

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3267**

Date 25-03-2026

Name ASHIK ALI

Add. UP57CB0410

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Front wheel			4800	
	Fork Assy			4800	
	M/L			3700	
	Fender			1400	
	Handdle			550	
	Handdle-T			1050	
	meter			3000	
	FR. Visor			1250	
	Ryru			1800	
	mirror-(R)			250	
	Labour charge			1000	
				/	
			TOTAL	24,400/-	

Authorised Signatory

वा सूचना प

Spot / Final
पुक्त करने

429

B0410

1/2026

-11-202

2026

Jataha

297162

24

मैरा चा

मैर मर

नी सै अ

रा गयी

N/A

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.	Ashik Ali 8429716205
2	Vehicle No. / वाहन संख्या	UP57CB9410
3	Policy No. / पालिसी संख्या	252400/31/2026 / 62419
4	Period of Insurance / बीमा अवधि	23-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24-03-2026 7:00 AM
6	Place of Accident / दुर्घटना का स्थान	Jataha Bazar Road.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8429716205
8	Estimated Loss / अनुमानित हानि	24A00/-
09.	Cause of Accident / दुर्घटना का कारण: मंत्री गाड़ी मैरा चक्का किराया काम लेकर गयी थी जो रास्ते में सामने से ट्रक और बस के बाले भा रहे थे ट्रक को क्रस करके सामने वाला बस के तेजी से आया जिससे कचरे चक्कर में बगल बिजली के खम्भे में टकरा गयी मंत्री गाड़ी और	सर्वेक्षण होगया - बिस्वी तरह मेरे पास तब जधे चोर नहीं
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 padrauna 9125197148

आशिक अली

Signature of Insured / बीमाधारक के

Date / दिनांक :
हस्ताक्षर



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. 252400/31/2026/62419

Tel. No. _____

Period of Insurance 23-11-2026

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 : ASHIK ALI
 (b) Address for correspondence : _____
 (c) Telephone : 8929716205

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>H A 11 F B 8 H L 20524</u> Chassis No. <u>M B U H A W 3 3 2 8 H L 20563</u>	Registration No. <u>UP 57 CB 3410</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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Musad Ali
- (b) Age : _____
- (c) Address : _____
- (d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : relative (uncle)
- (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 : UP57 2012 0015 881
- (h) Issuing Authority : _____
- (i) Date of Expiry : 29-10-2082
- (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 : 24-03-2026 7:00 AM
- (b) Place : Jadaha Bazar Road
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : मेरे चाचा मोरा गाडी लेकर जाते थे मोराली में सामने से एक आरखी ना उली कोल कले एक बर्क वाला भाया तेजी से
- (e) If any third party was responsible for this accident give the name and address : जिसल कचने के चक्कर में गाडी लेकर अजब धिजली के खम्बों में जा टकराया और क्षतिग्रस्त हो गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : _____
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : _____

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? : MIA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 25 03 200 26

Signature of the insured आशिक अली

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 आशीक अली
Occupation
Address
.....
.....

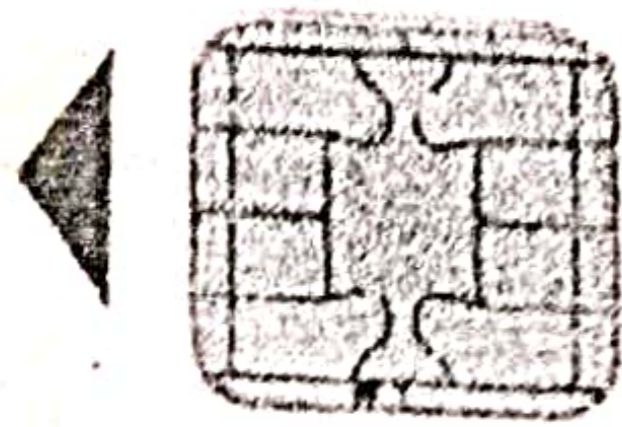
Bank Account Number
Name of the Bank



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20120015882



Issue Date 27-08-2019
Validity (NT) 29-10-2032

Validity (TR)*



Holder's Signature

Date of First Issue (30-10-2012)

Name: NAUSAD ALI
Date of Birth: 15-12-1988 Blood Group:
Son/Daughter/Wife of: IDU MIYA

Organ Donor: N

Address:
KATAIBHARPURAWA JATAHA BAZAR
PADRAUNA, KUSHINAGAR 274304

DL No: UP57 20120015882

UPDL0000000085634



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	30-10-2012	NT			
	LMV	UP57	30-10-2012	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(Z)



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR028

Page No: 1

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)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	24-NOV-25
Policy No	25240031/2026-62419	Proposal No. & Date	R/252400/31/2026/41411 & 24-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:01 ON 24/11/2025 TO MIDNIGHT OF 23/11/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:01 ON 24/11/2025 TO MIDNIGHT OF 23/11/2030
Insured Name	ASHUK ALI (GSTIN)	Lead/Breakin No	
Insured Address	C/O. MUHAMMAD RAFIK, VII-1-472 KAI-HAHARI TOLA POST -KATAI BHARPURWA, THANA -JATAHA BAZAR KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR CORP	Vehicle	76491
Model & Variant	SPLENDOR XTLC 2.0	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine Chassis No	HATHFBSHL20524 - MBLHAW332SHL20563	IME CONTRACT NO	
Cubic Capacity	97.2	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1281.99	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading (On OD Premium (60%))	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4043
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	728
AAI Membership (IMT-5)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1090	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductions	1090	Krishi Falyan Cess @ 0.50%	4771
Add-On Coverages		Gross Premium Paid	
NH Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	192		
Net own Damage Premium(A)			

Nominee Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4771
POS Name	NA	POS ID	NA	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.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (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 this 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 hereon set his/her hands at 252400 on 24-NOV-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

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 person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle 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 the 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 amount is linked to No Claim Bonus (NCB) on the own damage section of the policy. If no claim is made or pending during the preceding year(s), up to the preceding year 20% (pre-2019) two consecutive years 25% (pre-2019) three consecutive years 35% (pre-2019) four consecutive years 45% (pre-2019) five consecutive years 50% (pre-2019) 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: 699258MD
Approved On: 24-NOV-25
Place: MRI
Printed On: 24-NOV-25

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

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CVVPA6514K

नाम / Name
ASHIK ALI

पिता का नाम / Father's Name
MOHAMMAD RAFIK

जन्म की तारीख / Date of Birth
12/07/1993



23062018

* PAN Application Digitally Signed, Card Not Valid unless Physically Signed



भारत सरकार
GOVERNMENT OF INDIA



आशिक अली
Ashik Ali
जन्म तिथि/DOB: 12/07/1993
पुरुष/ MALE



6077 8552 2057

मेरा आधार, मेरी पहचान



आधार

भारतीय पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O मोहम्मद रफीक, म. सं. 472, वॉर्ड न.
05, कचहरी टोला, कटाई भरपुरवा, सरया,
कुशीनगर,
उत्तर प्रदेश - 274304

Address :
S/O Mohammad Rafik, h.
no. 472, ward no. 05,
kachahari tola, katai
bharpurwa, Sarya,
Kushinagar,
Uttar Pradesh - 274304



1947



www

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB3410 Registration Date : 28-Nov-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 : ASHIK ALI Son/wife/daughter of : MOHAMMAD RAFIK
 Full Address: (Permanent) : VILL-472 KAEHAHARI TOLA, POST-KATAI BHARPURWA, THANA-KATAHA BAZAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-472 KAEHAHARI TOLA, POST-KATAI BHARPURWA, THANA-KATAHA BAZAR, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 27-Nov-2040 Owner Serial No : 1
 Detailed Description : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI
 Class of Vehicle : INDIVIDUAL Norms :
 Ownership : HERO MOTOCORP LTD
 Maker's Name : AA1047459225 Rear HSRP No : AA2144984397
 Front HSRP No : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 Type of Body : 1 Chassis No : MBLHAW332SHL20563
 No of Cylinders : HA11FBSHL20524 Fuel : PETROL
 Engine No : 8.17 Cubic Capacity : 97.20
 Horse Power(BHP) : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Maker's Classification S) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : Black Heavy Grey AC Fitted : NO
 Other Criteria : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight) As Regd. Weight(in kgs)

By Manuf.

- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 24-Nov-2025 Sale Amt : 80517/-
 OTT Date : 24-Nov-2025 Amount/Rcpt No : 8052 / UP57D25110008496
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Dec-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 28-Nov-2025 to 27-Nov-2040

Date : 31-Jan-2026 11:56:19

Taxation Particulars / Advance Registration Mark Fee Details

Signature :
 Registering Authority :
 Kushi Nagar (U.P.) : 31-Jan-2026

Q 7659006