

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3228**

Date 12/03/26

Name Shailish Yadav

Add. UP57B2 2779

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT Rs. P. |
|-------|---------------|------|--------------|------------------|
| ① | Sokar (2) ± ① | | | 2300/- |
| ② | Visor | | | 1265/- |
| ③ | H/L | | | 3500/- |
| ④ | Mirror - (R) | | | 240/- |
| ⑤ | Lever - (R) | | | 105/- |
| ⑥ | Handle | | | 510/- |
| ⑦ | Handle | | | 980/- |
| ⑧ | Labor charge | | | 800/- |
| | | | TOTAL | 9700/- |

Authorised Signatory

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. | Shailish Yadav 8960524225 |
| 2 | Vehicle No. / वाहन संख्या | UP57B22779 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/36795 |
| 4 | Period of Insurance / बीमा अवधि | 22/09/2025 to 21/09/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 10/03/2026, 11:00 P.M |
| 6 | Place of Accident / दुर्घटना का स्थान | Dhruva Nagar |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Shailish Yadav, UP572015 0019540 |
| 8 | Estimated Loss / अनुमानित हानि | 9700/- |
| 09. | Cause of Accident / दुर्घटना का कारण: | मैं अपनी बाइक लेकर मारकेट से घर आ रहे थे तभी अचानक सामने साड़ी आई और चक्का में निचे आने में पण्ड से बाइक मेरी दाहिने साईड गिरने से डैमेज 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 Cocofra automobile Padma |

Signature of Insured / बीमाधारक के

Date / दिनांक : 12/03/20
हस्ताक्षर



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. 252400/31/2026/36795

Tel. No. _____

Period of Insurance 22/09/2025 to 21/09/2026
 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 Shailesh Yadav
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : 8960524225

2. THE INSURED VEHICLE

| | | |
|---------------------------------|--|---------------------------------------|
| Make & Year <u>Hero/2025</u> | Engine No. <u>HAIIFBSHG23410</u> Chassis No. <u>MBLHAW330SHM26668</u> | Registration No. <u>UP57B22779</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 : Shailesh Yadav
 (b) Age : Pushingor
 (c) Address : owner
 (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 : UP5720150019540
 (h) Issuing Authority : 7/09/2035
 (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 : 10/03/2026, 11:00 P.M
 (b) Place : Dhruvakhora
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मे असने बर्डम लेगर आरकेड से धर का रहे
 (e) If any third party was responsible for this accident give the name and address : वकी सामने साई आरकेड और चक्का मे निच गाने मे ठपट से बर्डम करी दाये साई. बिरने से डमिज हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 9700/-
 (c) When and where can the damaged vehicle be inspected : Cruxta automobiles Padrauna

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? : _____ 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? : _____ N/A
(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 12/03/20 200

Signature of the insured Shoukesh Dada

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 *Shaitish Tqda*
Occupation
Address
.....
.....

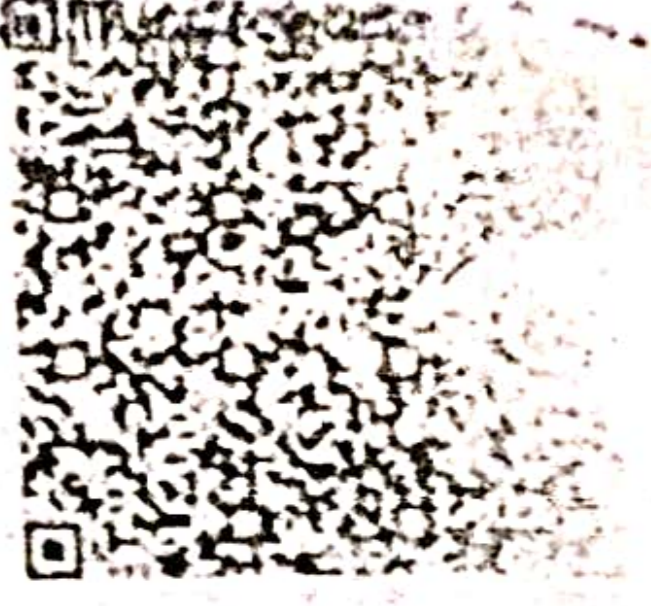
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ2779 Registration Date : 23-Sep-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 : SHAILESH YADAV Son/wife/daughter of : SAWAROO YADAV
 Full Address: (Permanent) : VILL-TEDHI, POST -SINGHA, THANA -NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-TEDHI, POST -SINGHA, THANA -NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 22-Sep-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 : AA1043459934 Rear HSRP No : AA2131515754
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW338SHG26668
 Engine No : HA11FBSHG23410 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 22-Sep-2025.

Purchase dt : 22-Sep-2025 Sale Amt : 80517/-
 OTT Date : 22-Sep-2025 Amount/Rcpt No : 8052 / UP57D25090001528
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-Sep-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 23-Sep-2025 to 22-Sep-2040

Signature of Registering Authority
A.R.T.O. (A)
 Kushinagar (U.P.)
 Date : 12-Nov-2025

Date : 12-Nov-2025 14:48:37
Taxation Particulars / Advance Registration Mark Fee Details

3742798

भारत सरकार
Government of India



शैलेश यादव
Shailesh Yadav
जन्म तिथि / DOB : 04/05/1995
पुरुष / MALE

5386 8461 8067
VID : 9163 3838 0939 4993

मेरा आधार, मेरी पहचान

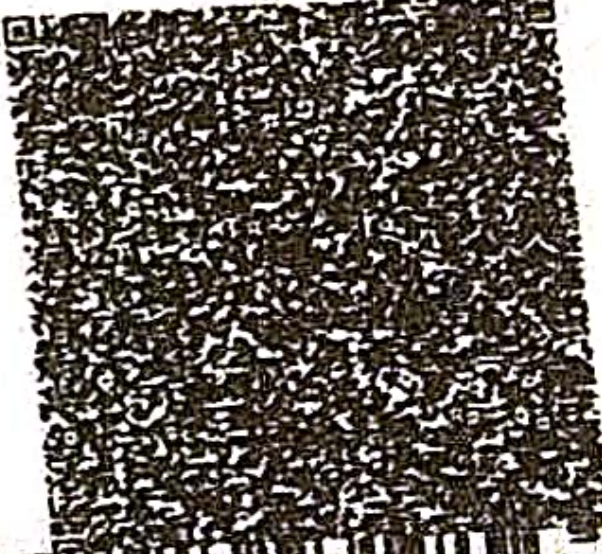


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: सवरू यादव, टेढ़ी, तेरही, सिंगहा, कुशीनगर,
उत्तर प्रदेश - 274305

Address
S/O: Sawaroo Yadav, tedhi, VTC: Terhi, PO:
Singaha, Sub District Padrauna, District
Kushinagar, State: Uttar Pradesh, PIN Code:
274305,



5386 8461 8067

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ATKPY6853G



नाम / Name

SHAILESH YADAV

पिता का नाम / Father's Name

SAWAROO YADAV

जन्म की तारीख / Date of Birth

04/05/1995

शीलेश यादव
हस्ताक्षर / Signature

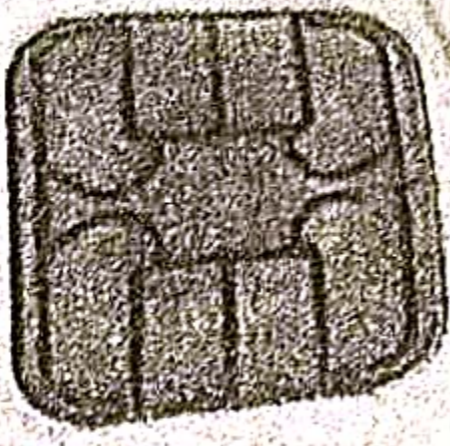


17092017

UNION OF INDIA Driving Licence



UP57 2015 3019540



जारी करने की तिथि
Date of Issue

08/09/201

वैधता / Validity

UP 07/09/2035

जन्म तिथि
Date of Birth

04/05/1

Blood Group

UNKNOWN

नाम / Name

SHAKESH YADAV

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

SAWAROO YADAV



UP57 20150019540



LMV

08/09/2015



MCWG

08/09/2015

पता / Address

VILL - TEDHI

PO- SINGHA PS- NEBUJA NAURANGYA

KUSHINAGAR

Shakesh

Holder's Signature

व्यक्ति / Issuing A

KUS

