

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No **3285**Date 02-04-20

Name

Suganti Devi

Add.

CP57 CB5201

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Upper			2300	
	Lower			2200	
	gnns			200	
	mirror (L)			250	
	Indicator (L)			800	
	Fender			1450	
	Floor Panel (L)			700	
	Handdle			600	
	Fork			2400	
	labour charge			1200	
	MPL			500	
	metts			3200	
				/	
			TOTAL	17,000	

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.	7991821641 Suganti Devi
2	Vehicle No. / वाहन संख्या	LP57CB5201
3	Policy No. / पालिसी संख्या	252400/31/2026/65881
4	Period of Insurance / बीमा अवधि	11-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26-03-2026 12:00 PM
6	Place of Accident / दुर्घटना का स्थान	Turkpathi Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शिवेश चंद्र गुप्ता 7991821641
8	Estimated Loss / अनुमानित हानि	17000/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बहन की लड़की शिवेश चंद्र गुप्ता किसी काम से कारक लेकर जा रही थी तब अचानक से रोड पर कुछ लिक्विड पदार्थ गिरा या जैसे ब्रेक लिया जाई कर्लिय ही गयी बाधां तक जाई लेकर गिर गये और क्षतिग्रस्त हो गये।
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.	9125197142 Gupta Automobile Padraunq

Date / दिनांक : 02-04-2026
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. 252400/31/2016/65001
 Tel. No. _____ Period of Insurance 11-12-2016
 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 : Suganti Devi
 (b) Address for correspondence : _____
 (c) Telephone : 799132641

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>JF170456M00002</u> Chassis No. <u>MBLJFN43656M00002</u>	Registration No. <u>UP57CB5201</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? _____

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 : _____

all A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Shivash chandra Gupta
 (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 : LP572024-0029976
 (h) Issuing Authority : _____
 (i) Date of Expiry : 08-7-2043
 (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 : 26-03-2026 12:00 P.M
 (b) Place : Turkpathi Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : रोड पर कूड़े गिरा हुआ था जिसके कारण
 (e) If any third party was responsible for this accident give the name and address : बाड़ी क्लीव लेवथी और बायेकक गिर
अ सुविधित ले गयो -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : UPPER, LOWER, FRONT FENDERS
 (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? : _____

~~NA~~

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

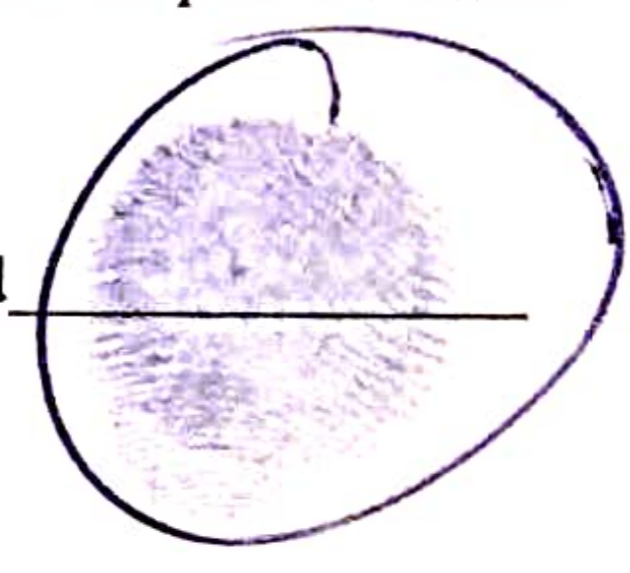
- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Policy Station? : _____
- (i) C.R. diary Number : _____

~~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.

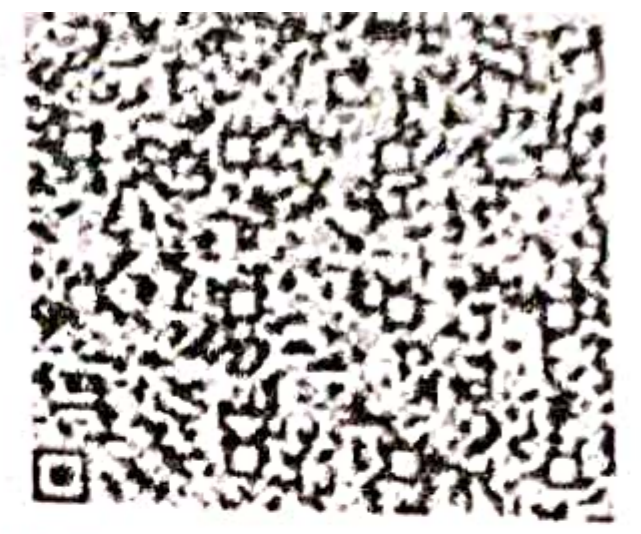
Date 02-04 200 26

Signature of the insured



सुगन्ती देवी

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



Registration No	: UP57CB5201	Registration Date	: 14-Dec-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	: SUGANTI DEVI	Son/wife/daughter of	: ARVIND
Full Address: (Permanent)	: VILL- PIPRA JATAMPUR, POST- PIPRA JATAMPUR, THANA- KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303		
Full Address: (Temporary)	: VILL- PIPRA JATAMPUR, POST- PIPRA JATAMPUR, THANA- KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303		
Fitness Up To	: 13-Dec-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	Rear HSRP No	: AA1047587694
Front HSRP No	: AA2147211971	Month/Year of Manuf.	: 12/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLJFN436SGM00062
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: JF17EYSGM00002	Cubic Capacity	: 124.60
Horse Power(BHP)	: 8.98	Wheel base	: 1245
Maker's Classification	: DESTINI PRIME	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 115
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 245
Colour	: NOBLE RED	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 IDFC FIRST BANK LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 12-Dec-2025.

Purchase dt	: 12-Dec-2025	Sale Amt	: 72248/-
OTT Date	: 12-Dec-2025	Amount/Rcpt No	: 7225 / UP57D25120001392
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 29-Jan-2026		

Other State/Transfer/Conversion/Reassign Details

Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

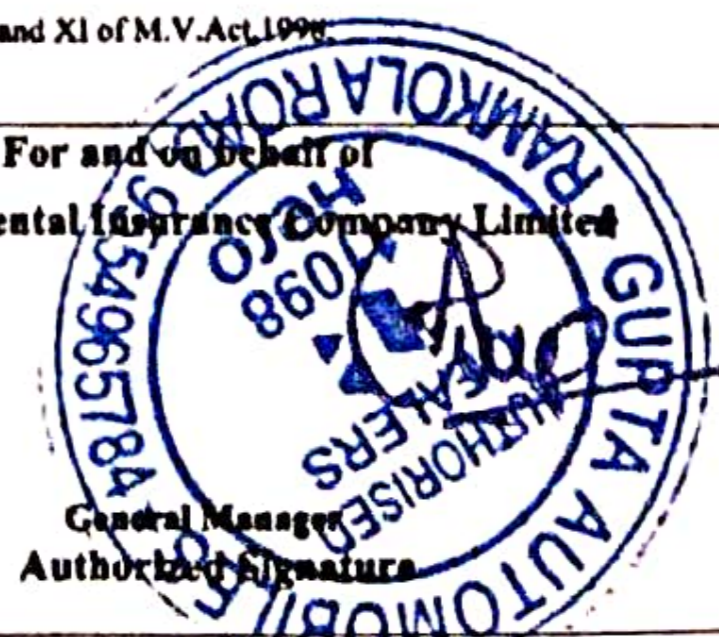
This certificate is valid from 14-Dec-2025 to 13-Dec-2040

Date : 13-Feb-2026 12:49:03
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 13-Feb-2026

Q 7656298



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
Policy No	252400/31/2026/65881		12-DEC-25
Agent/Broker Code	BA0000155144		Proposal No. & Date
Agent/Broker Name	ABHINAV BHATI		R/252400/31/2026/44281 & 12-DEC-2025
Insured Name	SUGANTI DEVI (GSTIN:)		Policy Period (OWN DAMAGE)
Insured Address	C/O ARVIND, VILL - PIPRA JATAMPUR POST - PIPRA JATAMPUR, THANA - KUBERSTHAN, PADRAUNA (KUSHINAGAR), NA,		FROM 14:27 ON 12/12/2025 TO MIDNIGHT OF 11/12/2026
			Policy Period (LIABILITY)
			FROM 14:27 ON 12/12/2025 TO MIDNIGHT OF 11/12/2030
			Lead / Break In No
			/
			Insured State
			UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			
Make	HERO MOTOCORP		
Model & Variant	HERO DESTINI 125 PRIME		
Registration No	NEW		
Year Of Manufacture	2025		
Engine - Chassis No	JF17EYSGM00002 - MBLJFN436SGM00062		
Cubic Capacity	125		
Seating Capacity	1 + 1		
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			
INSURED DECLARED VALUE (IDV) (In Rs.)			
Vehicle	68636		
Electrical Accessories	0		
Non Electrical Accessories	0		
Total IDV	68636		
TMF CONTRACT NO			
Policy Type	Zone B - Rest of India		
Geographical Area	INDIA		
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1150.34	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
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1150.34	Legal Liability to Employees (IMT-29)	0
Geographical Area Extra (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles		Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4023
Anti- Theft Device (IMT-10)	0	GST	724
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	978	Krishi Kalyan Cess@0.50%	0
Sub-Total Deductibles	978	Gross Premium Paid	4747
Add-On Coverages			
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	172		
<p>Note:</p> <ol style="list-style-type: none"> Policy Issuance is the subject to the realisation of cheque Consolidated Stamp Duty paid via Challan No The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22) Voluntary excess Rs(0) Subject to Endorsements IMT.7.10.28, 			
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4747
Financer Type	Financer Name	IDFC FIRST BANK LTD	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			NA
<p>In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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.</p> <p>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.</p> <p>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).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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.</p> <p>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 12-DEC-25</p> <p>IMPORTANT NOTICE</p> <p>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".</p> <p>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.</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>* This insurance excludes all pre existing damages</p>			
Approved By : 9221375MD		For and on behalf of	
Approved On : 12-DEC-25		The Oriental Insurance Company Limited	
Place : MRT			
Printed On : 12-DEC-25		General Manager	
		Authorised Signature	

यह बीमा पालिसी, गाड़ी का फुल बीमा
(OD) एक साल की तथा थर्ड पार्टी बीमा
पाँच साल के लिए ही मान्य है।

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20240022976

Issue Date: 20-12-2024
 Validity (NT): 08-07-2043
 Validity (TR): #



Holder's Signature

Organ Donor: N

Date of First Issue: 20-12-2024

Name: SHIVESH CHANDRA GUPTA
 Date of Birth: 09-07-2003
 Blood Group:
 Son/Daughter/Wife of: VAGISH CHANDRA GUPTA
 Address:
 PIPRA JAT AMPUR PIPRA JAT AMPUR PIPRA
 JAT AMPUR PADRAUNA KUSHINAGAR UTTAR
 PRADESH 274303

DL No: UP57 20240022976

UPDL 000074880-000



Invalid Carriage (Regn Numbers)
 Hazardous Validity
 Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	MCWG	UP57	20-12-2024	NT			
	LMV	UP57	20-12-2024	MT			
	MVSD						

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

W/O: अरविन्द, पिपरा जतानपुर,
कुशीनगर, पिपरा जटामपुर, उत्तर
प्रदेश, 274303

Address:

W/O: Arvind, Pipra Jatanpur,
Kushinagar, Pipra Jatampur, Uttar
Pradesh, 274303

6724 2378 9145



1947

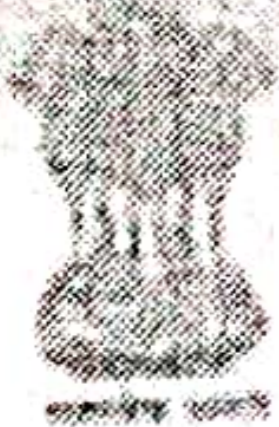
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार

Government of India



सुगंती देवी

Suganti Devi

जन्म तिथि / DOB : 01/01/1981

महिला / Female



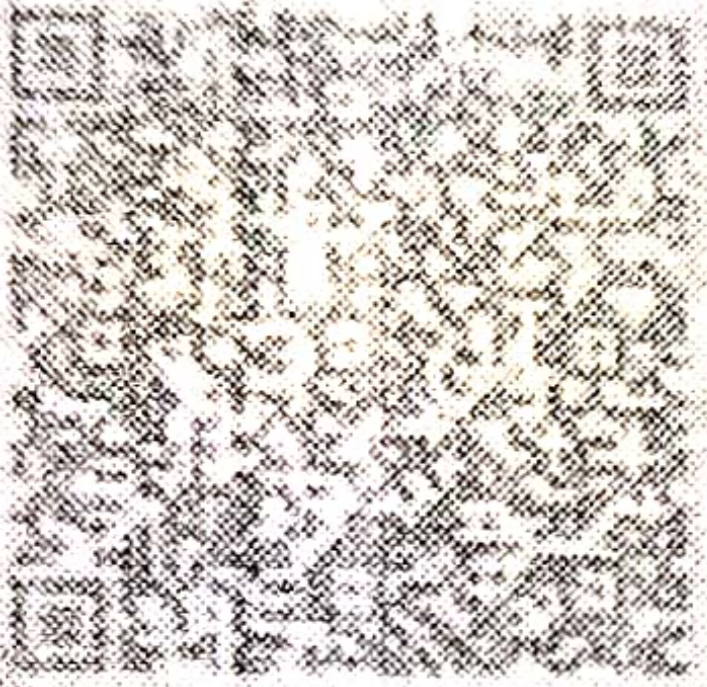
6724 2378 9145

आधार - आम आदमी का अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

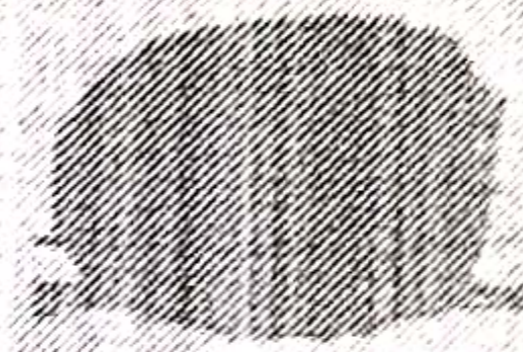


स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CYWPD4760J

नाम / Name
SUGANTI DEVI

पिता का नाम / Father's Name
GOPICHAND

जन्म की तारीख / Date of Birth
01/01/1981



हस्ताक्षर / Signature

