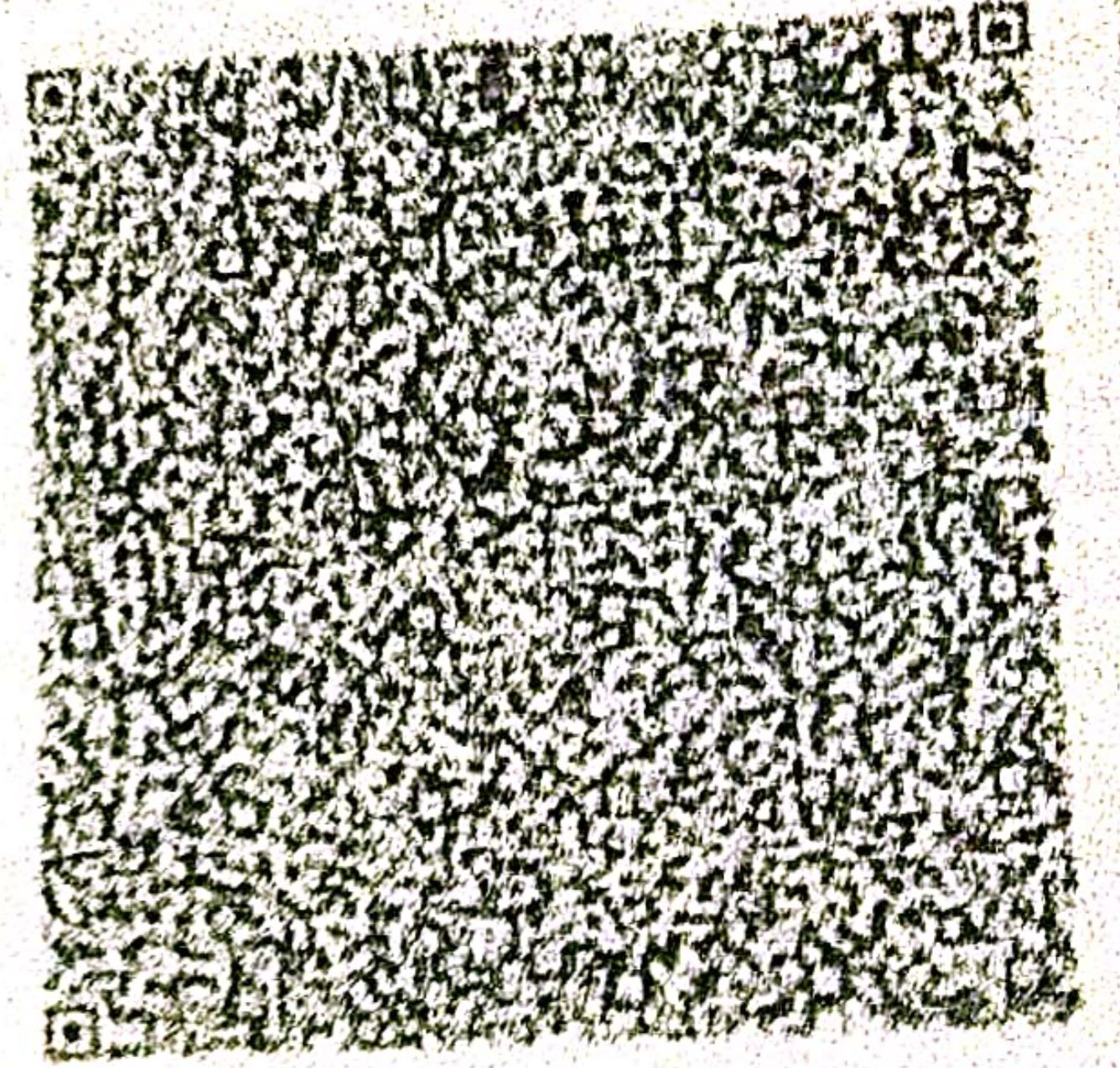


भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card



FCRPD9766E



नाम / Name  
SITARA DEVI

पिता का नाम / Father's Name  
RAJDEV

जन्म की तारीख /  
Date of Birth  
01/01/1985

सितारा देवी  
हस्ताक्षर / Signature

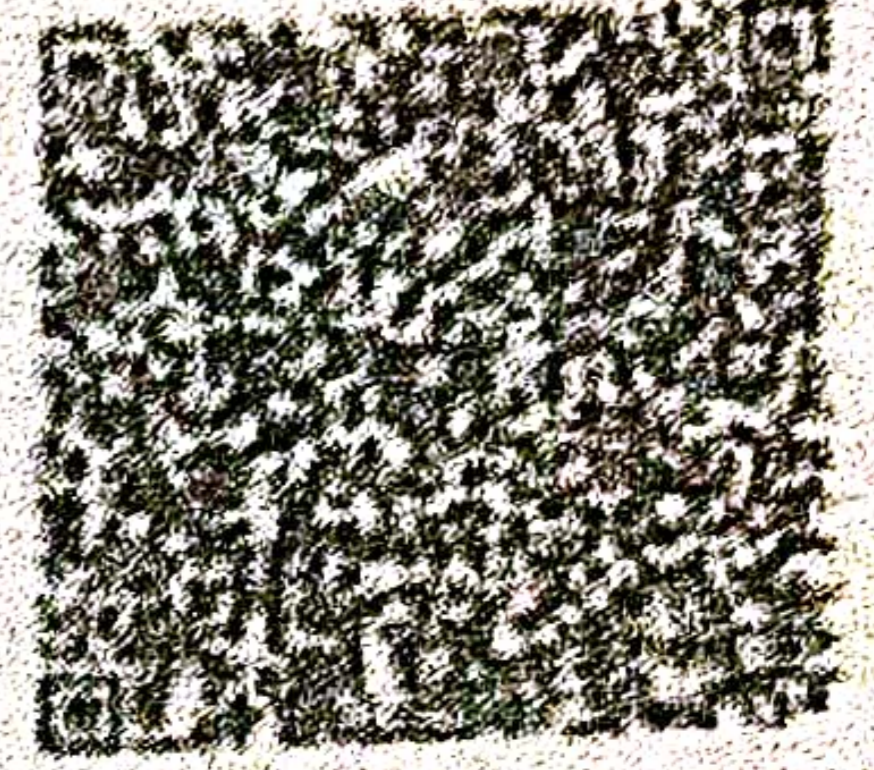
20122018



भारत सरकार  
Government of India



सितारा देवी  
Sitara Devi  
जन्म तिथि/ DOB: 01/01/1985  
महिला / FEMALE



6127 7628 2957

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
अधीनिनी: सूरज कुमार, देवरिया बाबु,  
कुशीनगर,  
उत्तर प्रदेश - 274306

Address:  
W/O: Suraj Kumar, Deoria Babu,  
Kushinagar,  
Uttar Pradesh - 274306

6127 7628 2957



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help@uidai.gov.in



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