

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3274**Date 28-03-26Name Jitendra Kumar SahaniAdd. Cp 57 BX 30 AB

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT Rs. | P. |
|-------|-----------------|------|--------------|-----------------|----|
| | Visor | | | 1200 | |
| | M/L | | | 500 | |
| | M/L Stay | | | 250 | |
| | mette | | | 3800 | |
| | mette Imgs | | | 350 | |
| | LED | | | 1100 | |
| | Handdle | | | 500 | |
| | Lets (R) | | | 250 | |
| | Front Fender | | | 1450 | |
| | Roake pipe both | | | 2300 | |
| | Legard | | | 750 | |
| | Lock set | | | 1200 | |
| | Handdle. T | | | 1050 | |
| | chassis Repair | | | 2500 | |
| | labour charge | | | 1500 | |
| | | | | 1 | |
| | | | TOTAL | 18,700/- | |

Authorised Signatory

The following questions need be answered in commercial vehicles ...

(a) Registered laden weight : _____

(b) Unladen Weight : _____



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. 252400/31/2026/4556
 Tel. No. _____ Period of Insurance 16-04-2026
 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 : Jitendra Kumar Sahani
 (b) Address for correspondence : 985550 64 88
 (c) Telephone :

2. THE INSURED VEHICLE

| | | |
|----------------------------|---|--|
| Make & Year <u>2015</u> | Engine No. <u>H1A11F8SHD09597</u> Chassis No. <u>MBLHA0481SHD02910</u> | Registration No. <u>UP57BX 2846</u> |
|----------------------------|---|--|

(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 : Parabans Yadav
- (b) Age : _____
- (c) Address : _____
- (d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : Friends
- (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 : UP5720150010306
- (h) Issuing Authority : _____
- (i) Date of Expiry : 30-04-2030
- (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 : 26-03-2026 9:30 P.M
- (b) Place : कटार अकपुरवा
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : हमारे दोस्त गाड़ी लेकर जा रहे थे कि कटार अकपुरवा (सरेवा) से पसही मोड़ते के बीच 110km/hr सामने अचानक नील गाड़ी आने लगे जोड़ी टकरा
- (e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor, L/H, mirror, metal parts, (etc)
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile padvana

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? : NO

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. | 985550 64 88 Jitendra Kumar Sakhani |
| 2 | Vehicle No. / वाहन संख्या | CP57BX3846 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/4586 |
| 4 | Period of Insurance / बीमा अवधि | 16-04-2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 26-03-2026 9:30 AM |
| 6 | Place of Accident / दुर्घटना का स्थान | कलकत्ता |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Karabans Yadav CP57 2015 0018306 |
| 8 | Estimated Loss / अनुमानित हानि | 18,700/- |
| 09. | Cause of Accident / दुर्घटना का कारण : हमारे दोस्त प्रभनास यादव किसी काम के पड़ोसी चौखोहे के ठिक 1 km पीछे पर धीरे अचानक ब्रिगाय आ गयी जिससे कार्रक की हकक ली गयी और कार्रक द्वारा सिंगल करक गिर कर शलियस्त ली गया - | |
| 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 |

Date / दिनांक : 28-03-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

जितेन्द्र कुमार साखनी

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/-

विदेव कुमार साहू

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

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

~~N/A~~

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. : _____

~~N/A~~

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 Police Station? : _____
- (i) C.R. diary Number : _____

~~N/A~~

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.

जितेंद्र कुमार सिंह
Signature of the insured _____

Date 20-03-2002



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MFERUT, D1214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Field Name, Value, Policy Issued On, and Policy Period. Fields include Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, and Insured Address.

Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, and Geographical Area.

Table with 4 columns: Section Name, Amount, Section Name, and Amount. It is divided into OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes items like Vehicle, Basic Premium, Driving Tuition Loading, and Basic Third Party Liability.

Table with 4 columns: Nominee Name, Age, Relation, and Amount. Includes fields for Payment Method, Cheque No./Transaction No., Bank Name, Financer Name, and POS ID.

Legal disclaimer and terms and conditions text. Includes statements about claim procedures, indemnification, and policy limitations.

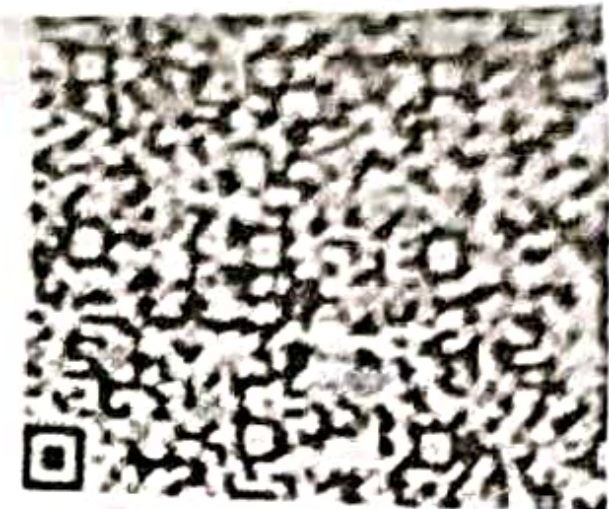
Approved By: 6595258MID
Approved On: 17-APR-25
Place: MIRT
Printed On: 23-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signatory



CERTIFICATE OF REGISTRATION



Registration No : UP57BX3846 Registration Date : 17-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 : JITENDRA KUMAR SAHANI Son/wife/daughter of : SHYAMBIHARI
 Full Address: (Permanent) : VILL-KATAI BHARPURWA, POST -SARYA, THANA -JATAHA BAZAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-KATAI BHARPURWA, POST -SARYA, THANA -JATAHA BAZAR, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 16-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 : AA1039725855 Rear HSRP No : AA2121566218
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
 No of Cylinders : 1 Chassis No : MBLHAW461SHD02910
 Engine No : HA11F6SHD09597 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEG (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243
 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 IDFC FIRST BANK LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-110057 w.e.f. 17-Apr-2025.

Purchase dt : 17-Apr-2025 Sale Amt : 83351/-
 OTT Date : 17-Apr-2025 Amount/Rcpt No : 8336 / UP57D25040002611
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Apr-2025

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

This certificate is valid from 17-Apr-2025 to 16-Apr-2040

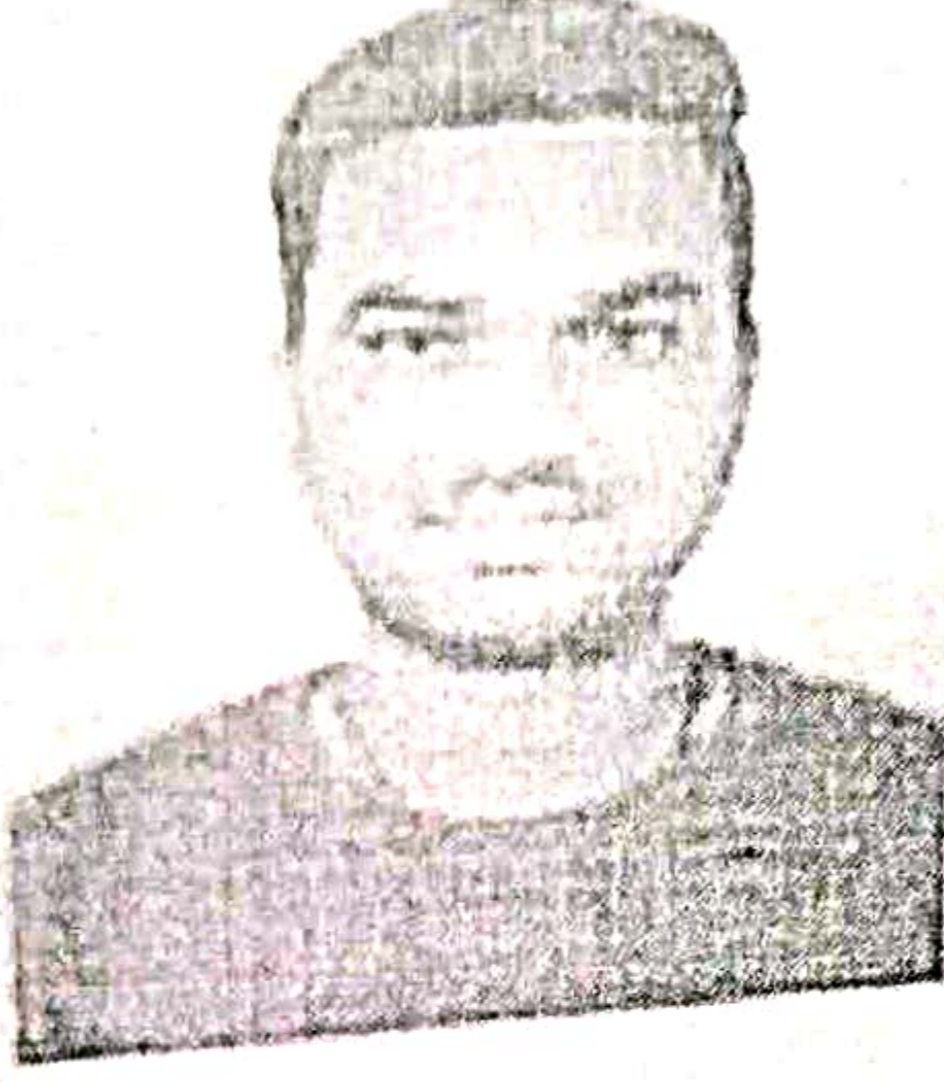
Date : 22-May-2025 10:49:05
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 22-May-2025
 Kushinagar (U.P.)

Q 3392334



भारत सरकार
Government of India



जितेंद्र कुमार साहनी
Jitendra Kumar Sahani
जन्म तिथि / DOB : 03/03/1993
पुरुष / MALE



5445 5222 1838

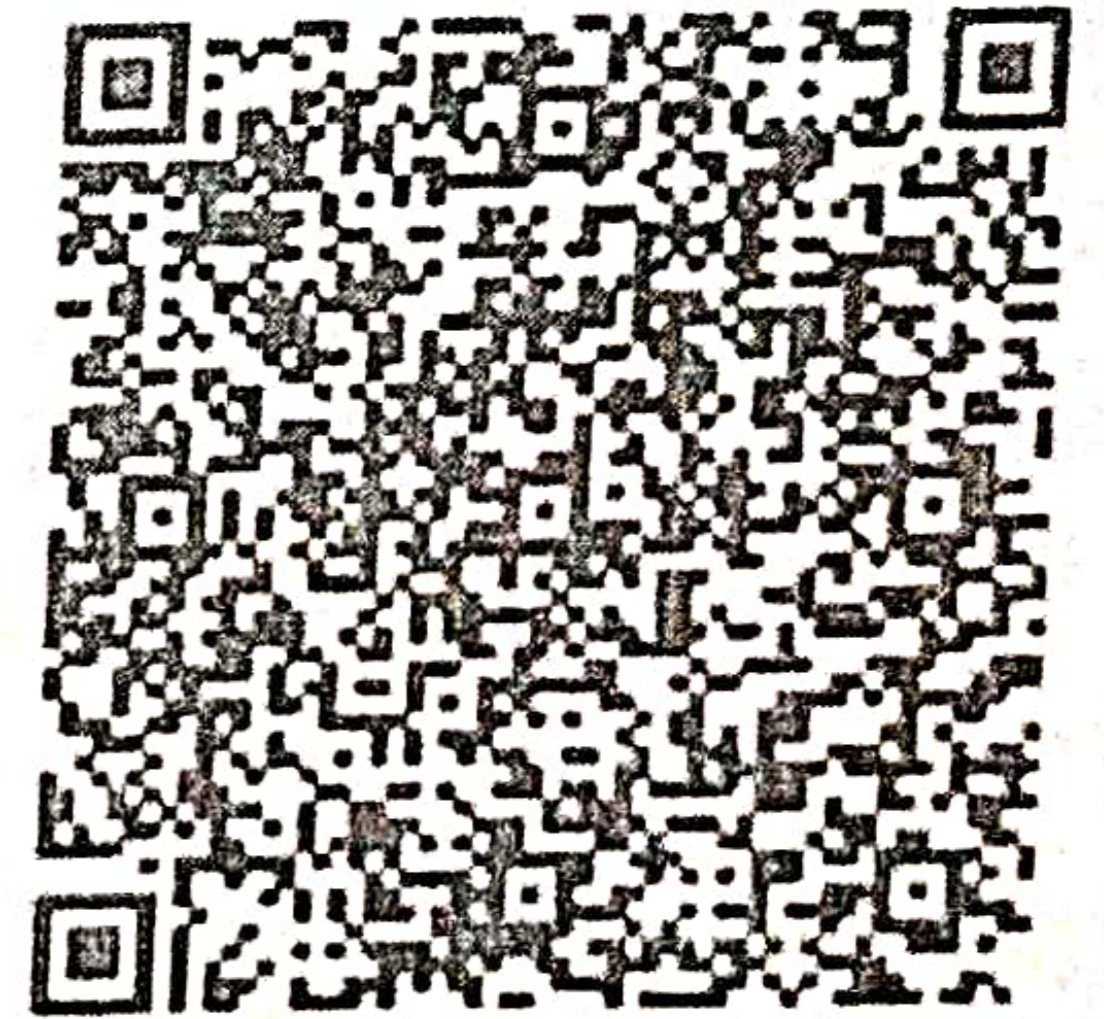
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज : श्यामबिहारी, कटाई भरपुरवा, सरया,
कुशीनगर, उत्तर प्रदेश 274304

Address:
S/O : Shyambihari, Katai
Bharpurwa, Sarya, Kushinagar Utar Pradesh
274304



5445 5222 1838



1947



help@uidai.gov.in



www.uidai.gov.in

सिध्दार्थ जैन

INCOME TAX DEPARTMENT

JITENDRA KUMAR SAHANI

SHYAM BHAI SAHANI

2000/1999

Assessment Number

100/50/10

100-50/10/10

Signature



भारत सरकार
GOVT. OF INDIA



1912018

UNION OF INDIA Driving Licence



UP57 20150018306

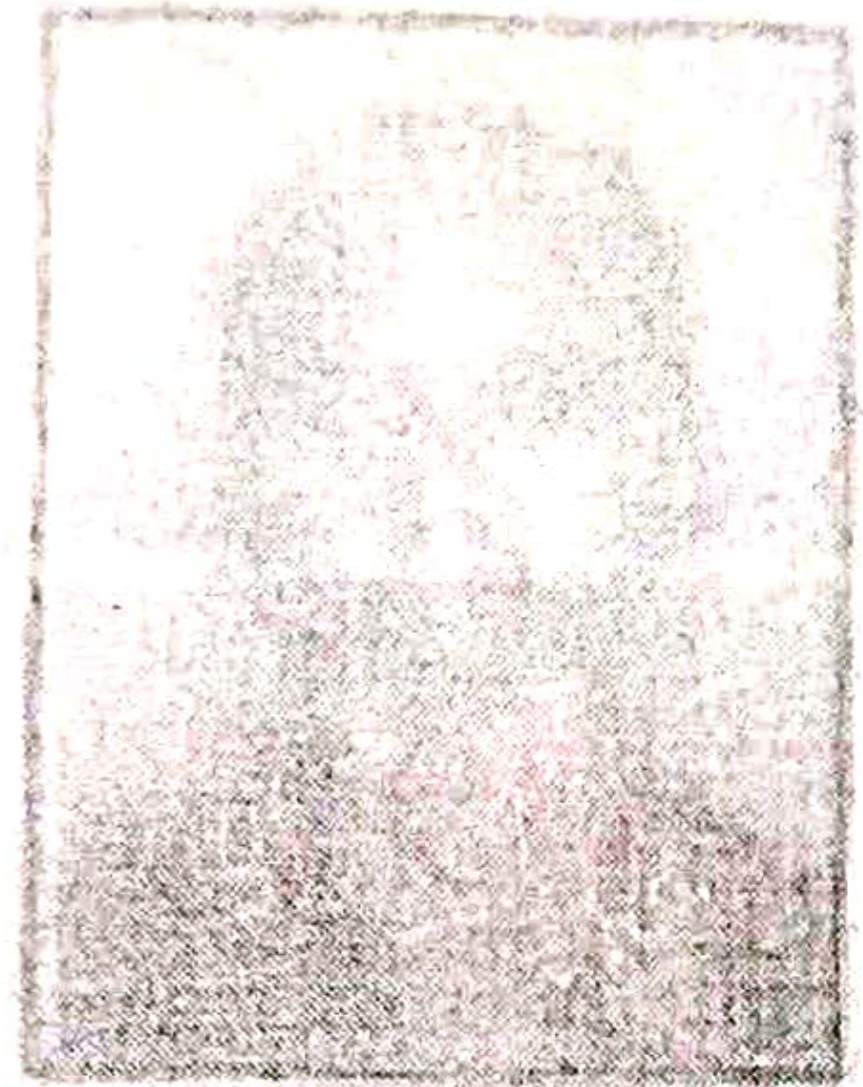


24/08/2015

30/04/2030

01/05/1980

UNKNOWN



PARABHANS YADAV

BADARI YADAV

UP57 20150018306

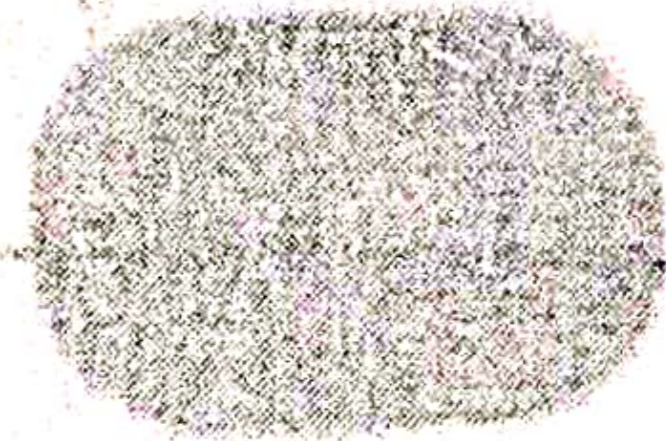
UPD293571082



LMV
24/08/2015



MCWG
24/08/2015



Form 7 Part 1 (5/21)

Address
VILL- H.NO.605, BABUIYA HARPUR KHAS TOLA
PO- BABUIYA HARPUR, PS- PADRAUNA
KUSHINAGAR 274304

Holder's Signature

जाशिकता / Issuing Authority Sign

KUSHINAGAR