

# Gupta

## ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

### AUTOMOBILES



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

No. **3223**Date 10/03/20

Name

Mairaj

Add.

UP 57BN 7483

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5500/-	
②	Fender			1450/-	
③	visor			1085/-	
④	Tool Box cover			280/-	
⑤	mafler			7800/-	
⑥	Legard			680/-	
⑦	Solers (R+L)			2300/-	
⑧	Labor charge			600/-	
TOTAL				19875/-	

Authorised Signatory

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

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

ir / 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.	Majeed 7318457062
2	Vehicle No. / वाहन संख्या	UP57BN7483
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/499976
4	Period of Insurance / बीमा अवधि	27/11/2025 to 26/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/03/2026, 8:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Jataha Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonu Bhand 9919254295
8	Estimated Loss / अनुमानित हानि	19875/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी कार्डम मेरे दादा के सौनु गोड़ लेकर दादा लेने जा रहे थे। लष्मी अचानक रुक मोड़ पर रुक आती वाला सामने से दादा साईड में लष्कर मार दिया तो कार्डम मेरी कार्ड साईड 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.	9125197148 Gupta Automobiles & Parts

Date / दिनांक : 20/03/26  
हस्ताक्षर

Signature of Insured

मैनेजर  
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/2025/7002/0/46575

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

Period of Insurance 27/11/2025 to 26/11/2026

Claim No. \_\_\_\_\_

499978

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 : Mainjor
- (b) Address for correspondence : \_\_\_\_\_
- (c) Telephone : 7318457062

2. THE INSURED VEHICLE

Make & Year <u>Hu50/2023</u>	Engine No. <u>HA11E7PHD32791</u> Chassis No. <u>MBLHAW21XPHD36</u> <u>Q50</u>	Registration No. <u>UP5713</u> <u>N7403</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 : 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 : Sonu Grand
- (b) Age : \_\_\_\_\_
- (c) Address : Pushinagar
- (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 : UP5720120005437
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 29/04/2032
- (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, 8:30 P.M
- (b) Place : Jateba Bazar
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : मेरी कार में मेरी लामाद ट्रेकर जा रही थी तभी एक गाड़ी ने टक्कर मारी
- (e) If any third party was responsible for this accident give the name and address : मैं जाना वाला सीमा को दायी पार्ट में टक्कर मारी  
दिनांक 09/03/2026 को

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
- (b) Estimated cost of repairs : 12075/-
- (c) When and where can the damaged vehicle be inspected : couple automobile Panchsarna

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. : \_\_\_\_\_

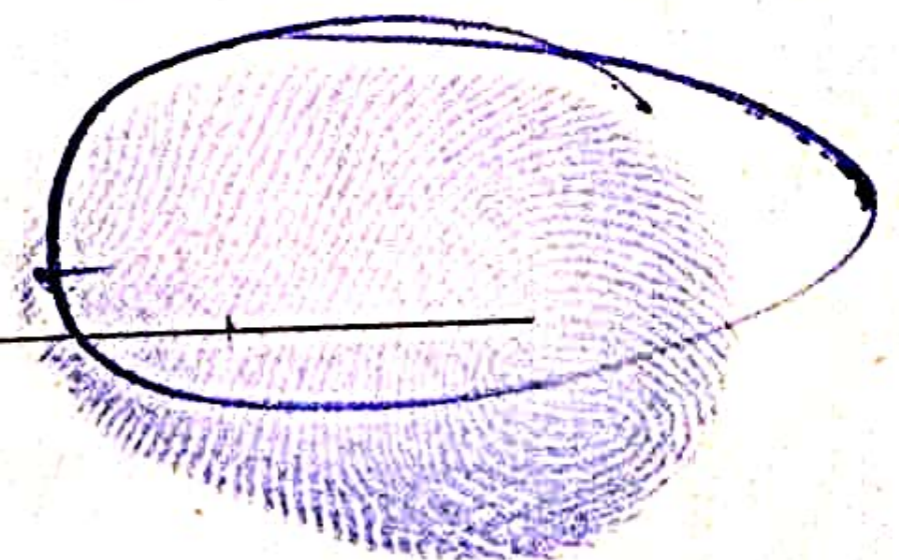
10. THEFT

- (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? : \_\_\_\_\_
- (g) When? : \_\_\_\_\_
- (h) Which Policy 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 10/03/26 200.

Signature of the insured



207 217 21 <

Claim No. \_\_\_\_\_

Issuing  
Office

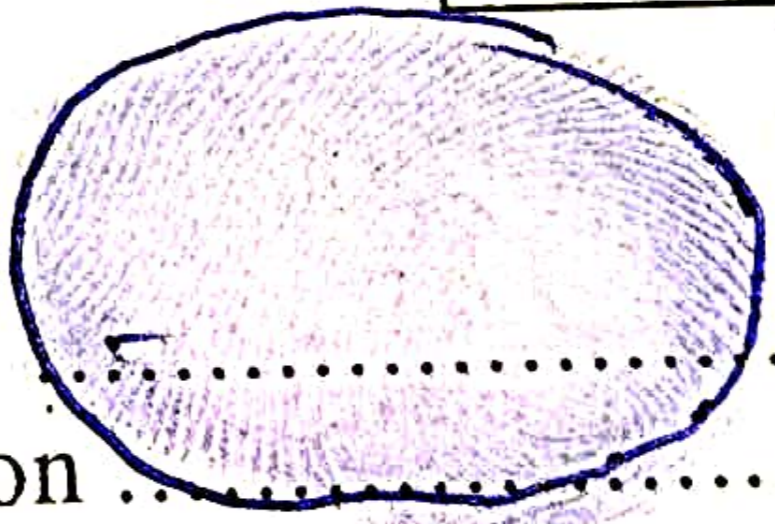


The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



Handwritten signature

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

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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

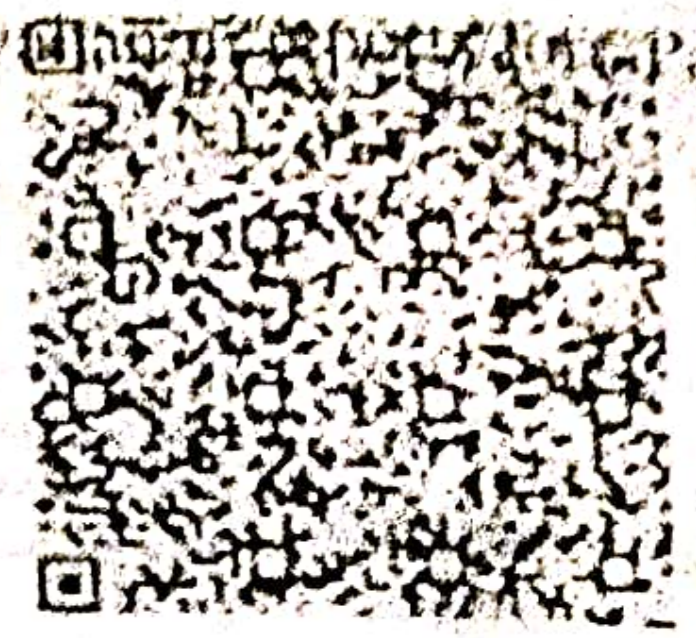
524

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BN7483      Registration Date : 12-Nov-2023  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : MAINEJAR      Son/wife/daughter of : BHARATI  
 Full Address: (Permanent) : VILL-JARAR, POST-KINNERPATTI, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-JARAR, POST-KINNERPATTI, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 11-Nov-2038      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 : AA2087548857      Rear HSRP No : AA2088299176  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 04/2023  
 No of Cylinders : 1      Chassis No : MBLHAW21XPHD36858  
 Engine No : HA11E7PHD32491      Fuel : PETROL  
 Horse Power(BHP) : 7.91      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS)      Wheel base : 1235  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 112  
 Colour : BLACK TORNADO 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 HERO FINCORP LIMITED

DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 11-Nov-2023.

Purchase dt : 07-Nov-2023      Sale Amt : 80511/-  
 OTT Date : 07-Nov-2023      Amount Rcpt No : 8052 / UP57D23110002354  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 24-Jan-2024

#### Other State/Transfer/Conversion/Reassign Details

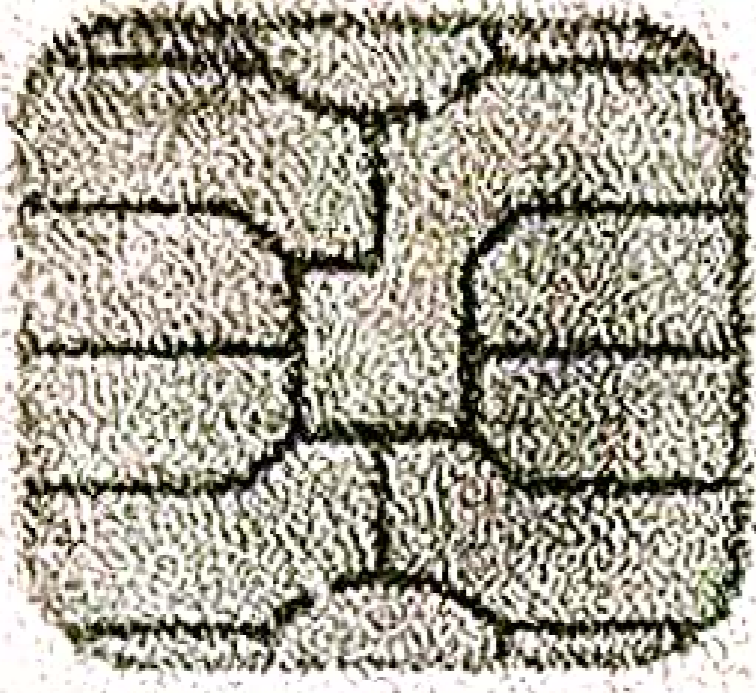
Previous Owner :      Previous RegNo :  
 Old State :      Entry Date :  
 Transfer Date :      Conversion Date :

This certificate is valid from 12-Nov-2023 to 11-Nov-2038

Signature of Registering Authority  
Date : 31-Jan-2024

UNION OF INDIA Driving Licence (UP) (NT)

UP 57-20120005437



जारी करने की तिथि  
Date of Issue

वैधता / Validity

25/04/2012

24/04/2032

जन्म तिथि  
Date of Birth

Blood Group

18/09/1990

UNKNOWN



नाम / Name

SONU GOND

पिता/पति का नाम / Son/Daughter/Wife of

SONU GOND

DUPLICATE

UP 57-20120005437

UP 57-20120005437



LMV



MCWG

25/04/2012

25/04/2012



Form 2 (Date 1982)

पता / Address

NADAH  
DUMMARBAR - KASIA  
KUSHINAGAR 274304

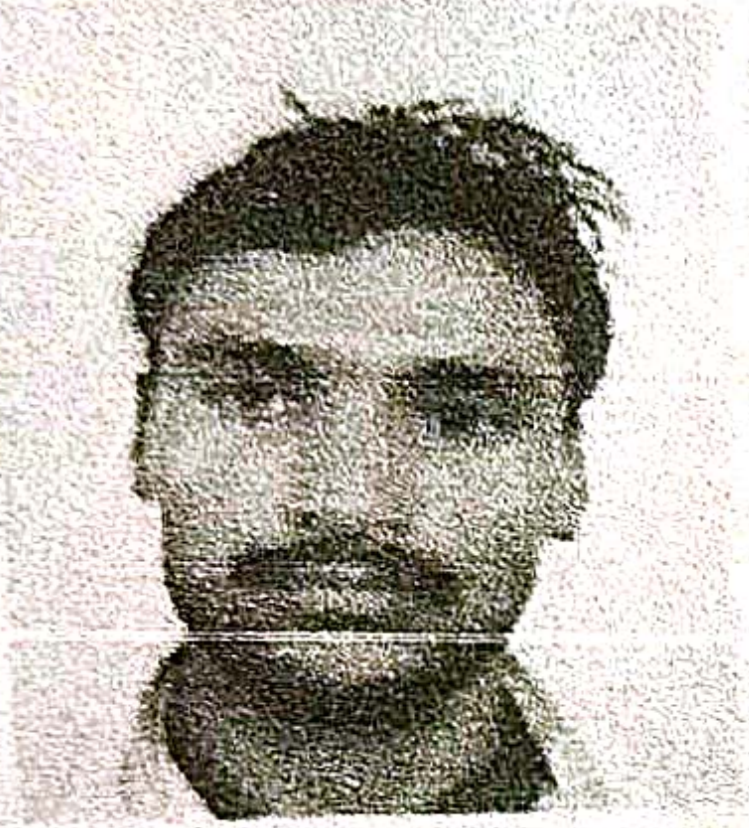
जारीकर्ता / Issuing Authority Sign

होल्डर's Signature

KUSHINAGAR



भारत सरकार  
GOVERNMENT OF INDIA



शेनेजर  
Mainejar  
जन्म तिथि/ DOB: 01/01/1981  
पुरुष / MALE



3075 0029 8923

मेरा आधार, मेरी पहचान



राज्य जनता दल पहचान प्रमाणिका  
RAJYAT JANTA DAL IDENTIFICATION CARD OF INDIA

पता:

S/O शरद, 03, चौक नं. 8,  
छोटा जारर, जारर,  
कुशीनगर,  
उत्तर प्रदेश - 274304

Address:

S/O Sharda, 03, ward no. 8,  
chota Jarar, Jarar, Kushinagar,  
Uttar Pradesh - 274304

3075 0029 8923



1234567890

www.ujda.gov.in

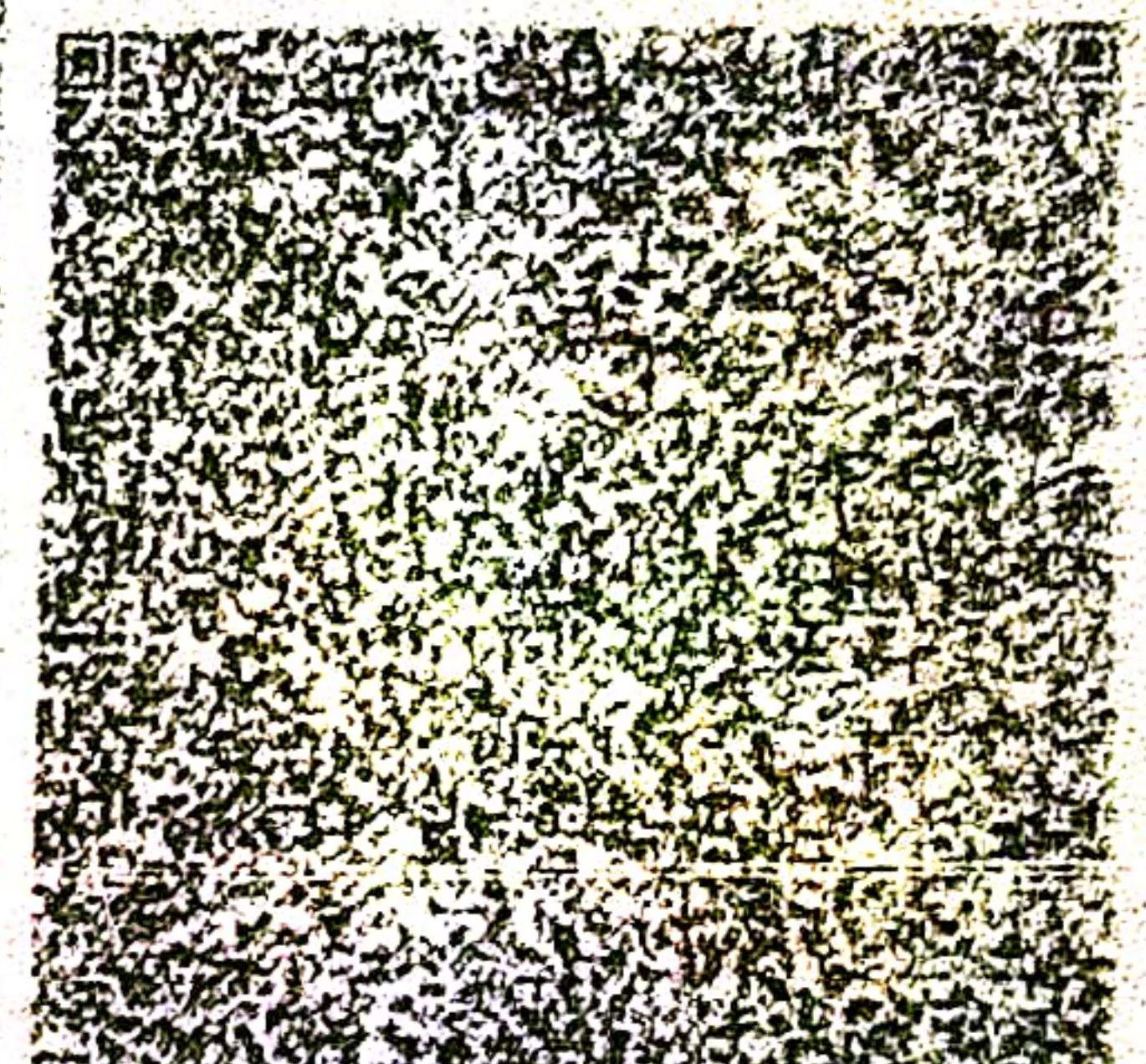
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
FCFPM3973L



नाम / Name  
MANEJAR

पिता का नाम / Father's Name  
BHARATI

जन्म की तिथि / Date of Birth  
01/01/1981



हस्ताक्षर / Signature