

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3231**Date 13/03/26Name Sanjay kushwahaAdd. UP57BN3244

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fender			1250/-	
②	Fork pipe ②			1600/-	
③	Fork			2270/-	
④	Levers - ②			125/-	
⑤	muffler covers			400/-	
⑥	Flow → Penol - ②			400/-	
⑦	Kick Rod			480/-	
⑧	labour charge			600/-	
			<b>TOTAL</b>	<b>7035/-</b>	

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.	Kushwaha Sanjay 7064349943
2	Vehicle No. / वाहन संख्या	UP57BN3244
3	Policy No. / पालिसी संख्या	MSI2025/7001/0146575/416425
4	Period of Insurance / बीमा अवधि	15/03/25 to 14/3/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/03/2026, 11:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Mishrauli
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720250013358 9760906692, Singaram
8	Estimated Loss / अनुमानित हानि	7035/-
09.	Cause of Accident / दुर्घटना का कारण :	मैरी स्कूटी मैरी मामा लैकर मारने के जा रहे थे तभी अचानक एक मित्रम वाला वाहन साईड से टक्कर मार दिया जो स्कूटी मैरी वाहन साईड मारने 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 Patna

Date / दिनांक : 13/03/2025  
हस्ताक्षर

Sanjay Kushwaha  
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. ms/2025/7002/0/46575/416425

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

Period of Insurance 15/3/25 to 15/03/26

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

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Sanjay Kushwaha  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7084349943

2. THE INSURED VEHICLE

Make & Year <u>H250/2023</u>	Engine No. <u>JF16EYPGH12144</u> Chassis No. <u>MBLJFW625PGJ00028</u>	Registration No. <u>UP57BN</u> <u>3244</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  
 (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 : Sigaram  
(b) Age : \_\_\_\_\_  
(c) Address : Kushinagan.  
(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 : No  
(f) Was he under the influence of intoxication Liquor or drugs? : No  
(g) Driving Licence Number : UP5720250013358  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 20/7/2025  
(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 : 12/3/2024, 11.00 A.M.  
(b) Place : Mishrauli  
(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 : एक पिक्प वाले ने बायें साईड से चक्कर मार दिया स्कूटी बायें साईड गिरने से डेमेज हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side.  
(b) Estimated cost of repairs : 7035/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padgaon.

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? : PIA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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 13/09/26 200

Signature of the insured Sanjay Kushwaha

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 ..... *Sonjay Kushwaha*  
Occupation .....  
Address .....  
.....  
.....

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



Package Contract No.: MS/2025/7001/O/46575/416425

Motorsathi Care Private Limited  
B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
Contact us at:  
Phone: +91 79410 50643  
Email: info@motorsathi.com  
Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANJAY KUSHWAHA	2001-08-16	7084349943	SINHASAN KUSHWAHA	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
PLUS VX	UP57BN3244	JF16EYPGH12144	MBLJFW625PGJ00028	2023	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
58500.00	NA	0.00	0.00	0.00	58500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1394.89	
Address			City / District	Pin Code	State	
VILL SINGAHA MATHIYA, POST-SINGAHA, THANA-RAMKOLA, Kushinagar, Uttar Pradesh, 274305				274305	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SINGHSHAN KUSHWAHA	Male	40 Years	FATHER	2025-03-15 12:35	Midnight of 2026-03-14	

Section A, VRC: 783.14 TCR: 276.12 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1059.26  
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00  
 Section D, Drive Assure: 284.43 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 51.20 Total with GST(D): 335.63

**Total(Section A+B+C+D) Offered Price After Discount: 1395**

Package Period Covered	2025-03-15 To 2026-03-14	2026-03-15 To 2027-03-14	2027-03-15 To 2028-03-14	2028-03-15 To 2029-03-14	2029-03-15 To 2030-03-14
ADV	58500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-10-16 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Raking d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.


**DRIVER:** Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or MotorSathi App.

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:7941050643 Email id: [info@motorsathi.com](mailto:info@motorsathi.com)



**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1394.89 ON 2025-03-15 from Mr./Ms. SANJAY KUSHWAHA against the ARN No. INCP00416425  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements. IMT - 22, 16, 18  
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20250013358

Issue Date Validity (NT) Validity (TR)\*  
21-07-2025 20-07-2035



Holder's Signature

Date of First Issue 21-07-2025

Name: SIGASAN  
Date of Birth: 01-01-1979 Blood Group: Organ Donor: N  
Son/Daughter/Wife of: RAMBALI

Address:  
42 RAMKOLA ROAD SINGAHA GRAM SINGAHA  
MATHIYA POST S MATHIYA KHURD PADRAUNA  
KUSHINAGAR UTTAR PRADESH 274305

DL No: UP57 20250013358 UPDL571000023086



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	21-07-2025	NT			
	LMV	UP57	21-07-2025	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

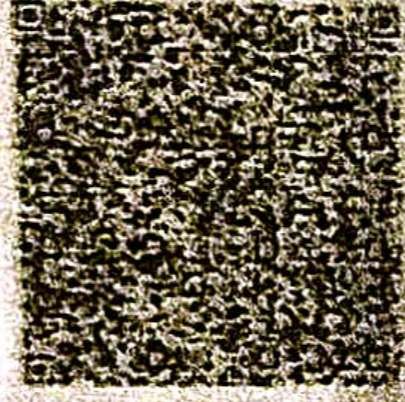
Form 7 Rule 16(2)



भारत सरकार  
Government of India



संजय कुशवाहा  
Sanjay Kushwaha  
जन्म तिथि/DOB: 16/08/2001  
पुरुष/ MALE



3990 2032 6460

VID: 9128 3010 1264 5762

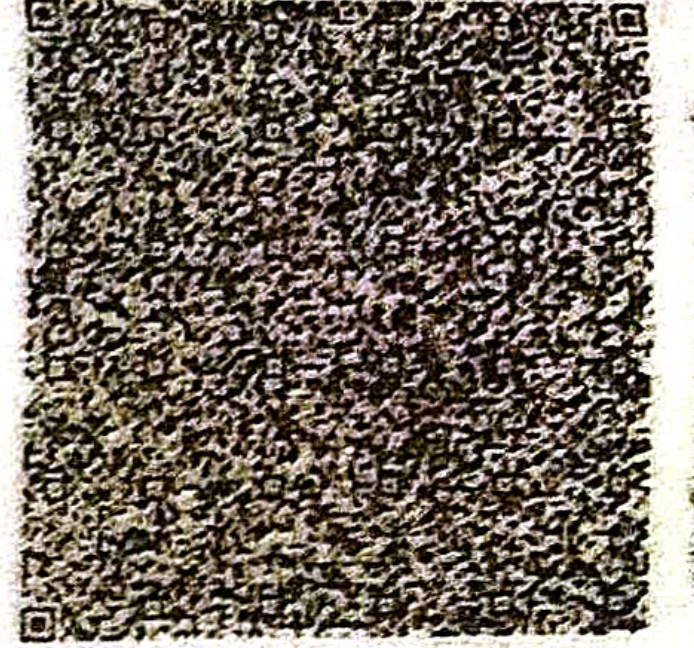
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O सिंहासन कुशवाहा, - , - , ग्राम सिंगहा मठिया पोस्ट  
सिंगहा, रामकोला, कुशीनगर,  
उत्तर प्रदेश - 274305

**Address:**  
S/O Sinhasan Kushwaha, - , - , gram singaha  
mathiya post singaha, Ramkola,  
Kushinagar,  
Uttar Pradesh - 274305



QR Code with Photograph

3990 2032 6460

VID: 9128 3010 1264 5762



आयकर विभाग  
INCOME TAX DEPARTMENT

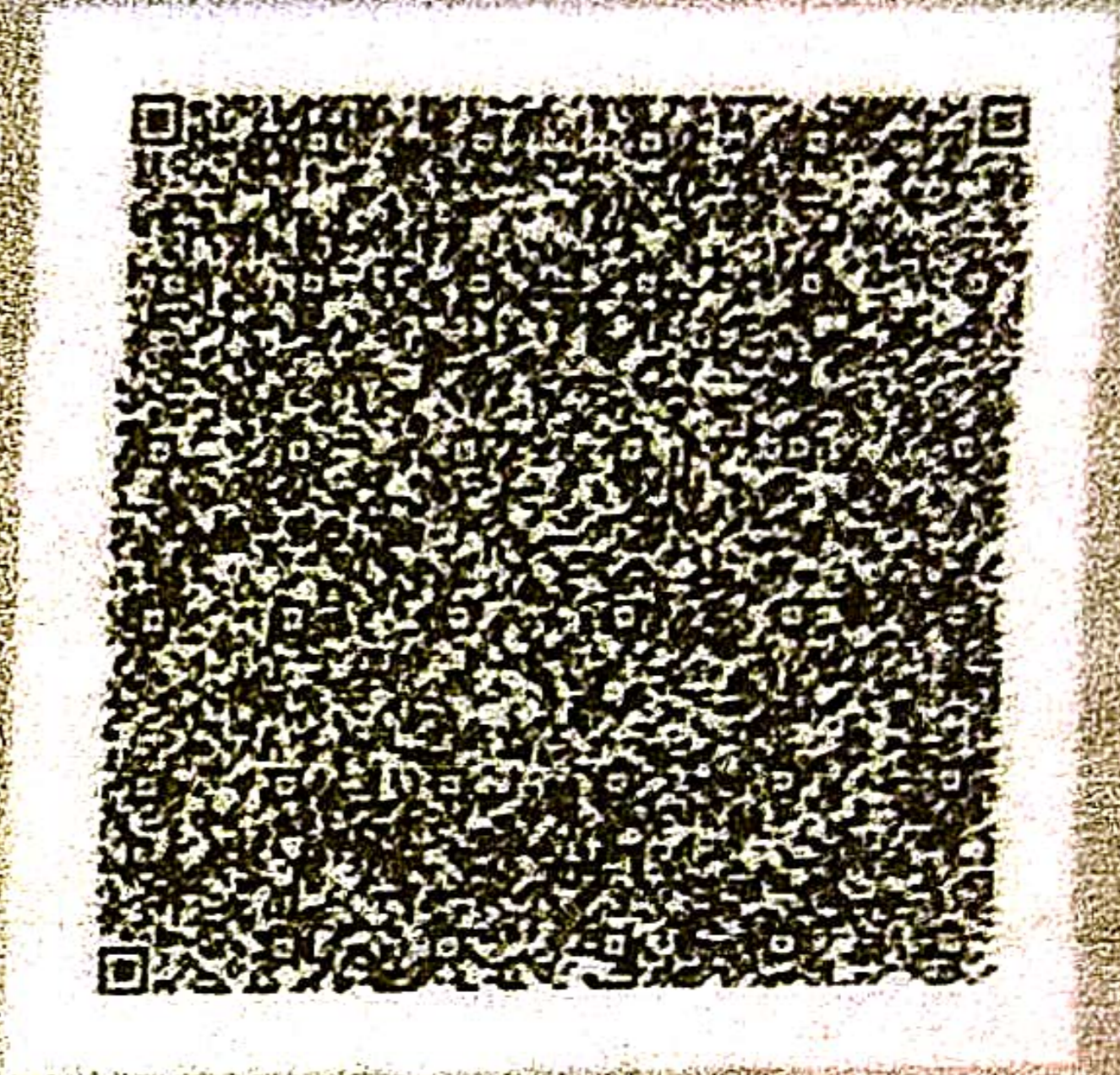


भारत सरकार  
GOVT. OF INDIA



स्थायी खाता संख्या कार्ड  
Permanent Account Number Card

**OLZPK6481B**



**SANJAY KUSHWAHA**

पिता का नाम / Father's Name  
**SINHASAN KUSHWAHA**

16/08/2001

*Sanjay Kushwaha*  
Signature

13066