

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3245**Date 17/3/26Name Nathu RamAdd. UP57BW9692

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
①	Visor	—	—	1250/-	
②	Missor - ①	—	—	260/-	
③	Labour charge	—	—	400/-	
			TOTAL	1910/-	

Authorised Signatory

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

N/A

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.	Nathu Ram 9651349290
2	Vehicle No. / वाहन संख्या	UP57BLW9692
3	Policy No. / पालिसी संख्या	18/3/25 to 17/3/26
4	Period of Insurance / बीमा अवधि	252400/31/2025/95613
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/03/2026, 10.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Gobasahi chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nathu Ram, UP5720260001579
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण: अपनी कार लेकर वना कराने जा रहा था कार के सामने कुता आ गया उसी को बचाते हुये कार अचानक से साईड 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.	9125197148 Gupta automobile Padraam

Date / दिनांक : 17/3/26
हस्ताक्षर

नाथु राम
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. 252400/31/2025/95613

Tel. No. _____

Period of Insurance 18/3/25 to 17/3/26

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 : Nathu Ram
 (b) Address for correspondence : _____
 (c) Telephone : 9651349290

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAI1A1SHCO0023</u> Chassis No. <u>MBLHAW408SHCO0290</u>	Registration No. <u>UP57BW</u> <u>9692</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 : Nathuram
(b) Age :
(c) Address : Kushi Nagar
(d) Is the Driver :
1. Owner ✓ : owner
2. paid driver? :
3. Owner's relative or friend? :
(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 : UP572026 0001579
(h) Issuing Authority :
(i) Date of Expiry : 20/01/2036
(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 : 16/3/2026, 10:00 A.M.
(b) Place : Gobari chauraha
(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 : कुत्ते की बचाने के चक्कर में

6. DAMAGE TO INSURED VEHICLE

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

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? :
N/A

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 17/3/2026 200

Signature of the insured

गणेश

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 *Atyaji*
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 : UP57BW9692 **Registration Date** : 19-Mar-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 : NATHI IDAM **Son/daughter of** : HARWANCHI
Full Address: (Permanent) : VILL-PAKARIYAR, POST -PAKARIYAR BAZAR, THANA -NEBUA NAURANGIYA, KUSHINAGAR, UTTAR PRADESH-274305
Full Address: (Temporary) : VILL-PAKARIYAR, POST -PAKARIYAR BAZAR, THANA -NEBUA NAURANGIYA, KUSHINAGAR-UTTAR PRADESH-274305
Fitness Up To : 18-Mar-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 : AA1039712959 **Rear HSRP No** : AA2120690596
Type of Body : COLO WITH FILLION **Month Year of Manuf.** : 03/2025
No of Cylinders : 1 **Chassis No** : MBLHAW408SHC00290
Engine No : HA11F1SHC00023 **Fuel** : PETROL
Horse Power(BHP) : 7.91 **Cubic Capacity** : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 **Wheel base** : 1235
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 w.e.f. .

Purchase dt : 18-Mar-2025 **Sale Amt** : 84351/-
OTT Date : 18-Mar-2025 **Amount/Rcpt No** : 8436 / UP57D25030002604
Vehicle is Govt./ Pvt. : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED
Date of Approval : 08 Apr-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : **Previous RegNo** :
Old State : **Entry Date** :
Transfer Date : **Conversion Date** :

This certificate is valid from 19-Mar-2025 to 18-Mar-2040

Date : 10-May-2025 13:00:44
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

10-May-2025

Q 3353948

DL No : UP57 20260001579

DLUP00160651



Invalid Carriages (Regn. Numbers)*

Hazardous Validity* Hill Validity*

00-00-0000

00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	21-01-2026	NT			
	LMV	UP57	21-01-2026	NT		00-00-0000	
	MVSD						

Emergency Contact Number

Licensing Authority
Kushinagar

Form 7 Rule 16(2)

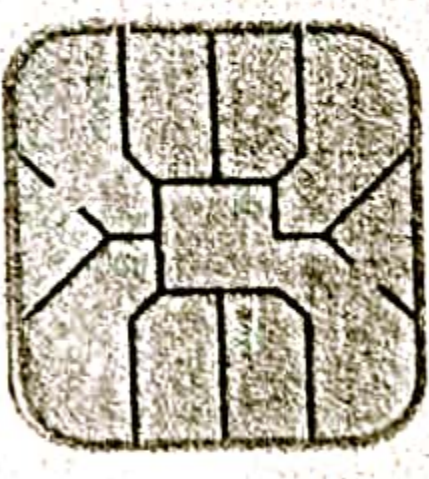


Indian Union Driving Licence
Issued by Government of **UTTAR PRADESH**

UP57 20260001579

Issue Date Validity(NT) Validity (TR)*

21-01-2026 20-01-2036 00-00-0000



Holder's Signature

Date of First Issue
21-01-2026

Name: **NATHURAM**

Date of Birth: 01-02-1980 Blood Group: **Organ Donor: N**

Son / Daughter / Wife of: **HARIVANSH**

Address:
Pakarayar Bazar Pakarayar Padrauna Kushinagar Uttar Pradesh 274305



भारत सरकार

Government of India



नाथुराम

Nathuram

जन्म तिथि / DOB : 01/02/1980

पुरुष / Male

9702 4379 8724



आधार - आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: S/O: हरिवंश, पकरियार,
पकरियार बाजार, कुशीनगर, उत्तर
प्रदेश, 274305

Address: S/O: Harivansh, Pakariyar,
Pakariyar Bazar, Kushinagar, Uttar
Pradesh, 274305

9702 4379 8724



1947
1800 300 1947



help@uidai.gov.in

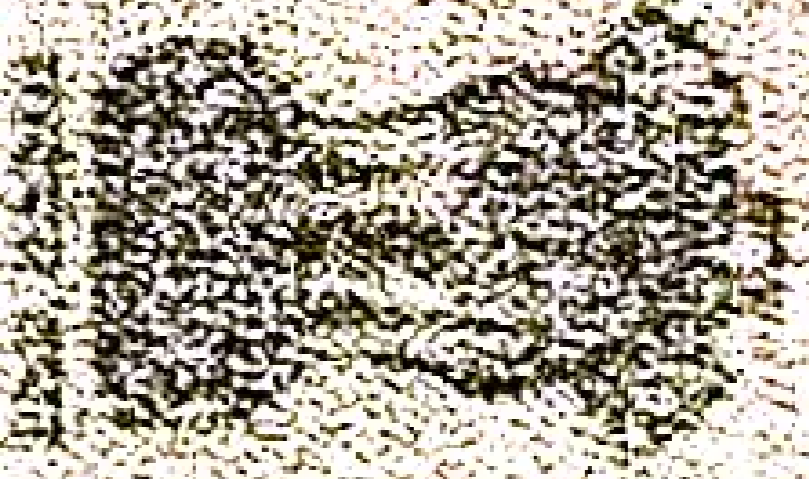
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आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी आय अकाउंट कार्ड

PERMANENT ACCOUNT NUMBER CARD

BCPPN9633J

नाम / Name

NATHURAM

पिता का नाम / Father's Name

HARIVANSH

जन्म का तिथि / Date of Birth

01/02/1980

(Handwritten signature)

Signature

