

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3284**

Date **02-04-28**

Name **Badran Nisha**

Add. **UP57 B27620**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Handdle			500	
	Front Visor			1200	
	Seat cowl Both			1400	
	Tail light			600	
	Rear fender			1050	
	Rear winker Both			500	
	Kaitech (swingarm)			1200	
	Rear Grip			1200	
	Chassis Repair			2500	
	Labour charge.			1200	
			TOTAL	11,350/-	

Authorised Signatory

I सूचना

not / Final
स्त करने

96

Nisha

7620

12028

25

2028

Kasia
vdi ki

6953

11

T देवर

एक

T अर्थ

N/A

N/A

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

Gupta Automobile

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस 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.	9695 33 5215 Badrun Nisha
2	Vehicle No. / वाहन संख्या	LP57BZ 7620
3	Policy No. / पालिसी संख्या	252400/31/2026 / 42937
4	Period of Insurance / बीमा अवधि	14-10-2025 — 13-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27-08-2026 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	Kasia Road Badipool.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Samsad Siddiki 9695 33 52 15
8	Estimated Loss / अनुमानित हानि	11,350/-
09.	Cause of Accident / दुर्घटना का कारण:	भेरी गाड़ी में डेवर लेकर किसी काम से जा रहे थे तब अचानक से आगे वाले एक बर्क वाले ने पिछे से टक्कर मार दिया और बर्क हायां तक गिर कर सतिग्रह 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 912519 7148

Date / दिनांक : 02-04-2026
हस्ताक्षर

बदरुन निशा
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. 252900/31/2026/42937

Tel. No. _____

Period of Insurance 13-10-2026
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 : BADRUN NILSHA
(b) Address for correspondence : _____
(c) Telephone : 9695335215

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11F7SHF65137</u> Chassis No. <u>MBLHAW4A29SHFH5512</u>	Registration No. <u>CP57BZ 7620</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 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? No
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____

577

3 P.M

पिछले

क

शुक्तिगस्त

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Samsad Siddiki
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 ✓ 3. Owner's relative or friend? : relative
 (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 : LP5720260001998
 (h) Issuing Authority : _____
 (i) Date of Expiry : 10-03-2043
 (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 : 27-03-2026 3:00 A.M
 (b) Place : Kasia Road Badipool
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : एक हादसे वाले में पीछे से टक्कर मार दिया
 (e) If any third party was responsible for this accident give the name and address : एक गाड़ी वाला जिस को सविज्ञान लोग

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Handle, front view etc.
 (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 : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : MIA

8. INJURY TO DRIVER/OCCUPANT

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

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 02-04 20026

Signature of the insured बदरुन निशा

बदरुन

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 बहसने निशा

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 and 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 : _____

बदरुन निशा
Signature of the declarant

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



Registration No : UP57BZ7620 Registration Date : 15-Oct-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 : BADRUN NISHA Son/wife/daughter of : MAINUDDIN
 Full Address: (Permanent) : VILL-LUXMIPUR, POST-LUXMIPUR, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL-LUXMIPUR, POST-LUXMIPUR, THANA-KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303
 Fitness UpTo : 14-Oct-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 : AA2133167081 Rear HSRP No : AA2134818904
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW489SHFH5512
 Engine No : HA11F7SHF65137 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 Other Criteria :
 Vehicle Purchase As : Fully Built AC Fitted : 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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 14-Oct-2025.

Purchase dt : 14-Oct-2025 Sale Amt : 73764/-
 OTT Date : 14-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100003779
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Dec-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 15-Oct-2025 to 14-Oct-2040

Date : 23-Dec-2025 11:32:09
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 23-Dec-2025



Q 6303627



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No: 1

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	14-OCT-25
Policy No	25240031/2026/42937	Proposal No. & Date	R/252400/31/2026-34214 & 14-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:27 ON 14/10/2025 TO MIDNIGHT OF 13/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 12:27 ON 14/10/2025 TO MIDNIGHT OF 13/10/2026
Insured Name	BADRUN NISHA (GSTIN:)	Lead / Breakin No	/
Insured Address	C/O MAINUDDIN, VILL & POST LUXMIPUR, THANA-KUBERSTHAN, PADRAUNA (KUSHINAGAR), , NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E2U			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	70077
Engine - Chassis No	HA11F7SHF65137 - MBL1AW489S1HF5512			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	1174.49	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1174.49	Legal Liability (WC) to driver (IMT-23)	0
Geographical Area Extra (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)	4027
Anti- Theft Device (IMT-18)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle (designed for handicapped)	998	STAMP DUTY	0
SIP Discount	998	Swachh Bharat Cess@0.50%	0
Sub -Total Deductible	998	Krishn Kalyan Cess@0.50%	4751
Add-On Coverages		Gross Premium Paid	
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy issuance is the subject to the submission of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	176	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT.7,10,28.	

Nominee Details:	Nominee Name	Cheque No./Transaction No.	Bank Name	Amount
Payment Details:	Payment Method			4751
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	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: www.orientalinsurance.org.in or on demand from the policy issuing office.

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 the 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 14-OCT-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 MVA 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 trials (7) Any Purpose in connection with motor trade.

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 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 the 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/30% preceding five consecutive years/45% preceding five consecutive years/50% 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, 1988.

* This insurance excludes all pre-existing damages

Approved By: 6595255MD
Approved On: 14-OCT-25
Place: MRT
Printed On: 08-NOV-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

KANKOLA ROAD, 955555

यह नीचा पालिती, गाड़ी का फुल बीमा
(OD) एका साल का लमा थर्ड पार्टी बीमा



भारत सरकार
Government of India



बदरुन निशा
Badrun Nisha
जन्म तिथि / DOB : 21/07/1984
महिला / Female



2340 0534 2260

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: W/O: मैनुद्दीन, लक्ष्मीपुर,
लक्ष्मीपुर, कुशीनगर, उत्तर प्रदेश,
274303

Address: W/O: Mainuddin, Luxmipur,
Laxmipur, Kushinagar, Uttar Pradesh,
274303

2340 0534 2260


1947
1800 300 1947


help@uidai.gov.in


www.uidai.gov.in

Indian Union Driving Licence
 Issued by Government of UTTAR PRADESH

UP57 20260001998

Issue Date 28-01-2026 Validity(NT) 10-03-2043 Validity (TR)* 00-00-0000



Holder's Signature

Name: SAMSAD SIDDIKI
 Date of Birth: 11-03-2003 Blood Group: Organ Donor: N
 Mother/Daughter/Wife of: ISHA ALI
 Address: Luxmipur Padrauna Kushinagar Uttar Pradesh 274303

LN No : **UP57 20260001998**

DLUP00178861



Invalid Carriages (Regn. Numbers)*
 Hazardous Validity* Hill Validity*
 00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	28-01-2026	MT			
	LMV	UP57	28-01-2026	MT		00-00-0000	
			-				
			-				
			-				
			-				

Emergency Contact Number

Licensing Authority
 Kushinagar