

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3280**

Date 01-04-26

Name

Mritunjay Pandey

Add.

CP57AQ 9470

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Visher			1250	
	H/L			500	
	H/L stay			350	
	w/s			400	
	Handdle			500	
	Handdle - T			950	
	Front Winks (R)			250	
	Lets (R)			250	
	Mirror (R)			250	
	Fork pipe both			9300	
	Labour charge			1200	
				/	
			TOTAL	8150/-	

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.	9792918235
2	Vehicle No. / वाहन संख्या	Maitungay Pandey LP57A89470
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/428705
4	Period of Insurance / बीमा अवधि	19-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28-03-2026 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Maitungay Pandey 9792918235
8	Estimated Loss / अनुमानित हानि	8150/-
09.	Cause of Accident / दुर्घटना का कारण:	गारी लेकर जा रहे थे वक्त में शाम के समय खामने से अचानक नीलगाय रोड़ क्रॉस करके भागी जिससे कारक उससे टकरा ले गयी और कारक कारों तरफ गिर गया और 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 9125197148

Date / दिनांक : 01-04-2026
हस्ताक्षर

मृत्युंजय पाण्डेय
Signature of Insured / बीमाधारक के

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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. 02/2025/70010/46575/42875

Tel. No. _____

Period of Insurance 19-09-2026
 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 : Mritunjay Pandey
 (b) Address for correspondence : _____
 (c) Telephone : 9792918235

2. THE INSURED VEHICLE

Make & Year <u>2019</u>	Engine No. <u>JA05E6K9D43084</u> Chassis No. <u>M3LJA0030K9D22089</u>	Registration No. <u>UP57AQ9470</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mohitungey Pandey
- (b) Age : _____
- (c) Address : _____
- (d) Is the Driver : _____
- 1. Owner
 2. paid driver?
 3. Owner's relative or 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 : CP5720050002220
- (h) Issuing Authority : _____
- (i) Date of Expiry : 16-11-2030
- (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 : 20-08-2026 7:00 PM
- (b) Place : Padrana
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : श्री 01121 के अर्ध चक्र एलि अर्ध अर्ध
- (e) If any third party was responsible for this accident give the name and address : अर्ध अर्ध - etc.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : visor, H/L, W/S, Handle, Lens - R
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile Pradrana

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? : _____

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.

Date 01-04-2002

Signature of the insured सुर्यजित पांडे

GOVERNMENT OF UTTAR PRADESH
Transport Department Padrauna(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	: UP57AQ9470	Registration Date	: 22-May-2019
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: HPT
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...	Son/wife/daughter of	: BHRIGURASAN PANDEY
Owner Name	: MRITUNJAY PANDEY		
Full Address: (Permanent)	: VILL-FARNA, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305		
Full Address: (Temporary)	: VILL-FARNA, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305		
Fitness UpTo	: 21-May-2034	Tax UpTo	: One Time
Owner Serial No	: 1		
Detailed Description			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE IV
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA1000043243
Front HSRP No	: AA2001055247	Month/Year of Manuf.	: 04/2019
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLJAW030K9D22089
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: JA05EGK9D43084	Cubic Capacity	: 124.70
Horse Power(BHP)	: 9.00	Wheel base	: 1265
Maker's Classification	: SUPER SPLENDOR(DRUM-5 ELF-CAST)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 121
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 251
Colour	: Grey Black	AC Fitted	: NO
Other Criteria	:		
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 w.e.f. .

Purchase dt	: 26-Apr-2019	Sale Amt	: 58650/-
OTT Date	: 26-Apr-2019	Amount/Rcpt No	: 5865 / UP57D19050000310
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 22-May-2019
Other State/Transfer/Conversion Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 22-May-2019 to 21-May-2034

Date : 25-Nov-2020 13:16:49

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 25-Nov-2020

M701525

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/428705

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: 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	
MRITUNJAY PANDEY	1970-11-17	9792918235	S/O RAGHUVANSH	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Typ
DRUM SELF CAST BLA	UP57AQ9470	JA05EGK9D43084	MBLJAW090K9D22089	2019-05-22	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
31500.00	NA	0.00	0.00	0.00	31500.00	
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	2058.43	
Address			City / District	Pin Code	State	
Kushinagar, 274305				274305	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
POOJA PANDEY	Female	40 Years	WIFE	2025-04-20 17:04	Midnight of 2026-04-19	

Section A: VRC: 579.82 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 120.48 Total with GST(A) 459.34
 Section B + C: 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: 210.58 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 37.91 Total with GST(D): 248.49
 Total(Section A+B+C+D) Offered Price After Discount: 2058

Package Period Covered	2025-04-20 To 2026-04-19	2026-04-20 To 2027-04-19	2027-04-20 To 2028-04-19	2028-04-20 To 2029-04-19	2029-04-20 To 2030-04-19
ADV	31500	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 2025-04-20 until 2026-04-19.

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) 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 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 Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Not 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 MotorSathi App.

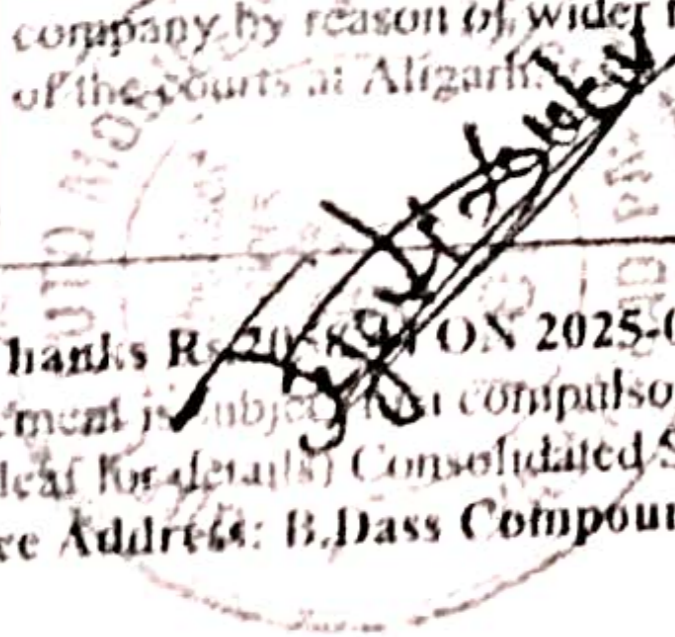
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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 w 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.: 79410506- email id: info@motorsathi.com



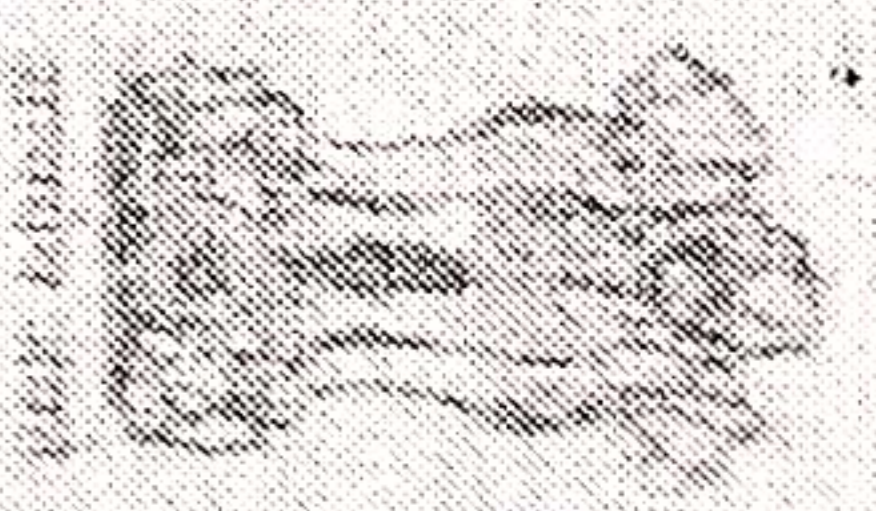
IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.



Received with Thanks Rs. 2058/- ON 2025-04-19 from Mr./Ms. MRITUNJAY PANDEY against the ARN No. INCP00428705
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please see overleaf 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), Indi

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

MRITUNJAY PANDEY

BHRIGURASAN PANDEY

171111970

Permanent Account Number

BBJPP8167L

भृगुरसना पण्डेय

Signature



07052009



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
आत्मज: रघुवंश पाण्डेय, फरना,
कुशीनगर, रामकोला, उत्तर प्रदेश,
274305

Address:
S/O: Raghuvansh Pandey, Farna,
Kushinagar, Ramkola, Uttar
Pradesh, 274305

8579 2485 2397



1947
1800 300 1347



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WWW

www.uidai.gov.in

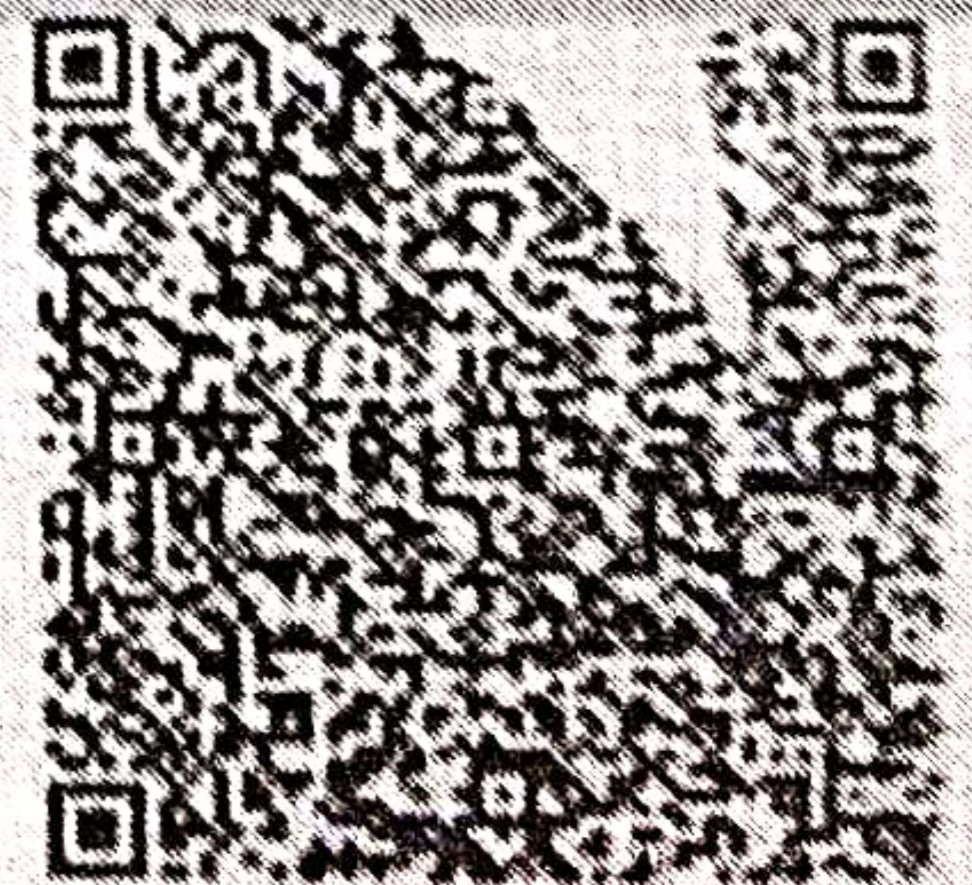


भारत सरकार

Government of India



मृतुन्जय पाण्डेय
Mritunjay Pandey
जन्म तिथि / DOB : 17/11/1970
पुरुष / Male



8579 2485 2397

आधार - आम आदमी का अधिकार