

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **3262**Date 23-03-26Name Firoz AlamAdd. CP 57 BX 2215

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Tail light			550	
	Seat Cover - R+L			1400	
	Centre			350	
	Rear Pendar			1050	
	Crip			1200	
	RR. Indicator L+R			500	
	FR. Indicator - R			250	
	Levers - R			250	
	Trolli			975	
	Handdle			500	
	Legend			675	
	Rear Rim			4800	
	Visor			1250	
	M/L			500	
	Labour charge			1500	
	Swingarm	1000	TOTAL		
	chassis repair	2500			

Authorised Signatory

Total Amount = 19,250/-

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

Gupta

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....

Sir / महोदय,

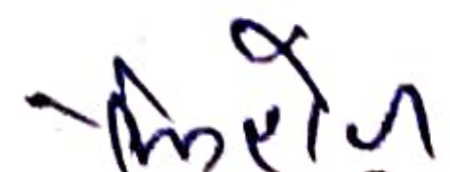
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Firoj Alam
2	Vehicle No. / वाहन संख्या	9198077232
3	Policy No. / पालिसी संख्या	UP57 BX2215
4	Period of Insurance / बीमा अवधि	252400/31/2026 / 391
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02-04-2026
6	Place of Accident / दुर्घटना का स्थान	10/03/2026, 05.00 P.M.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Surya Nagar Road Firoj Alam
8	Estimated Loss / अनुमानित हानि	UP572024-000 / 267. 19,250/-
09.	Cause of Accident / दुर्घटना का कारण: अपनी बाइक लेकर पड़ोना से घर जा रहा था तभी सुरज नगर के पास एक बच्चा बाइक के सामने आ गया उसी को बचाने के लिये मैंने अपनी बाइक का ब्रेक ले लिया तभी पिछे से एक बाइक वाले ने मेरी बाइक में छक्कर मार दिया जिससे	
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 Padmaur.

मेरी बाइक का ब्रेक गिरने से क्षतिग्रस्त हो गई।

Date / दिनांक : 22-03-2026
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 _____

Tel. No. _____

Certificate/Policy No. 252400/31/2026/391

Period of Insurance 02-04-2026

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 Kiraj Alam
 (b) Address for correspondence _____
 (c) Telephone 9198077202

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>MA11005HC22653</u> Chassis No. <u>MBLHA20315HC46606</u>	Registration No. <u>UP57B22215</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 _____
 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 : Firoz Alam
 (b) Age : _____
 (c) Address : _____
 (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 : _____
 (f) Was he under the influence of intoxication Liquor or drugs? : _____
 (g) Driving Licence Number : LP5720290001267
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31-12-2040
 (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 : 18-03-2026 5:00 P.M
 (b) Place : Sunaj Nagar Road.
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : एक वर्या बस के खाने आ गया ठीकी की
 (e) If any third party was responsible for this accident give the name and address : बचाने के लिए मैंने अपनी बस का ब्रेक लिया तभी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : tail light, seat cover, etc
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraan

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? : _____

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~~

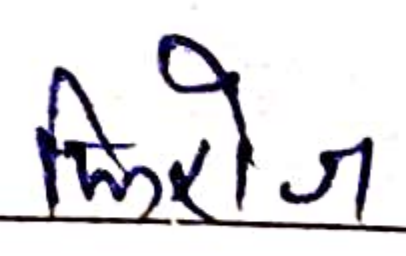
10. THEFT

- (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 23-03 20026

Signature of the insured 

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

CERTIFICATE OF REGISTRATION



Registration No : UP57BX2215 Registration Date : 07-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 : FIROJ ALAM Son/wife/daughter of : JALALUDDIN
 Full Address: (Permanent) : VILL-NARKAHAWA, POST-CHHITAUNI, THANA-HANUMANGANJ, KUSHINAGAR, UTTAR
 PRADESH-274802
 Full Address: (Temporary) : VILL-NARKAHAWA, POST-CHHITAUNI, THANA-HANUMANGANJ, KUSHINAGAR-UTTAR
 PRADESH-274802
 Fitness UpTo : 06-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 : AA2120227546 Rear HSRP No : AA2121565358
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW231SHC46606
 Engine No : HA11E8SHC22653 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 03-Apr-2025.

Purchase dt : 03-Apr-2025 Sale Amt : 77026/-
 OTT Date : 03-Apr-2025 Amount/Rcpt No : 7703 / UP57D25040000803
 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 07-Apr-2025 to 06-Apr-2040

Date : 10-May-2025 15:09:30

Signature of Registering Authority

Taxation Particulars / Advance Registration Mark Fee Details

Date : 10-May-2025

Kushinagar (U.P.)

Q 3351145



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063578, (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.

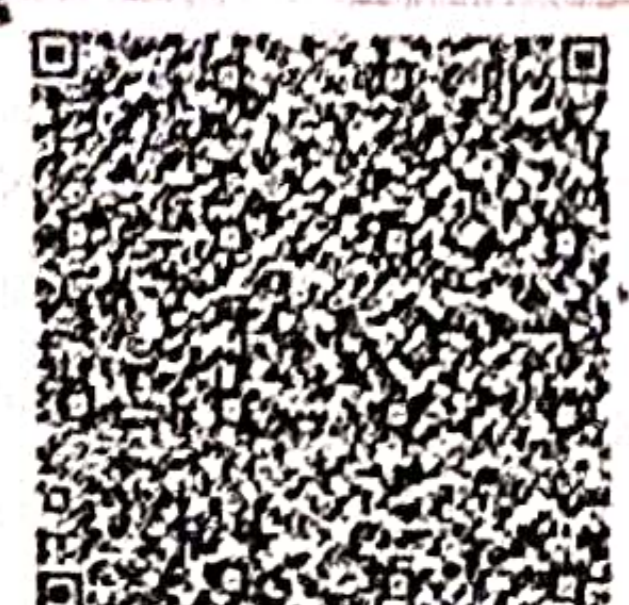
Schedule Of Premium (Amount in Rs.)

Table with 4 columns: 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-18), 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, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-23), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), 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.

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

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: 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 03-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 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) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trails (7) 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 license'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 these 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/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. 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: 2550925MD
Approved On: 03-APR-25
Place: MRT
Printed On: 03-APR-25

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



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP57 20240001267

Issue Date 24-01-2024
Validity (NT) 31-12-2040

Validity (TR)



(24-01-2024)

Holder's Signature

Name:

FIROJ ALAM

Date of Birth:

01-01-2001

Blood Group:

Organ Donor:

N

Son/Daughter/Wife of:

JALALUDDIN

Address:

Chhitauni Narkahawa Padrauna Kushinagar
Uttar Pradesh 274801

Date of First Issue

DL No: UP57 20240001267

UPDL000012645199



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	24-01-2024	NT			
	LMV	UP57	24-01-2024	NT			

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
Government of India



Issue Date: 22/01/2016



फिरोज आलम
Firoj Alam
जन्म तिथि / DOB : 01/01/2001
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

8818 5299 8671

मेरा आधार, मेरी पहचान

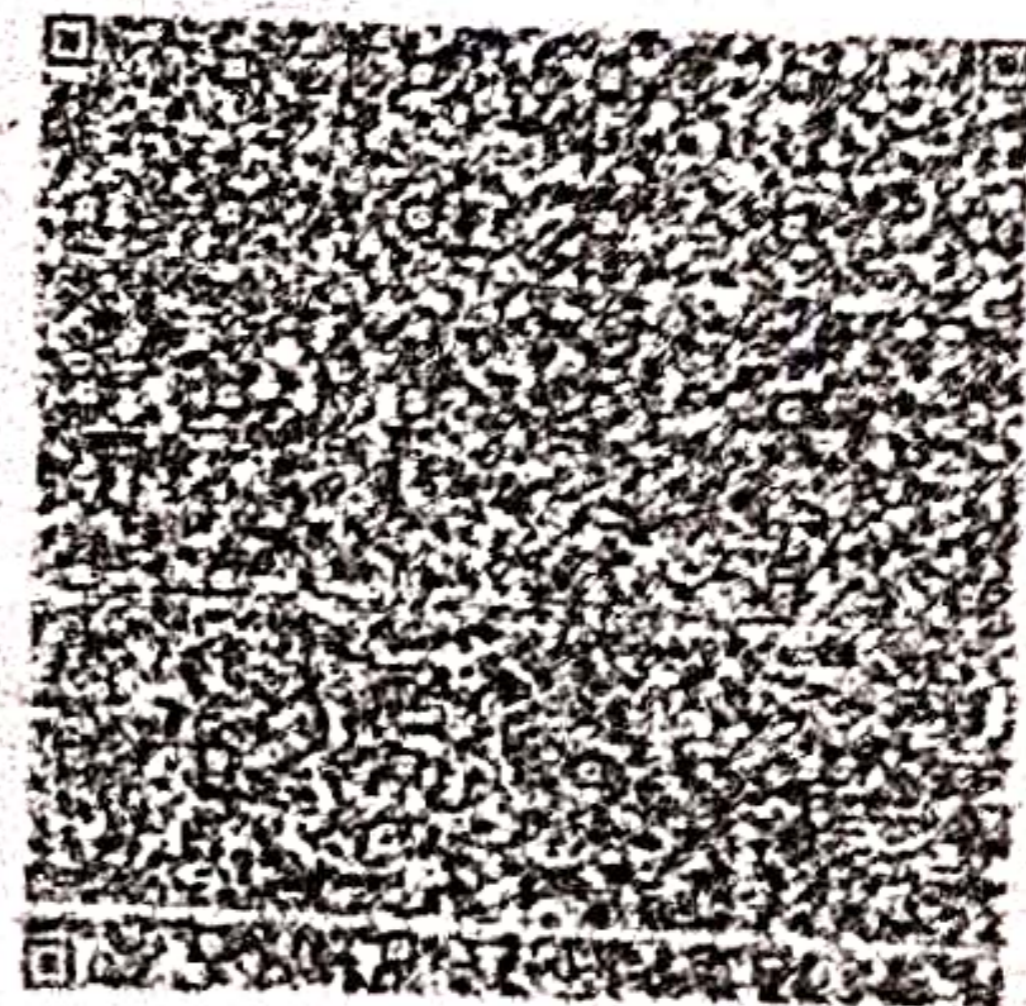


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 18/06/2023

पता: आत्मज: जलालुद्दीन, नरकाहवा, कुशीनगर,
उत्तर प्रदेश, 274801
Address: S/O: Jalaluddin, Narkahawa,
Kushinagar, Uttar Pradesh, 274801



8818 5299 8671



1847



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

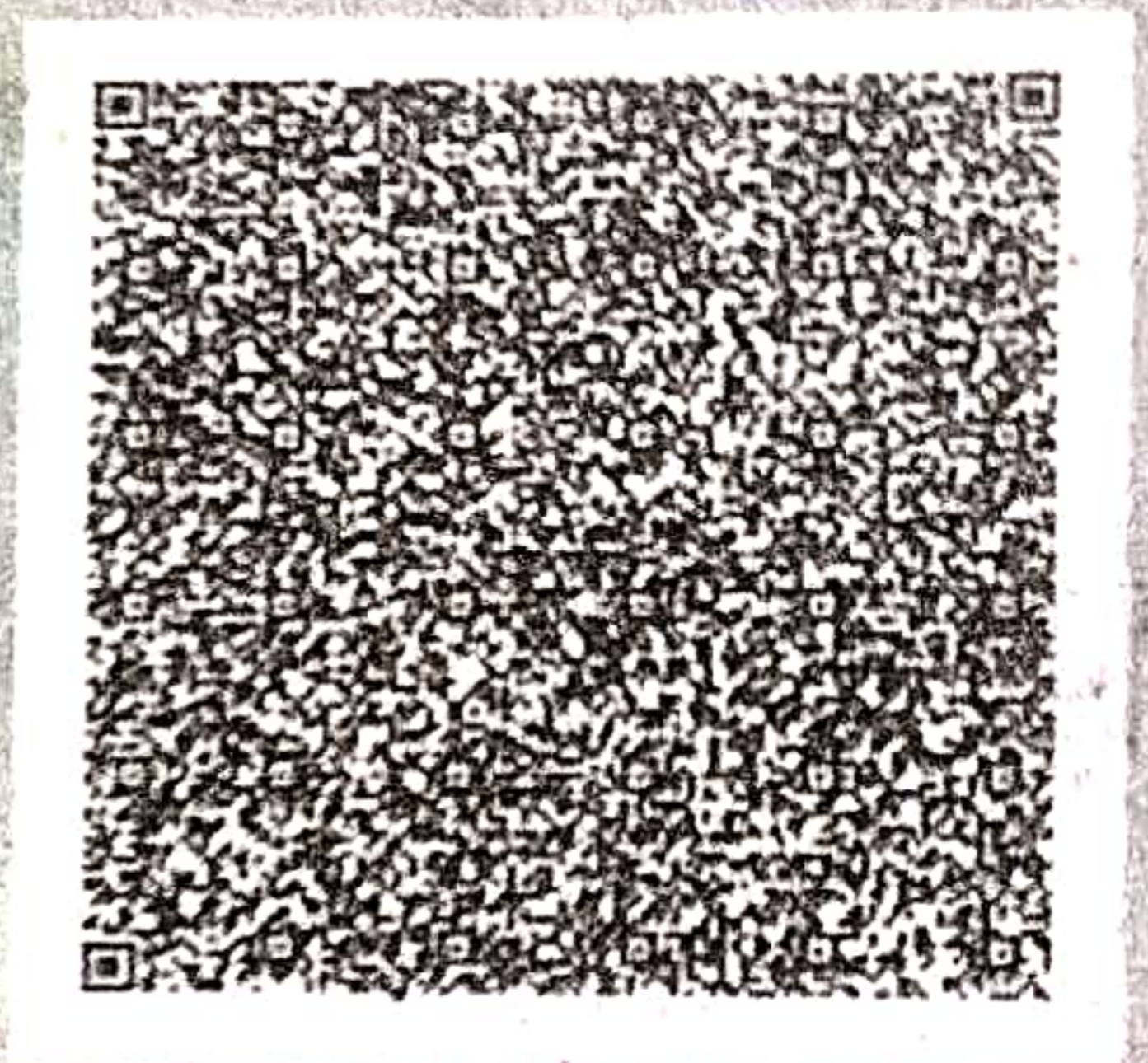


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AFCPF4021K



नाम / Name
FIROJ ALAM

पिता का नाम / Father's Name
JALALUDDIN

जन्म की तारीख /
Date of Birth
01/01/2001

हस्ताक्षर / Signature