

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3260**

Date 23/03/26

Name Sawita

Add. UP57BZ6156

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Leg Guard			630/-	
	Visor			1065/-	
	Indicators Rear - (2)			220/-	
	Rear Fenders			1070/-	
	Mufflers Covers -			670/-	
	Labour charge			600/-	
			TOTAL	4255/-	

Authorised Signatory

शुद्ध सूचना

Spot / Fi

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2/3/20

1025 to

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UP572

315'90,

व मनोज

ईक का

क्षतिग्रत

12 Name of the Workshop, Address & Contact

No./वर्कशॉप का नाम पता & मोबाइल नंबर

N/A

010 210

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.	
2	Vehicle No. / वाहन संख्या	Savita, 9838881590
3	Policy No. / पालिसी संख्या	UP57BZ6156
4	Period of Insurance / बीमा अवधि	25/2/2026/31/2026/41272
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/10/2025 to 07/10/2026
6	Place of Accident / दुर्घटना का स्थान	20/3/2026, 12:00 P.M.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dhohala Bazar, UP5720220015692
8	Estimated Loss / अनुमानित हानि	9838881590, Manoj Upadhyay
09.	Cause of Accident / दुर्घटना का कारण:	मेरे रिलेटिव मनोज उपाध्याय फेब्रु लेकर घर की तरफ आ रहे थे तभी एक बर्तन वाले ने पिछे से खबर मार दिया मेरी बर्तन वाले साईड गिरने से क्षतिग्रत 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 Rep, ramna

Date / दिनांक : 23/03/2026
हस्ताक्षर

श्रुतिता
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. 252400/31/2026/41272

Tel. No. _____

Period of Insurance 08/10/25 to 07/10/26

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 : Sawita
 (b) Address for correspondence : _____
 (c) Telephone : 9838881590

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAI1FB5HJ57303</u> Chassis No. <u>MBLHAW336SHJ56427</u>	Registration No. <u>UP57BI</u> <u>6156</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 : Manoj Upadhyay
(b) Age :
(c) Address : Kushinagar Padma.
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment : Relative.
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : No
(h) Issuing Authority : UP5720220015692
(i) Date of Expiry : 23/11/2032
(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 : 20/03/2026, 12.00 P.M.
(b) Place : Dholaha Bazar
(c) Speed of vehicle at the time of accident
(d) Give a short description of the accident : एक बाईक वाले ने पिछे से चक्कर मार दिया
(e) If any third party was responsible for this accident give the name and address : बाईक वाले साईड गिरे से क्षतिग्रत हो गई

6. DAMAGE TO INSURED VEHICLE

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

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 : PIA
(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

_____ PIA

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? :

_____ PIA

- (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

_____ PIA

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 23/03/20 200

Signature of the insured सुविता

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
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 : UP57BZ6156
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304
 Owner Name : SAVITA
 Full Address: (Permanent) : VILL-HARPOOR, POST-KOTWA BAZAR, THANA-KOTWA BAZAR, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-HARPOOR, POST-KOTWA BAZAR, THANA-KOTWA BAZAR, KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 09-Oct-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2133086694
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11FBShj57303
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)
 Seating Cap(in all) : 2
 Steepar Cap : 0
 Colour : Black Heavy Grey
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 10-Oct-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : NITISH
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2133719864
 Month/Year of Manuf. : 09/2025
 Chassis No : MBLHAW336SHJ56427
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

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. 08-Oct-2025.

Purchase dt : 08-Oct-2025
 Sale Amt : 80517/-
 OTT Date : 08-Oct-2025
 Amount/Rcpt No : 8052 / UP57D25100002107
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Nov-2025

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

This certificate is valid from 10-Oct-2025 to 09-Oct-2040

Date : 16-Dec-2025 12:59:31

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 15-Dec-2025



Q 6218842



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 201214063570 (GSTIN: 09AAACT0627R4ZU)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2026/41272), Agent/Broker Code (BA0000155144), Insured Name (SAVITA), Insured Address (C/O NITISH, VILL-HARPOOR POST-KOTWA BAZAR, THANA-NEBUA NAURANGIA, PADRAUNA, KUSHINAGAR), Policy Issued On (08-OCT-25), Proposal No. & Date (R/252400/31/2026/32913 & 08-OCT-2025), Policy Period (OWN DAMAGE) (FROM 19:00 ON 08/10/2025 TO MIDNIGHT OF 07/10/2026), Policy Period (LIABILITY) (FROM 19:00 ON 08/10/2025 TO MIDNIGHT OF 07/10/2026), Lead/Breakin No (1), Insured State (UTTAR PRADESH)

Table with insured motor vehicle details: Make (HERO MOTOCORP), Model & Variant (SPLENDOR + XTEC 2.0), Registration No (NEW), Year Of Manufacture (2025), Engine-Chassis No (HA11FB5HJ57303 - MBLHAW336SHJ56427), Cubic Capacity (97.2), Seating Capacity (1+1), Type Of Body (SOLO), Type Of Fuel (PETROL), RTO Location, Vehicle (76491), Electrical Accessories (0), Non-Electrical Accessories (0), Total IDV (76491), TMF CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area (INDIA)

Table with premium schedule: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes Vehicle (1281.99), Elec Accessories (0), Non-Elec Accessories (0), Basic Premium (1281.99), Geographical Area Extn (0), Driving Tuition Loading On OD Premium (0), Sub-Total Additions (0), Voluntary Deductibles (0), Anti-Theft Device (0), AAI Membership (0), No Claim Bonus (0), Discount for vehicle designed for handicapped (0), SIP Discount (1090), Sub-Total Deductibles (1090), Add-On Coverages (NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A) 192). LIABILITY SECTION (B) includes Basic Third Party Liability (3851), Compulsary PA Cover Premium (0), PA Cover for 0 Person Of Rs (0) each (0), Legal Liability (WC) to driver (0), Legal Liability to Employees (0), Legal Liability to Passenger (0), Driving Tuition Loading On TP Premium (0), PA Paid Driver, Conductor, Cleaner-GR36B3 (0), Net Liability Premium (B) (3851), Total Premium (A+B) (4043), GST (728), SERVICE TAX (0), STAMP DUTY (0.00), Swachh Bharat Cess @ 0.50% (0), Krishi Kalyan Cess @ 0.50% (0), Gross Premium Paid (4771).

Table with nominee and payment details: Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount (4771), Financier Name (SHRIRAM FINANCE LIMITED), Financier Branch, POS Name (NA), POS ID, POS PAN NO/Aadhar No (NA)

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, LMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org 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 authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 08-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 MV 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 trials (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 may also drive vehicle in that such a person satisfies the requirements 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 their 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/25%, preceding three consecutive years/35%, preceding five 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, 1998. * This insurance excludes all pre existing damages

Approved By: 6395235MD, Approved On: 08-OCT-25, Place: MRT, Printed On: 08-NOV-25. For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature.

यह नीचा पालिसी, गाड़ी का फुल बीमा (OD) एक साल का तथा यर्ड पार्टी बीमा एंज माल के लिए ही मान्य है।



भारत सरकार
Government of India



सविता
Savita
जन्म तिथि / DOB : 01/07/1990
महिला / Female



3315 2186 8003

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O: नीतिश, 15, हरपूर, कोतवा
कलान, कुशीनगर, कोतवा बाज़ार,
उत्तर प्रदेश, 274305

Address:
W/O: Nitish, 15, harpoor, Kotwa
Kalan, Kushinagar, Kotwa Bazar,
Uttar Pradesh, 274305

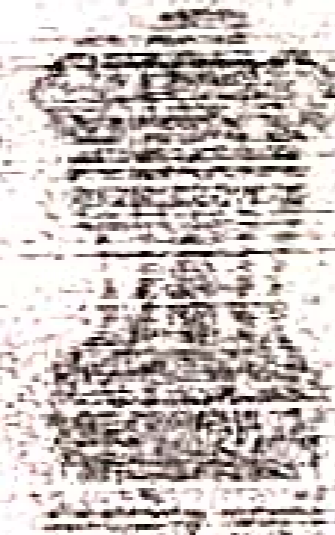
3315 2186 8003


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1800 300 1947


help@uidai.gov.in


www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

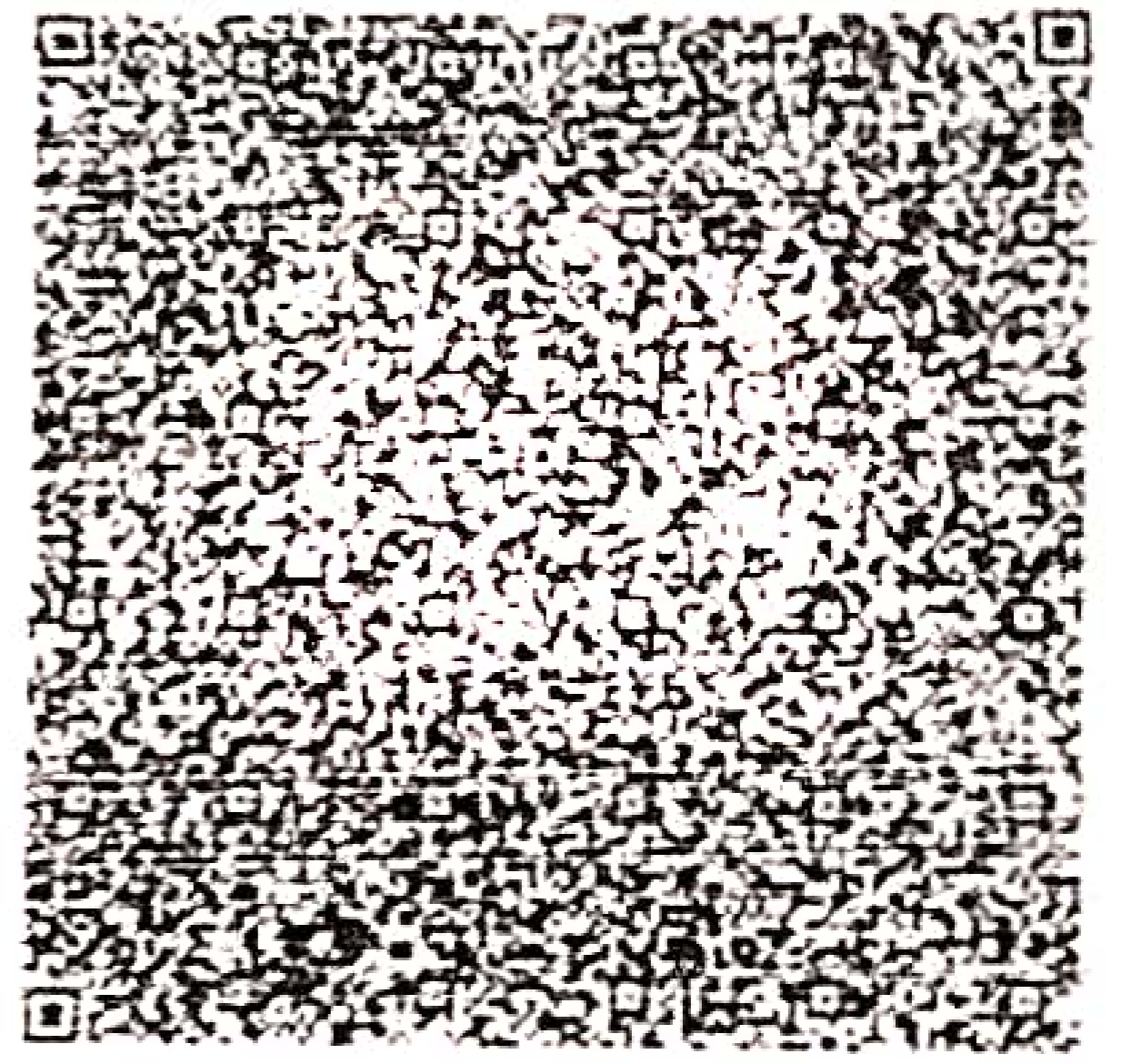


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

TDCPS8704P



नाम / Name
SAVITA

पिता का नाम / Father's Name
SATISH

जन्म की तारीख /
Date of Birth
01/07/1990

शिविता

02102024

DSP Application Digitally Signed, Card Not
Valid unless Physically Signed