

# Gupta

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**



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

No. **3250**

Date 18-03-20

Name Mamta Devi

Add. LP 57 CA 3545

| S.NO. | PARTICULARS  | QTY. | RATE         | AMOUNT<br>Rs.  | P. |
|-------|--------------|------|--------------|----------------|----|
|       | muffler Assy | —    |              | 8700           |    |
|       | Chambers     | —    |              | 2700/-         |    |
|       | Labour       | —    |              | 800/-          |    |
|       |              |      | <b>TOTAL</b> | <b>12200/-</b> |    |

Authorised Signatory

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

Gupta

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./<br>बीमाधारक का नाम & मोबाइल नं.                          | Mamta Devi<br>9044508649   |
| 2   | Vehicle No. / वाहन संख्या  | LP57CA3545   |
| 3   | Policy No. / पालिसी संख्या   | 252400/31/2025 / 40 804  |
| 4   | Period of Insurance / बीमा अवधि  | 21-10-2025 — 20-10-2026  |
| 5   | Date of loss & Time / दुर्घटना का दिनांक &<br>समय  | 17.03-2026 — 5:00 P.M  |
| 6   | Place of Accident / दुर्घटना का स्थान  | Mansachhapur Road  |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं         | Hatun Mansumi<br>7408690526  |
| 8   | Estimated Loss / अनुमानित हानि   | 12200/-  |
| 09. | Cause of Accident / दुर्घटना का कारण :   | मेरे मोटोर्लै के ड्रेवर हफन मंसुमी व्हूरी<br>लेके गये थे कि वास्तु में भागे जा रहे गाडी वाले ने अचानक ब्रेक लगाया<br>जिसे उधने ब्रेक लगावे तो पिछे से एक तेज कारक वाला मेरे व्हूरी के<br>silencer पर धक्का मार दिया जिसे व्हूरी क्षतिग्रस्त हो गयी और silencer डैमज<br>हो गयी. |
| 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<br>No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन<br>नं. | Gupta Automobile padrauna<br>9125191148  |

Date / दिनांक : 18 / 03 / 2026  
हस्ताक्षर

ममता देवी  
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. 252400/31/2025/48804

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

Period of Insurance 20-10-2026

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 : Mamta Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 90 44 50 36 49

2. THE INSURED VEHICLE

|                            |   |  |
|----------------------------|---|--|
| Make & Year<br><u>2015</u> | Engine No.<br>Chassis No.<br><u>JF1704SGH059 60</u><br><u>MBLTFN439SGH 059</u><br><u>63</u> | Registration No.<br><u>UP57CA 3545</u> |
|----------------------------|---|--|

(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 : \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Harun Mansuri  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 ✓ 3. Owner's relative or friend? : Friends  
 (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 : UP5720110000035  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : \_\_\_\_\_  
 (j) Was the licence temporary/permanent : 02-01-2031  
 (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 : 17-03-2026 5:00 P.M  
 (b) Place : Mamachhapar Road  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी मोटार के ड्राइव करते वक़्त बाईपास की ओर मुड़ना मना था  
 (e) If any third party was responsible for this accident give the name and address : जो-रहे वक़्त की वक़्त बायपास के बायपास जितने-हीन की

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : mirrors, chamber.  
 (b) Estimated cost of repairs : 12200/-  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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 19/03 20026

Signature of the insured *ममता देवी*

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/-

*[Handwritten signature]*

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

Signature .....  
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 : UP57CA3545 Registration Date : 27-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 : MAMTA DEVI Son/wife/daughter of : VINOD PRASAD  
 Full Address: (Permanent) : VILL- KURMAUL URF SOHANPUR, POST- NAHAR CHHAPRA. . KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL- KURMAUL URF SOHANPUR, POST- NAHAR CHHAPRA. . KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 26-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 : AA2140319295 Rear HSRP No : AA2138242467  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025  
 No of Cylinders : 1 Chassis No : MBLJFN439SGH05963  
 Engine No : JF17EYSGH05960 Fuel : PETROL  
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60  
 Maker's Classification : DESTINI PRIME Wheel base : 1245  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 115  
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245  
 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 SHRIRAM FINANCE LIMITED GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 21-Oct-2025.

Purchase dt : 21-Oct-2025 Sale Amt : 72248/-  
 OTT Date : 21-Oct-2025 Amount/Rcpt No : 7225 / UP57D25100000340  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 02-Dec-2025

#### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-Oct-2025 to 26-Oct-2040

Date : 09-Dec-2025 18:01:32

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 09 Dec-2025

Q 5738770



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

|   |   |                            |  |
|---|---|----------------------------|--|
| DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, B1214063570, (GSTIN: 09AAACT0627RAZU) |   |                            |  |
| Policy Type   | BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)   | Policy Issued On           | 21-OCT-25  |
| Policy No   | 25240031202643804   | Proposal No. & Date        | R.2524003120261060919435 & 21-OCT-2025             |
| Agent/Broker Code   | BA0000135144  | Policy Period (OWN DAMAGE) | FROM 13:44 ON 21/10/2025 TO MIDNIGHT OF 20/10/2026 |
| Agent/Broker Name   | ABHINAV BHATI   | Policy Period (LIABILITY)  | FROM 13:44 ON 21/10/2025 TO MIDNIGHT OF 20/10/2026 |
| Insured Name  | MAMTA DEVI (GSTIN: )  | Lead / Breakin No          |  |
| Insured Address   | C/O VINOD PRASAD, R O VILL-KURMAUL URF SOHANPUR, POST-NAILAR CHHAPRA KUSHINAGAR, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), N.A.0 | Insured State              | UTTAR PRADESH                                      |

| INSURED MOTOR VEHICLE DETAILS |                                    | INSURED DECLARED VALUE (IDV) (in Rs.) |                        |
|-------------------------------|------------------------------------|---------------------------------------|------------------------|
| Make                          | HERO MOTOR CORP                    | Vehicle                               | 68636                  |
| Model & Variant               | HERO DESTINI 125 PRIME             | Electrical Accessories                | 0                      |
| Registration No               | NEW                                | Non Electrical Accessories            | 0                      |
| Year Of Manufacture           | 2025                               | Total IDV                             | 68636                  |
| Engine -Chassis No            | JF17EYSGH05960 - MBLJFN439SGH05963 | TMF CONTRACT NO                       |                        |
| Cubic Capacity                | 125                                | Policy Type                           | Zone B - Rest of India |
| Seating Capacity              | 1 + 1                              | Geographical Area                     |                        |
| Type Of Body                  | SOLO                               | Type Of Fuel                          | PETROL                 |
| RTU Location                  |                                    |                                       |                        |

| Schedule Of Premium (Amount in Rs.)           |         |   |      |
|---|---------|---|------|
| OWN DAMAGE SECTION(A)                         |         | LIABILITY SECTION (B)                         |      |
| Vehicle                                       | 1150.34 |   | 3851 |
| Elec Accessories                              | 0       | Compulsory PA Cover Premium                   | 0    |
| Non-Elec Accessories                          | 0       | PA Cover for 0 Person Of Rs (0) each (IMT-16) | 0    |
| Basic Premium                                 | 172.34  | Legal Liability (WC) to driver (IMT-28)       | 0    |
| Geographical Area Extra (IMT-1)               | 0       | Legal Liability to Employees (IMT-29)         | 0    |
| Driving Tuition Loading On OD Premium (60%)   | 0       | Legal Liability to Passenger (IMT-46)         | NA   |
| Sub-Total Additions                           | 0       | Driving Tuition Loading On TP Premium (60%)   | 0    |
|   |         | PA Paid Driver, Conductor, Cleaner-GR36B3     | 0    |
|   |         | Net Liability Premium (B)                     | 3851 |
| Voluntary Deductibles (IMT 22A)               | 0       | Total Premium (A+B)                           | 4747 |
| Anti-Theft Device (IMT-18)                    | 0       | GST   | 724  |
| AAI Membership (IMT-5)                        | 0       | SERVICE TAX                                   | 0    |
| No Claim Bonus                                | 0       | STAMP DUTY                                    | 0.00 |
| Discount for vehicle designed for handicapped | 0       | Swachh Bharat Cess@ 0.50%                     | 0    |
| SIP Discount                                  | 0       | Krishi Kalyan Cess@ 0.50%                     | 0    |
| Sub-Total Deductibles                         | 0       | Gross Premium Paid                            | 4747 |
|   |         |   |      |
| Add-On Coverages                              |         |   |      |
| NIL Depreciation                              | 0       |   |      |
| Return to Invoice                             | 0       |   |      |
| Key Replacement                               | 0       |   |      |
| Consumables                                   | 0       |   |      |
| Sub Total Add-on Coverages                    | 0       |   |      |
| Net own Damage Premium(A)                     | 172     |   |      |

|                    |                          |                            |           |
|--------------------|--------------------------|----------------------------|-----------|
| Yassinse Details : | Naming Name              | Age                        | Relation  |
| Payment Details :  | Payment Method           | Cheque No./Transaction No. | Bank Name |
|                    |                          |                            | Amount    |
|                    |                          |                            | 4747      |
| Financer Name      | SHIRIRAM FINANCE LIMITED | Financer Branch            | GORAKHPUR |
| POS Name           | NA                       | POS ID                     | NA        |
|                    |                          | POS PAN NO/Aadhar No       | NA        |

In the event of a claim under the policy exceeding Rs. 1000 or a claim for refund of premium exceeding Rs.1000, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available on all our operating Offices as well as company's website.

The insurance under this 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](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (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.

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 hereon set his/her hands at 252400 on 21-OCT-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 provisions of the Motor Vehicle Act, 1988, shall not constitute an admission of liability on the part of the company.

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) Race Making (5) Speed testing (6) Stunt driving (7) Use for purposes in violation of law.

Driver's License: 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 a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability: Clause A under section II-1 (1) of the policy. Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (1) of the policy. Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS 0.

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 four consecutive years 45% preceding five consecutive years 50% and NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify that 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.

Approved By : VAI/252400  
Approved On : 21-OCT-25  
Place : NRI  
Printed On : 05-NOV-25

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





भारत सरकार  
Government of India

भारत देश  
Manila Devi  
जन्म तिथि / DOB : 01/01/1988  
लिंग / GENDER : FEMALE

9932 2822 2241

भारत सरकार  
भारत सरकार



भारत सरकार  
Unique Identification Authority of India

वर्ग: विशेष सहायता  
UID : विनोद प्रसाद, कुशीनगर, उत्तर प्रदेश - 274304  
कुशीनगर, उत्तर प्रदेश - 274304

Address:  
Kummaul Urf  
W/O: Vinod Prasad, . . .  
Sohampur, Kushinagar, Uttar Pradesh -  
274304

9932 2822 2241

1947 | [help.uidai.gov.in](http://help.uidai.gov.in)





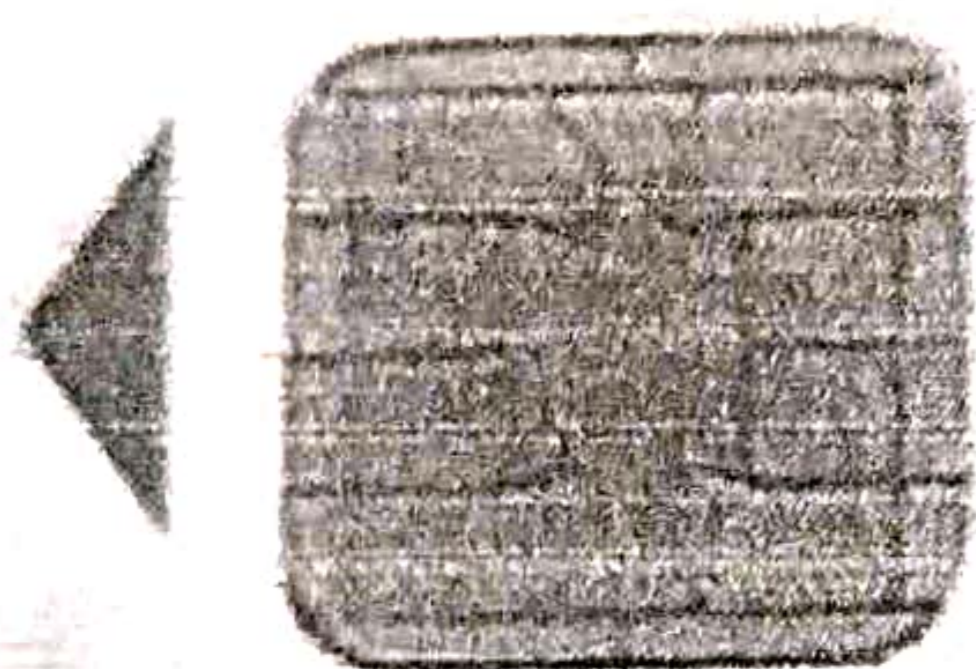
Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP57 20110000035



Issue Date 08-07-2022    Validity (NT) 02-01-2031    Validity (TR)\* 07-07-2027



Holder's Signature

Name: HARUN MANSURI  
Date of Birth: 15-01-1990    Blood Group:    Organ Donor: N  
Son/Daughter/Wife of: ALI MANSURI

Address:  
KURMAUL URF SOHANPUR NAHAR CHHAPRA  
PADRAUNA, KUSHINAGAR 274304

DL No: UP57 20110000035



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 |
|------------------|-------|-----------|---------------|------------------|---------------|--------------------|--------------|
| MCWG             | MCWG  | UP57      | 03-01-2011    | NT               |               |                    |              |
| LMV              | LMV   | UP57      | 03-01-2011    | NT               |               |                    |              |
| TRANS            | TRANS | UP57      | 05-05-2012    | TR               |               |                    |              |
| MVSD             |       |           |               |                  |               |                    |              |

Emergency Contact Number

Licensing Au  
UP57 KUSHINAG