

Gupta

ESTIMATE

GSTN : 09AHWPG0560P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3277**

Date 01-09-28

Name Guni Devi

Add. CPST BY 8134

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs. P.
	Fuel Tank			5500
	Handle			500
	Visor			1200
	M/L			500
	M/L stay			350
	FR. Winkers (L)			250
	Levs. (R)			250
	Foot rest (R)			400
	Switch Box			600
	Gear Levs			600
	Labour chge			800
	Fork pipe both			2300
				↑
			TOTAL	12,750/-

Authorised Signatory

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.	Giumi Devi 7068856613
2	Vehicle No. / वाहन संख्या	LP57848184
3	Policy No. / पालिसी संख्या	252400/31/206 / 29168
4	Period of Insurance / बीमा अवधि	22-07-2015 - 21-07-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30-03-2026 5:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Ramkola & Misrauli Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arman Rayeen 7068856613
8	Estimated Loss / अनुमानित हानि	12.75/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे मोटर्ले का अतिव्या वर्क मंग कर किरण काम से जा रहे थे तो अकस्मिक पीकप वाला कारवाला पिकप के अगे रोड (Road) दुकिला सा बिकला था जो मेरे वर्क के अगे बसा और वर्क पिकप के अगे वाले बिससे मे फस कर दाये तरफ गिर गये और मोटर्ले क्षतिग्रस्त हो 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 Kushinagar 9125197148

Date / दिनांक : 01-04-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

Giumi Devi



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. 252400/31/2026/29168

Tel. No. _____

Period of Insurance 01-07-2026
 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 Cumri Devi
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : 7068856613

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11F6SHF20029</u> Chassis No. <u>MBLHAW47XSHFC0142</u>	Registration No. <u>UP57B78134</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 : _____

MIA

8. INJURY TO DRIVER/OCCUPANT

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

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. : _____

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 : _____

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 01-04-2002

Signature of the insured



Guni Devi

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 *Guni Devi*
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank

FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number enters into any transaction specified in rule 114B



1. Full name and address of the declarant _____
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? _____ Yes /No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

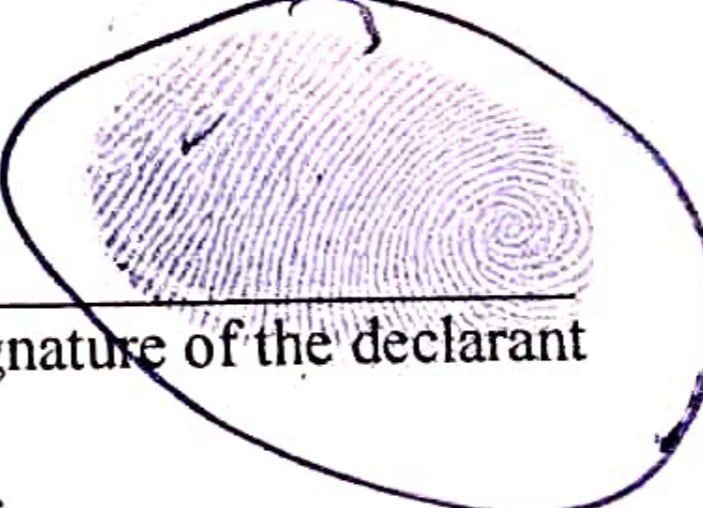
Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : _____

Place : _____


Signature of the declarant

Guni Dar

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

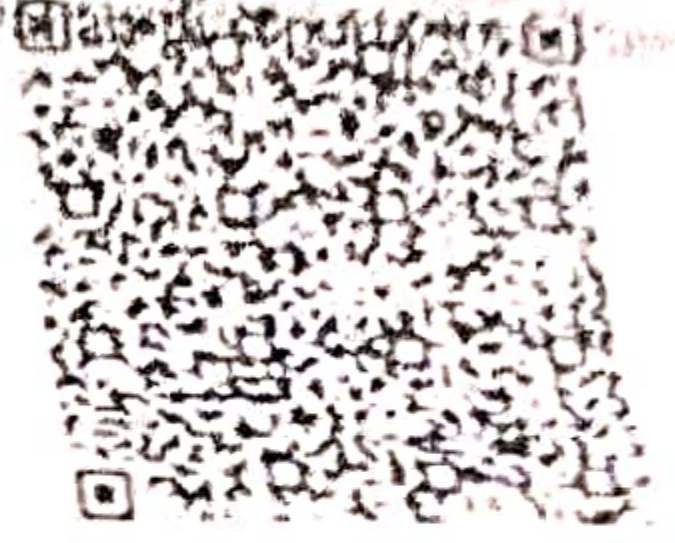
Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



https://vahan.parivahan.gov.in/vahan/v...



Registration No : UP57BY8134 Registration Date : 23-Jul-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 : GUNI DEVI Son/wife/daughter of : NANDKISHOR GOND
 Full Address: (Permanent) : VILL-GARUN NAGAR, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-GARUN NAGAR, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 22-Jul-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 : AA2132848431 Rear HSRP No : AA1043833399
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW47XSHFC8142
 Engine No : HA11F6SHF26829 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235
 RS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : MATT 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:			

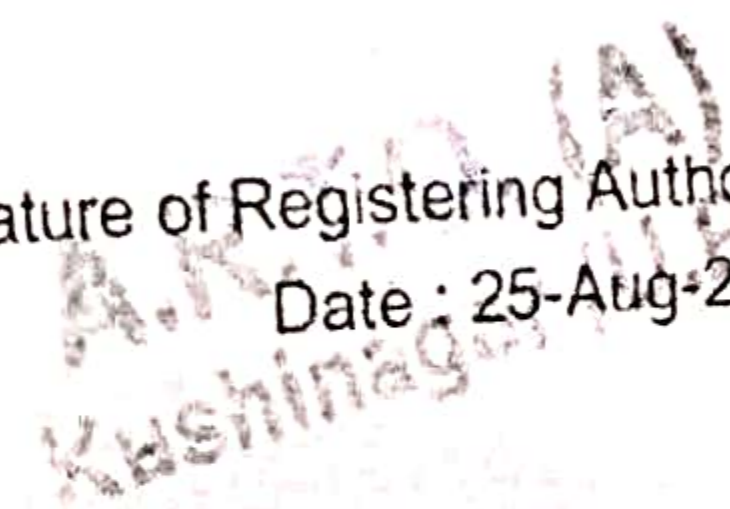
The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LIMITED, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 22-Jul-2025.

Purchase dt : 22-Jul-2025 Sale Amt : 80116/-
 OTT Date : 22-Jul-2025 Amount/Rcpt No : 8012 / UP57D25070002444
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 25-Jul-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 23-Jul-2025 to 22-Jul-2040

Date : 25-Aug-2025 12:23:23
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 25-Aug-2025



Q 5142145

Indian Union Driving License
 Issued by Uttar Pradesh

UP57 20230019005



Holder Name: VIKASHY KUMAR
 Date of Birth: 15/11/2003
 Address: ...

Category: ALL INDIA
 Validity: ...
 Issued At: ...

Ministry of Transport, Government of India
 New Delhi - 110011

UP57 20230019005

Vehicle Category: ...

Vehicle Number: ...

Sl. No.	Date	Issued By	Expiry Date	Vehicle Category	Vehicle Number	Remarks
1	15/11/2003

Signature of Issuing Authority



भारतीय पहचान संख्या प्राधिकरण
Unique Identification Authority of India

पता:

W/O: नन्दकिशोर गोंड, गारुण नगर,
गारुण नगर, बॉर्ड 13, पडराणा,
कुशीनगर,
उत्तर प्रदेश - 274304

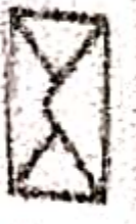
Address:

W/O: Nandkishor Gond, GARUN
NAGAR, GARUN NAGAR,
WARD 13, Padrauna,
Kushinagar,
Uttar Pradesh - 274304

9928 1367 1135



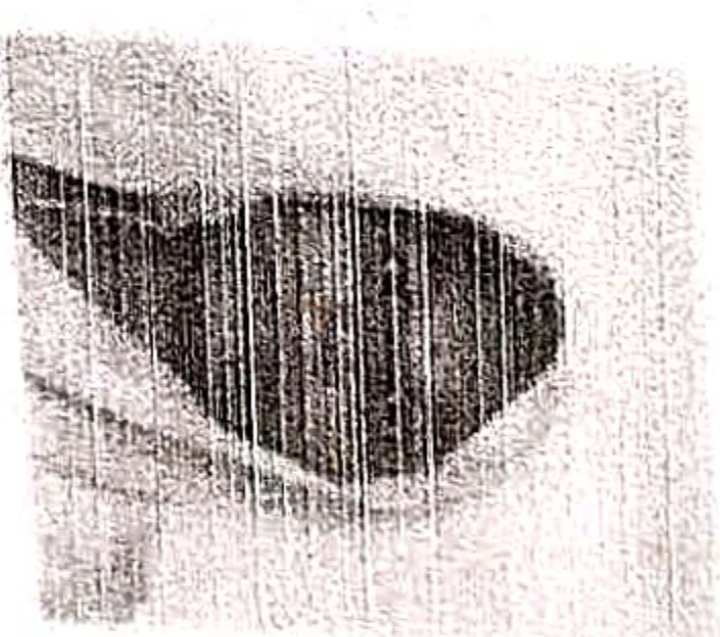
help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



शुनी देवी
GUNI DEVI
जन्म तिथि/ DOB: 17/01/1986
पहचान / FEMALE

9928 1367 1135

श्री आश्विन, श्री परचाण





The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

Sign: IS THE ORIENTAL INSURANCE COMPANY LIMITED U...
Date: 28-Nov-2025 13:57:15 IST
Reason: Signing Policy for ORCL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT,,01214063570,, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	22-JUL-25
Policy No	252400/31/2026/29168	Proposal No. & Date	R/252400/31/2026/21657 & 22-JUL-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 13:37 ON 22/07/2025 TO MIDNIGHT OF 21/07/2026
Agent/Broker Name	M.S POLICYBAZAAR INSURANCE BROKERS PVT LTD	Policy Period (LIABILITY)	FROM 13:37 ON 22/07/2025 TO MIDNIGHT OF 21/07/2030
Insured Name	GUNI DEVI (GSTIN:)	Lead / Breakin No	
Insured Address	C/O NANDKISHOR GOND, VILL-GARUN NAGAR POST -PADRAUNA, THANA - PADRAUNA KUSHINAGAR, KUSHINAGAR,,PADRAUNA (KUSHINAGAR), , NA.	Insured State	UTTAR PRADESH

INSURED DECLARED VALUE (IDV) (in Rs.)

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	76585
Model & Variant	HERO SPLENDOR PLUS 13S BLA E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	76585
Engine -Chassis No	HA11F6SHF26829 - MBLHAW47XSHFC8142		TMF CONTRACT NO	
Cubic Capacity	100		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	1283.57	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1207.57	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-46)	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)	4159
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	748
AAI Membership (IMT-8)	0	GST	0.00
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	1091	STAMPDUTY	0
SIP Discount	1091	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	191	Krishl Kalyan Cess@0.50%	4907
NIL Depreciation	0	Gross Premium Paid	
Return to Invoice	0		
Key Replacement	191		
Consumables	308		
Sub Total Add-on Coverages			
Net own Damage Premium(A)			4907

- Note:
1. Policy Issuance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT.7.10.28.

Nominee Details :	Nominee Name	Cheque No./Transaction No.	Bank Name	Age	Relation	Amount
Payment Details :	Payment Method	Financer Name	SHRIRAM FINANCE LIMITED			
Financer Type		POS ID	NA			
POS Name	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, IMTs and OIC endorsements mentioned herein above which are available on company's website. 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 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/have herein to set his/their hands at 252400 on 22-JUL-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 trails

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 learner's license may also drive vehicle & that such a person satisfies the requirement 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 there 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 : 659525SMID
Approved On : 22-JUL-25
Place : MRT
Printed On : 28-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signatory

