

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3289**

Date 03/04/20

Name

Shivakant Malviya

Add.

UP57BD6499

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Fuel Tank	—	—	6000/-	
②	Labour charge	—	—	500/-	
			TOTAL	6500/-	

Authorised Signatory

Malviya

मा सूचना पत्र

spot / Final s
मुक्त करने व

Malviya, B

499

1001/0/46

16 to 30

226,

244

Malviya

ल के
साईड

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.	Shivakant Malviya, 0564065022
2	Vehicle No. / वाहन संख्या	UP57BD6499
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/570089
4	Period of Insurance / बीमा अवधि	31/01/2026 to 30/01/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/04/2026, 02.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Gawalpura
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shivakant Malviya, UP532011009676
8	Estimated Loss / अनुमानित हानि	6500/-
09.	Cause of Accident / दुर्घटना का कारण : बाईक मेरी नल के पास खड़ी थी उसी पर बन्दर कूद गया मेरी बाईक बायें साईड नल के बाईप पर गिरने से टंकी डेमेज हो गई।	
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.	9125197148 Gupta automobile Paebarna.

Shivakant Malviya
Signature of Insured / बीमाधारक के

Date / दिनांक : 03/04/2026
हस्ताक्षर



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/2025/7001/0/46575/570089

Tel. No. _____

Period of Insurance 31/01/26 to 30/01/27

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 : Shivakant Malviya
 (b) Address for correspondence : _____
 (c) Telephone : 0564865022

2. THE INSURED VEHICLE

Make & Year <u>Hesio/2022</u>	Engine No. <u>HAIIEVMHL66057</u> Chassis No. <u>MBLHAW118MHL01761</u>	Registration No. <u>UP57BD</u> <u>6499</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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- PIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shivakant Malviya
(b) Age : _____
(c) Address : Kushinagar Padsamra
(d) Is the Driver
1. Owner
2. paid driver? _____
3. Owner's relative or friend? _____
(e) If paid driver, how long has he been in your employment : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5320110029676
(h) Issuing Authority : _____
(i) Date of Expiry : 21/11/2031
(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 : 01/04/2026, 02:00 P.M.
(b) Place : Gioyakhpura
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : _____
(e) If any third party was responsible for this accident give the name and address : बन्दर ने बाइक को नल के पाईप पर गिरा किया जिससे ऐकी डेमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Side
(b) Estimated cost of repairs : 6500/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padsamra,

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? : _____

8. INJURY TO DRIVER/OCCUPANT

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

~~N/A~~

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. : _____

~~N/A~~

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 : _____

~~N/A~~

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 02/04/26 200.

Signature of the insured Shivakant Meelviya

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 *Shivakant Halviya*
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	UP97HD6409	Registration Date	18-Jan-2022
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	HPT
Maker's Name & Address	GUPTA AUTOMOBILE		189-274304
Owner Name	SHIVAKANT MALVIYA	Son/wife/daughter of	VIRENDRA PRASAD
Full Address (Permanent)	VILL-BAGLAHAN, POST-KHAJURI BAJAR, THANA NEBUA NAURANGIA, KUSHI NAGAR, UTTAR PRADESH 274305		
Full Address (Temporary)	VILL-BAGLAHAN, POST-KHAJURI BAJAR, THANA NEBUA NAURANGIA, KUSHI NAGAR, UTTAR PRADESH 274305		
Fitness Up To	17-Jan-2037	Owner Serial No	1
Detailed Description	M-CYCLE/SCOOTER	Link Vehicle No	
Class of Vehicle	INDIVIDUAL	Nominee Name	PRAMILA DEVI
Ownership	Spouse	Norms	BHARAT STAGE VI
Relationship with the Nominee			
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA2048578701
Front HSRP No	AA2048575253	Month/Year of Manuf	11/2021
Type of Body	SOLO WITH PILLION	Chassis No	MBLHAW118MHL8178
No of Cylinders	1	Fuel	PETROL
Engine No	HA11EVMHL60857	Cubic Capacity	97.20
Horse Power(BHP)	7.31	Wheel base	1235
Make's Classification	SPLENDOR + (SELF-DRUM-CAST)	Standing Cap	NO
Seating Cap(in all)	2	Unladen Wt (kgs)	111
Sleeper Cap	0	Laden/GV Wt (kgs)	241
Colour	BLACK-SILVER STR	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 w.e.i.

Purchase dt	12-Jan-2022	Sale Amt	67795/-
OTT Date	12-Jan-2022	Amount/Rept No	6780 / UP97022010-0920
Vehicle Is Govt/ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED

Other State/Transfer/Conversion Details

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

This certificate is valid from 18-Jan-2022 to 17-Jan-2037

Date: 19-Oct-2023 14:50:27
 Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)
 Kushi District Registrar
 Kushi

3754915

Program proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2026/7001/O/46575/570089

Motorsathi Care Private Limited
 Plot No. 17, Sector 17, 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
SHIVAKANT MALVIYA	1992-08-10	8564865022	VIRENDRA DUBEY	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
DRUM SELF E20	UP57BD6499	HA11EVMHL66857	MBLHAW118MHL81761	2022-01-18	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
38500.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
PADRAUNA (KUSHINAGAR)	Solo			2	38500.00
Address			City / District	Pin Code	State
VILL-BAGLAHAN POST-KHAJURI BAJAR THANA-NEBUA NAURANGIA			PADRAUNA (KUSHINAGAR)	274305	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
PREETI KUMARI	Female	27 Years	WIFE	2026-01-31 11:11	Midnight of 2027-01-30

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+C+D) Offered Price After Discount: 1402

Package Period Covered	2026-01-31 To 2027-01-30	2027-01-31 To 2028-01-30	2028-01-31 To 2029-01-30	2029-01-31 To 2030-01-30	2030-01-31 To 2031-01-30
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 2027-01-11 (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 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 MotorSathi App.

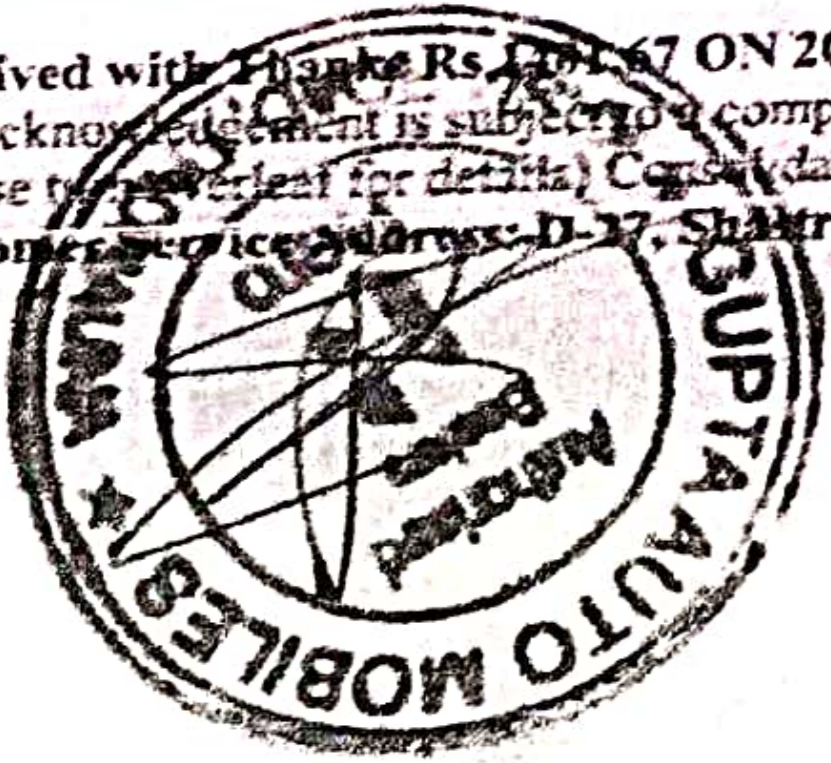
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 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 id: 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. 1402 ON 2026-01-31 from Mr./Ms. SHIVAKANT MALVIYA against the ARN No. INCP00570089
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please refer leaf for details) Company dated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-17, Shakti Nagar, Meerut, Uttar Pradesh. (250004), India





Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP53 20110029676



Issue Date 12-12-2019
Validity (NT) 21-11-2031
Validity (TR) # _____



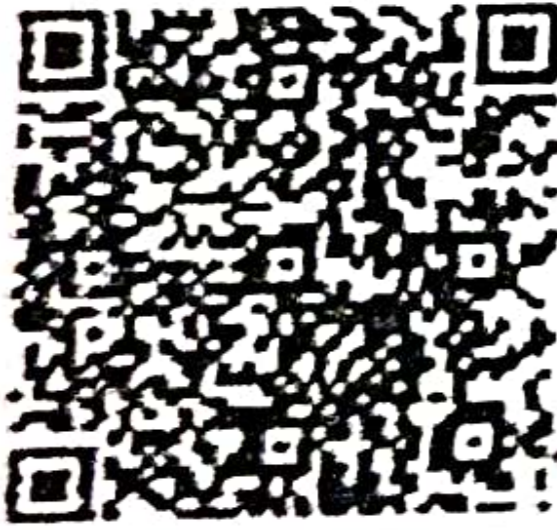
Holder's Signature

Name: SHIVAKANT MALVIYA
Date of Birth: 10-08-1992 Blood Group: AB+ V Organ Donor: N
Son/Daughter/Wife of: BIRENDRA DUBEY
Address:
370A BASHRATPUR SHAHPUR
GORAKHPUR 273004

Date of First Issue (22-11-2011)

DL No: UP53 20110029676

UPDL000001923125



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	UP53	22-11-2011	NT			
	LMV	UP53	22-11-2011	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

आयकर विभाग
INCOME TAX DEPARTMENT

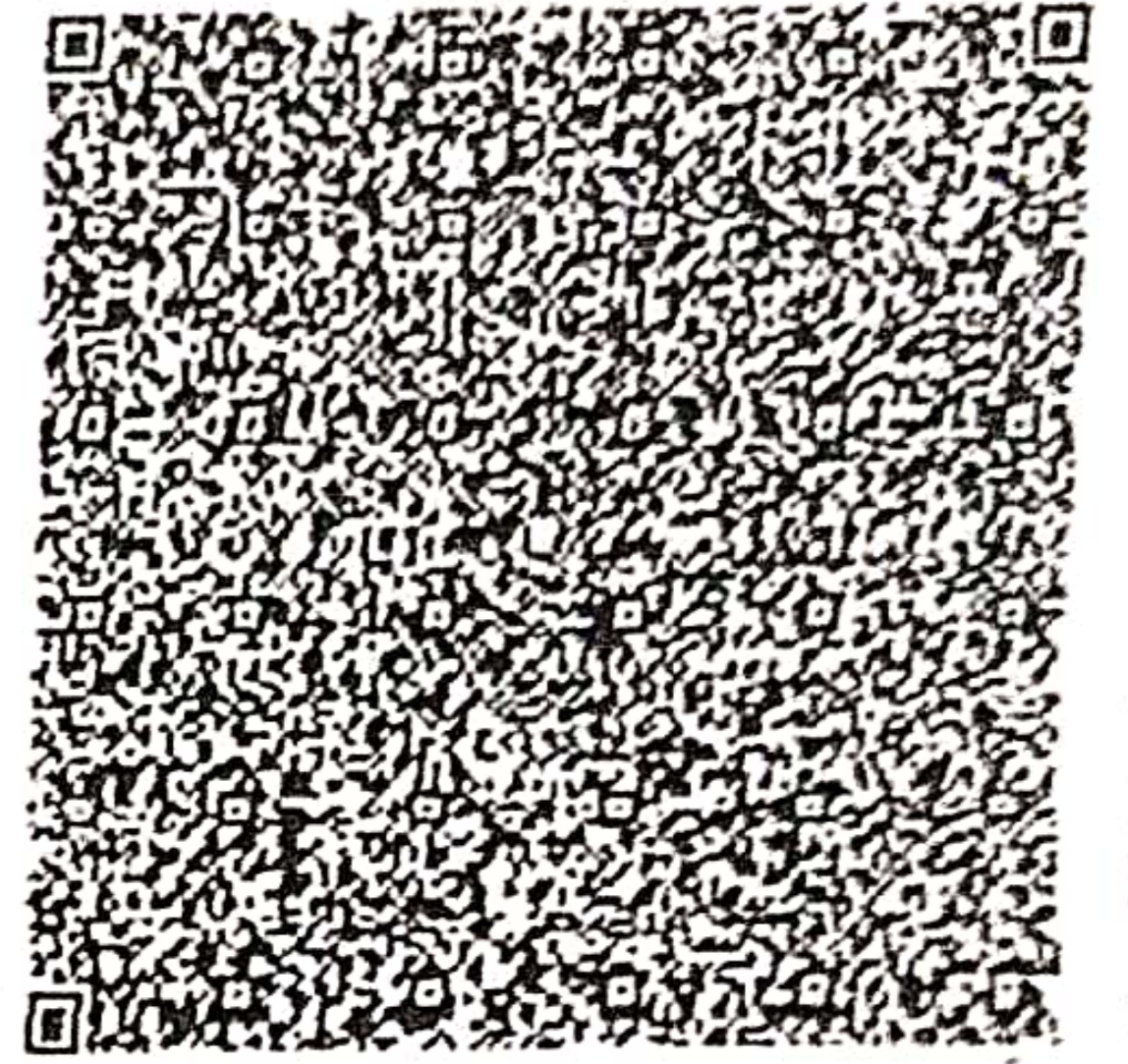


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GKFPS0205C



नाम / Name
SHIVAKANT MALVIYA

पिता का नाम / Father's Name
VIRENDRA DUBEY

जन्म की तारीख /
Date of Birth
10/08/1992

Shivakant Malviya

हस्ताक्षर / Signature

17112019



भारत सरकार

GOVERNMENT OF INDIA



आधार

Issue Date: 14/10/2011



शिवाकांत मालवीय
Shivakant Malviya
जन्म तिथि / DOB : 10/08/1992
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

5500 5514 3566

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

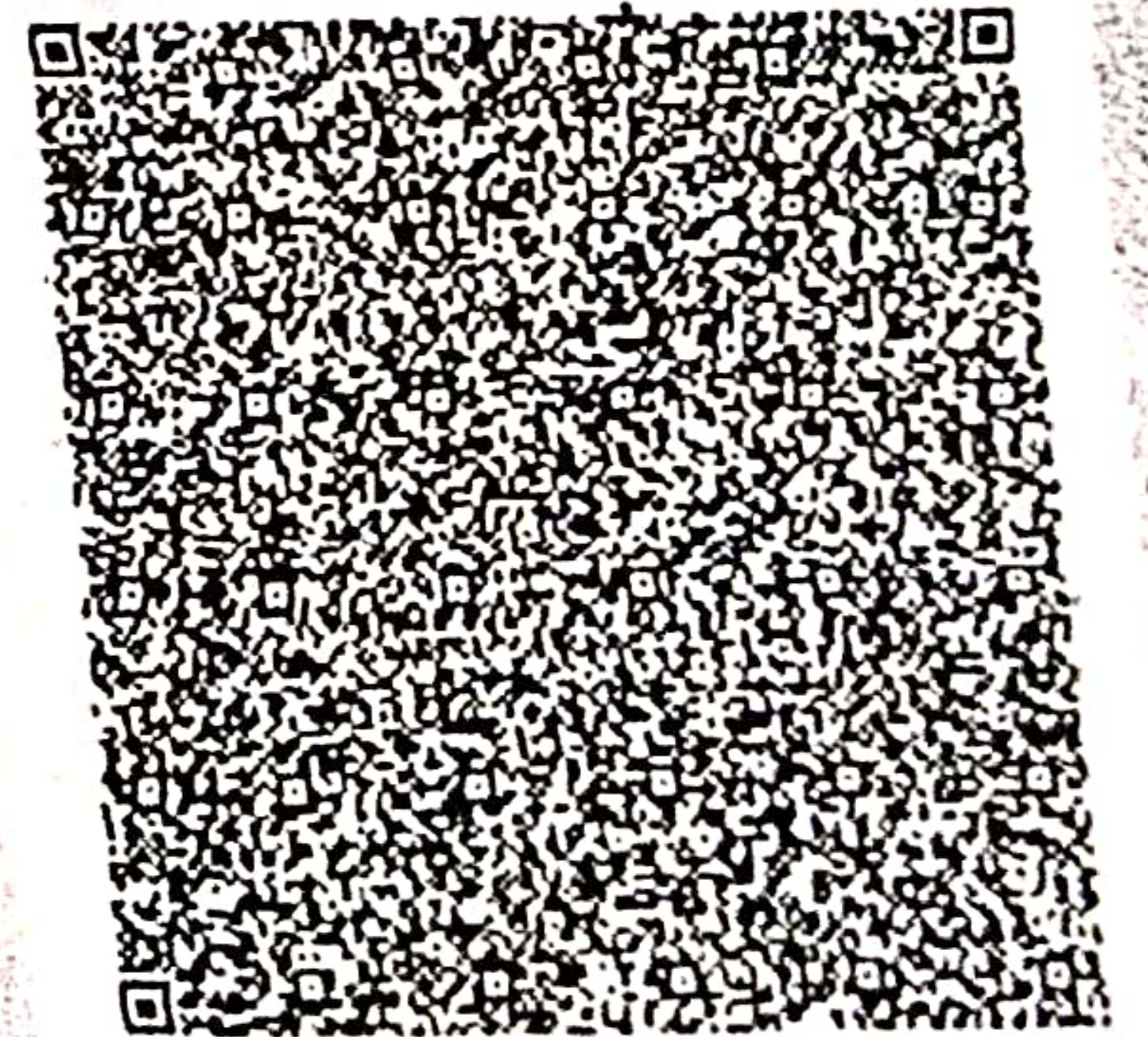


AADHAAR

पता: S/O विरेन्द्र दुबे, बगलहां, पोस्ट-खजुरी
बाजार, रामकोला, कुशीनगर, उत्तर प्रदेश,
274305

Print Date: 17/04/2023

Address: S/O Virendra Dubey, baglahan,
post-khazuri bazar, Ramkola, Kushinagar,
Uttar Pradesh, 274305



5500 5514 3566



1947



help@uidai.gov.in



www.uidai.gov.in