

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3232**Date 14/03/26Name Vijay Kumar KushwahaAdd. UP57B26159

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Lantern			5500/-	
②	visor			1265/-	
③	Indicators - R+R			440/-	
④	muffler cover			680/-	
⑤	H/L			3500/-	
⑥	meter			3800/-	
⑦	Labor charge			800/-	
TOTAL				15985/-	

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.	Vijay Kumar Kushwaha 7355217295
2	Vehicle No. / वाहन संख्या	UP57BZ6159
3	Policy No. / पालिसी संख्या	252400/31/2026/41308
4	Period of Insurance / बीमा अवधि	9/10/2025 to 8/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/03/2026, 11.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Fazil Nagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajay Kushwaha, UP572025 0009734 9235725081
8	Estimated Loss / अनुमानित हानि	12985/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश भाई अजय कुशवाहा बारात से वापस आ रहा था तभी अन्याय से एक सियार वाहन के सामने आ गया उसी को बचाते हुये मेरी वाहन सामने से आ रही वाहन से छूटा कर दायाे साईड डिवाइडर खर गिसे से क्षतिग्रत 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 automobile Panchsarna

Date / दिनांक : 14/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
Vijay Kushwaha



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. 252400/31/2026/41308

Tel. No. _____

Period of Insurance 9/10/2025 to 8/10/2026
 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
- (b) Address for correspondence
- (c) Telephone

Vijay Kumar Kushwaha
7355 21 7195

2. THE INSURED VEHICLE

Make & Year <u>M150/2025</u>	Engine No. <u>MA11FB5HJ56972</u> Chassis No. <u>MBLHAW339SHJ36</u> <u>115</u>	Registration No. <u>UP57B2</u> <u>6159</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 : Ajay Kushwaha
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP5720250009734
 (h) Issuing Authority : _____
 (i) Date of Expiry : 30/04/2046
 (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, 11:00 P.M
 (b) Place : Fazilnagar
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरा गाड़ी गमल आरह भा तभी अचानक से रुक सिम
 (e) If any third party was responsible for this accident give the name and address : बाईम के सामने जो गाडी उसी को देचल हुरु मेरा बाईम सामने से आये वही बाईमसे टक्करा करवाने

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 15905/-
 (c) When and where can the damaged vehicle be inspected : Crash auto vehicles Poochwar

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 : _____

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 14/03/26 200

Signature of the insured Vijay Kushwaha

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. _____

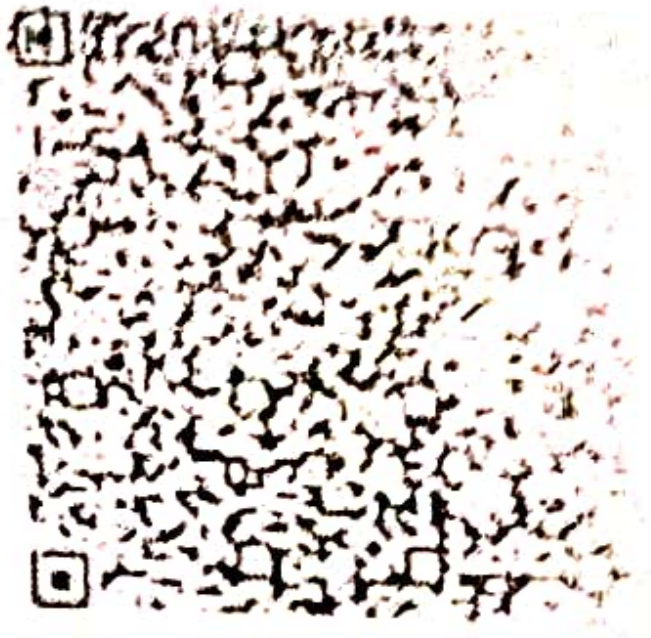
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature Vijay Kushwaha
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 : UP57BZ6159 Registration Date : 10-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 : VIJAY KUMAR KUSHWAHA Son/wife/daughter.of : SHAMBHU KUSHWAHA
 Full Address: (Permanent) : VILL- MATIYARWA JUNGLE BELWA, POST-PADRAUNA, THANA-PADRAUNA,
 KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL- MATIYARWA JUNGLE BELWA, POST-PADRAUNA, THANA-PADRAUNA,
 KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 09-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 : AA2133086697 Rear HSRP No : AA2133719867
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW339SHJ56115
 Engine No : HA11FBSHJ56972 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 S)
 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 IDFC FIRST BANK LTD. PADRAUNA, . . Kushinagar, Uttar Pradesh-274304 w.e.f. 08-Oct-2025.

Purchase dt : 08-Oct-2025 Sale Amt : 80517/-
 OTT Date : 08-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100002111
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

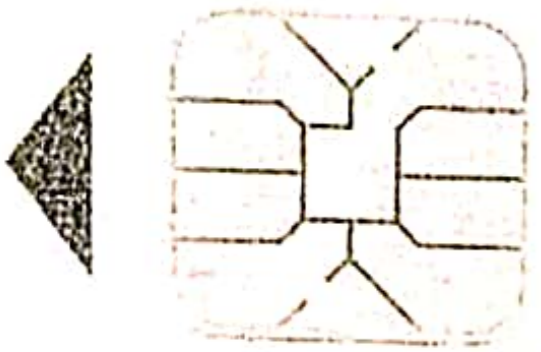
This certificate is valid from 10-Oct-2025 to 09-Oct-2040



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



UP57 20250009734



Issue Date: 28-05-2025
Validity (NT): 30-04-2046
Validity (TR):



Holder's Signature

Date of First Issue: 28-05-2025

Name: **AJAY KUSHWAHA**
Date of Birth: **01-05-2006** Blood Group:
Son/Daughter/Wife of: **SHAMBHU**
Address:
BELWA JUNGLE JUNGLE BELWA PADRAUNA
KUSHINAGAR UTTAR PRADESH 274304

Organ Donor: **N**

DL No: **UP57 20250009734**

UPDL571000015187



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	28-05-2025	NT			
	LMV	UP57	28-05-2025	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India

विजय कुमार कुशवाहा
Vijay Kumar Kushwaha
जन्म तिथि / DOB : 01/01/2005
पुरुष / Male



8974 2985 8587

मेरा आधार, मेरी पहचान



आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: शम्भू कुशवाहा, मटियरवा,
जंगल बेलवा, कुशीनगर, बेलवा जंगल,
उत्तर प्रदेश, 274304

Address:
S/O: Shambhu Kushwaha,
matiyarwa, Jungle Belwa,
Kushinagar, Belwa Jungle, Uttar
Pradesh, 274304

8974 2985 8587



1947



help@uidai.gov.in

WWW

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

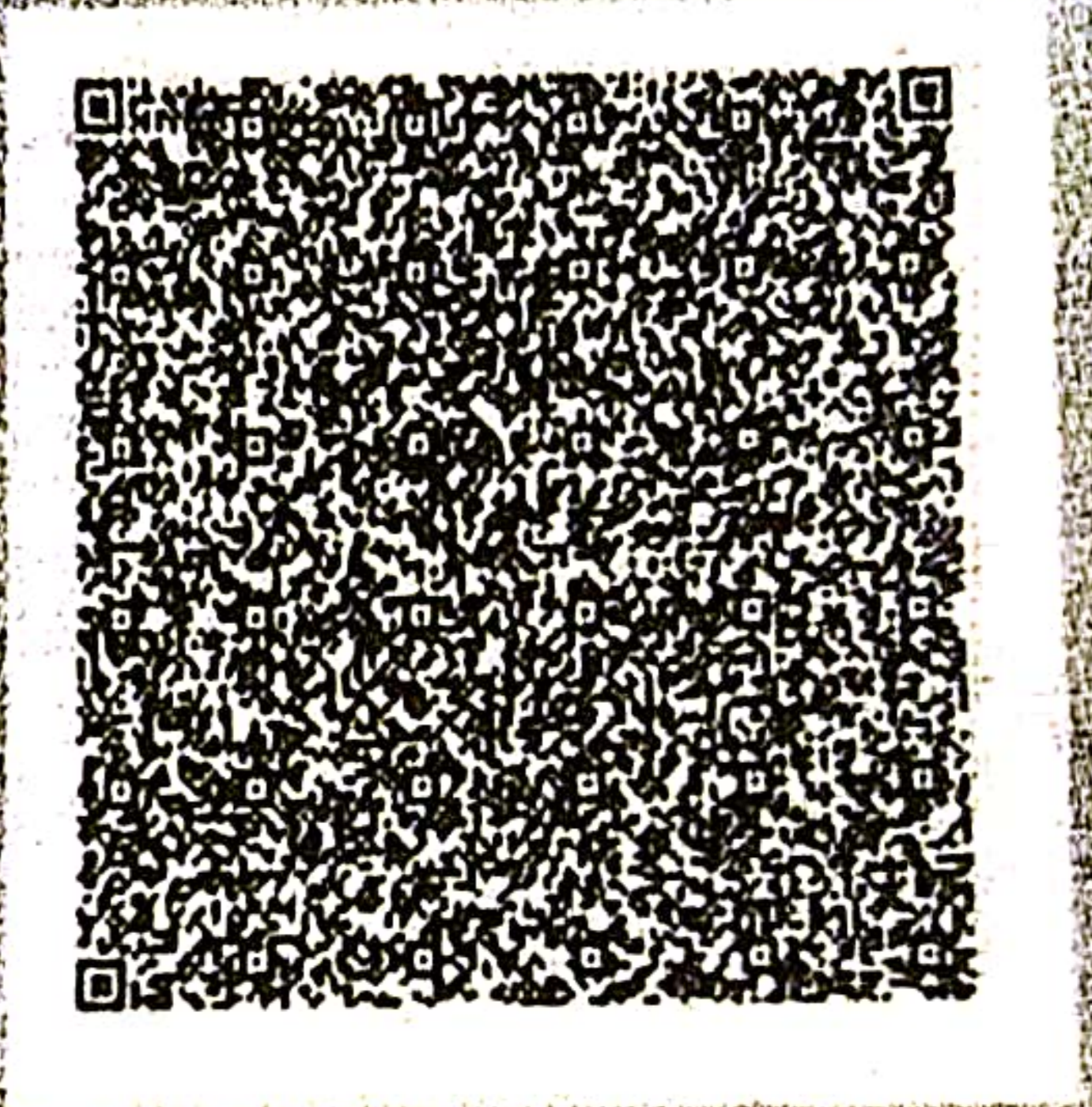


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

NILPK9308H



नाम / Name

VIJAY KUMAR KUSHWAHA

पिता का नाम / Father's Name

SHAMBHU KUSHWAHA

जन्म तिथि / Date of Birth

01/01/2005

Vijay Kushwaha

हस्ताक्षर / Signature

64088