

ESTIMATE

GSTN: 09AHWPG0569P1ZE

Gupta

AUTOMOBILES

AUTHORISED DEALER



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

No. 3283

Date 02-04-26

Name

Amit Kumar Shahi

Add.

CP57BN 7096

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Front Fender			1450	
	Front blinker (L)			250	
	Handle			500	
	M/L			500	
	Fork pipe both			2300	
	Panel (R)			750	
	Seat Cover Both			1400	
	Centre			350	
	RR Winker (L)			250	
	RR Fender			1050	
	Tail light			450	
	Front Visor			1200	
	labour charge.			1600	
	tax				
			TOTAL	11830/-	

Authorised Signatory

[सूचना पत्र .

not / Final surveyor
 त्त करने की व्यव

95696250

Umao Shahi

17096

1001/0/465

02-01-2027

2026

Vaha & Ramk

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गा दिया हो

मेया तब तक

बायां रक

1A

N/A

12

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

Gupta Automobile pad

9125197148

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.	9569625808 Amit Kumar shahi
2	Vehicle No. / वाहन संख्या	CP57BN7896
3	Policy No. / पालिसी संख्या	ms/2026/7001/0/46575/569377
4	Period of Insurance / बीमा अवधि	02-01-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29-03-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Singala & Ramkola Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit Kumar shahi 9569625808
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लेकर जा रहे थे तभी अचानक से ब्रेक लगा दिया और उसके पिछले हिस्से से टक्कर हो गयी और जैसे ब्रेक किया तब तक पिछले से एक बसक वाला टक्कर मार दिया और बसक वायां रुक कर क्षतिग्रस्त
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padrauna 9125197148

दी-या

Date / दिनांक : 02-04-2026
हस्ताक्षर

Amit Kumar shahi
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/2025/1001/0/48575/

Tel. No. _____

Period of Insurance _____

Claim No. 02-01-2027

569377

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 : Amit Kumar Shahi
 (b) Address for correspondence : _____
 (c) Telephone : 95 69 62 5808

2. THE INSURED VEHICLE

Make & Year <u>2022</u>	Engine No. <u>HAI100PHJ5999</u> Chassis No. <u>MBLHAW231PHJ09000</u>	Registration No. <u>CP57BN7896</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Amita Kumar Shadi
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1 Owner : SONS
 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 : UP5720140001977
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29-01-2024
 (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 : 29-03-2026 5:00 PM
 (b) Place : Singha & Ramkolan Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : जैसे ब्रेक लिया तब तक पिछे से एक कारक वाला
 (e) If any third party was responsible for this accident give the name and address : वक्ता नाम दिया और बर्क क्यां तक गिर कर धतियस्त हो गया -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front fenders 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? : MIA

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 Policy 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 02-04 200 28

Signature of the insured Anil Kumar Singh

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
Where Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *Anil Kumar Sahi*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BN7896 Registration Date : 14-Nov-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : AMIT KUMAR SHAHI Son/wife/daughter of : OMPRAKASH SHAHI
 Full Address: (Permanent) : VILL-SINGAHA, POST-SINGAHA, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-SINGAHA, POST-SINGAHA, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305

Fitness UpTo : 13-Nov-2038 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 : AA2086714703 Rear HSRP No : AA1027972822
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2023
 No of Cylinders : 1 Chassis No : MBLHAW231PHJ89800
 Engine No : HA11E8PHJ54994 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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 HDFC BANK LTD PADRAUNA, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f 11-Nov-2023.

Purchase dt : 11-Nov-2023 Sale Amt : 74991/-
 OTT Date : 11-Nov-2023 Amount/Rcpt No : 7500 / UP57D23110002770
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 12-Jan-2024
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 14-Nov-2023 to 13-Nov-2038

Date : 08-Feb-2024 11:29:08
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 08-Feb-2024

P 5653977

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575 569377

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Phone: +91 7941 050643
 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	
AMIT KUMAR SHAHI	1986-11-15	8354803379	OMPRAKASH SHAHI	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP57BN7896	HA11E8PIH54994	MBLHAW231P1H89800	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
51000.00	NA	0.00	0.00	0.00	51000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
PADRAUNA (KUSHINAGAR)	Solo			2	1911.75	
Address			City / District	Pin Code	State	
VILL-SINGAHA POST-SINGAHA			PADRAUNA (KUSHINAGAR)	274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SUBHIYA SINGH	Female	29 Years	WIFE	2026-01-03 13:31	Midnight of 2027-01-02	

Section A. ARC: 733.94 TCR: 421.26 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1155.20
 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): 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: 266.57 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 47.98 Total with GST(D): 314.55
Total(Section A+B+C+D) Offered Price After Discount: 1912

Package Period Covered	2026-01-03 To 2027-01-02	2027-01-03 To 2028-01-02	2028-01-03 To 2029-01-02	2029-01-03 To 2030-01-02	2030-01-03 To 2031-01-02
ADV	51000	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 VALID UPTO 2028-11-10 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

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) ...

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 Motor Sathi 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.

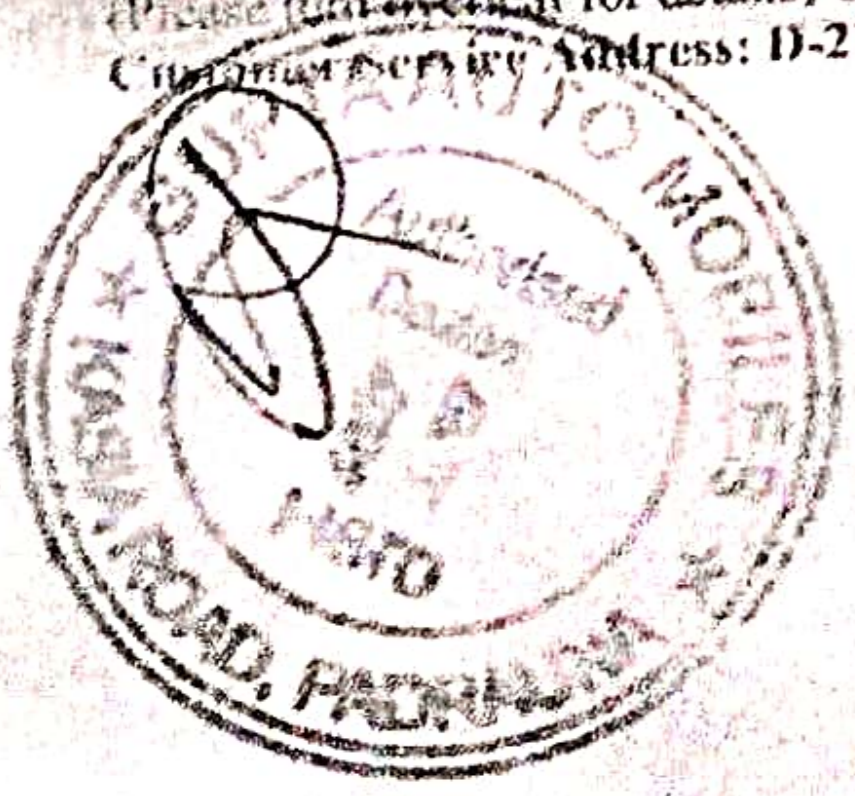
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643



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 1911.75 ON 2026-01-03 from Mr./Ms. AMIT KUMAR SHAHI against the ARN No. INC P00569377
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please refer website for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 15
 Company Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



UNION OF INDIA Driving Licence



नाम / Name

पिता/पत्नी का नाम / Son/Daughter/Wife of

तारीख जारी की तिथि
Date of Issue

जन्म तिथि
Date of Birth

वैधता
Validity

रक्त समूह
Blood Group

[Faint signature]

Holder's Signature

पता / Address

UP-00102A452RS



Form 7 Rule 16(2)

अधिकारी / Issuing Authority Sig

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

AMIT KUMAR SHAHI

OM PRAKASH SHAHI

15/11/1986

Permanent Account Number

BYWPS9751H

Amit Kumar Shahi

Signature



20102011

Hero

MOBILES

AUTHORISED DEALER
Hero

99079236635

Issue Date: 26/04/2015



भारत सरकार
Government of India

अमित कुमार शाही
Amit Kumar Shahi
जन्म तिथि / DOB : 15/11/1986
पुरुष / MALE



8036 8345 5248

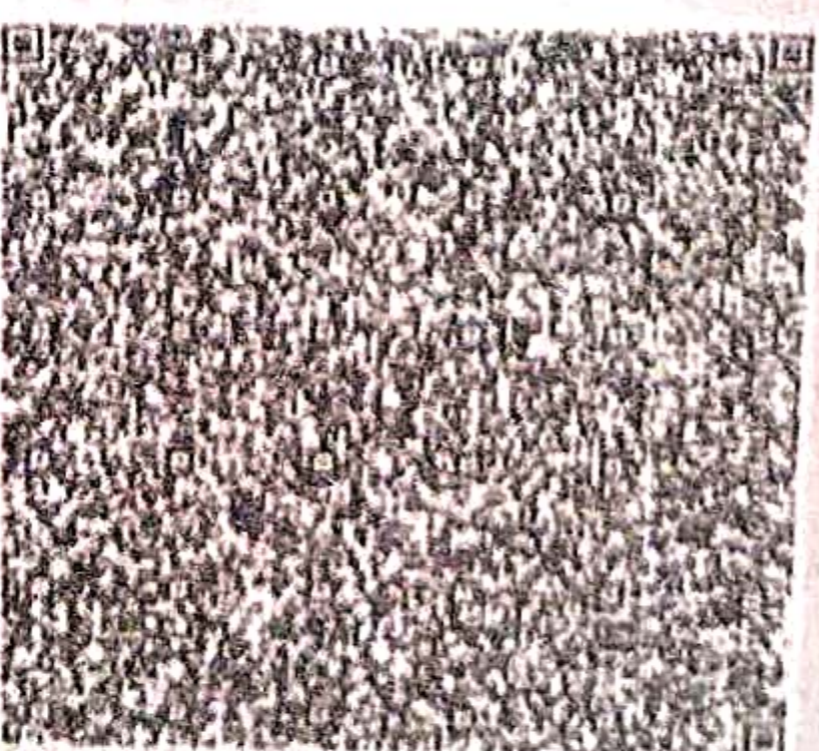
सेरा आधार, सेरी पहचान

Print Date: 24/02/2021



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: ओम प्रकाश शाही, 108, सिंगहा,
मठिया खुर्द, कुशीनगर, उत्तर प्रदेश, 274305
Address: S/O: Om Prakash Shahi, 108,
Singaha, Mathiya Khurd, Kushinagar, Uttar
Pradesh, 274305



8036 8345 5248



1947



help@uidai.gov.in



www.uidai.gov.in

DL Holder Last Endorsed Details :

State- Uttar Pradesh
RTO - ASST.RTO, PADRAUNA (KUSHINAGAR)

Class of Vehicles :

COV Abbr.

Issue Date & Issue Authority

MCWG

ASST.RTO, PADRAUNA (KUSHINAGAR)



LMV

ASST.RTO, PADRAUNA (KUSHINAGAR)



Validity Period

Non - Transport :
30-01-2014 to 29-01-2034



* Confirmed that the above Driving Licence details are mine:

Select

Category of the Driving Licence Holder :

General

Select only if the Driving Licence Holder belongs(Ex-Servicemen / Repatriate / Refugees / Diplomats (Foreigner) /
Foreigners (But not Diplomats) / Physically Challenged)

Submit Request to :

To know your RTO Office Enter the pin code of Applicants Present
Address here

PINCODE

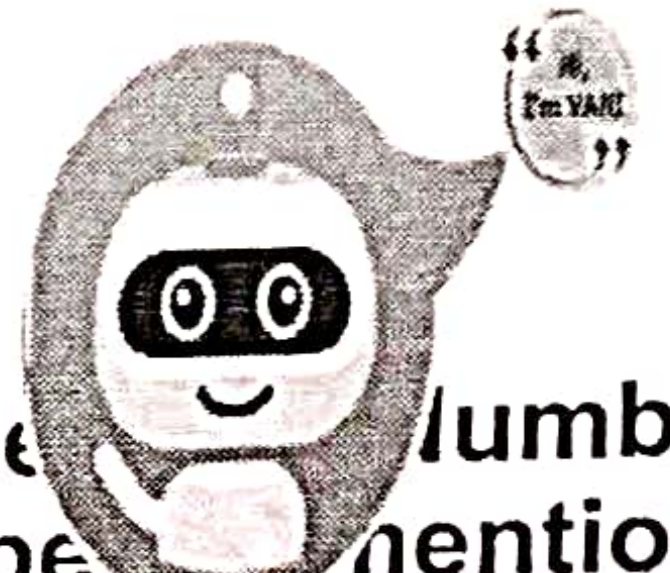
* State

Uttar Pradesh

* RTO Office

Proceed Reset Exit

(* Mandatory Fields.



Note:: 1) DL Number can be entered in any format. For example DL Number is 1234567890 then it can be entered in any one of the below mentioned