

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3256**Date 19-03-20

Name

SARATAS

Add.

UP 57 BY 8092

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Vishes			1200	
	H/L			500	
	H/L stay both			250	
	Panel Inng			350	
	LED			1100	
	FR Winkes (R)			250	
	Fork pipe (2)			2300	
	Handle			500	
	Legard			675	
	Handle - T			1065	
	Front fender			1450	
	Front wheel			4800	
	mirror (R)			250	
	Levs (R)			100	
	labour charge.			1200	
	Fuel Tank.			6800	
				/	
			TOTAL	22,790/-	

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.	8756789714 Saratraj
2	Vehicle No. / वाहन संख्या	CP57BY6092
3	Policy No. / पालिसी संख्या	252400/31/2026/25628
4	Period of Insurance / बीमा अवधि	01-07-2025 - 30-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-03-2026 6:00 P.M
6	Place of Accident / दुर्घटना का स्थान	चकचिंतामण्डी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Imran Ahmad 8756789714
8	Estimated Loss / अनुमानित हानि	22,790
09.	Cause of Accident / दुर्घटना का कारण :	मैंरा गाड़ी मैंरा खाटू के लड़के इमरान अहमद किसी काम से जा रहे थे ती खाटू में खाटू पर सामने अचानक एक कारक आ गया जिससे धामने सामने टक्कर ले गयी और कारक दायां (Right) तरफ गिर कर क्षतिग्रस्त हो गया और मैंरे खाटू के लड़का बच गया
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 palwara 9125197148

सरताज

Date / दिनांक : 19-03-2026
हस्ताक्षर

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. 252400/31/2026/25628

Tel. No. _____

Period of Insurance 30-06-2026

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 : Sarataj
 (b) Address for correspondence : _____
 (c) Telephone : 8756789714

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HAIIF654F06292</u> Chassis No. <u>MBLHAW46754F02990</u>	Registration No. <u>UP57BT6092</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 : IMRAN AHMAD

(b) Age : _____

(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 : UP5720220010310

(h) Issuing Authority : _____

(i) Date of Expiry : 25-06-2003

(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 : 15-03-2006 6:00 P.M

(b) Place : बाक घाटा मन्डि

(c) Speed of vehicle at the time of accident : _____

(d) Give a short description of the accident : दाइने से बाईस पर मोड़ते वहां सामने से एक कारक वाला

(e) If any third party was responsible for this accident give the name and address : उक्त मार किया और चार्ज दायों तक गिर कर इंजन हो गया
जो मेरे बाइक को लफका
बाइक लेके गया था

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : विश्व. मील, एड. Handled, Handled - 7. word, Tank etc

(b) Estimated cost of repairs : _____

(c) When and where can the damaged vehicle be inspected : Gupta Automobile parwana

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 : MIA

(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? : _____
(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 Police 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 19-03-2002

Signature of the insured सरतज

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/-

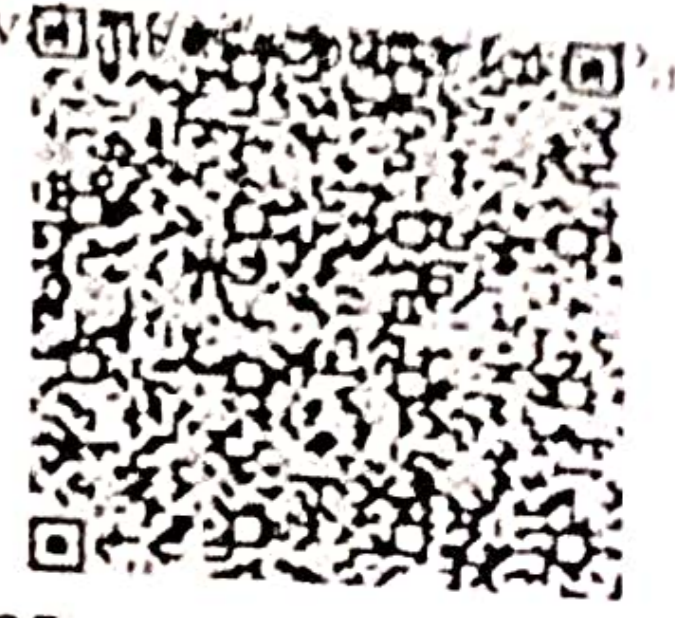
Witness
Name
Signature
Address

Signature *ARNAJ*
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 : UP57BY6092
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 02-Jul-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . , 189-274304
Purpose For Printing RC : NEW
Owner Name : SARATAJ
Son/wife/daughter of : NIJAMUDDIN
Full Address: (Permanent) : VILL-MATHIA ALAM, POST-KHAJURI BAZAR, THANA-NEBUA-NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
Full Address: (Temporary) : VILL-MATHIA ALAM, POST-KHAJURI BAZAR, THANA-NEBUA-NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305
Fitness UpTo : 01-Jul-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
Rear HSRP No : AA2131526664
Front HSRP No : AA2132809397
Month/Year of Manuf. : 06/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW467S4F02990
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11F6S4F06292
Cubic Capacity : 97.20
Horse Power(BHP) : 8.17
Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC (DRS)
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 113
Sleepar Cap : 0
Laden/GV Wt (kgs) : 243
Colour : BLACK TORNADO GREY
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

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 a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of IDF FIRST BANK LTD, PADRAUNA, . . , Kushinagar, Uttar Pradesh-274304 w.e.f. 02-Jul-2025.

Purchase dt : 01-Jul-2025 Sale Amt : 83351/-
OTT Date : 01-Jul-2025 Amount/Rcpt No : 8336 / UP57D25070000173
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 04-Jul-2025

Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 02-Jul-2025 to 01-Jul-2040

Signature of Registering Authority
Date : 26-Jul-2025

Q 4475562



भारत सरकार

Government of India



भारता

Saralaj

जन्म तिथि / DOB : 01/01/1991

पुरुष / Male

7704 4968 5495



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान अधिकार

Unique Identification Authority of India

पता:

आत्मज : निजामुद्दीन, मठिया आलम
बिरजहाई टोला, मठिया आलम,
कशीनगर, खजुरी बाजार, उत्तर प्रदेश,
274305

Address:

S/O: Nijamuddin, mathia alam
birjai tola, Mathia Alam,
Kushinagar, Khajuri Bazar, Uttar
Pradesh, 274305

7704 4968 5495

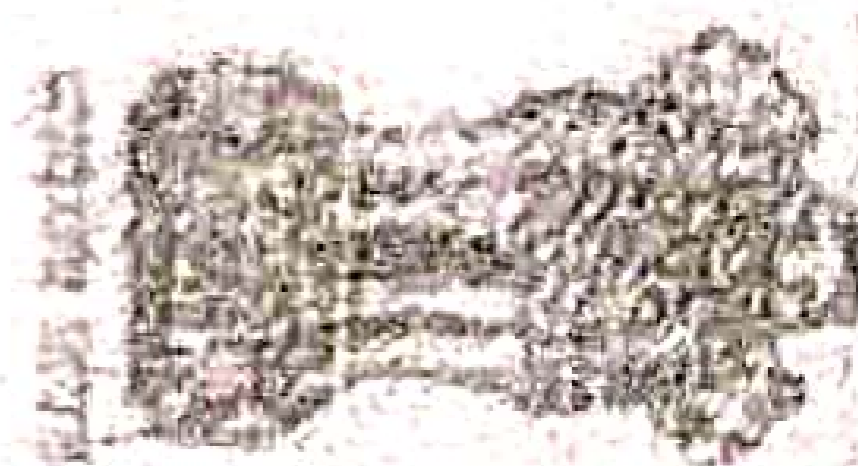
1947
1800 300 1947

help@uidai.gov.in

WWW.UIDAI.GOV.IN

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



नाम / Name
SARATAJ

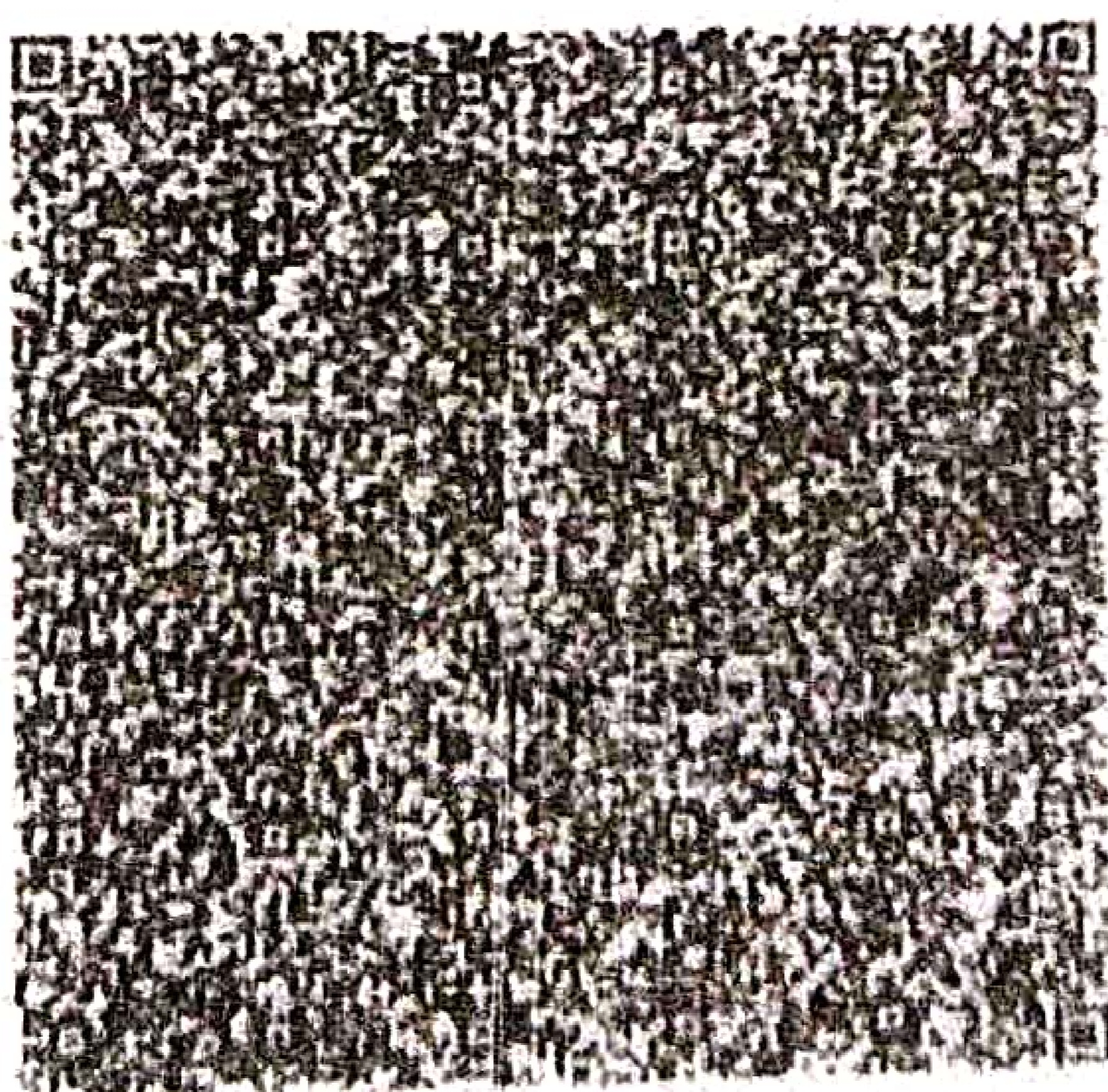
स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

RREPS0765L

पिता का नाम / Father's Name
NIJAMUDDIN

04092023



जन्म की तिथि /
Date of Birth

01/01/1991

२१/११/१९

हस्ताक्षर / Signature

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20220014310

Issue Date: 01-11-2022 Validity (NT): 24-06-2043
 Validity (TR):



Name: **IMRAN AHMAD**
 Date of Birth: **25-06-2003** Blood Group:
 Son/Daughter/Wife of: **KADIM ALI**
 Address:
 Holder's Signature

UP BAZAR POST, PAKHRIAN
 AMBIHANGIYA

Date of First Issue

DL No: **UP57 20220014310**

UPDL 000003013754



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
Car	M/CNS	UP57	01-11-2022	NT			
Light Motor Vehicle	LAV	UP57	01-11-2022	NT			
MVSD							

Emergency Contact Number

Licensing Authority