

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3227**

Date 12/03/26

Name

Rajesh Prasad

Addr.

UP 5730 8421

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fork pipe (R) (L)			2300/-	
②	Buttom - (R)			1050/-	
③	Fender			800/-	
④	Indicator - (R)			220/-	
⑤	Handlu			500/-	
⑥	Handlu			980/-	
⑦	Leguard			680/-	
⑧	Lever - (R)			105/-	
⑨	Tanki			6800/-	
⑩	Lock set			975/-	
⑪	Labor charge			1000/-	
TOTAL				15490/-	

Authorised Signatory

Rajesh

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Rajesh Prasad 9935113470
2	Vehicle No. / वाहन संख्या	UP57B00421
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/418321
4	Period of Insurance / बीमा अवधि	21/03/2025 to 22/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/03/2026, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Matiharwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajesh Prasad, UP572022 0006474
8	Estimated Loss / अनुमानित हानि	15490/-
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी वाइम लेजर कार में जा रहे थे तभी अचानक सामने से एक वाइम वाला ट्रक मार दिया तो वाइम मेरी दाहिने साइड गिरने से डमिज 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.	9125197118 Gupta automobiles Padrauna

Date / दिनांक : 12/03/26
हस्ताक्षर

राजेश प्रसाद
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rajesh Prasad
(b) Age : _____
(c) Address : Kushinagar
(d) Is the Driver
1. Owner : 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 : UP57 2022 000 6474
(h) Issuing Authority : _____
(i) Date of Expiry : 7/06/2032
(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 : 11/03/2026, 2:00 PM
(b) Place : Matiharwa
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी अपनी साइड में लेमर मारने जा रहे थे। लमी
(e) If any third party was responsible for this accident give the name and address : अचानक सामने से एक साइड वाला टक्कर मार दिया तो साइड में लमी मारने से डमरेन हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front md side
(b) Estimated cost of repairs : 15490/-
(c) When and where can the damaged vehicle be inspected : Gupta 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 : 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 12/03/20 200

Signature of the insured शिवशंकर शर्मा

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. _____

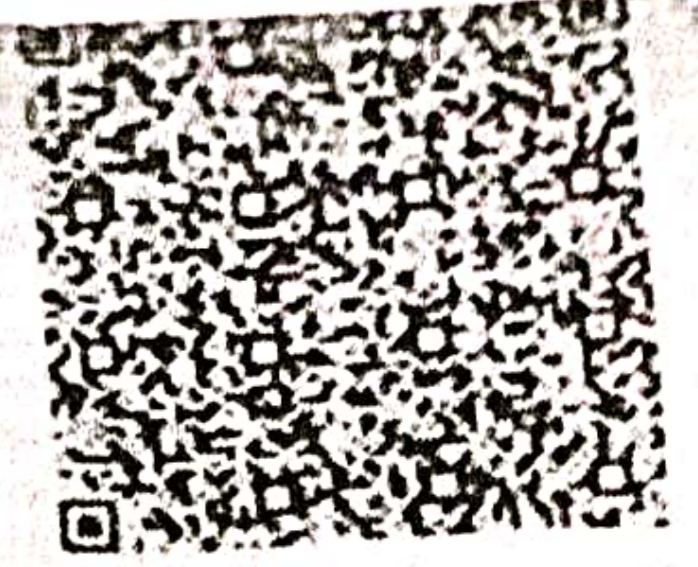
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *शशिप्रताप*
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 : UP57BQ8421 Registration Date : 23-Mar-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : RAJESH PRASAD Son/wife/daughter of. : PARASHURAM
Full Address: (Permanent) : VILL-JUNGLE KHIRKIYA, POST-SINGHAPATTI, THANA-PADRAUNA, KUSHINAGAR,
UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-JUNGLE KHIRKIYA, POST-SINGHAPATTI, THANA-PADRAUNA, KUSHINAGAR-
UTTAR PRADESH-274304

Fitness UpTo : 22-Mar-2039 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nrms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2096537261 Rear HSRP No : AA2095538431
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2023
No of Cylinders : 1 Chassis No : MBLHAW141PHM03453
Engine No : HA11ECPHM04175 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar 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 HERO FINCORP LIITED
DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 21-Mar-2024.

Purchase dt : 21-Mar-2024 Sale Amt : 67133/-
OTT Date : 21-Mar-2024 Amount/Rcpt No : 6714 / UP57D24030003448
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 24-Apr-2024
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 23-Mar-2024 to 22-Mar-2039

Date : 02-May-2024 14:28:49"

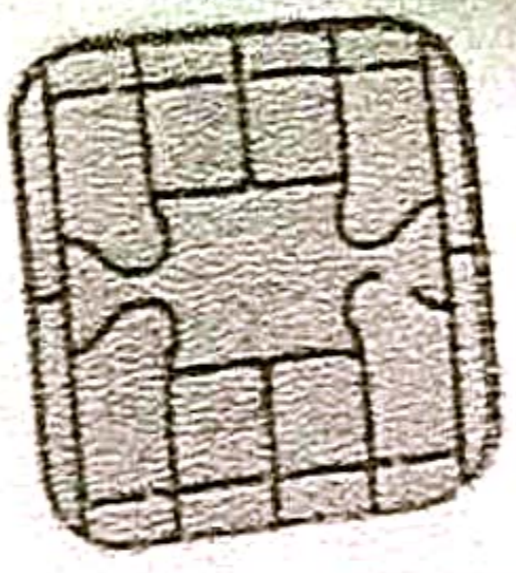
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 02-May-2024

P 7275942

Uttar Pradesh Driving Licence
 Issued by **Uttar Pradesh**

UP57 20220006474



Issue Date: 08-06-2022
 Validity (NT): 07-06-2032
 Validity (TR): _____



Holder's Signature

RAJESH PRASAD

Blood Group: _____

Organ Donor: **N**

Date of First Issue: (08-06-2022)

Name: _____
 Date of Birth: 01-01-1983
 Son/Daughter/Wife of: **PARASHURAM PRASAD**

Address: **VIL-JUNGLE KHIRKIA PO SINGHA PATTIPS
 PADRAUNA KUSHINAGAR, UP 274304**



DL No: **UP57 20220006474**

UPDL 00000842763



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
Motor Vehicle	MCHG	UP57	08-06-2022	NT			
Light Motor Vehicle	LMV	UP57	08-06-2022	NT			
Motor Vehicle with Sidecar	MVSC						
Motor Vehicle with Sidecar	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Issue Date: 28/06/2023



भारत सरकार
Government of India

राजेश प्रसाद
Rajesh Prasad
जन्म तिथि / DOB : 01/01/1983
पुरुष / Male

7439 5866 6660

मेरा आधार, मेरी पहचान



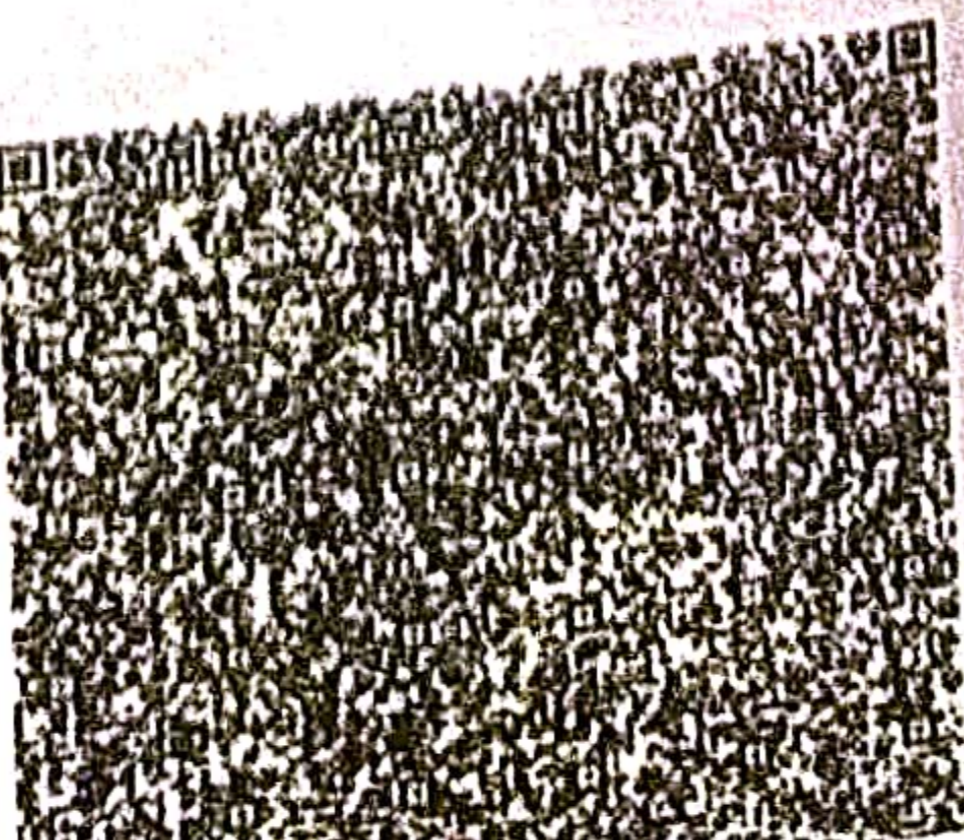
Print Date: 23/01/2023



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: परशुराम, 94, पडराणा, जंगल
खिरकिया, कुशीनगर, उत्तर प्रदेश, 274304
Address: S/O: Parashuram, 94, padrauna,
Jungle Khirkia, Kushinagar, Uttar Pradesh,
274304

7439 5866 6660



1947



help@uidai.gov.in



www.uidai

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAJESH PRASAD

PARSHURAM

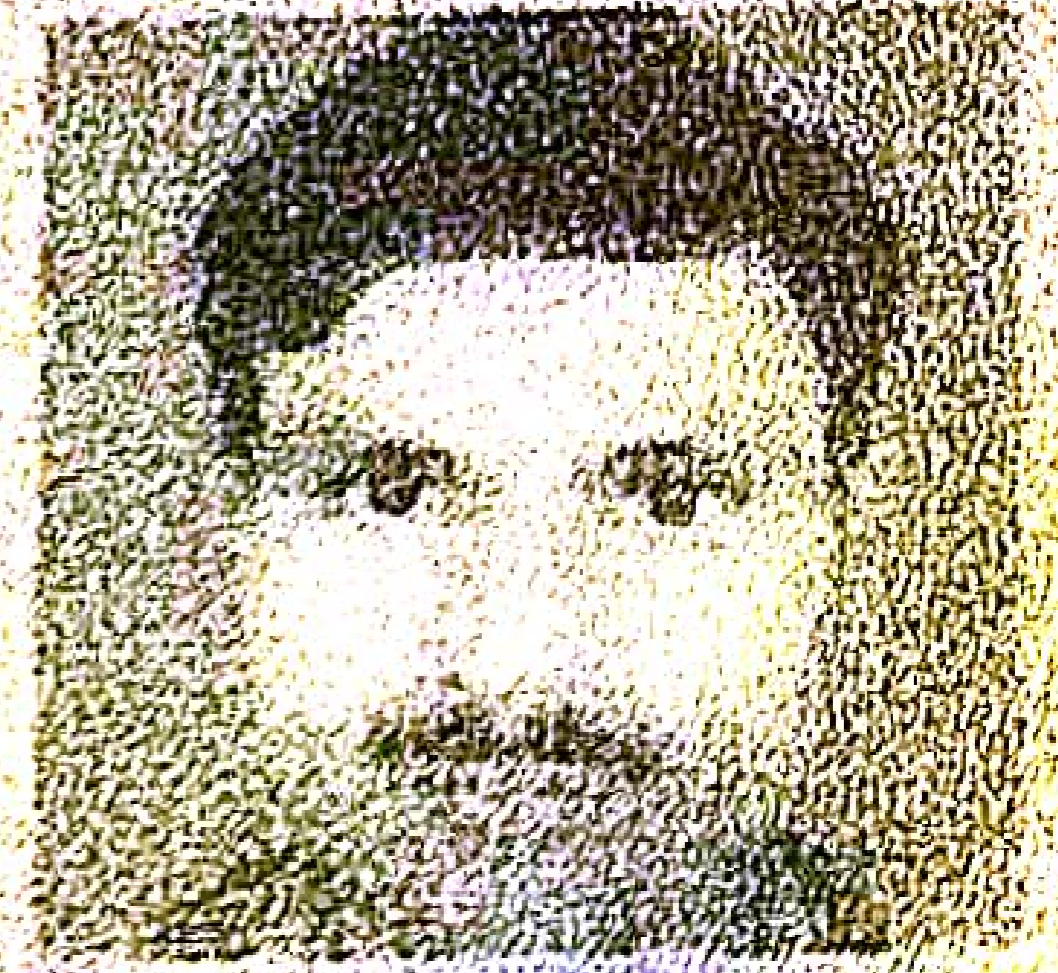
01/01/1983

Permanent Account Number

CFJPP7424K

राजेश प्रसाद

Signature



150932013