

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **3233**Date 14/03/26Name Ajay Mansoori AnsariAdd. UP 571320909

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Fender			1050/-	
②	Sokas - (R) + (L)			2100/-	
③	Buttom (L)			1200/-	
④	Visor			800/-	
⑤	Tank surround (R) + (L)			800/-	
⑥	Lever (L)			150/-	
⑦	Mirror (L)			260/-	
⑧	Handle			500/-	
⑨	Handle			980/-	
⑩	H/L			3800/-	
⑪	Muffler cover			400/-	
⑫	Tank cover (R) + (L)			600/-	
⑬	Labor charge			900/-	
				1	
			TOTAL	13620/-	

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.	Afroz Mansoor Ansari 9819773815
2	Vehicle No. / वाहन संख्या	UP57B20909
3	Policy No. / पालिसी संख्या	252400/31/2026/38072
4	Period of Insurance / बीमा अवधि	26/09/2025 to 25/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/03/2026, 5:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Mehadiqanj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Afroz Ansari, MH052007000 9475
8	Estimated Loss / अनुमानित हानि	13620/-
09.	Cause of Accident / दुर्घटना का कारण:	मे अपनी वाहन लेजर मारने से घर आ रहा था तभी अचानक मोड़ पर एक वाहन वाले सामने से टक्कर मार दिया तो वाहन मेरी वाहन साईड शिफ्ट से वाहन 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.	9125197140 Gupta automobiles Pachrawan

Date / दिनांक : 12/03/26
हस्ताक्षर

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. 252400/31/2026/38072

Tel. No. _____

Period of Insurance 26/09/2025 to 25/09/2026
 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
 (a) Name : Afroz Mansoor Ansari
 (b) Address for correspondence : _____
 (c) Telephone : 9819773812

2. THE INSURED VEHICLE

Make & Year <u>Hero</u>	Engine No. <u>JA07A05GH10166</u> Chassis No. <u>MBLHJA0549GH14656</u>	Registration No.
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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
 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 : Afroz Ansari
 (b) Age : _____
 (c) Address : Raushanagar
 (d) Is the Driver owner
 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 : MH0520070009475
 (h) Issuing Authority : _____
 (i) Date of Expiry : 14/10/2035
 (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 : 12/03/2026, 5:30 P.M
 (b) Place : Mithadiganj
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : एक सामान ठोस लेकर धर जा रहा था। लम्बी मोड़ सर कर
 (e) If any third party was responsible for this accident give the name and address : वर्धन ताला सामने से टकराकर फाड़ दिया तो ठोस ठोस का ठोस कार्ड मिशन से जमेल हो

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 13620/-
 (c) When and where can the damaged vehicle be inspected : Caupta automobile, Poochayana

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?
- (b) If yes, give full details

: _____ N/A
: _____
: _____

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?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

: _____
: _____
: _____
: _____
: _____
: _____ N/A
: _____
: _____
: _____

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 14/03/26 200

Signature of the insured 

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/-

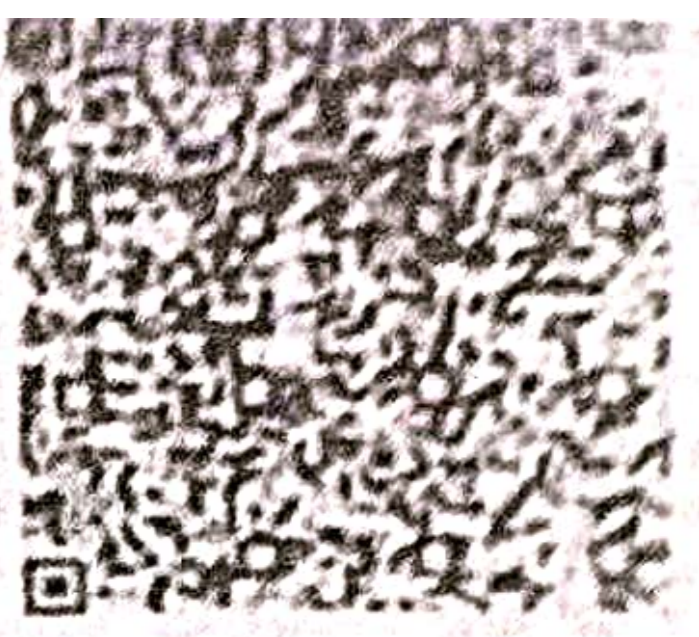
Witness
Name
Signature
Address

Signature *A. Anon*
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	: UP57BZ0909	Registration Date	: 02-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	: AFROJ MANSOOR ANSARI Son/wife/daughter of		: S/O MANSOOR BHULEE ANSARI
Full Address: (Parmanent)	: 109 , BIHULI NISFI, PO-PS-BLOCK-RAMKOLA TEH- KAPTANGAJ, DISTT-KUSHINAGAR, KUSHINAGAR, UTTAR PRADESH-274305		
Full Address: (Temporary)	: 109 . BIHULI NISFI, PO-PS-BLOCK-RAMKOLA TEH- KAPTANGAJ, DISTT-KUSHINAGAR, KUSHINAGAR-UTTAR PRADESH-274305		
Fitness Up To	: 01-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	: AA2133086000	Rear HSRP No	: AA2133719170
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 08/2025
No of Cylinders	: 1	Chassis No	: MBLJAU054SGH14666
Engine No	: JA07A0SGH10168	Fuel	: PETROL
Horse Power(BHP)	: 11.39	Cubic Capacity	: 124.70
Maker's Classification	: XTREME 125 R ABS SINGLE SEAT	Wheel base	: 1319
Seating Cap(In all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 137
Colour	: ABRAXAS ORANGE	Laden/GV Wt (kgs)	: 267
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	: 26-Sep-2025	Sale Amt	: 95739/-
OTT Date	: 26-Sep-2025	Amount/Rcpt No	: 9574 / UP57D25100000431
Vehicle Is Gov/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 14-Oct-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 11-Nov-2025 13:21:19

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 11-Nov-2025

Q 3742203

DL No: MH05 20070009475

Invalid Carriages (Regn. Numbers)

HD058210572

Hazardous Validity Hill Validity



Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	MH48	21-06-2002	NT			
	3W-GV	MH05	08-03-2016	TR			
	LMP-TR	MH05	21-06-2002	TR			

Form 7 Rule 16 (2)

Emergency Contact Number

MH481 Licensing Authority

[Handwritten signature]



Indian Union Driving Licence
Issued by Government of Maharashtra



MH05 20070009475

Issue Date	Validity(NT)	Validity(TR)
15-10-2025	14-10-2035	14-10-2030

Name: AFROJ ANSARI

Date of Birth: 22-1-1980

Son / Daughter / Wife of: MANSUR ANSARI

Address:

SHREE DHANLAXMI EKVEERA APT, A-WING FLAT NO-A-102, REGENCY RD,
KALYAN, THANE 421201

Organ Donor: N

[Handwritten signature]
Holder's Signature



Date of First Issue 21-06-2002

भारत सरकार

GOVERNMENT OF INDIA



भारतीय विधि एवं प्रमाण प्रणाली
INDIAN LEGAL EVIDENCE SYSTEM

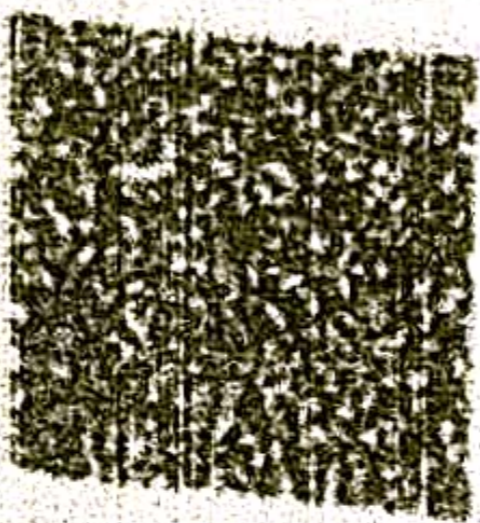


अफरोज मन्सूर अन्सारी

Afroj Mansoor Ansari

जन्म तारीख/DOB: 22/11/1980

पुरुष / MALE



पता:

Address:

S/O मन्सूर अन्सारी, कम नो

S/O Mansoor Ansari, room no

102, ए विंग श्री धनलाक्ष्मी

102, Awing shri dhanlaxmi

एकवीरा अपार्टमेंट, रीजेन्सी

shweeta apartment, regency

रोड, रीजेन्सी एस्टेट, दावडी

road, regency estate, dandi

दोंबिवली पूर्व, कल्याण,

dombivli east, Kalyan, Thane,

ठाणे,

महाराष्ट्र - 421203

Maharashtra - 421203

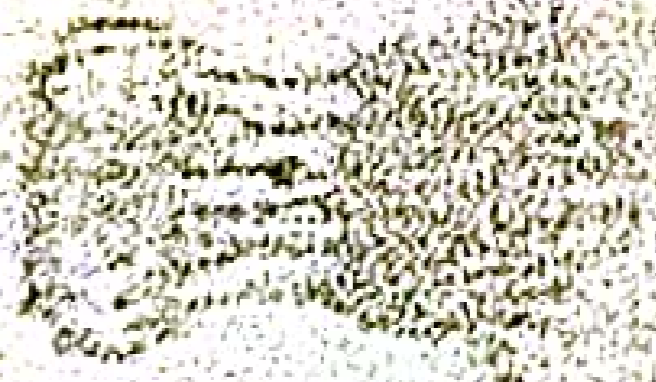
9531 4702 5072

9531 4702 5072

माझे आधार, माझी ओळख

MEERA AADHAAR, MERI PEHACHAN

आपका विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

BIKPA0787R

नाम / Name

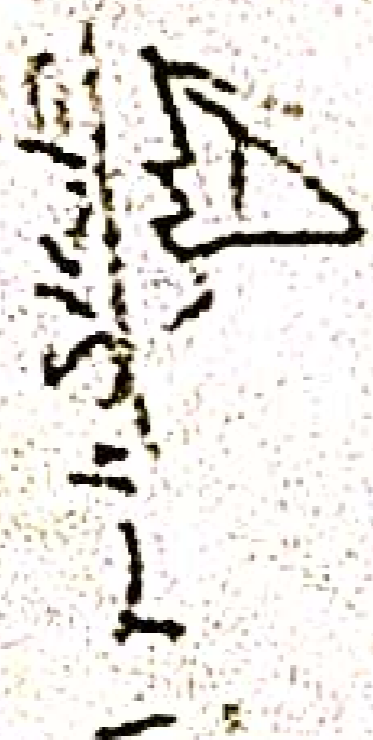
AFROJ MANSOOR ANSARI

पिता का नाम / Father's Name

MANSOOR BHULEE ANSARI

जन्म की तारीख / Date of Birth

22/11/1980



हस्ताक्षर / Signature



23092017