

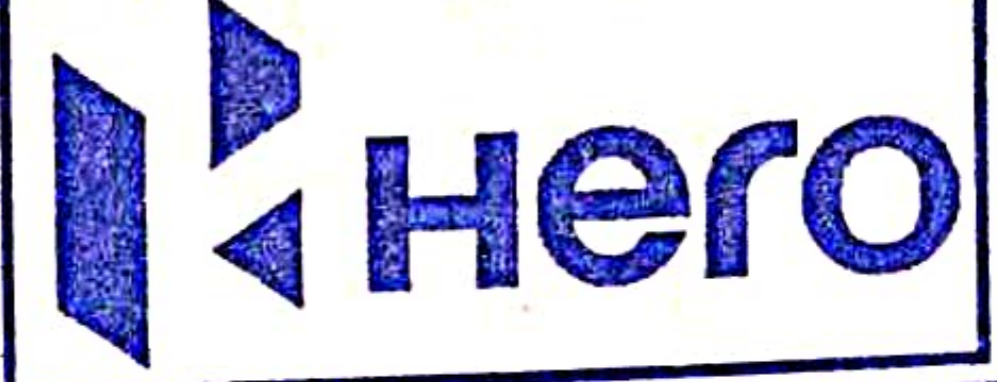
# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **3213**

Date 13/03/26

Name Mohan Prasad Gupta

Add. UP57CA2099

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Handle			500/-	
②	Tanki			7800/-	
③	Fender			860/-	
④	H/L			895/-	
⑤	Vibor			850/-	
⑥	Foot Pipe ②			2300/-	
⑦	Labor charge			800/-	
TOTAL				13805/-	

Authorised Signatory

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शोरेंस 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.	Mohon Prasad Gupta 6307230767
2	Vehicle No. / वाहन संख्या	UP57 CA 2099
3	Policy No. / पालिसी संख्या	252402/31/2026/47970
4	Period of Insurance / बीमा अवधि	20/10/2025 to 19/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/03/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Ray Bahaj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manash Kamal Gupta, UP57 7510044120 20220013067
8	Estimated Loss / अनुमानित हानि	13805/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश लड़का मनस कुमार गुला बार्कि लेकर चौकड़े की तरफ जा रहा था तभी एक बार्कि वाले ने सामने खबर मार दिया बार्कि वाये काइंड गिर गई और 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.	9125595450 Gupta automobile repair

Date / दिनांक : 12/03/2026  
हस्ताक्षर

मोहन प्रसाद गुप्ता  
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. 252900/31/2026/47940

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

Period of Insurance 20/10/2025 to 19/10/2026  
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 Mohan Prasad Gupta  
(b) Address for correspondence \_\_\_\_\_  
(c) Telephone 6307230167

2. THE INSURED VEHICLE

Make & Year <u>Mareo/2025</u>	Engine No. <u>MA11F4SMF11496</u> Chassis No. <u>MBLHAW431SHF12378</u>	Registration No. <u>UP57CA2099</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 : Manash Kumar Gupta  
 (b) Age : \_\_\_\_\_  
 (c) Address : Rushinagar  
 (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 : UP5120220013  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 13/11/2039  
 (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 : 3/03/2026, 12:00 P.M.  
 (b) Place : Rajgunj  
 (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 बहन मेरी बहन / किमर मारना जा रहा था तभी उसने मुझे टक्कर मार दी।  
 एड्रेस: राजगंज, राईस, मिर्जापुर  
 प्रमोद चौक

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 13805/-  
 (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 : 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

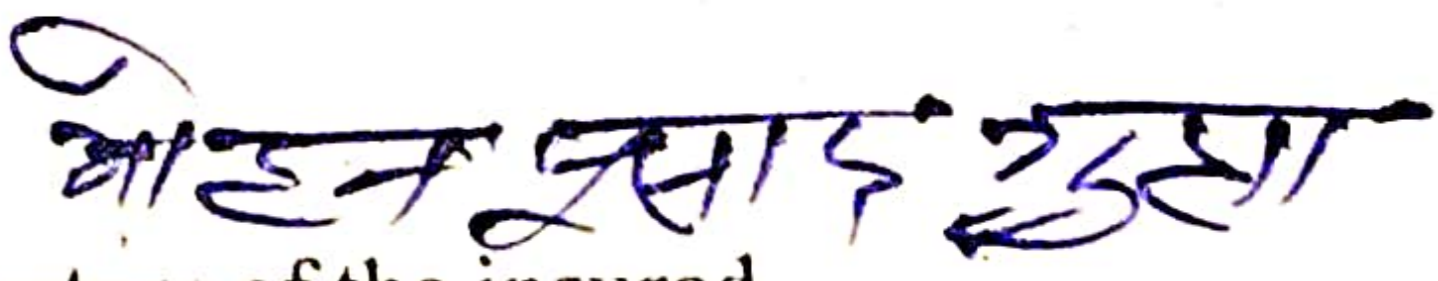
- (a) Give names and addresses of passengers/other Witness, if any : \_\_\_\_\_  
(b) Did a Police Constable take particulars of The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : \_\_\_\_\_ N/A  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No.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

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 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 17/03/2020

  
Signature of the insured \_\_\_\_\_

Discharge Voucher

ACCIDENT DISCHARGE VOUCHER

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 ..... *[Handwritten Signature]*  
Occupation .....  
Address .....  
.....  
.....

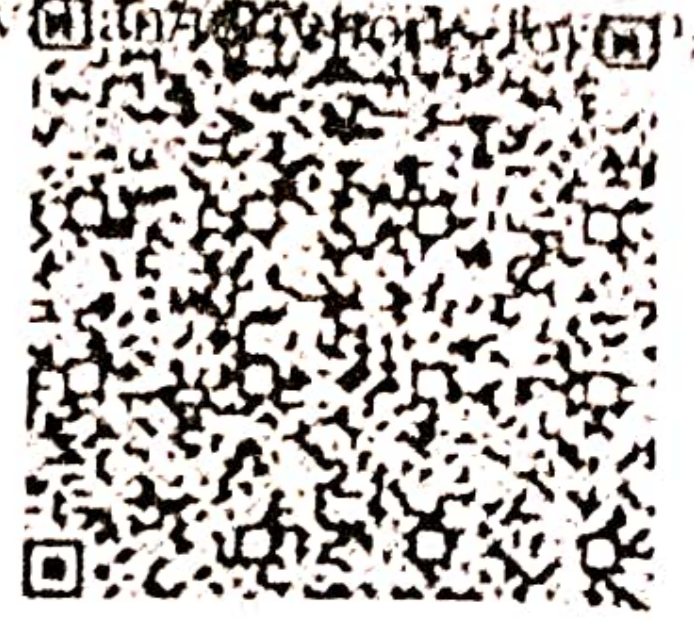
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA2099 Registration Date : 25-Oct-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 : MOHAN PRASAD GUPTA Son/wife/daughter of : VINDESHWARI GUPTAA  
 Full Address: (Permanent) : VILL-RAIGANJ, POST-DANDOPUR, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-RAIGANJ, POST-DANDOPUR, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 24-Oct-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 : AA2140319668 Rear HSRP No : AA2138242840  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLHAW431SHF12378  
 Engine No : HA11F4SHF11496 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK GREY STRIPE 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 w.e.f. .

Purchase dt : 20-Oct-2025 Sale Amt : 61203/-  
 OTT Date : 20-Oct-2025 Amount/Rcpt No : 6121 / UP57D25100008215  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 11-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 25-Oct-2025 to 24-Oct-2040

Date : 31-Jan-2026 12:49:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date: 31-Jan-2026  
 KUSHINAGAR

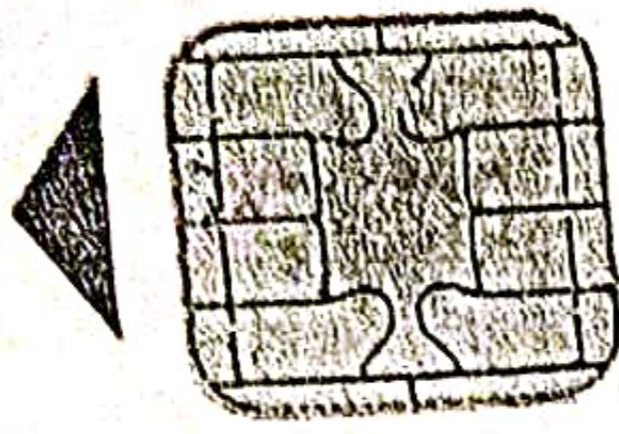
7659148



**Indian Union Driving Licence  
Issued by Uttar Pradesh**

(UP)

**UP57 20220013067**



Issue Date: 11-10-2022    Validity (NT): 13-11-2039    Validity (TR): \_\_\_\_\_



Holder's Signature

(11-10-2022)

Date of First Issue

Name: **MANAS KAMAL GUPTA**  
 Date of Birth: **14-11-1999**    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **MOHANGUPTA**    Organ Donor: **N**  
 Address:  
**Raiganj Kushinagar Uttar Pradesh 274304**

**DL No: UP57 20220013067**

UPDL000009450401



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	11-10-2022	NT				
LMV	UP57	11-10-2022	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number  
7510044120

Licensing Authority  
UP57 KUSHINAGAR



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:  
S/O: विन्देश्वरी गुप्ता, रायगंज,  
कुशीनगर, दांदोपुर, उत्तर प्रदेश,  
274304

Address:  
S/O: Vindeshwari Gupta,  
Raiganj, Kushinagar, Dandopur,  
Uttar Pradesh, 274304

7432 8866 0204

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार

Government of India



मोहन प्रसाद गुप्ता  
Mohan Prasad Gupta  
जन्म तिथि / DOB : 01/07/1969  
पुरुष / Male



7432 8866 0204

आधार - आम आदमी का अधिकार

सलग्न पैन कार्ड मे एनहान्स क्यूआर कोड शामिल है

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या  
Permanent Account Number

**DPFPG3076B**

नाम / Name

Mohan Prasad Gupta

जन्म तिथि / Date of Birth

01/07/1969

हस्ताक्षर / Signature

