

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **3290**Date 03-04-26Name Soyla KhatunAdd. UP57BB 5862

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Seat Cover Both Side			1450	
	Centre			200	
	Winker Rear - (R)			250	
	Legend			675	
	FR. Winker - (R)			250	
	Visor			1200	
	M/L			500	
	Fuel Tank			5500	
	Fork pipe Both			2300	
	Handdle			500	
	Handdle - T			1050	
	Silencer Cars			700	
	Labour charge e.			1250	
					✓
			TOTAL	15975	

Authorised Signature

11 Third Party Loss / तृतीय पक्ष हान / FIR No.

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

Gupta A

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Sogra Khatun
2	Vehicle No. / वाहन संख्या	UP57BD 5862
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/56940/
4	Period of Insurance / बीमा अवधि	04-01-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25-03-2026 10:00 PM
6	Place of Accident / दुर्घटना का स्थान	Padrauna Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Asjad Ansari 9628081588
8	Estimated Loss / अनुमानित हानि	15,975/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी मेरे घर का बेल किसी कम जा रहे थे ली राकते में शाम के समय अचानक गाड़ी के सामने नील जाय आ गयी और इससे कारक टक्कर हो गयी और गाड़ी हायां तरफ गिर कर क्षतिग्रस्त हो गया -
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MIA
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

Signature of Insured / बीमाधारक के

Sogra Khatun



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/2026/7001/0/48575/56 9401

Tel. No. _____

Period of Insurance 04-01-2027

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 : Sogta Khatun
 (b) Address for correspondence : _____
 (c) Telephone : 96 28081588

2. THE INSURED VEHICLE

Make & Year <u>2022</u>	Engine No. <u>H A 11 6 D M H M 1 4 3 4 5</u> Chassis No. <u>M B C H A W 1 2 4 M H M 2 0 2 7 3</u>	Registration No. <u>LP 57 B D 5 2 6 2</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
 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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Asaad Ansari
(b) Age : _____
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
 3. Owner's relative or friend? : Relative (अपना)
(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 : UP5720230002410
(h) Issuing Authority : _____
(i) Date of Expiry : 11-07-2041
(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 : 25-03-2026 10:00 P.M
(b) Place : Padrauna Road
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : दादा से गाड़ी के खामो अचानक नील गाय डा
(e) If any third party was responsible for this accident give the name and address : गरीब और अरसे बसक वमल हो वही और गाड़ी दादा
रुह गिर गया -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : _____
(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 : MIA
(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

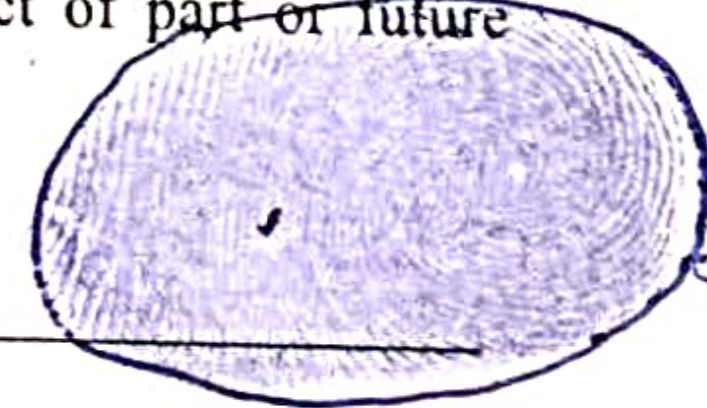
- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Police Station? : _____
- (i) C.R. diary Number :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

~~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 03-04-2002

Signature of the insured



Sogra Khatun

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office

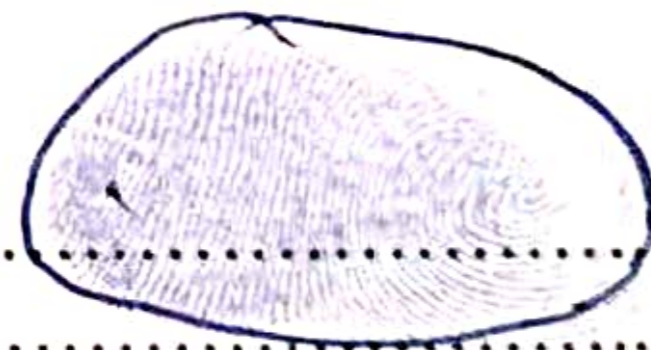


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



Sogra Khatun

Witness
Name
Signature
Address

Signature
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 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)

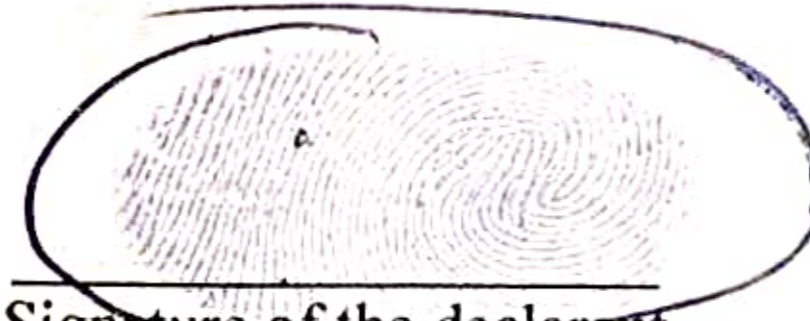
Verification

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 : _____



Sogha Khadun

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.



https://vahan.parivahan.gov.in/vahan/vah...per/

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



Registration No : UP57BD5862 Registration Date : 07-Jan-2022
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -
 Owner Name : SOGRA KHATUN Son/wife/daughter of : MU IMAMUDDIN
 Full Address: (Permanent) : VILL-VISHUNPURA BUJURG, POST-KINNER PATTI, THANA-JATHA BAZAR,
 KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-VISHUNPURA BUJURG, POST-KINNER PATTI, THANA-JATHA BAZAR,
 KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 06-Jan-2037 Tax UpTo : One Time
 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : MU IMAMUDDIN
 Relationship with the : Spouse Norms : BHARAT STAGE VI
 Nominee
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2045875113 Rear HSRP No : AA2048576561
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2021
 No of Cylinders : 1 Chassis No : MBLHAW124MHM20273
 Engine No : HA11EDMHM14345 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR + BLACK AND A Wheel base : 1236
 CCENT
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 242
 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 HERO FINCORP LIMITED
 DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 03-Jan-2022.

Purchase dt	: 03-Jan-2022	Sale Amt	: 68710/-
OTT Date	: 03-Jan-2022	Amount/Rcpt No	: 6871 / UP57D22010000387
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 10-Jan-2022
Other State/Transfer/Conversion Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

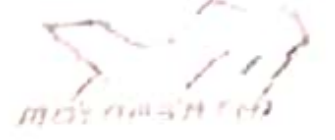
This certificate is valid from 07-Jan-2022 to 06-Jan-2037

Signature of Registering Authority
 Date: 28-Mar-2022

Date : 28-Mar-2022 12:54:47

Taxation Particulars / Advance Registration Mark Fee Details

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/569401

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	
SOGRA KHATUN	1975-06-25	9628081588	W/O MU IMAMUDDIN	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP57BD5862	HA11EDMHM14345	MBLHAW124MHM20273	2022-01-03	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
38500.00	NA	0.00	0.00	0.00	38500.00	
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	1401.67	
Address			City / District	Pin Code	State	
VISHUNPURA BUJURG KINNERPATTI KUSHINAGAR			PADRAUNA (KUSHINAGAR)	274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MU IMAMUDDIN	Male	50 Years	HUSBAND	2026-01-05 12:17	Midnight of 2027-01-04	

Section A. VRC: 631.36 TCR: 499.73 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1131.09
 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: 229.30 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 41.28 Total with GST(D): 270.58
Total(Section A+B+C+D) Offered Price After Discount: 1402

Package Period Covered	2026-01-05 To 2027-01-04	2027-01-05 To 2028-01-04	2028-01-05 To 2029-01-04	2029-01-05 To 2030-01-04	2030-01-05 To 2031-01-04
ADV	38500	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 2027-01-02 (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) 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 containing 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 ease 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: 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 1401.67 ON 2026-01-05 from Mr./Ms. SOGRA KHATUN against the ARN No. INCP00569401
 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: JMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

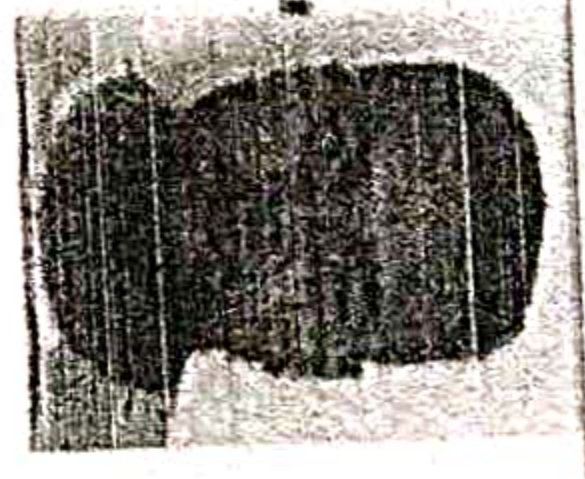


Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20230002410

Issue Date: 14-02-2023 Validity (NT): 11-07-2041 Validity (TR): -----



Holder's Signature

(14-02-2023)

Date of First Issue

Name: **ASAJAD ANSARI**

Date of Birth: **12-07-2001** Blood Group: -----

Son/Daughter/Wife of: **KALIMULLAH ANSARI**

Organ Donor: **N**

Address:

**1 Vishunapura bujurg Kinner Patti
Kushnagar Uttar Pradesh 274304**

DL No: **UP57 20230002410**

UPDL 9900 10680675

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
	MCHG	UP57	14-02-2023	NT			
	LMTV	UP57	14-02-2023	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHNAGAR

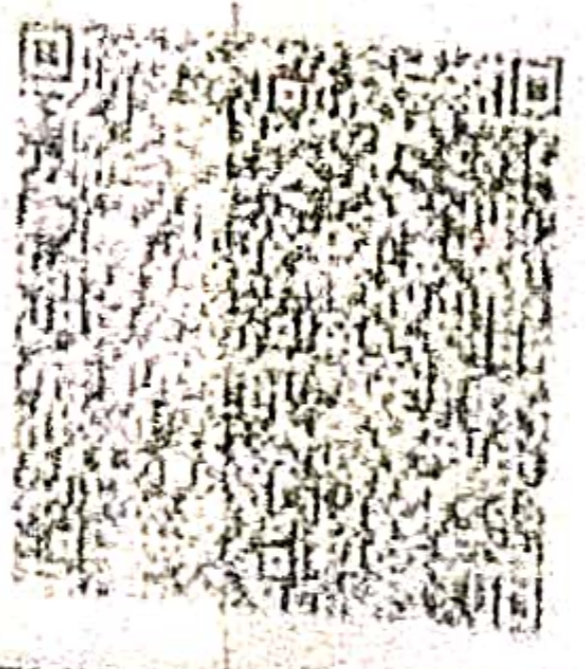


भारत सरकार
Government of India

सीग्रा खातून
Sogra Khalun
जन्म तिथि / DOB : 25/06/1975
महिला / Female



4057 0028 8773



आधार - आम आदमी का अधिकार

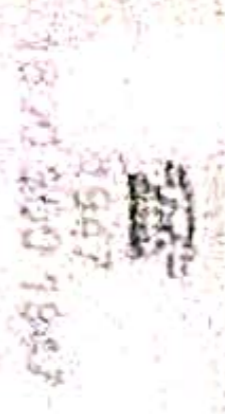


Unique Identification Authority of India

पता
अमीनी, मु इमामुद्दीन, विशुनपुरा
बजुर, विशुनपुरा, किन्नर पहा, कुशीनगर, किन्नरपहा, उत्तर प्रदेश, 274304

Address
W/O Mu Imamuddin, Vishunpura
Bujurg, Vishunpura, Kinnaer Pah
Kushinagar Kinnersah
Pradesh, 274304

4057 0028 8773



1967
18/11/2010 1967
help@uidai.gov.in

