

# Gupta

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **3236** Date 16/03/26  
Name Chandan Pandey  
Add. UP 57B Y 0422

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Tanki			5200/-	
②	mirror - (R)			240/-	
③	visor			1065/-	
④	Indicator - (R)			220/-	
⑤	Fender			1450/-	
⑥	Labor charge			600/-	
<b>TOTAL</b>				<b>9075/-</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.	Chandran Pandey 7880901865
2	Vehicle No. / वाहन संख्या	UP57BY0422
3	Policy No. / पालिसी संख्या	252100/31/2026/29519
4	Period of Insurance / बीमा अवधि	24/07/2025 to 23/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/03/2026, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Parshauri Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Diwalnar Pandey, UP5720 9838340244 100010670
8	Estimated Loss / अनुमानित हानि	9075/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे चाचा दिवानर माउस लैम्प खेत में जा रहे थे। तभी अचानक <del>सड़क</del> सड़क से <del>वहन</del> स्लूटी वाली ट्रक मार दिया तो वाहन मेरी वजह सड़क किरी से डमिल 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 Pachaura

Date / दिनांक : 16/03/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
Chandran Pandey.



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. 252400/31/2026/29519

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

Period of Insurance 24/07/2025 to 23/07/2026  
 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 : Chandan Pandey  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7880901865

2. THE INSURED VEHICLE

Make & Year <u>Hyundai/2025</u>	Engine No. <u>HA11F8SHF63730</u> Chassis No. <u>MBLHAW46TSHF57762</u>	Registration No. <u>UP57BY</u> <u>0422</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? : N/A  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Diwakar Pandey  
 (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 : UP2720100010670  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 11/11/2030  
 (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 : 13/03/2026, 3:00 P.M  
 (b) Place : Parshwanath khurd  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी गाड़ी में टा-टा लेकर जा रहे थे लम्बी राईड में  
 (e) If any third party was responsible for this accident give the name and address : राम रमेश लाली टाटा कार मार दिया ले गाड़ी मेरी ठीक करवाइ गिरने से डमेज हो

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side  
 (b) Estimated cost of repairs : 9075/-  
 (c) When and where can the damaged vehicle be inspected : Crypto automobiles Padawan

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 16/03/26 200

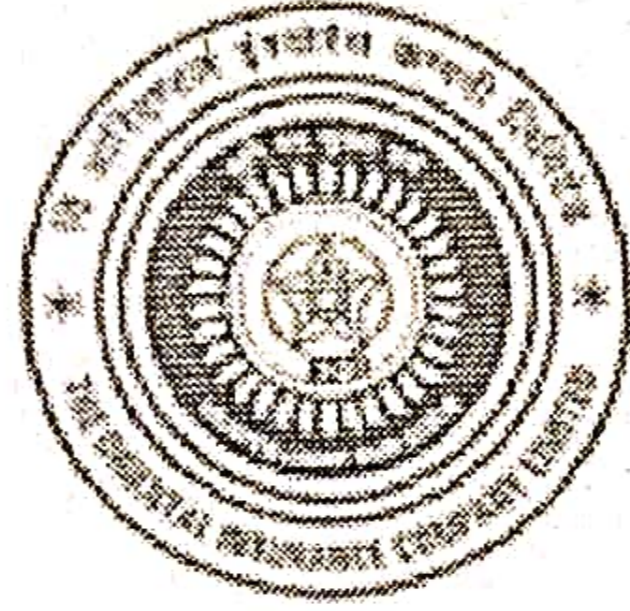
Signature of the insured Chandan Pandey

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. \_\_\_\_\_

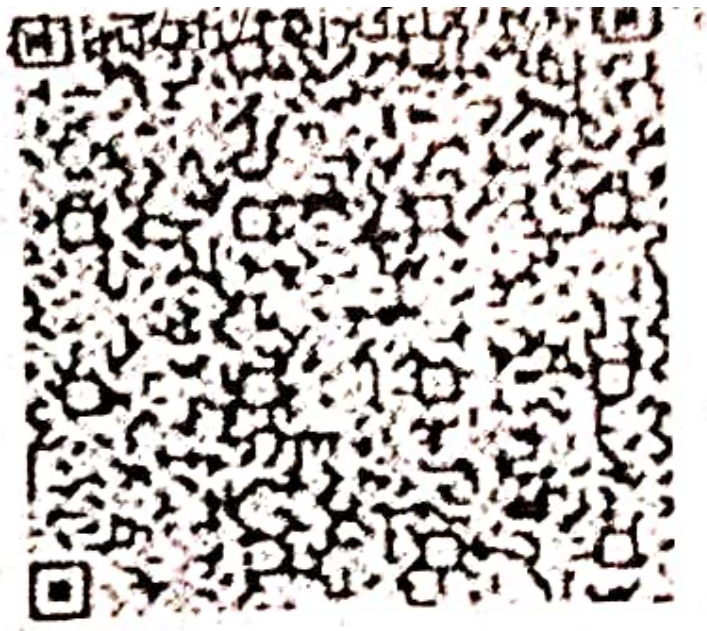
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature *Chandan Pandey*  
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 : UP57BY8422
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : CHANDAN PANDEY
Full Address: (Permanent) : VILL-SIARHA, POST -PARASAWANI, THANA -KASIYA, KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : VILL-SIARHA, POST -PARASAWANI, THANA -KASIYA, KUSHINAGAR-UTTAR PRADESH-274402
Fitness UpTo : 24-Jul-2040
Detailed Description : M-CYCLE/SCOOTER
Class of Vehicle : INDIVIDUAL
Ownership : HERO MOTOCORP LTD
Maker's Name : AA2132848495
Front HSRP No : SOLO WITH PILLION
Type of Body : 1
No of Cylinders : HA11F6SHF63738
Engine No : 8.17
Horse Power(BHP) : SPLENDOR+ XTEC (DRS)
Maker's Classification : 2
Seating Cap(in all) : 0
Sleepar Cap : 0
Colour : BLACK TORNADO GREY
Other Criteria :
Vehicle Purchase As : Fully Built
Registration Date : 25-Jul-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAKESH PANDEY
Owner Serial No : 1
Link Vehicle No Norms : BHARAT STAGE VI
Rear HSRP No : AA1043833463
Month/Year of Manuf. : 06/2025
Chassis No : MBLHAW464SHF57762
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
Standing Cap : 0
Unladen Wt (kgs) : 113
Laden/GV Wt (kgs) : 243
AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd. Weight(in kgs). Rows include Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 24-Jul-2025.

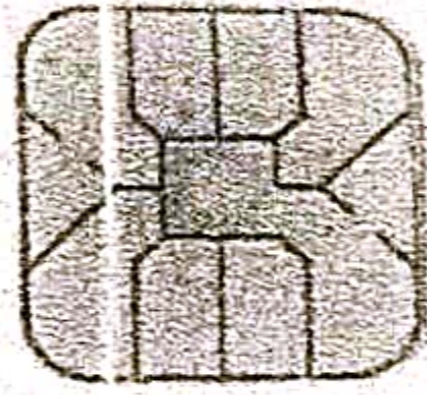
Purchase dt : 24-Jul-2025
OTT Date : 24-Jul-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 28-Jul-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
This certificate js valid from 25-Jul-2025 to 24-Jul-2040
Sale Amt : 83351/-
Amount/Rcpt No : 8336 / UP57D25070002779
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

Date : 30-Aug-2025 15:23:59
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 30-Aug-2025
A.P.T.O. (A)
Kushinagar C.P.T.

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20100010670



नाम / Name

**DIWAKAR PANDEY**

SRINARYAN PANDEY

पुत्र/पुत्री/पुत्री का नाम / Son/Daughter/Wife of

शरीर करने की तिथि  
Date of Issue

12/11/2010

वैधता की तिथि  
Date of Validity

(NT) 11/11/2030

जन्म तिथि  
Date of Birth

10/08/1984

रक्त समूह  
Blood Group

UNKNOWN



UP57 20100010670



LMV

12/11/2010



MCWG

12/11/2010

UP001899557



पता / Address

R/O- SIWRHA  
PARSUNI KHURD, KASIA  
KUSHINAGAR

Holder's Signature

*[Handwritten Signature]*  
Lko/0163

नाम / Issuing Authority  
KUSHINAGAR

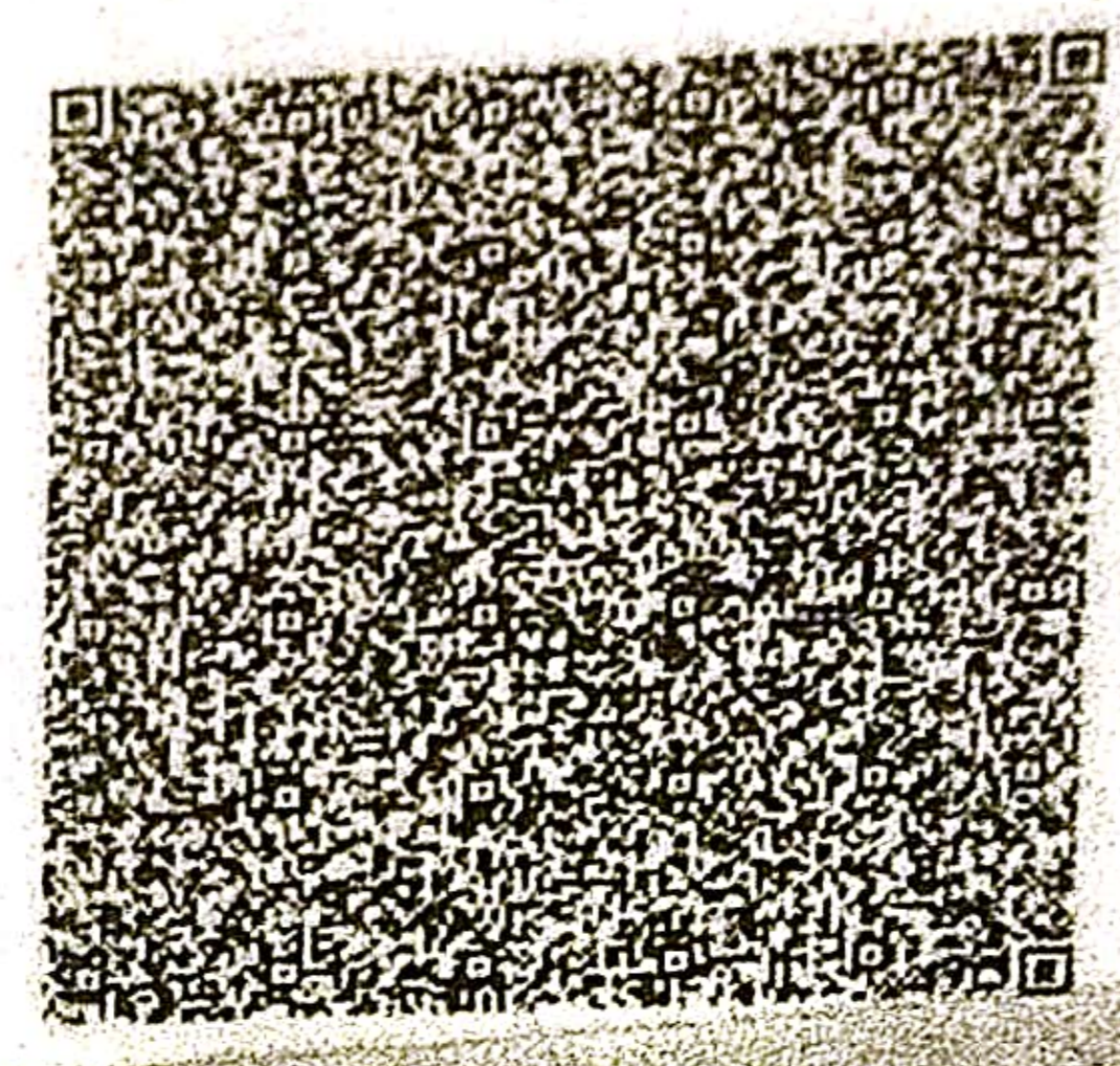


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पत्नी:  
S/O: राकेश पण्डेय, परसोनी खुर्द, सिआरहा,  
कशीनगर,  
उत्तर प्रदेश - 274402

Address:  
S/O: Rakesh Pandey, PARASAWANI  
KHUED, Siarha, Kushinagar,  
Uttar Pradesh - 274402



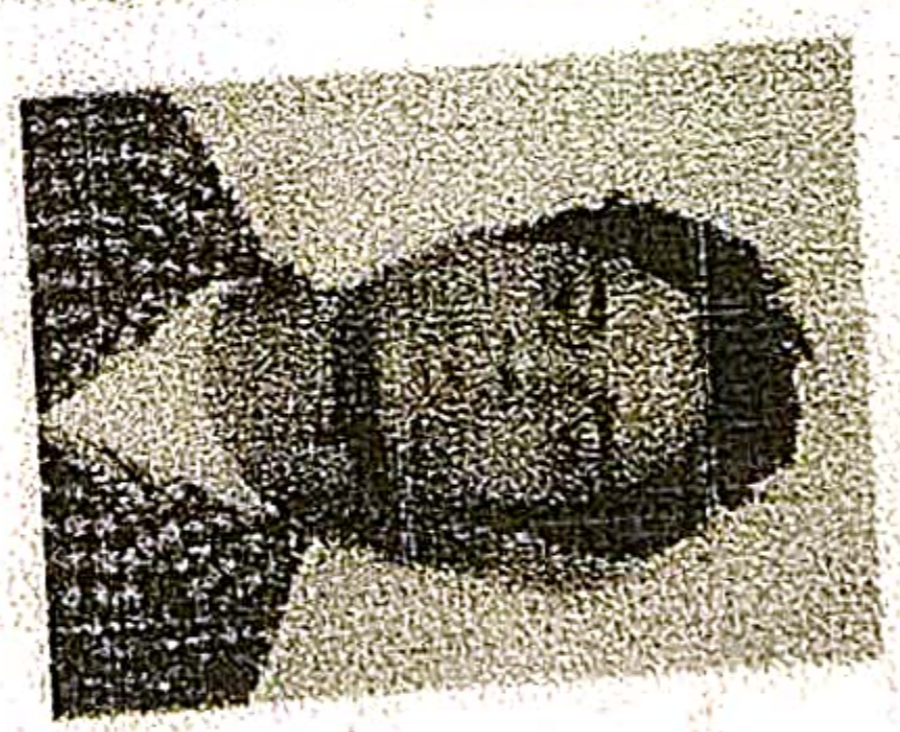
9420 6975 0097  
VID : 9134 0386 2720 9812

1947 | help@uidai.gov.in | www.uidai.gov.in

Download Date: 11/12/2019



भारत सरकार  
Government of India



चन्दन पण्डेय  
Chandan Pandey  
जन्म तिथि/DOB: 12/07/1998  
पुरुष/ MALE

9420 6975 0097  
VID : 9134 0386 2720 9812

भारी आधार, भारी पहचान

Issue Date: 08/06/2019

आयकर विभाग

INCOME TAX DEPARTMENT



सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA

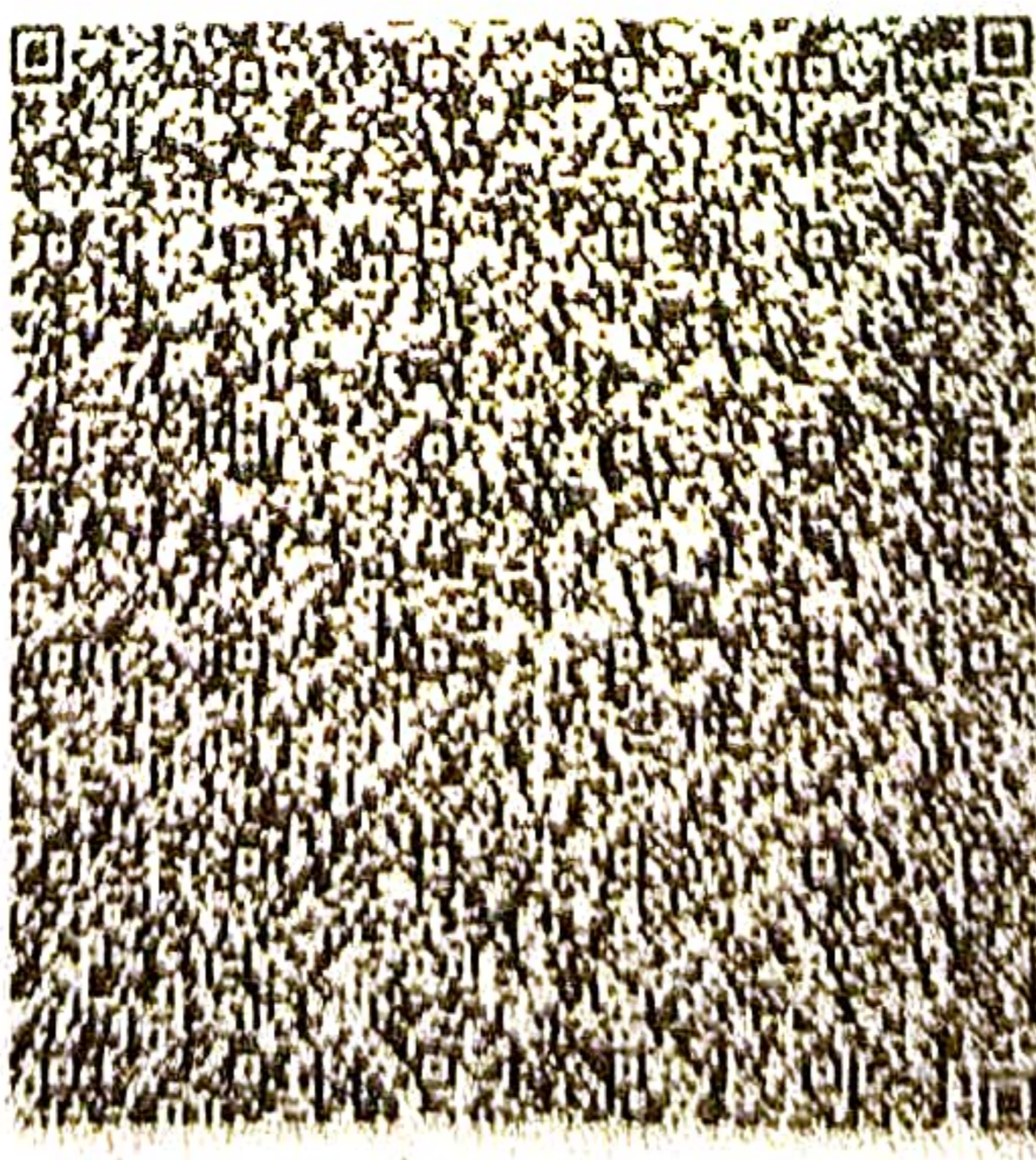


नाम / Name

CHANDAN PANDEY

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

GDFPP98250



पिता का नाम / Father's Name

RAKESH PANDEY

जन्म का तारीख / Date of Birth

12/07/1998

Chandan Pandey

स्थायी / Signature

48530