

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

Gupta

AUTOMOBILES



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

No. 3291

Date 03-04-20

Name

Sahab Hussien

Add.

Cps7B29579

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Visho			1200	
	Nje			500	
	Handdle			500	
	Lock set			1000	
	Fuel Tank			7800	
	Grip Rear			1200	
	Lever - R			250	
	FR - Intakes (R)			250	
	Handdle			500	
	Handdle - T			1050	
	Fork pipe - Both			2000	
	Labour charge			1000	
				/	
			TOTAL	17,550/-	

Authorised Signature

QNTY / QTY / FIR NO.

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Sahab Husen, 7068129283
2	Vehicle No. / वाहन संख्या	UP57BZ9579
3	Policy No. / पालिसी संख्या	252400/31/2026/50907
4	Period of Insurance / बीमा अवधि	23/10/2025 to 22/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29-03-2026 4:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	गुरुव लिया।
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Seraj Ali 7068129283
8	Estimated Loss / अनुमानित हानि	17.55%
9.	Cause of Accident / दुर्घटना का कारण : शाम के समय घर जाने के लिए बाइक से निकलने के कारण बाइक अचानक ठोकर खा गई और बाइक से तक्कर हो गया और बाइक रोड़ पर गिड़ी पर गिर गया जिसके कारण बाइक डैमेज हो गया - जोकि मेरा बाइक मेरे विधेदार	
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 : 03-04-2026
हस्ताक्षर

साहब हुसन
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. 252400/31/2016/50707

Tel. No. _____

Period of Insurance 22-10-2026

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 : Sahab Husen
 (b) Address for correspondence : _____
 (c) Telephone : 7068129283

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. Chassis No. <u>HA11FA5HK04428</u> <u>MBLHA0439SHK05716</u>	Registration No. <u>UP57B29574</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 : Sehaj Arora

(b) Age : _____

(c) Address : _____

(d) Is the Driver
 Owner
 paid driver?
 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 : UP57 20160012743

(h) Issuing Authority : _____

(i) Date of Expiry : 14-07-2036

(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 4:00 p.m

(b) Place : अरुणाचलिया

(c) Speed of vehicle at the time of accident : _____

(d) Give a short description of the accident : आम के वक्त रास्ता में आंका में कुछ पडवाने

(e) If any third party was responsible for this accident give the name and address : किसी कारक अ-वेजिस लोक प्रामने आ रहे कारक से वकल हो गया और कारक रोड पर गिर गया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : _____

(b) Estimated cost of repairs : ₹ 15000 - 20000

(c) When and where can the damaged vehicle be inspected : Gupta Automobiles Rauna

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? : ना

8. INJURY TO DRIVER/OCCUPANT

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

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. : _____

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 : _____

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 03-04-2020

Signature of the insured साधु सुभ

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/-

साहल कुमार

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : POIR0924

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	23-OCT-25
Policy No	252400/31/2026/50707	Proposal No. & Date	R/252400/31/2026/106193687/5 & 23-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19:07 ON 23/10/2025 TO MIDNIGHT OF 22/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 19:07 ON 23/10/2025 TO MIDNIGHT OF 22/10/2030
Insured Name	SAHAB HUSEN (GSTIN:)	Lead / Break In No	/
Insured Address	C/O MAHINTH, R/O VILL & POST-GURWALIA, THANA-TURKPATTI KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), , NA.0	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	58143
Model & Variant	HERO HF DELUXE SELF E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	58143
Engine - Chassis No	HA11F4SHK04428 - MBLHAW439SHK05716	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO		
RTO Location			
Type Of Fuel	PETROL		
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	974.43	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	146.48	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Exts (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	3997
AAI Membership (IMT-8)	0	GST	720
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swechh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4717
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	146		
<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 Enforcements IMT 7,10,22. 			
Nominee Details :		Nominee Name	
Payment Details :		Payment Method	
Financer Type		Financer Name	
POS Name		POS ID	
Age		Relation	
Bank Name		Amount	
HDB FINANCIAL SERVICES		4717	
LIMITED		GORAKHPUR	
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 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 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 disbursement 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. 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 23-OCT-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) use Making (5) Speed testing (6) Reliability trails (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 a 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 their requirement of the motor vehicle act 1998. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.15 lakhs P.A. Cover under section III for owner/Driver is RS 0</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, 1998.</p> <p>The insurance excludes all pre existing damages</p>			
Approved By : UNIV@252400		For and on behalf of	
Approved On : 23-OCT-25		The Oriental Insurance Company Limited	
Place : MRT			
Printed On : 05-NOV-25			

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ9579 Registration Date : 21-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 : SAHAB HUSEN Son/wife/daughter of : MAHNTH
 Full Address: (Permanent) : VILL-GURWALIA, POST-GURWALIA, THANA-TURKPATTI, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : VILL-GURWALIA, POST-GURWALIA, THANA-TURKPATTI, KUSHINAGAR-UTTAR PRADESH-274302
 Fitness UpTo : 20-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 : AA2140318945 Rear HSRP No : AA2138242117
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW439SHK05716
 Engine No : HA11F4SHK04428 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 242
 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 HDB FINANCIAL SERVICES LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 21-Oct-2025.

Purchase dt : 17-Oct-2025 Sale Amt : 61203/-
 OTT Date : 17-Oct-2025 Amount/Rcpt No : 6121 / UP57D25100005713
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 02-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 21-Oct-2025 to 20-Oct-2040

Date : 21-Jan-2026 11:02:31
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 21-Jan-2026

Handwritten signature and stamp
KUSHI NAGAR

Q 7171921



भारत सरकार

Government of India



साहब हुसेन

Sahab Husen

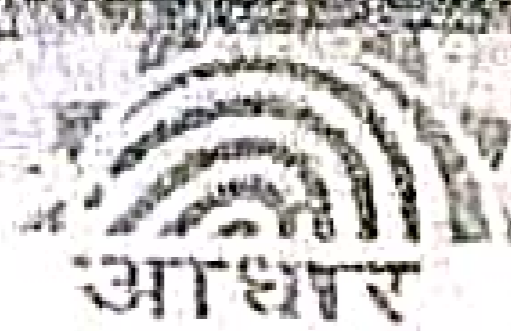
जन्म तिथि / DOB : 01/01/1997

पुरुष / Male



8080 6538 8358

मेरा आधार, मेरी पहचान



आधार

भारत सरकार द्वारा प्रशासित

Unique Identification Authority of India

पता:

आत्मज: महंत, गुरवालिया,
गुरवालिया, गुर्वालिया, कुशीनगर,
गुरवालिया, उत्तर प्रदेश, 274302

Address:

S/O: Mahnth, gurwaliya,
gurwaliya, Gurwalia, Kushinagar,
Gurwalia, Uttar Pradesh, 274302

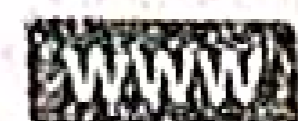
8080 6538 8358



1947



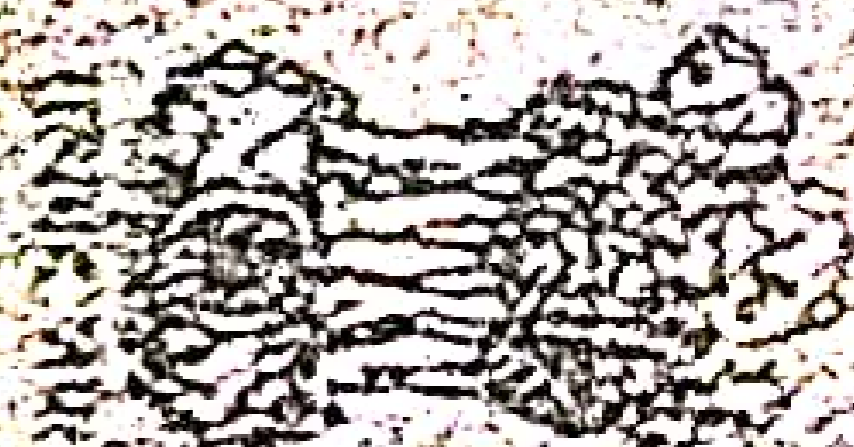
help@uidai.gov.in



www.uidai.gov.in

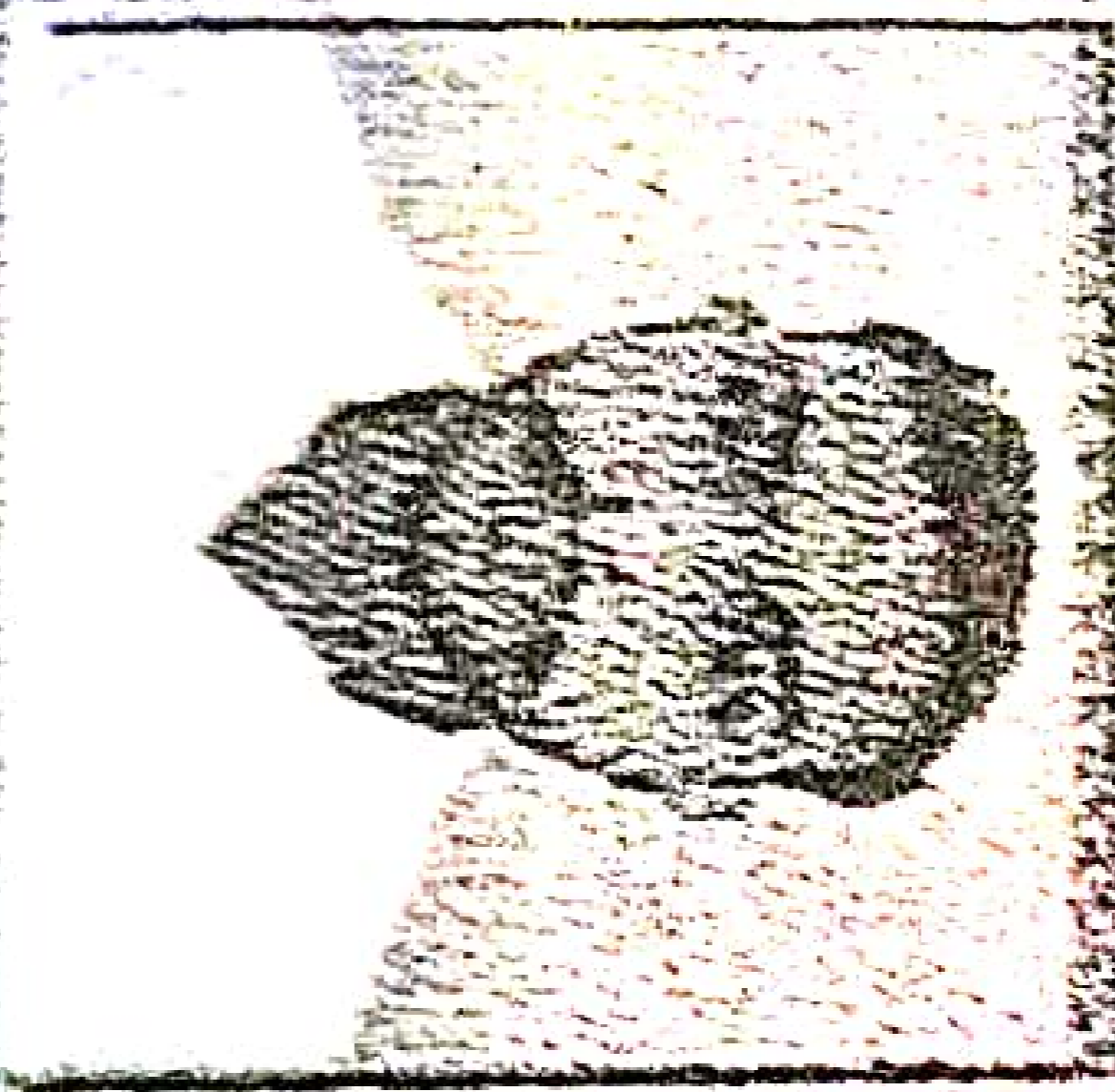
आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



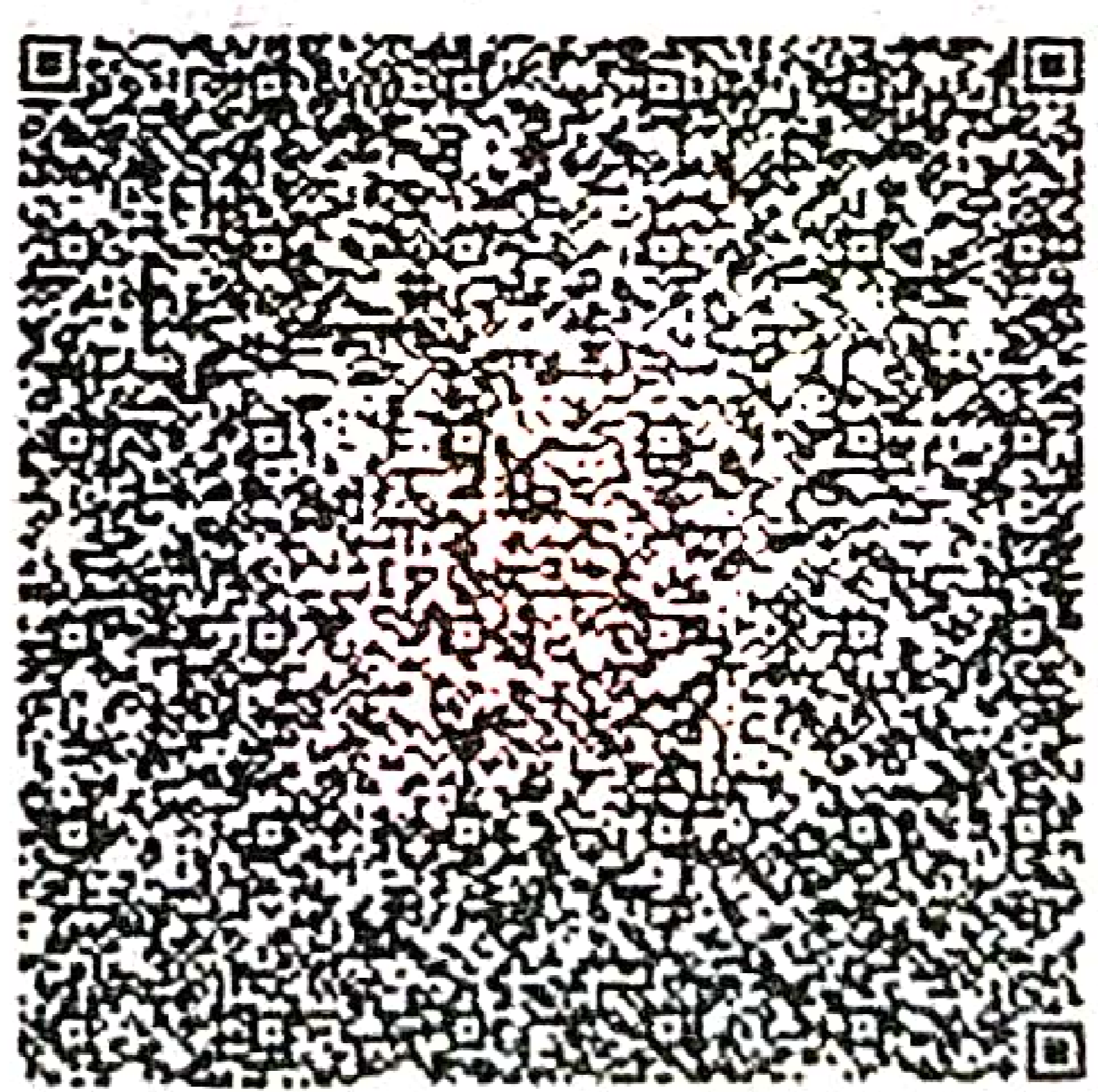
स्थायी वेतन खाता कार्ड

Permanent Account Number Card

BMGPH0326D

नाम/Name
SAHAB HUSEN

पिता/माता / Father's Name
MAHANTH



01/01/1987

स्थायी हस्ताक्षर
Signature

37718



Indian Union Driving Licence

Issued by Uttar Pradesh



UP57 20240010878

Issue Date: 24-06-2024
Validity (NT): 31-12-2035
Validity (TR):



Holder's Signature

Name: SERAZ ALI

Date of Birth: 01-01-1996 Blood Group:

Son/Daughter/Wife of: SAFARU

Address:

RAFI AHMAD KIDWAI NAGAR CHHAWANI
PADRAUNA PADRAUNA PADRAUNA KUSHINAGAR
Uttar Pradesh 274304

Organ Donor: N

Date of First Issue 24-06-2024

DL No: UP57 20240010878

UPDL 0000007882723



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	UP57	24-06-2024	NT			
LMV	UP57	UP57	24-06-2024	NT			
MVSD							

Emergency Contact Number

8726113261

Licensing Authority

UP57 KUSHINAGAR