

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **3292**Date 04-04-26Name Rajkumari DeviAdd. CP57BZ0598

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Rear Fendar			1050	
	Rear Grip			1200	
	Seat Cover Both			1400	
	Centre			300	
	Fuel Tank			5200	
	Rear Winker (L)			250	
	Front Visor			1200	
	Front Fendar			1450	
	H/L			500	
	H/L Stay			250	
	Handle			500	
	Handle T			900	
	Fork pipe Both			2300	
	Mirror (L)			250	
	Swing arm			1000	
	Chassis Repair			2500	
	Labour chrg			1200	
			TOTAL	21450/-	

Authorised Signatory

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 Ar

91

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.	Raj Kumari Devi 73072855670
2	Vehicle No. / वाहन संख्या	UP51BZ0598
3	Policy No. / पालिसी संख्या	252400/31/2026 / 32249
4	Period of Insurance / बीमा अवधि	10-08-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30-03-2026 6:00 P.M. Roshan Kumar Gupta
6	Place of Accident / दुर्घटना का स्थान	लोहरौना नहर पुल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	30-03-2026 Roshan Kumar Gupta 21450/1 8922926811
8	Estimated Loss / अनुमानित हानि	लोहरौना नहर पुल के आगे मोड़ पर
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी मेरे भस्त्र के लड़के रोशन कुमार गुप्ता किसी काम के रहते जा रहे थे तो रास्ते एक जगह रोक कर आराम कर रहे थे धूप ज्यादा होने कारण गाड़ी के ऊपर बैठे थे की तभी कुछे समय में एक कोलेरो वाले ने पिछे से ठक्कर मार दिया और मेरे भस्त्र के लड़के बगल में
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 91251971 98

राजकुमारी

Date / दिनांक : 04-04-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

गीर गये और गाड़ी नहर के समीप खाड़ी में जाड़ी गीर गयी भगवान के कृपा से बेटे भस्त्र के गात्रि बेटे) उनको किसी मोटो तशी धारक ।

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rashan Kumar 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 : UP57-20110014890
 (h) Issuing Authority : _____
 (i) Date of Expiry : 20-12-2031
 (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 : 30/03/2026 6:00 PM
 (b) Place : सोनी-155 रास्ता, रास्ता, रास्ता
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : एक बीजेपी गाड़ी पहिले टर्न माई दिया और वाक 155 के गियर लॉक में गिरी और गिरी
 (e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Rear fender Rear Corp. Centre
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padvaan

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 : _____

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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.

रामकमारी

Date 04-04 20028

Signature of the insured _____

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/-

रानकुमारी

Witness
Name
Signature
Address

Signature
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	: UP57BZ0598	Registration Date	: 19-Aug-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	: RAJKUMARI DEVI	Son/wife/daughter of	: UMESH
Full Address: (Permanent)	: CHHITAUNI, HANUMANGANJ, , KUSHINAGAR, UTTAR PRADESH-274801		
Full Address: (Temporary)	: CHHITAUNI, HANUMANGANJ, , KUSHINAGAR-UTTAR PRADESH-274801		
Fitness Up To	: 18-Aug-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	: AA1043834427
Front HSRP No	: AA2132849459	Month/Year of Manuf.	: 03/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW222SHCA5730
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E7SHC24538	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1236
Maker's Classification	: SPLENDOR+ BLK STRIPE I3 S (DRS)	Standing Cap	: 0
Seating Cap(in ail)	: 2	Unladen Wt (kgs)	: 111
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 241
Colour	: BLACK AND ACCENT	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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 15-Aug-2025.

Purchase dt	: 11-Aug-2025	Sale Amt	: 78366/-
OTT Date	: 11-Aug-2025	Amount/Rcpt No	: 7837 / UP57D25080001787
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 25-Aug-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 19-Aug-2025 to 18-Aug-2040

Date : 08-Sep-2025 11:29:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 08-Sep-2025

Q 5079560

DL No: UP57 20110014890

UPDL000007585130



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP57	21-12-2011	NT				
LMV	UP57	21-12-2011	NT				
TRANS	UP57	11-02-2022	TR				
MVSD							

Emergency Contact Number

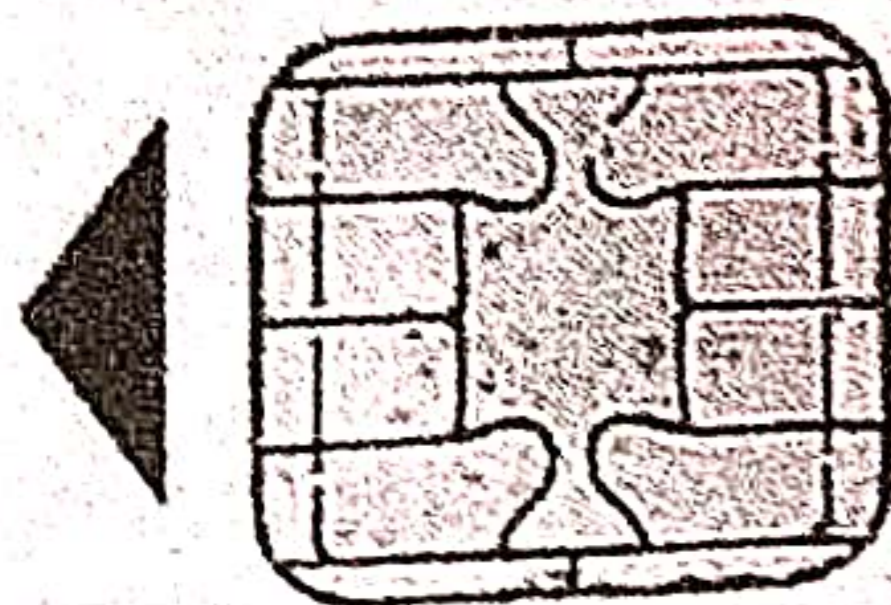
Licensing Authority
UP57 KUSHINAGAR



Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20110014890



Issue Date	Validity (NT)	Validity (TR)*
11-02-2022	20-12-2031	10-02-2027



(21-12-2011)

Holder's Signature

Name: **ROSHAN KUMAR GUPTA**
 Date of Birth: **09-01-1992** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **RAMCHANDAR GUPTA**

Address:
**R/O- CHHITAUNI PS- HANUMANGANJ
 PADRAUNA, KUSHINAGAR 274801**

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

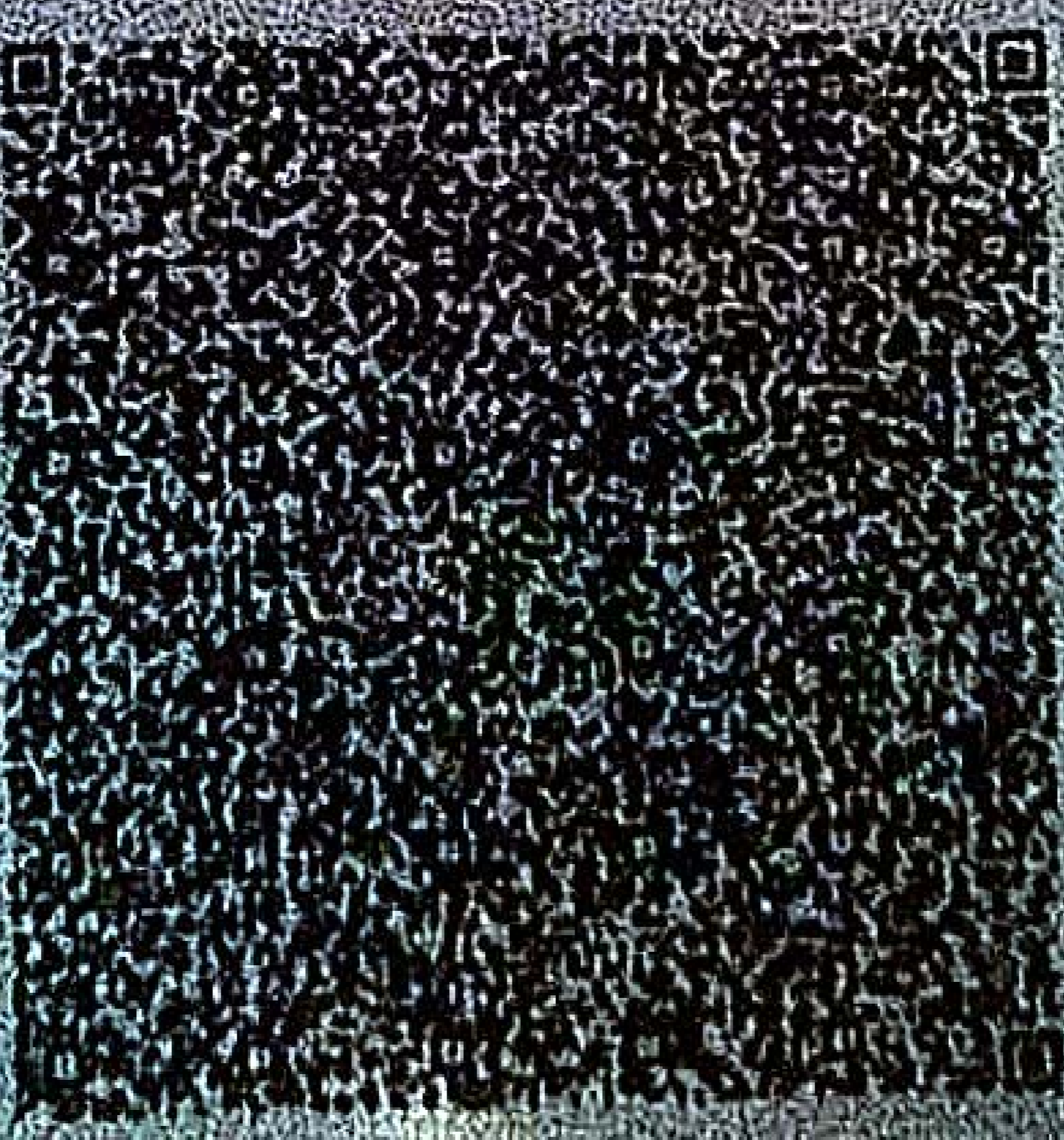
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

HOIPD3837K



नाम / Name

RAJKUMARI DEVI

पिता का नाम / Father's Name

PRAHLAD

जन्म की तारीख /

Date of Birth

01/01/1982

हस्ताक्षर

SIGNATURE

16012022

भारत सरकार
GOVERNMENT OF INDIA



राजकुमारी देवी
Rajkumari Devi
जन्म तिथि/ DOB: 01/01/1982
महिला / FEMALE



3736 3462 4175

आधार-आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA

पता:
राजकुमारी: जंगल, सिविली, सिविली
जंगल, सिविली, सिविली
जंगल - 274801

Address:
Jungle, Civili, Civili
Jungle - 274801

3736 3462 4175

Aadhaar-Aam Admi ka Adhikar



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214863570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY)

Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area

Table with 4 columns: OWN DAMAGE SECTION(A), Schedule Of Premium (Amount in Rs.), LIABILITY SECTION (B), Amount

Table with 4 columns: Nominee Name, Age, Relation, Amount

Payment Details: Payment Method, Cheque No./Transaction No., Bank Name, Amount

Financer Type: Financer Name, Financer Branch, POS ID, POS PAN NO/Audhar No

Approved By: 659278MD, Approved On: 11-AUG-25, Place: MIT, Printed On: 11-AUG-25



For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature