

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3259**Date **24-03-26**Name Gomesh VermaAdd. UP57AV0708

S.NO.

PARTICULARS

QTY.

RATE

AMOUNT

Rs.

P.

Visor

1050/-

Head Light

535/-

Fender

1340/-

Indicators - (2)

220/-

Leg Guard

630/-

Labour charge

400/-

TOTAL**4175/-**

Authorised Signatu

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

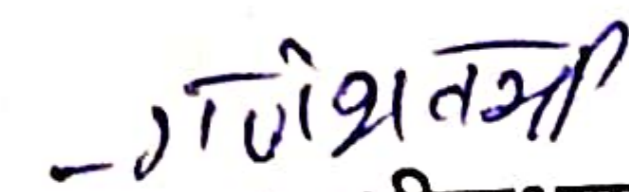
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Gomesh Verma, 9794012772
2	Vehicle No. / वाहन संख्या	UP57AV8708
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/423638
4	Period of Insurance / बीमा अवधि	05/04/2025 to 04/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/03/2026, 06.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Ramkola.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720230003185 7068041763, Chandan Verma
8	Estimated Loss / अनुमानित हानि	4175/-
09.	Cause of Accident / दुर्घटना का कारण : मेरा भाई चंदन वर्मा चान्दा के लड़के शाम के बरात के लिये निकल रहा था तभी बगैरे साईड से बईक वाले ने छक्कर मार दिया बईक वाले साईड 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 Poo/sarna

Date / दिनांक : 24-03-2026
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. MS/2025/7004/0/46575/423638

Tel. No. _____

Period of Insurance 05/04/25 to 04/04/26

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 : Gomesh Verma
 (b) Address for correspondence : _____
 (c) Telephone : 9794012772

2. THE INSURED VEHICLE

Make & Year <u>Hero/2020</u>	Engine No. <u>HAI0AGKHL29070</u> Chassis No. <u>MBLHAW095KHL16175</u>	Registration No. <u>UP57AV</u> <u>8708</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
 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 : Chandan Verma
(b) Age : _____
(c) Address : Kushinagar Patna
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720230003185
(h) Issuing Authority : _____
(i) Date of Expiry : 11/02/2043
(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 : 20/3/2026, 06.00 P.m.
(b) Place : Ramkola
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : भईक वलने ने बाघे से खकुर मार दिया
(e) If any third party was responsible for this accident give the name and address : बाघे मारि कइके गिरने से क्षतिग्रस्त हो गरी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
(b) Estimated cost of repairs : 4175/-
(c) When and where can the damaged vehicle be inspected : Geeta automobile

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

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



GOVERNMENT OF UTTAR PRADESH

Transport Department Padrauna(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57AV8708
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...
 Owner Name : GANESH VERMA
 Full Address: (Permanent) : VILL-RAMKOLA, POST-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-RAMKOLA, POST-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 11-Feb-2035
 Owner Serial No : 1
 Registration Date : 12-Feb-2020
 Purpose For Printing RC : NEW
 Son/wife/daughter of : DHUP VARMA
 Tax UpTo : One Time

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERC MOTOCORP LTD
 Front HSRP No : AA2009442106
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA10AGKHL29070
 Horse Power(BHP) : 8.24
 Maker's Classification : SPLENDOR+ (SELF-DRUM- Wheel base
 CAST)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : HEAVY GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE IV
 Rear HSRP No : AA1008006305
 Month/Year of Manuf. : 11/2019
 Chassis No : MBLHAW095KHL16175
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1230
 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 CITY UNION FINANCE LTD GKP, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 31-Jan-2020.

Purchase dt : 31-Jan-2020
 OTT Date : 31-Jan-2020
 TaxUpTo : One Time
 Tax Exempted or Not : NOT EXEMPTED
 Sale Amt : 54800/-
 Amount/Rcpt No : 5480 / UP57D20020000546
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 12-Feb-2020

Other State/Transfer/Conversion Details

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

This certificate is valid from 12-Feb-2020 to 11-Feb-2035

Date : 13-Aug-2020 11:50:40
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 13-Aug-2020

K 448422

Motor Vehicle Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/423638

Motorsathi Care Private Limited
 B DASS Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Contact us at
 Phone: 91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder		Date of Birth	Mobile No.	Father/Husband Name	Make	Model
GANESH VERMA		1994-10-17	9794012772	DHUP VARM	Hero Motocorp	SPLENDOR PLUS
Sub Model		Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
DRUM SELF E20		UP57AV8708	HA10AGKHL29070	MBLHAW095KHL16175	2020-02-12	100 TW
Asset Declared Value (ADV)		Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
34000.00		NA	0.00	0.00	0.00	34000.00
Place of Regn.		Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
		Solo			2	2195.89
Address						
H NO-44 RAMKOLA WARD NO-2 Kushinagar, 274305						
Nominee Name		Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
KIHUSHIBHU VERMA		Female	25 Years	WIFE	2025-04-05 16:08	Midnight of 2026-04-04

Section A, VRC: 591.70 TCE: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A): 591.70**
 Section B, FC: 664.00 EC Service: 106.00 ECPD: 0.00 Sub Total: 770.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 138.60**
Total with GST(B): 908.60
 Section C, MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 **Total MS Services with GST(C): 442.00**
 Section D, Drive Assure: 214.91 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 38.68 **Total with GST(D): 253.59**
Total(Section A+B+C+D) Offered Price After Discount: 2196

Package Period Covered	2025-04-05 To 2026-04-04	2026-04-05 To 2027-04-04	2027-04-05 To 2028-04-04	2028-04-05 To 2029-04-04	2029-04-05 To 2030-04-04
ADV	34000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*The vehicle covered in this contract have a valid TP coverage from 2025-04-05 until 2026-04-04.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

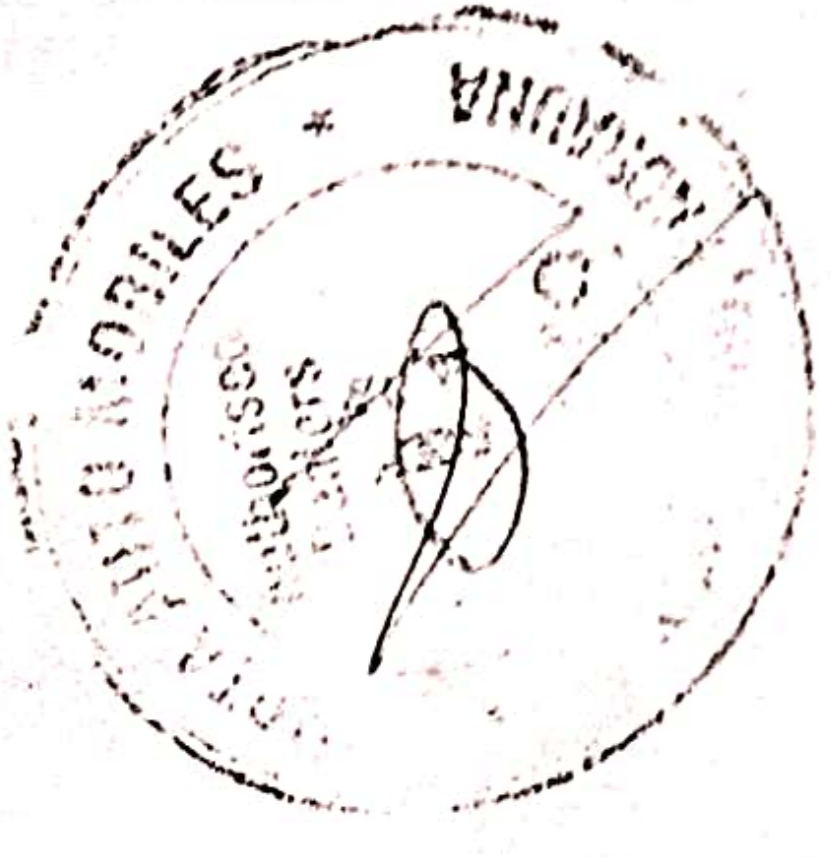
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643
 e-mail at info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

** Received with Thanks Rs 2195.89 ON 2025-04-05 from Mr./Ms. GANESH VERMA against the ARN No. INCP00423638
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn over leaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: B.DASS Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20230003185



Issue Date: 01-03-2023
Validity (NT): 11-02-2043
Validity (TR):

Holder's Signature

Name: CHANDAN VERMA

Date of Birth: 12-02-2003

Blood Group: N

Son/Daughter/Wife of: RAJAN VERMA

Address:

Block ward no. 3 Ramkoda Kashi Nagar
Uttar Pradesh 274305

Date of First Issue: (01-03-2023)

DL No: UP57 20230003185

UPDL000010548



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	MCWG	UP57	01-03-2023	MT			
LNV	LNV	UP57	01-03-2023	MT			
MVSD							

Emergency Contact Number

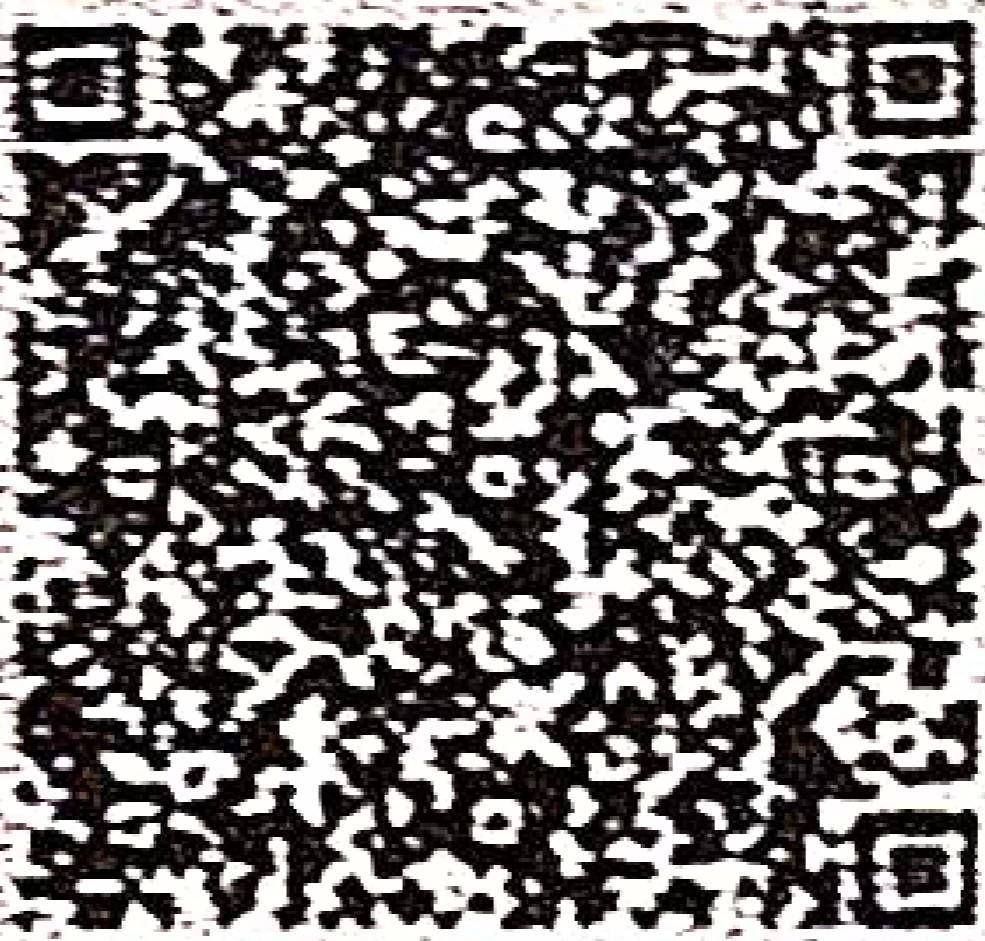
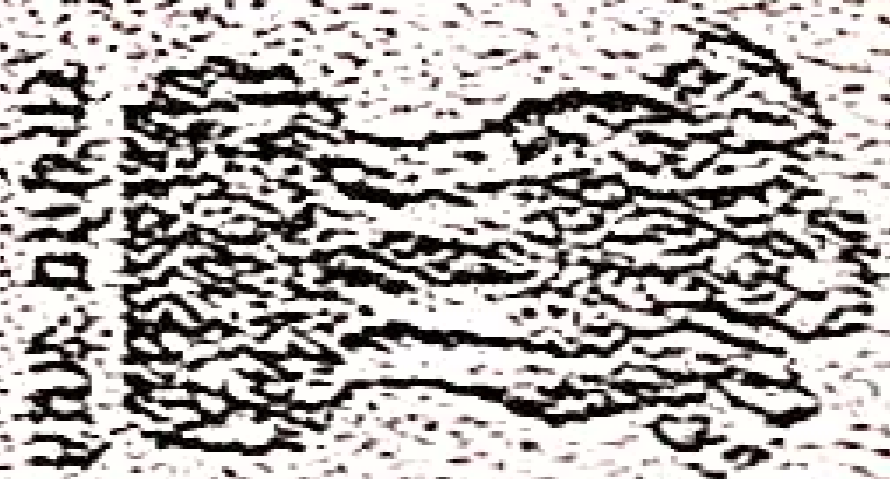
Licensing Authority
UP57 KASHI NAGAR

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

CDOPG1721K

नाम / Name

GANESH

पिता का नाम / Father's Name

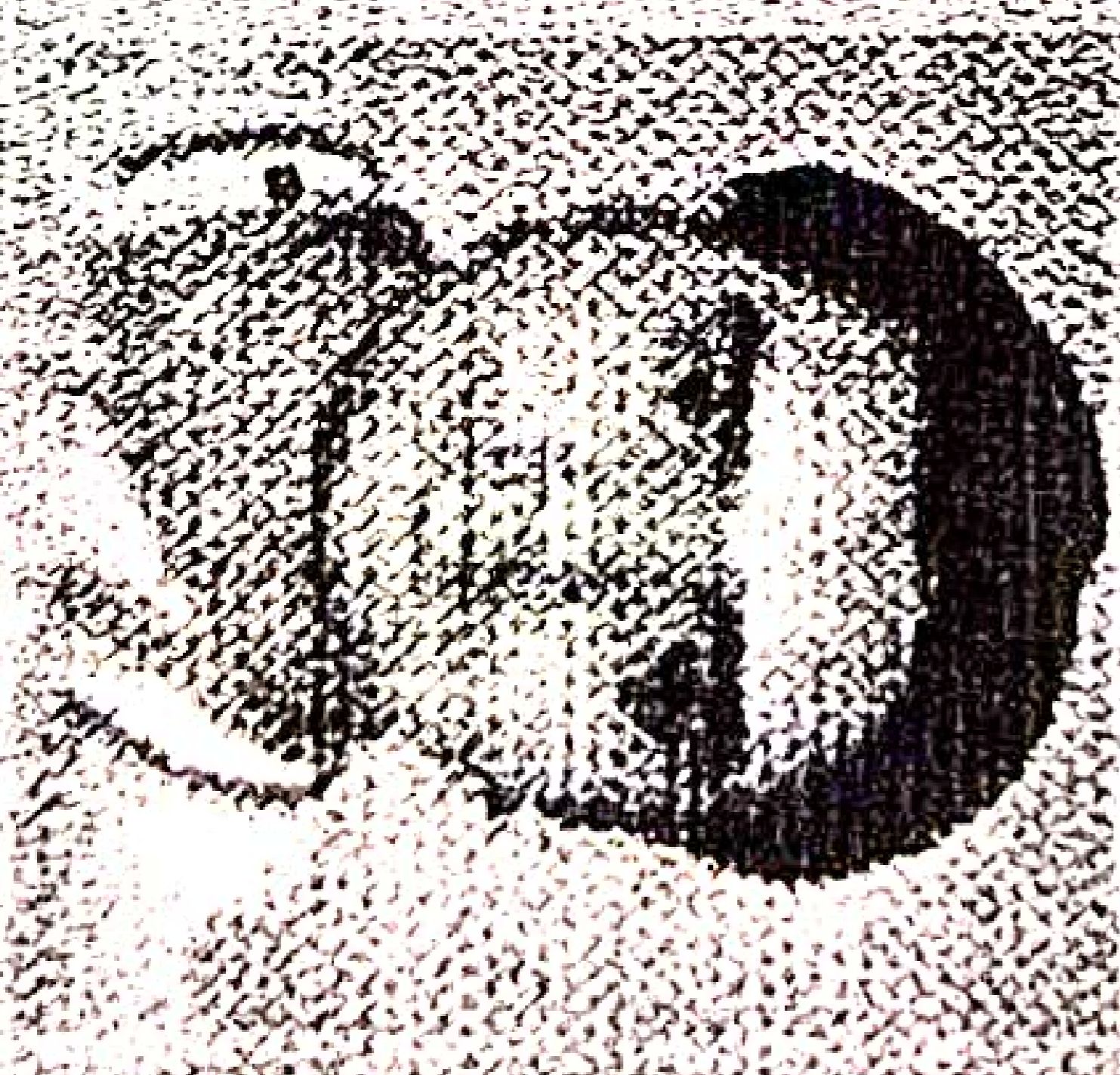
DHRUP

जन्म की तारीख / Date of Birth

10/01/1993

27/12/1

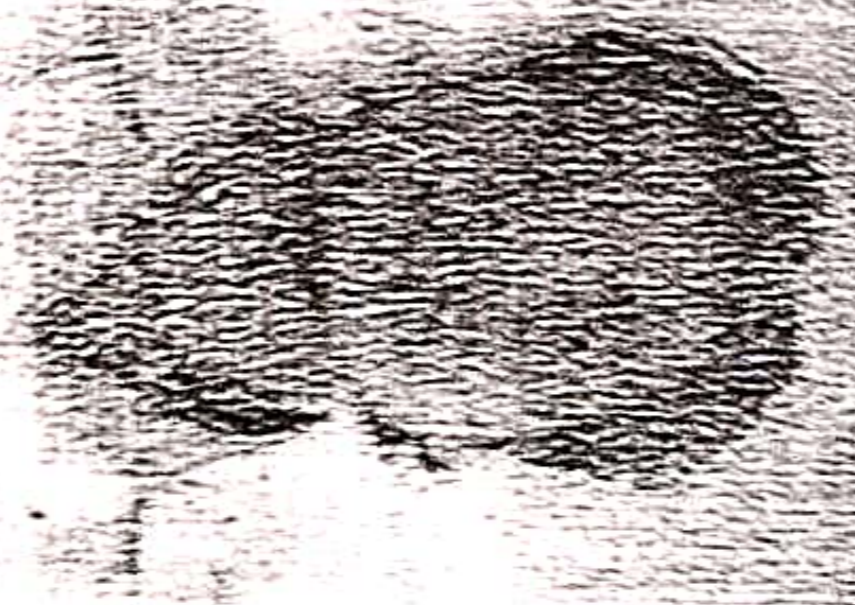
हस्ताक्षर / Signature



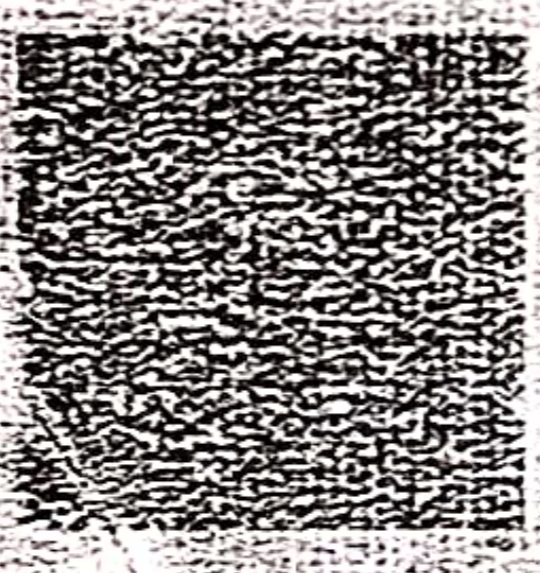
07052017



ಅಧಿಕಾರಿ
ಕರ್ನಾಟಕ ಸರ್ಕಾರ



ಹೆಸರು
Dhanosh Varma
ಹುಟ್ಟು ದಿನ/DOB: 17/10/1994
ಲಿಂಗ / GENDER: ಪುರುಷ / MALE



3754 7008 7739

ಅಧಿಕಾರಿ
ಅಧಿಕಾರಿ

ಅಧಿಕಾರಿ
ಅಧಿಕಾರಿ

ಹೆಸರು: S/O: ಶ್ರೀ ಶಂಕು, 44,
ಬೀದಿ: ಬೀದಿ, ಗಣಿ, ತಿರ್ಹೋಲಿ,
ವಿಳಾಸ: S/O: Dhruv Varma, 44, 1, RAMKOLA,
ಬೀದಿ: Ramkola, Kushinagar,
ಪಿನ್: 574305

3754 7008 7739

ಅಧಿಕಾರಿ
-Aam Admika Adhikar