

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3249**

Date 18/3/26

Name Aishwary kumar shah

Add. UP57BX9444

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs. P.
	w/s			380/-
	HIL			3600/-
	C-some			180/-
	Visors - (RH + LH)			700/-
	Handle			490/-
	Handle T			980/-
	Fender			1015/-
	Grip - (R)			480/-
	Indicators - (R)			170/-
	ohmew Penal			450/-
	labour charge			800/-
			TOTAL	9245/-

Authorised Signatory

12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	912519
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Gupta auto

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.	Shah Aishwary Kumari 9336963787
2	Vehicle No. / वाहन संख्या	UP57BX9444
3	Policy No. / पालिसी संख्या	252400/31/2026/4005
4	Period of Insurance / बीमा अवधि	18/04/2025 to 17/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/3/2026, 02:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Chhawan, Panchsrama,
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720220008478 9120750865, Avinash Singh
8	Estimated Loss / अनुमानित हानि	अवनीश 9245/-
9	Cause of Accident / दुर्घटना का कारण:	मेरे दोस्त अवनीश सिंह पडरौना के घर की तरफ जा रहे थे तभी एक बड़ी कार ने सामने से खकल मार दिया मेरी बहन को कार के सामने ही 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 Panchsrama.

Date / दिनांक : 18/3/2026
हस्ताक्षर

Aishwary Kumari Shah
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. 252400/31/2026/4805

Tel. No. _____

Period of Insurance 18/4/25 to 17/4/26
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 : Aishwary Kumar Sheh
(b) Address for correspondence : _____
(c) Telephone : 9336963787

2. THE INSURED VEHICLE

Make & Year <u>Heslo/2025</u>	Engine No. <u>JA07AFS9B02397</u> Chassis No. <u>MBLJAW37489B00505</u>	Registration No. <u>UP57BX</u> <u>9444</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 : Avinash Singh
(b) Age : _____
(c) Address : Kushinagan
(d) Is the Driver
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : 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 : UP5720220008478
(h) Issuing Authority : _____
(i) Date of Expiry : 10/9/2023
(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 : 17/3/2026, 2:00 P.M.
(b) Place : Chhawan Pachwama
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बाईक वाले ने सामने से थककर
(e) If any third party was responsible for this accident give the name and address : मार किया जिससे बाईक काये सार्वरु गिरने से डेमेज हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
(b) Estimated cost of repairs : 9245/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Pachwama

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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

~~N/A~~

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 Police 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 18/3/26 200 :

Signature of the insured Ashwary Kumar Shah

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 Aishwary Kumar Shukla
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 : UP57BX9444 Registration Date : 18-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 : AISHWARY KUMAR SHAH Son/wife/daughter of : SURYA PRAKASH SHAH
 Full Address: (Permanent) : WARD NO 3 TULSI NAGAR NAUKA TOLA, RAMKOLA ROAD, PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : WARD NO 3 TULSI NAGAR NAUKA TOLA, RAMKOLA ROAD, PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Fitness UpTo : 17-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 : AA2124518628 Rear HSRP No : AA2124902240
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLJAW374S9B00505
 Engine No : JA07AFS9B02397 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : GLAMOUR XTEC DR Wheel base : 1273
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : GREY BLUE STRIPE Laden/GV Wt (kgs) : 252
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than the above (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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 18-Apr-2025.

Purchase dt : 18-Apr-2025 Sale Amt : 90198/-
 OTT Date : 18-Apr-2025 Amount/Rcpt No : 9020 / UP57D25040002781
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-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 18-Apr-2025 to 17-Apr-2040

Date : 12-May-2025 14:13:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 12-May-2025

Q 3351801



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area, INSURED MOTOR VEHICLE DETAILS, INSURED DECLARED VALUE (IDV) (In Rs.).

Schedule Of Premium (Amount in Rs.)

Table with 4 columns: OWN DAMAGE SECTION(A), Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub-Total Add-on Coverages, Net own Damage Premium(A), LIABILITY SECTION (B), Basic Third Party Liability, Compulsary PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-16), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess @ 0.50%, Krishi Kalyan Cess @ 0.50%, Gross Premium Paid.

- Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT,7,10,28.

Table with 4 columns: Nominee Name, Age, Relation, Amount, Payment Method, Cheque No./Transaction No., Bank Name, Financer Name, Financer Branch, POS PAN NO/Aadhar No, POS ID.

In the event of a claim under the policy exceeding Rs 1Lac or a claim for refund of premium exceeding Rs 1Lac, 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.

Warranted that in case of dishonour of premium cheques 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.

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.

By witness & behalf of the undersigned being authorised by and on behalf of the company has hereon set his/their hands at 252400 on 18-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 a wider terms appearing in the certificate in order to comply with the MVA 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) Commercial racing, (4) Pace Making (5) Speed testing (6) Reliability trials

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 license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

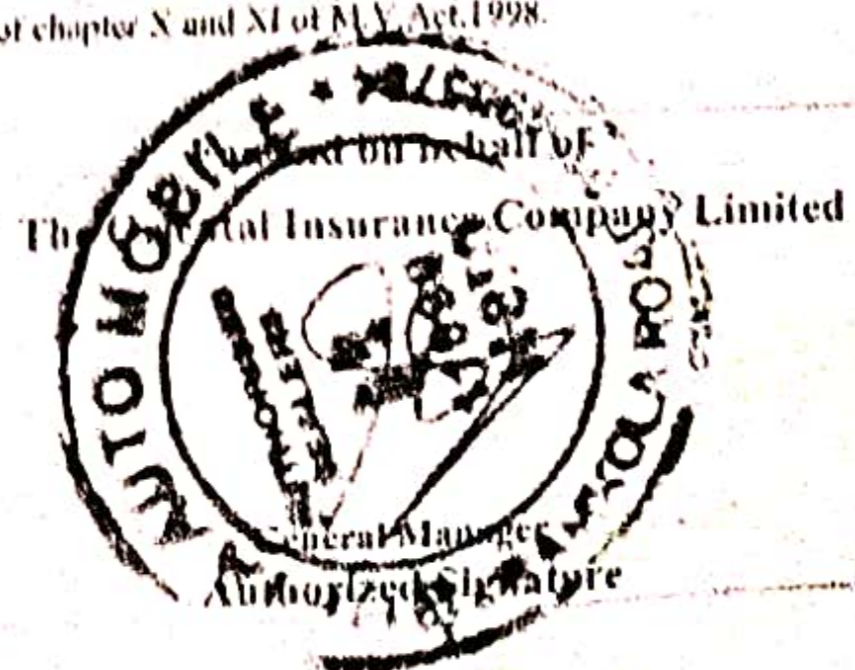
Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (i) of the policy - Damage to third party property as per 7.5 lakhs P.A cover under section III for owner-Driver is Rs

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/35%, preceding three consecutive years/45%, preceding five consecutive years/50% of 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 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

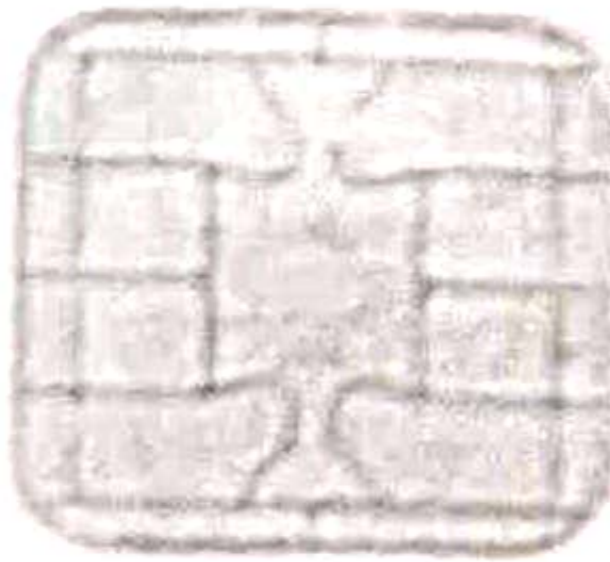
Approved By : 5962218MD
Approved On : 18-APR-25
Place : MUM
Printed On : 20-DEC-25





Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20220008478



Issue Date: 18-07-2022
Validity (NT): 18-09-2023
Validity (TR):



(18-07-2022)

Date of first issue

Name: AVNASH SINGH
Date of Birth: 19-09-1993 Blood Group: Organ Donor: N
Son/Daughter/Wife of: GAJENDRA SINGH
Address: VILL- SEWAK CHHAPRA POST- PADRAUNA PS
PADRAUNA PADRAUNA, KUSHINAGAR, UP 274304

Licentiate's Signature

DL No: UP57 20220008478

UPDL 20220008478 18-07-2022



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	18-07-2022	NT			
	LMV	UP57	18-07-2022	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHNAGAR

Form 7 (Rule 16C)



भारत सरकार
Government of India



Aadhaar no. issued: 23/10/2013



ऐश्वर्य कुमार शाह

Aishwary Kumar Shah

जन्म तिथि/DOB: 06/01/2004

पुरुष/ MALE

8020 7398 2094

मेरा आधार, मेरी पहचान



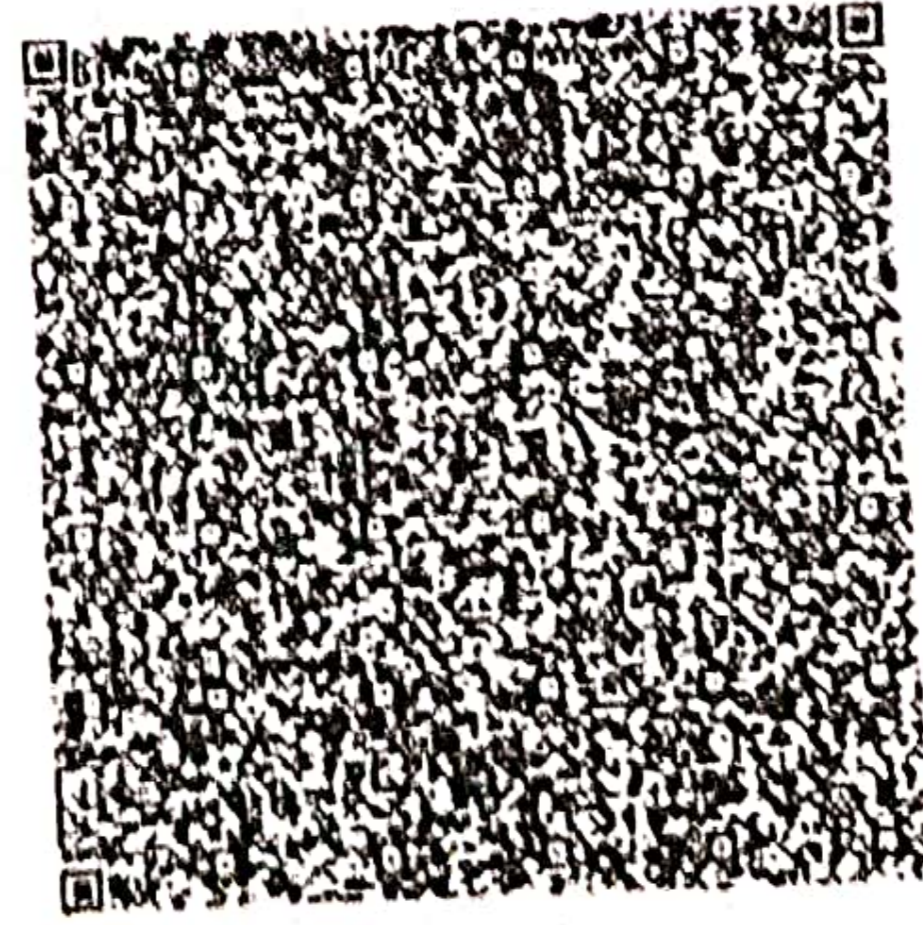
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O: सुर्य प्रकाश शाह, रामकोला रोड, नौका टोला, तुलसी नगर,
वार्ड 3, पडरौना, पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Surya Prakash Shah, RAMKOLA ROAD,
NAUKA TOLA, TULSI NAGAR, WARD 3,
Padrauna, PO: Padrauna, DIST: Kushinagar,
Uttar Pradesh - 274304

Details as on: 03/12/2025



8020 7398 2094

VID : 9162 7390 6108 8364

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

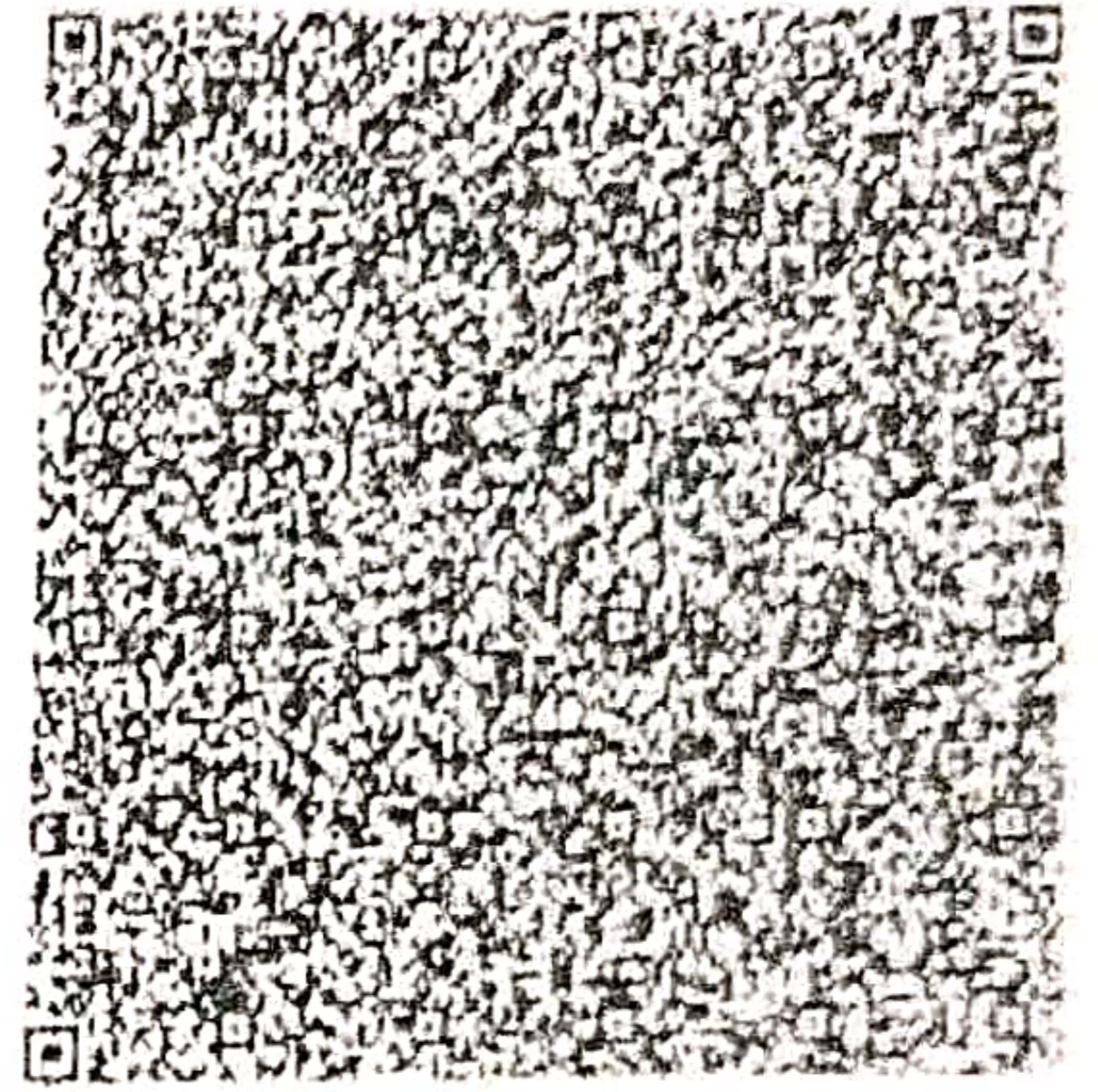


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MJIPS3303P



नाम / Name
AISHWARY KUMAR SHAH

पिता का नाम / Father's Name
SURYA PRAKASH SHAH

21082024

जन्म की तारीख /
Date of Birth
06/01/2004

Aishwary Kumar Shah
हस्ताक्षर / Signature