

# Gupta

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**

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

No. **3244**Date 17/03/20Name Sarmendra Kumar SharmaAdd. CP 57 Box 3845

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Front Vistors			1200	
	Fuel Tank			5600	
	Lever - R			100	
	FR. Winker - R			200	
	H/L			600	
	Panel Inner			350	
	Leg and			665	
	Handdle			450	
	Handdle T			950	
	Side Panel - R			1080	
	Front Wheel			4800	
	Muffler Cover			750	
	Tyre			1800	
	Fork pipe - (2)			2300	
	Front fender			1350	
	Ledger			800	
			<b>TOTAL</b>	<b>22,995/-</b>	

Authorised Signatory

12 Name of the Workshop, Address & Contact  
No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन  
नं.

Gupta &amp;

912519

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.	Sarmendra Kumar Sharma 6392376157
2	Vehicle No. / वाहन संख्या	LP57 BX 28 45
3	Policy No. / पालिसी संख्या	252400/31/2026/4414
4	Period of Insurance / बीमा अवधि	17/04/2025 - 16-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-03-2026. 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Sapata Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Beepal Sharma 6392376157
8	Estimated Loss / अनुमानित हानि	22,995/-
09.	Cause of Accident / दुर्घटना का कारण: मेरा भन्जा बाईक लेकर सपटा जा रहा था तभी एक बाईक वाले ने सामने से चक्कर मार दिया मेरी बाईक दाहिने साइड डिवाइडर पर गिरने से क्षतिग्रस्त 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.	Gupta Automobile padhana 9125197148

Sarmendra

Signature of Insured / बीमाधारक के

Date / दिनांक : 17-03-2026.  
हस्ताक्षर



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/ 4414

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

Period of Insurance 16-04-2026

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 : Sarmendra Kumar Sharma  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8392376157

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA116759C23674</u> Chassis No. <u>MBLHAW34859C02902</u>	Registration No. <u>UP57BX 9845</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? No  
 (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 : \_\_\_\_\_
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Deepak Sharma  
(b) Age : 40 year  
(c) Address : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(g) Driving Licence Number : UP 57 2024-0010087  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 09-01-2025  
(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 : 15-03-2026  
(b) Place : Sapata Road  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : Deepak driver ke car me 200 mt chalte hote hain aur  
(e) If any third party was responsible for this accident give the name and address : driver ke dila 1 truck me aur hua aur driver ke  
pedi par gir kar shikayat ho gaya

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fuel Tank, wheel, H/L, fender etc.  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padraam

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? : \_\_\_\_\_
- MIA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_

~~MIA~~

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. : \_\_\_\_\_

~~MIA~~

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 : \_\_\_\_\_

~~MIA~~

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 17/03/2006

Signature of the insured Sarmendra

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 ..... *Saomendra*  
Occupation .....  
Address .....  
.....  
.....

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Page No: 1

ISSUED BY THE ORIENTAL INSURANCE COMPANY LIMITED  
Date: 22-DEC-2025 10:59:21 IST  
Reason: Signing Policy for T&C

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIAR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	17-APR-25
Policy No	252400/31/2026/4414	Proposal No. & Date	R/252400/31/2026/2544 & 17-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:58 ON 17/04/2025 TO MIDNIGHT OF 16/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 14:58 ON 17/04/2025 TO MIDNIGHT OF 16/04/2030
Insured Name	SARMENDRA KUMAR SHARMA (GSTIN: 0)		
Insured Address	C/O MANAGER SHARMA, VILL-JANGAL LUATHAHA POST -GORARIYA, THANA -VISHANPURA KUSHINAGAR, KUSHINAGAR,,PADRAUNA ( KUSHINAGAR ), , NA,		Lead /BreakIn No / Insured State UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	80656
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine -Chassis No	HA11E7S9C23674 - MBLHAW348S9C02992	Total IDV	80656
Cubic Capacity	100	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location		Geographical Area	INDIA
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1351.8	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC)to driver (IMT-28)	0
Basic Premium	1270.8	Legal Liability to Employees (IMT-29)	NA
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Deductibles		Net Liability Premium (B)	4175
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	752
Anti- Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMPDUTY	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	1149	Krishti Kalyan Cess@0.50%	4927
Sub -Total Deductibles	1149	Gross Premium Paid	
Add-On Coverages		Note:	
NIL Depreciation	202	1. Policy Issuance is the subject to the realisation of cheque	
Return to Invoice	0	2. Consolidated Stamp Duty paid via Challan No	
Key Replacement	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Consumables	202	4. Voluntary excess Rs(0)	
Sub Total Add-on Coverages	324	5. Subject to Endorsements IMT,7,10,28,	
Net own Damage Premium(A)			
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4927
Financer Type	Financer Name	L&T Finance Limited	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			NA

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 17-APR-25

**IMPORTANT NOTICE**

The Insured 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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations as to use:** Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for : (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

g) Any Purpose in connection with motor trade.

**Driver's Clause:** Any person including the insured, 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

**No Claim Bonus:** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the. The preceding year 20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/45%, preceding five consecutive years/50% of NCB on the own damage section of the policy. The preceding year(s) may only be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

\* This insurance excludes all pre existing damages

Approved By : 659525SMD  
Approved On : 17-APR-25  
Place : MRT  
Printed On : 22-DEC-25

For and on behalf of  
The Oriental Insurance Company Limited  
General Manager  
Signature



भारत सरकार

Government of India

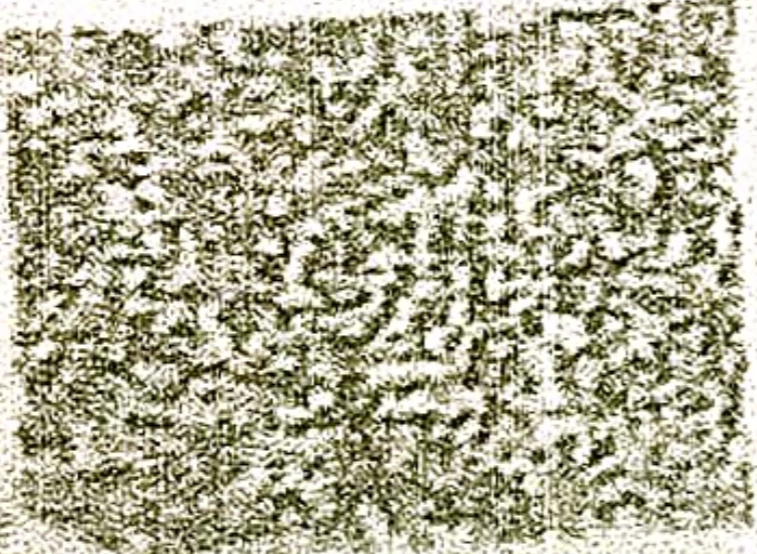


सर्धर कुमार शर्मा  
Sarmendra Kumar Sharma  
जन तिथि/DOB: 18/10/1991  
पुंश/MALE

6481 7166 6729

VID: 9196 5265 5481 4246

भारत सरकार, भारत प्रवेश



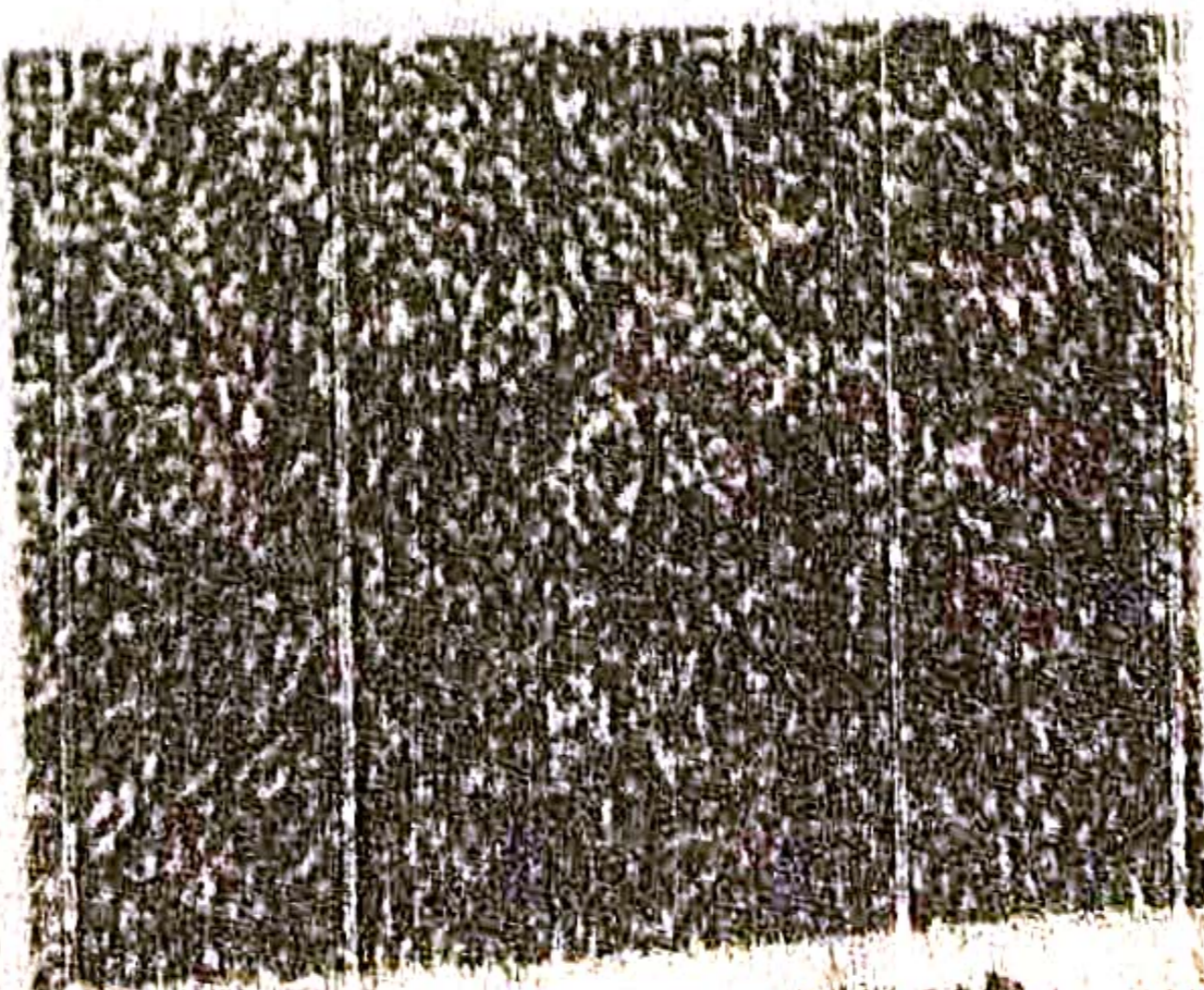
भारत सरकार  
Unique Identification Authority of India

पद: S/O सर्धर शर्मा, जंगल तुआहा, जंगल तुआहा, कुशीनगर,  
उत्तर प्रदेश - 274303

Address:  
S/O Manager Sharma, Jangal Luathaha,  
Jungle Luathaha, Kushinagar,  
Uttar Pradesh - 274303

6481 7166 6729

5265 5481 4246



312707 3127121

INCOME TAX DEPARTMENT

SARWENDRA

MAINEZAR

18/10/1991

PERMANENT ACCOUNT NUMBER

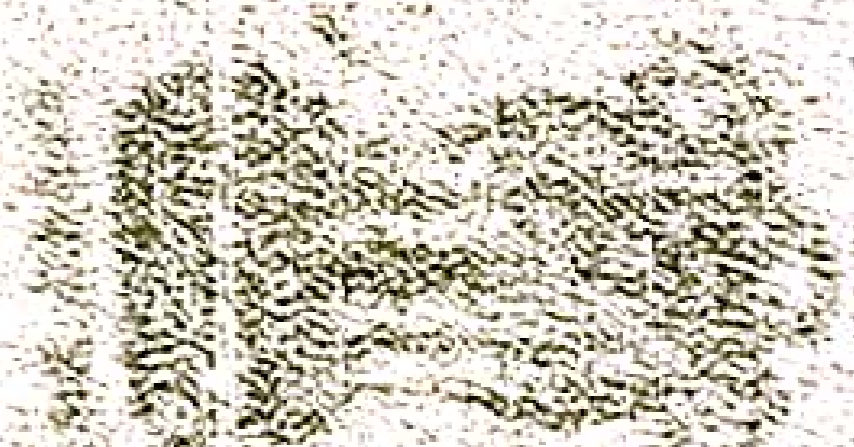
GEPPS3879G

Sarwendra

Signature

भारत सरकार

GOVT. OF INDIA





सत्यमेव जयते

# Indian Union Driving Licence Issued by Uttar Pradesh



**UP57 20240010087**



Issue Date: 07-06-2024  
Validity (NT): 08-01-2045



Holder's Signature

Name: **DEEPAK SHARMA**  
Date of Birth: **09-01-2005** Blood Group: \_\_\_\_\_  
Son/Daughter/Wife of: **DINESH SHARMA** Organ Donor: **N**  
Address: **SEKHWANIA BARIWA BAZAR KASYA KUSHINAGAR**  
**Uttar Pradesh 274402**

Date of First Issue: 07-06-2024

DL No: **UP57 20240010087**



Invalid Carriage (Regn Numbers)  
Hazardous Validity  
Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Issued By
MCWG	MCWG	UP57	07-06-2024	NT			
LNV	LNV	UP57	07-06-2024	NT			
MVSD							

Emergency Contact Number

*[Signature]*  
Licensing Authority  
**UP57 KUSHINAGAR**

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX3845 Registration Date : 17-Apr-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 : SARMENDRA KUMAR Son/wife/daughter of : MANAGER SHARMA  
 SHARMA  
 Full Address: (Permanent) : VILL-JANGAL LUATHAHA, POST-GORARIYA, THANA -VISHANPURA, KUSHINAGAR,  
 UTTAR PRADESH-274303  
 Full Address: (Temporary) : VILL-JANGAL LUATHAHA, POST-GORARIYA, THANA -VISHANPURA, KUSHINAGAR-  
 UTTAR PRADESH-274303  
 Fitness UpTo : 16-Apr-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 : AA1039725854 Rear HSRP No : AA2121566217  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
 No of Cylinders : 1 Chassis No : MBLHAW348S9C02992  
 Engine No : HA11E7S9C23674 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ TECHNO DISC Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243  
 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 L & T FINANCE LTD, GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 17-Apr-2025.

Purchase dt : 17-Apr-2025 Sale Amt : 84901/-  
 OTT Date : 17-Apr-2025 Amount/Rcpt No : 8491 / UP57D25040002610  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 01-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 17-Apr-2025 to 16-Apr-2040

Date : 22-May-2025 10:48:53  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 22-May-2025

Q 3392333