

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3279**

Date 01-04-20

Name Adam Ali

Add. UP57BP 9725

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Fuel Tank			5500	
	Tool Box Both			1400	
	Handle			500	
	Front Visor			2200	
	Levs - R			250	
	Side Pannel (R)			750	
	Foot rest (R)			400	
	Rear Both Winks Both			500	
	Seat Cover (R)			750	
	Handle +			950	
	Pannel Pins			400	
	Front Fenders			1400	
	labour charge			1200	
				/	
			TOTAL	15,200/-	

Authorised Signature

12 Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन

Gupta

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.	9797696819 ADAM ALI
2	Vehicle No. / वाहन संख्या	LP52BP.9725
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/433077
4	Period of Insurance / बीमा अवधि	02-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/08/2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Jungle Area Khatiya Padraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Adam Ali 9797696819
8	Estimated Loss / अनुमानित हानि	15,200/-
09.	Cause of Accident / दुर्घटना का कारण:	धर से मर्केट जाते समय रास्ते में आमने सामने टक्कर हो गयी और बर्सेक कारों तबक गिर कर 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 padraha

Date / दिनांक : 01-09-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के



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. MS/2025/7001/0/48575/

Tel. No. _____

Period of Insurance
 Claim No. 02-05-2026

432877

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 : ADAM ALI
 (b) Address for correspondence : _____
 (c) Telephone : 9797696019

2. THE INSURED VEHICLE

Make & Year <u>2022</u>	Engine No. <u>HA116VM24F-44838</u> Chassis No. <u>M3LHAW11MHF18663</u>	Registration No. <u>UP52BP 9725</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 : ADM Ali
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1. Owner : 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 : UP5720150002142
 (h) Issuing Authority : _____
 (i) Date of Expiry : 10-04-1983
 (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 : 28/03/2026 5:00 P.M
 (b) Place : Jungle khikiya padraua
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : शामने सामने नजर आने से अचानक ठोका
 (e) If any third party was responsible for this accident give the name and address : कोई नहीं कि कर शिकायत की जायगी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fuel Tank, Tool Box, front VSD etc.
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraua

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 Police 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 01-04 200 26

Signature of the insured A

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

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/433877

Motorsathi Care Private Limited
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
Contact us at:
Phone: +91 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	
ADAM ALI	1983-04-10	9797696819		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ZX		HA11EVMHF44838	MBLHAW111MHF16663	06-04-2022		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
44500.00	NA	0.00	0.00	0.00	44500.00	
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	1346.26	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SITARA NISHA	Female	36 Years	WIFE	2025-05-03 00:00	Midnight of 2026-05-02	

Section A, VRC: 495.60 TCR: 367.57 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 1052.65

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 248.82 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 44.79 Total with GST(D): 293.61

Total(Section A+B+C+D) Offered Price After Discount: 1346

Package Period Covered	2025-05-03 To 2026-05-02	2026-05-03 To 2027-05-02	2027-05-03 To 2028-05-02	2028-05-03 To 2029-05-02	2029-05-03 To 2030-05-02
ADV	44500	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 TAKEN FROM AN INSURANCE COMPANY.

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) c) 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 or 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/ Note: 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 or 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 will 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.:7941050643 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 Meerut.

#: Received with Thanks Rs 1346.26 ON 2025-05-03 from Mr./Ms. ADAM ALI
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

सर्वप्रकार पत्रिका

भारत सरकार

INCOME TAX DEPARTMENT

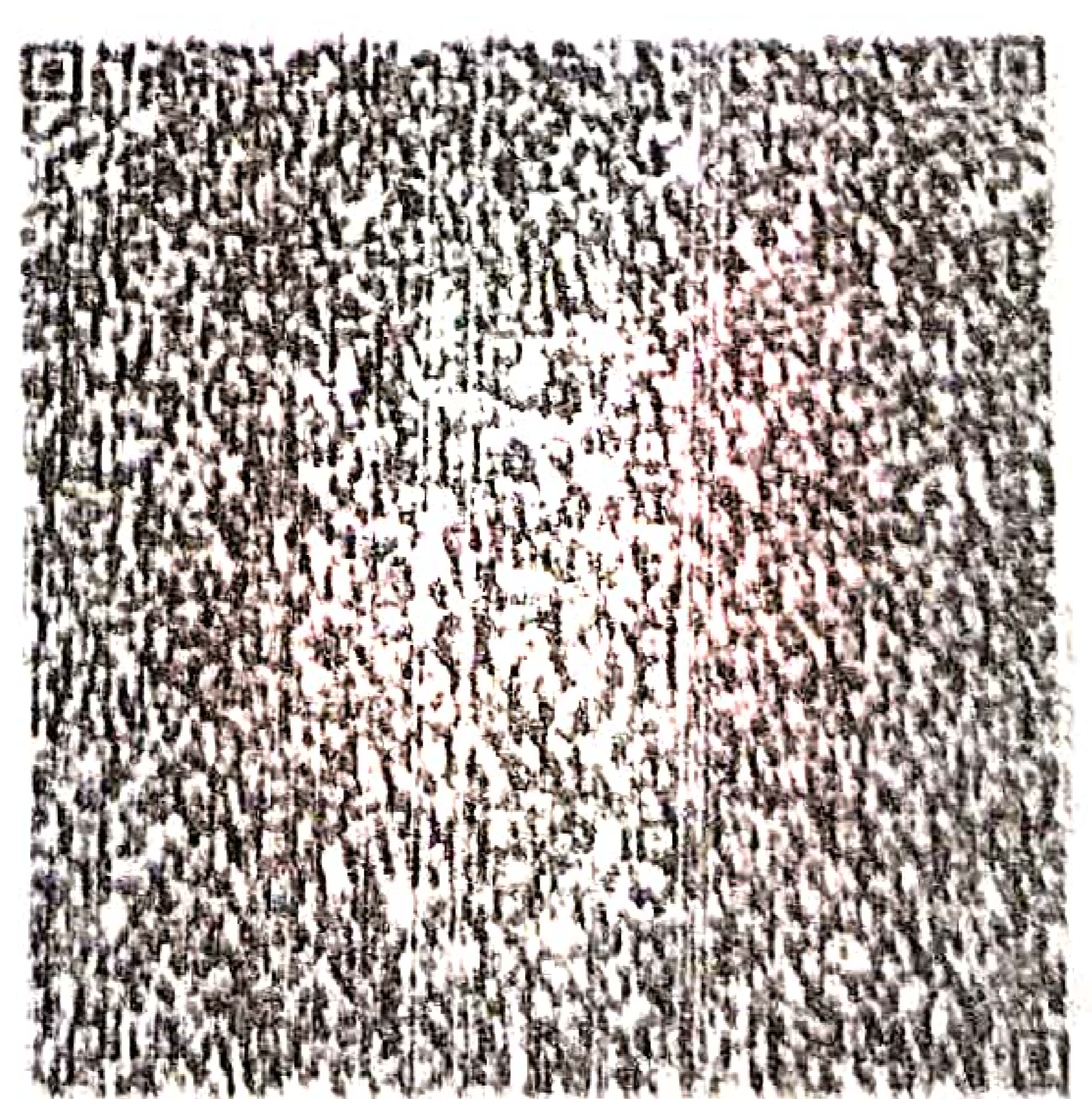
GOVT. OFFINDIA



सर्वप्रकार पत्रिका
सर्वप्रकार पत्रिका

PHIPAT313P

अब्दुल्लाह



पिता / Father's Name

अब्दुल्लाह इस्लाम मन्सूरी

10001000

18328



Unique Identification Authority of India

पता:

आत्मज: मोहमद इस्लाम मंसूरी,
जंगल खिरकिया, कशीनगर, पटना,
उत्तर प्रदेश, 274304

Address:

S/O: Mohammad Islam Mansoori,
Jungle Khirkia, Khasinagar,
Padraura, Uttar Pradesh, 274304

6768 3458 1955



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



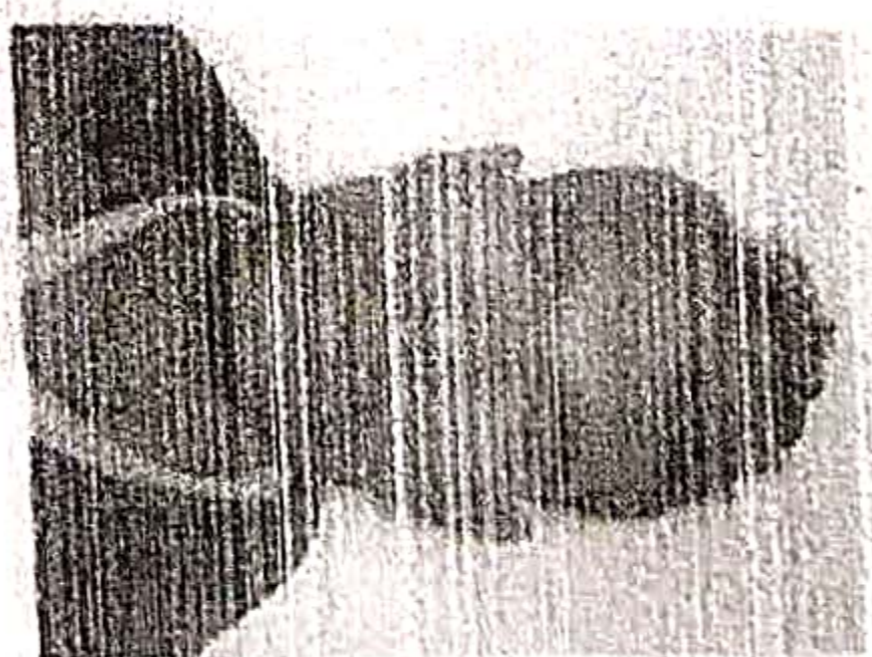
भारत सरकार
Government of India

आत्म अली

Adam Ali

जन्म तिथि / DOB : 10/04/1983

पुरुष / Male



6768 3458 1955



आधार - आत्म आदमी का अधिका

UP57 20150002142



LMV
30/01/2015



MCWG
30/01/2015

UP02433111RS



Form 7 Rule 16(2)

पता / Address

VILL. KHIRKIYA JANGAL
PO- SINGHA PATTI, PS- PADRAUNA
KUSHINAGAR 274304

उम्मीदगार

Holder's Signature

संस्थान / Issuing Authority Sign

KUSHINAGAR

UNION OF INDIA Driving Licence



UP57 20150002142



नाम / Name

ADAM ALI

पिता/पति वा माता / Son/Daughter/Wife of

MOHAMMAD ISLAM MANSOORI

संस्थापन की तिथि
Date of Issue

30/01/2015

संस्थापन की तिथि
Date of Birth

10/04/1983

संस्थापन की तिथि
Date of Validity

09/04/2033

Blood Group

UNKNOWN

