

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3225**

Date 11/03/26

Name Ranjita

Add. UP 57 BX 2212

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Lights - (R)			1400/-	
②	Floor panel - (R)			870/-	
③	Lever - (R)			125/-	
④	Mirror - (R)			260/-	
⑤	Labor charge			500/-	
TOTAL				3155/-	

Authorised Signatory

11/11

9125

Workshop Address & Contact

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.	Ranjita 9219549493
2	Vehicle No. / वाहन संख्या	UP57BX2212
3	Policy No. / पालिसी संख्या	252100/31/2026/042
4	Period of Insurance / बीमा अवधि	4/04/2025 to 3/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/03/2026, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Vikash Bhati
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	0009200784, UP562022000 3677 Rambhadr Singh
8	Estimated Loss / अनुमानित हानि	3155/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी स्मूली मेरे दोस्त रामपुताम सिंह लैंगर किसी काम से जा रहे थे तभी अचानक सामने एक गाड़ी आ गई उसी को अचानक अटक करते सड़ि स्मूली लैंगर बिरने से स्मूली मेरी ड्राइव 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 Poddan

Date / दिनांक : 11/03/26  
हस्ताक्षर

रंजीता  
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. 252400/31/2026/842  
 Period of Insurance 1/04/2025 to 3/04/2026  
 Claim No. \_\_\_\_\_

Tel. 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 : Ranjita  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9219549493

2. THE INSURED VEHICLE

Make & Year <u>H150/2025</u>	Engine No. <u>JF17ERSG1C03458</u>	Registration No. <u>UP57BX</u>
	Chassis No. <u>MBLJFN354SG1C03476</u>	<u>2212</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  
 (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 : Rampal Singh  
(b) Age : 40  
(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 : UP56 2022 000 3677  
(h) Issuing Authority :  
(i) Date of Expiry : 2/03/2037  
(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 : 10/03/2026, 2:00 P.M  
(b) Place : Vikash Bhati  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : मेरी स्कूटी को दोस्त लेकर जा रहे थे तभी सामने एक  
(e) If any third party was responsible for this accident give the name and address : मात्र आगे उसी को हिट कर तब तक वाहन स्टॉप कर लिया  
विरले से स्कूटी में प्रमत्त हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
(b) Estimated cost of repairs : 3155/-  
(c) When and where can the damaged vehicle be inspected : Crash automobile Padawan

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? : \_\_\_\_\_ N/A  
(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 11/03/2006

Signature of the insured [Signature]

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 ..... - *सुजीता*  
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 : UP57BX2212 Registration Date : 07-Apr-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 : RANJITA Son/wife/daughter of : VEER BAHADUR  
 Full Address: (Permanent) : VILL-KISHUNPUR VIJAYPUR, POST-KHAIRI, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274802  
 Full Address: (Temporary) : VILL-KISHUNPUR VIJAYPUR, POST-KHAIRI, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274802  
 Fitness UpTo : 06-Apr-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 : AA2120227548 Rear HSRP No : AA2121565360  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
 No of Cylinders : 1 Chassis No : MBLJFN354SGC03476  
 Engine No : JF17ERSGC03453 Fuel : PETROL  
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60  
 Maker's Classification : DESTINI PRIME Wheel base : 1245  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 115  
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245  
 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. 04-Apr-2025.  
 Purchase dt : 04-Apr-2025 Sale Amt : 75855/-  
 OTT Date : 04-Apr-2025 Amount/Rcpt No : 7586 / UP57D25040000800  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 01-May-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

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

Signature of Registering Authority  
 Date : 10-May-2025  
 A.R.T.O. (A)  
 KUSHI NAGAR (U.P.)

Date : 10-May-2025 15:09:57  
 Taxation Particulars / Advance Registration Mark Fee Details

Q 3351148

DL No: UP56 20220003677

UPDL000007654624

Indian Union Driving License  
Issued by Uttar Pradesh



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\* Hill Validity\*



सत्यमेव जयते

UP56 20220003677

Issue Date 23-02-2022 Validity (NT) 02-03-2037 Validity (TR)



Holder's Signature

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP56	23-02-2022	NT			
	LMV	UP56	23-02-2022	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
UP56 MAHARAJGANJ



Form 7 Rule 16(2)

Name: **RAMPRATAP SINGH**  
Date of Birth: **03-03-1997** Blood Group: **O+ VE** Organ Donor: **N**  
Son/Daughter/Wife of: **RAM KUNWAR SINGH**  
Address:  
**HNO 342 MEDNIPUR TOLA- AHIRALI POST**  
**OFFICE- KHUSHALNAGAR POLICE**  
**STATION-GHUGHLI MAHARAJGANJ, UP 273151**

(23-02-2022)



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मजा: वीरबहादुर  
किशुनपुर विजयपुर, देव गांव  
नेवुआ रायगंज, कुशीनगर, उत्तर प्रदेश  
274802

Address: D/O: Veerbahadur,  
kishunpur vijaypur, Deo  
Gaon, Kushinagar, Nebua  
Raiganj, Uttar Pradesh,  
274802

6661 5968 2143

1947  
1800 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in



भारत सरकार

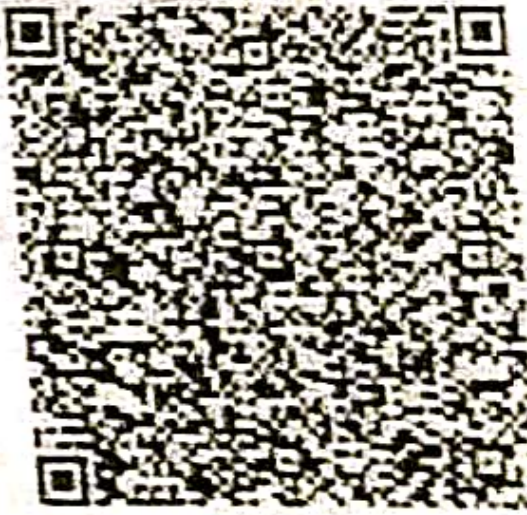
Government of India



रंजीता  
Ranjita

जन्म तिथि / DOB: 01/01/2005  
महिला / Female

6661 5968 2143



आधार - आम आदमी का अधिकार

आयकर विभाग  
INCOME TAX DEPARTMENT

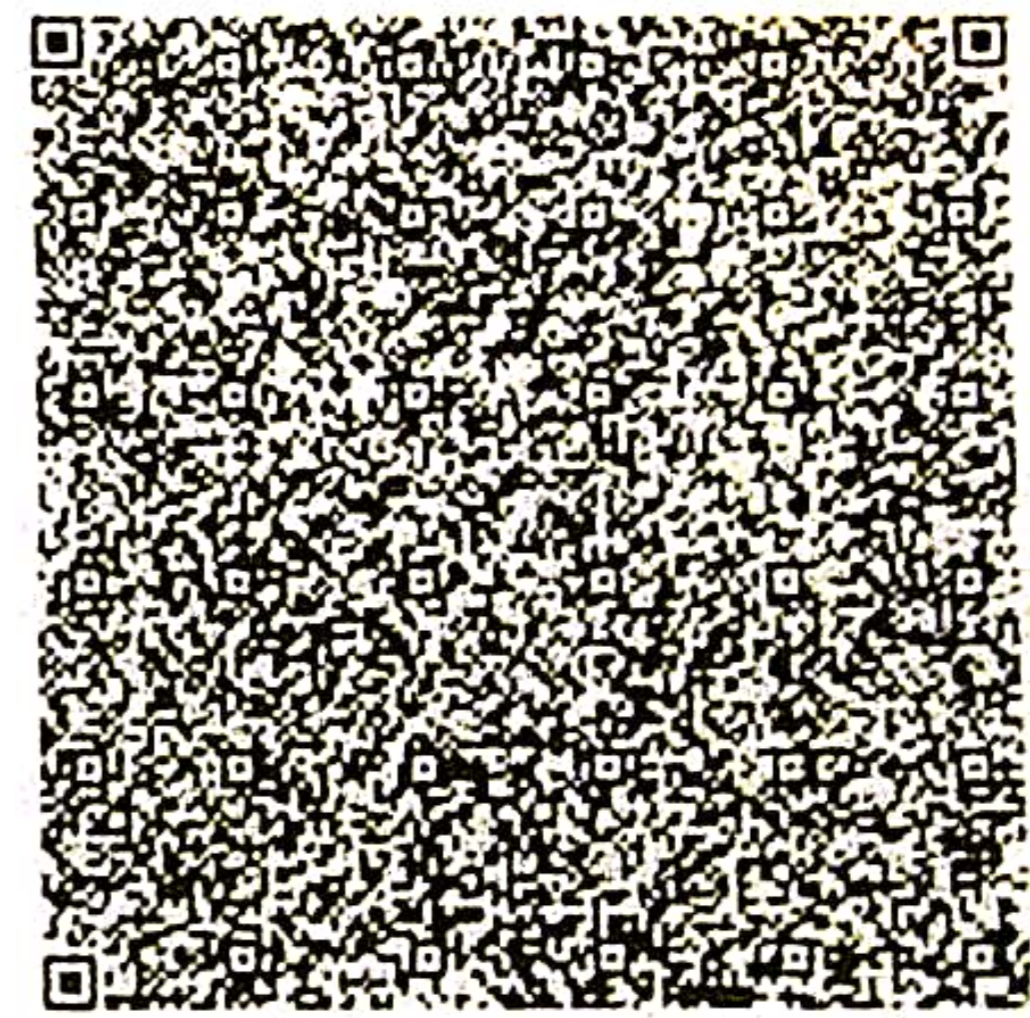


भारत सरकार  
GOVT. OF INDIA

सत्यमेव जयते

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**HMSPR3969C**



06012025

नाम / Name  
RANJITA

पिता का नाम / Father's Name  
VEERBAHADUR

जन्म की तारीख /  
Date of Birth  
01/01/2005

PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed