

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3273**Date 28-03-2020

Name

Ajay

Add.

CP57 BX 0301

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Front Vise			1200	
				300	
	M/c			3800	
	metts			400	
	metts Pome			1065	
	LED				
	Front wheel			4800	
	Fork Assy			4800	
	Handle			500	
	Handle - T			1000	
	Axel Road			250	
	Legend			675	
	Fuel Tank			5800	
	Tool Box Cover			650	
	chassis Assy.			12000	
	USB chasery			250	
	front Winker both			500	
	front fender			1400	
				2500	
	labour chasg.				
			<b>TOTAL</b>		

Authorised Signatory

Total amount = 42090/-

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.	Ajay 8126133181
2	Vehicle No. / वाहन संख्या	UP57 BX 8302
3	Policy No. / पालिसी संख्या	252400/31/2026 / 13036
4	Period of Insurance / बीमा अवधि	12-05-2025 — 11-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-03-2026 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	Singwa Canal (सिखवा नहर पर)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajeshwar Khawar 8126133181
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरा गाड़ी मेरा दोस्त राजेश्वर खरवार किसी काम से ससुबाल जा रहे थे तब रास्ते में एक लड़का अचानक भाग कर रोड़ कास किया जिससे कारक का ब्रेक ब्रेक बिगड़ गया और बगल पीड में जा लकवाया गाड़ी और गाड़ी इतिमल हो गया भगवान के दया से
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padraun 9125197148

Date / दिनांक : 28-03-2026  
हस्ताक्षर

अजय  
Signature of Insured / बीमाधारक के

मेरे दोस्त राजेश्वर खरवार को किसी तरह चोट नहीं आई।



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. 252400/31/2026/19036

Tel. No. \_\_\_\_\_

Period of Insurance 11.05.2026

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 : Ajay  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8726133181

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HAI167SHC10874</u> Chassis No. <u>MBLHA021XSHC06479</u>	Registration No. <u>UP5TBX8302</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: Rajeshwar Kharwar

(b) Age: \_\_\_\_\_

(c) Address: \_\_\_\_\_

(d) Is the Driver:

1. Owner \_\_\_\_\_

2. paid driver? \_\_\_\_\_

3. Owner's relative or friend? 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: UP5720140007460

(h) Issuing Authority: \_\_\_\_\_

(i) Date of Expiry: 16-04-2034

(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 7:00 P.M

(b) Place: Sisua Canal

(c) Speed of vehicle at the time of accident: \_\_\_\_\_

(d) Give a short description of the accident: एक लड़की (अचानक बाएँ) कर लेई करस किया

(e) If any third party was responsible for this accident give the name and address: जिससे कारक की केबलस बिगड़ गया और कारल पेड में जा टक्कराया और शोक्मल ले गया -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Front, visor, M/P, mirror, H/P, stay, front Assy.

(b) Estimated cost of repairs: \_\_\_\_\_

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

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 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 28-03 20026

Signature of the insured ~~MIA~~

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. \_\_\_\_\_

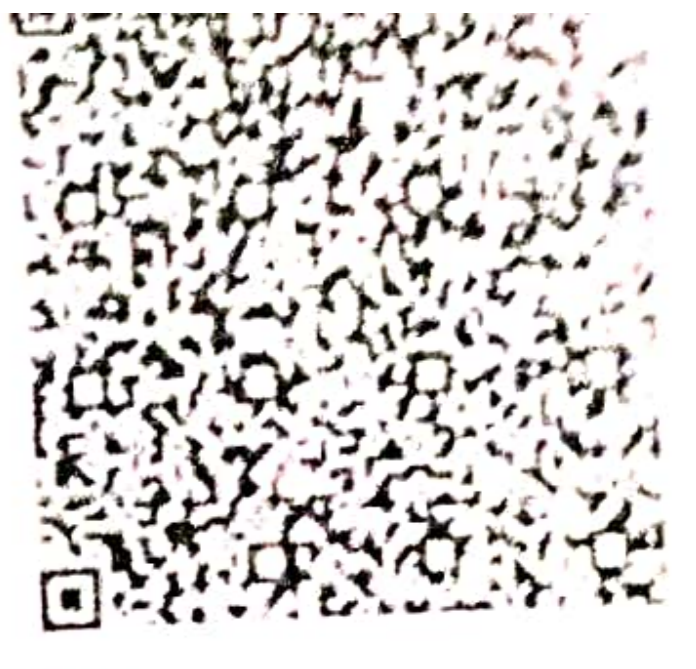
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature ..... 31/12/14  
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  
Description of Vehicle  
Dealer's Name & Address  
Owner Name  
Full Address: (Permanent)

: UP57BX8302  
: M-CYCLE/SCOOTER  
: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
: AJAY  
: VILL-JANGAL LUATHAHA, POST -GORARIA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274303

Registration Date : 13-May-2025  
Purpose For Printing RC : NEW  
Son/wife/daughter of : NAGINA

Full Address: (Temporary)

: VILL-JANGAL LUATHAHA, POST -GORARIA, THANA -PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274303  
: 12-May-2040

Owner Serial No : 1

Fitness Up To  
Detailed Description

Class of Vehicle  
Ownership  
Maker's Name  
Front HSRP No  
Type of Body  
No of Cylinders  
Engine No  
Horse Power(BHP)  
Maker's Classification  
Seating Cap(in all)  
Sleepar Cap  
Colour  
Other Criteria  
Vehicle Purchase As

: M-CYCLE/SCOOTER  
: INDIVIDUAL  
: HERO MOTOCORP LTD  
: AA1042683414  
: SOLO WITH PILLION  
: 1  
: HA11E7SHC10874  
: 7.91  
: SPLENDOR+ XTEC (DRS)  
: 2  
: 0  
: Red Black  
: Fully Built

Link Vehicle No  
Norms

: BHARAT STAGE VI

Rear HSRP No  
Month/Year of Manuf.  
Chassis No  
Fuel  
Cubic Capacity  
Wheel base  
Standing Cap  
Unladen Wt (kgs)  
Laden/GV Wt (kgs)  
AC Fitted

: AA2124895135  
: 03/2025  
: MBLHAW21XSHC06474  
: PETROL  
: 97.20  
: 1235  
: 0  
: 112  
: 242  
: 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 IDFC FIRST BANK LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 13-May-2025.

Purchase dt : 12-May-2025  
OTT Date : 12-May-2025  
Vehicle is Govt./ Pvt. : PRIVATE  
Date of Approval : 22-May-2025

Sale Amt : 81601/-  
Amount/Rcpt No : 8161 / UP57D25050002493  
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details  
Previous Owner  
Old State  
Transfer Date

Previous RegNo  
Entry Date  
Conversion Date

This certificate is valid from 13-May-2025 to 12-May-2040

Date : 19-Jun-2025 10:59:02

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
A.R.T.O. (A)  
Kushinagar (U.P.)  
Date : 19-Jun-2025

3786754



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type: BUNDLED POLICY (MOTORISED TWO WHEELERS)
Policy No: 252400/31/2026/3936
Agent/Broker Code: BA00003544
Agent/Broker Name: DILIPAN BHATT
Insured Name: MAYA JUSTIN D
Insured Address: C/O NAGINA, VILL-JANGAL LUATHAHA POST-GORAKH, THANA- PADRAUNA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA.

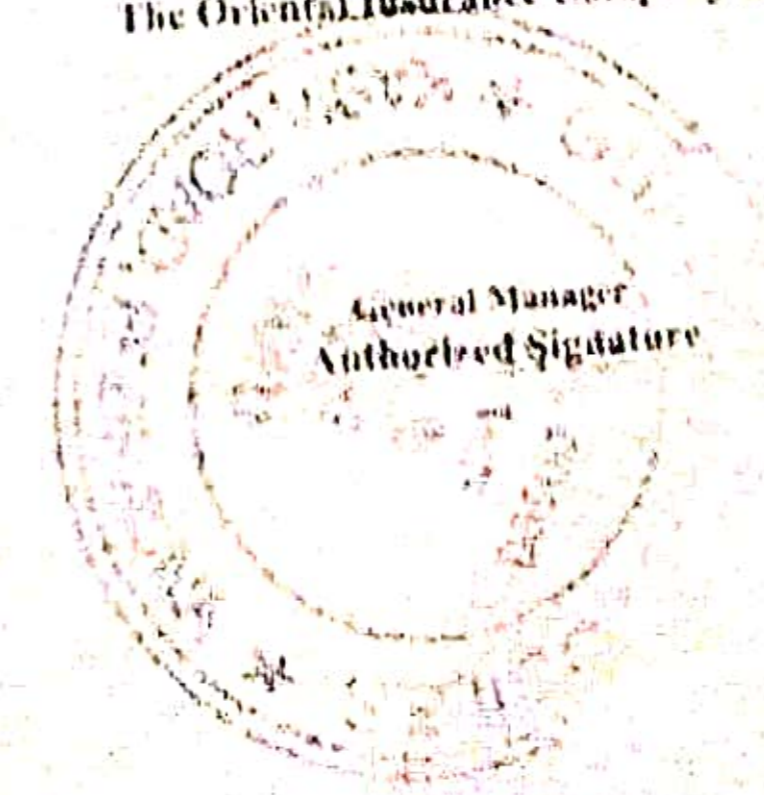
INSURED MOTOR VEHICLE DETAILS
Make: HERO MOTOR GRP
Model & Variant: HERO SPLENDOR PLUS N15CH120
Registration No: N15CH
Year of Manufacture: 2025
Engine Capacity: 120
Type of Body: SOLO
Type of Fuel: PETROL
Vehicle: 77521
Electrical Accessories: 0
Non Electrical Accessories: 0
Total IDV: 77521
TMSI CONTRACT NO:
Policy Type: Zone B - Rest of India
Geographical Area: INDIA

Schedule Of Premium (Amount in Rs.)
OWN DAMAGE SECTION(A)
Vehicle: 1299.25
Electrical Accessories: 0
Non-Elec Accessories: 0
Basic Premium: 1221.25
Geographical Area Extra (IMT-4): 0
Driving License Loading (L1) (60%): 0
Sub-Total Deductibles: 0
Voluntary Deductibles (IMT-22A): 0
Auto Theft Deductible (IMT-19): 0
NAI Membership (IMT-8): 0
NAI Extra: 0
Disability for vehicle designed for handicapped: 1104
SIP Discount: 1104
Sub-Total Deductibles: 1104
Add-On Coverages: 194
Net own Damage Premium (A): 194
LIABILITY SECTION (B)
Basic Third Party Liability: 3851
Compulsory PA Cover Premium: 0
PA Cover for 0 Person Of Rs (0) each (IMT-16): 0
Legal Liability (WC) to driver (IMT-28): 0
Legal Liability to Employees (IMT-29): NA
Legal Liability to Passenger (IMT-46): NA
Driving License Loading On TP Premium (60%): 0
PA Paid Driver, Conductor, Cleaner-GR36B3: 3851
Net Liability Premium (B): 4162
Total Premium (A+B): 750
GST: 0
SERVICE TAX: 0.00
STAMP DUTY: 0
Swachh Bharat Cess@0.50%: 0
Krishi Kalyan Cess@0.50%: 4912
Gross Premium Paid: 4912

Payment Details
Cheque No./Transaction No:
Bank Name:
Amount: 4912
Financer Name:
PDS ID:
Financer Branch:
POS PAN NO/Aadhar No: NA

Note: Policy Issuance is subject to the realization of cheque
Consolidated Stamp Duty paid via Challan No
The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
Voluntary excess Rs 0
Subject to Endorsements IMT 7, 10, 28

Approved By:
Approved On:
Place:
Printed On:
For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature





भारत सरकार  
Government of India

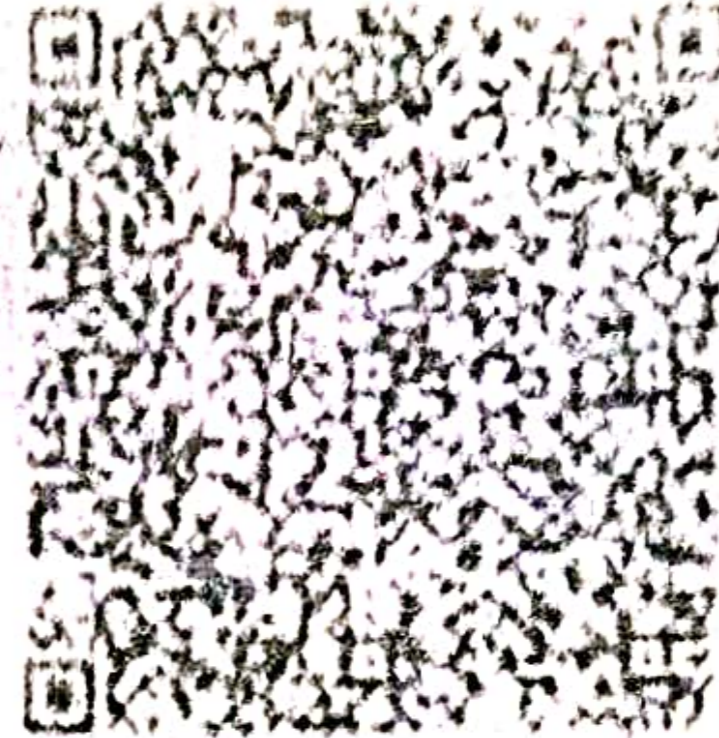


अजय

Ajay

जन्म तिथि / DOB 01/01/1996

पुरुष / Male



7014 2273 9005

मेरा आधार, मेरी पहचान



भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India

व्यक्ति का नाम: अजय कुमार  
जन्म तिथि: 01/01/1996  
पुरुष / Male

आधार संख्या: 7014 2273 9005  
पंजीकृत स्थान: दिल्ली

7014 2273 9005



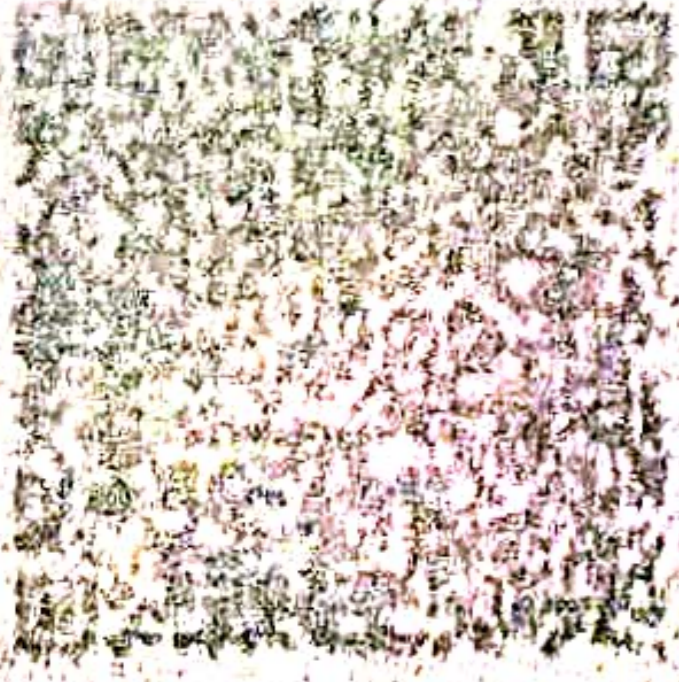
http://uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CNBPA7053H

नाम / Name

AJAY

पिता का नाम / Father's Name

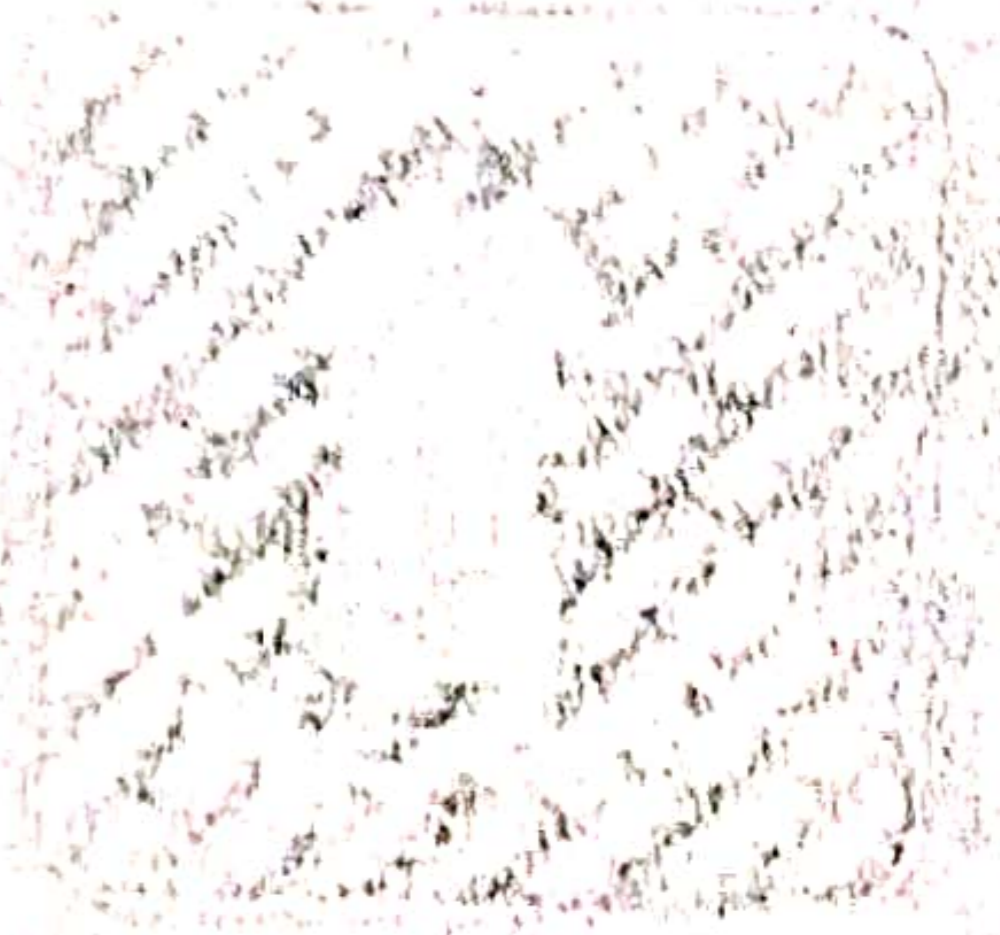
NAGINA

जन्म की तारीख / Date of Birth

01/01/1995

3767

हस्ताक्षर / Signature



31102017

UNION OF INDIA **Driving Licence**



UP57 20140007460



जारी करने की तिथि  
Date of Issue  
17/04/2014

वैधता की तिथि  
Validity  
17/04/2034

जन्म तिथि  
Date of Birth  
10/07/1987

Blood Group  
B

नाम / Name

RAJESHWAR KHANWAR

पिता/पति का नाम / Son/Daughter/Wife of

RAJESHWAR



UP57 20140007460

UP00872106RS



LMV



MCWG

17/04/2014 - 17/04/2014

पता / Address

VILL. JUNGLE KHATHAHA  
PO. GORAPATYA, PS. VISHUNPURA  
KUSHINAGAR 274303

Holder's Signature

अधिकारी / Issuing Authority Sign

KUSHINAGAR