

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3296**Date 04-04-26

Name

Akhilash Kharwar

Add.

CP57 BY 3190

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Front Visor			1200	
	Fuel Tank			5000	
	H/L			3800	
	H/L stay			350	
	metts			3800	
	metts Inns			400	
	Handdle				
	Handdle - T			2300	
	Foot pipe & Bottle			250	
	FR. Winks (L)			150	
	Leve (L)			1450	
	Front Fendas			1050	
	Rear Fendas			250	
	Rear Winks (L)			900	
	Lockset			675	
	Leg asd			1200	
	labour chng				
	chassis repair				
			<del>2000</del>		
			<b>TOTAL</b>	<b>24,775</b>	

Authorised Signatory

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

Gupta Autom

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.	AKWish Kharwar 9628748044
2	Vehicle No. / वाहन संख्या	UP57BY 3190
3	Policy No. / पालिसी संख्या	252400/31/2026/21565
4	Period of Insurance / बीमा अवधि	09-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09-04-2026 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Pandey Tola Khesia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Santosh Kumar 9628748044
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	मेरा गाड़ी मेरा मान्जा काम है शाम के समय घर झा रहे थे तो रास्ते में मोड़ पर मोड़ते वक्ता सामने से एक कारक वाला तक्कर मार दिया और कारक काया तक्कर फिर कर क्षतिग्रस्त हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile Padrauna 9125197148

Date / दिनांक : 04.04.26  
हस्ताक्षर

अखिलेश खरवार  
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. 252400/21/2026/21565

Tel. No. \_\_\_\_\_

Period of Insurance 09-06-2026

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 : Akhilash Khanwar  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9628748094

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>H11FBSHE23194</u> Chassis No. <u>M3LHAD331SH622517</u>	Registration No. <u>UP57BT3190</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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Santosh Kumar  
 (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 : LP572024000 1782  
 (h) Issuing Authority :  
 (i) Date of Expiry : 01-02-2034  
 (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 : 02-04-2026 7:00 P.M.  
 (b) Place : Pandey Road  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : वात के दमन से ट्रक पर मोड़ते वकत एक कारक टक्का  
 (e) If any third party was responsible for this accident give the name and address : कारक मार दिया और कारक का पता एक घर  
 कोठी गेडा गाँव मेवा भादवा जेकर गया भी )

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : V/Bom, H/L, Fuel Tank.  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna Kustinaagar

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? :  
 N/A

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 04-04 200 26

Signature of the insured अखिलेश रववार

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 .....

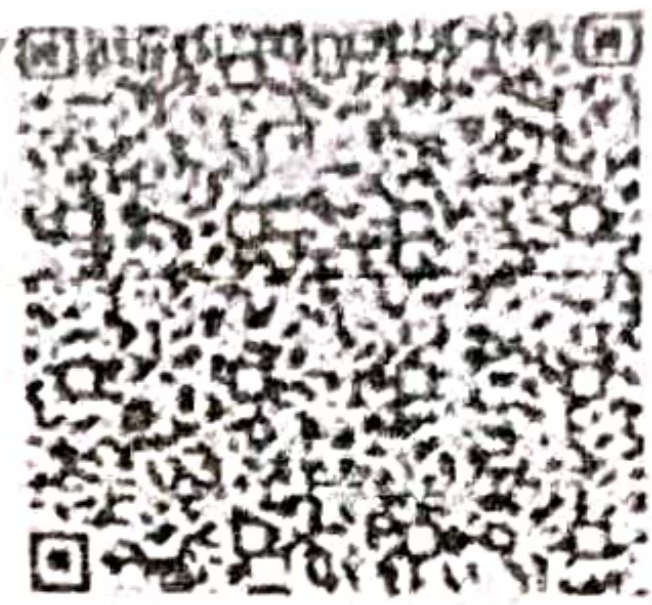
Signature ..... अजितेश खरवार .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



GOVERNMENT OF UTTAR PRADESH  
Transport Department PADRAUNA(KUSHI NAGAR)

https://vahan.parivahan.gov.in/vahan/v...



FORM 23  
CERTIFICATE OF REGISTRATION

Registration No : UP57BY3190  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR, 189-274403  
 Owner Name : AKHILESH KHARWAR  
 Full Address: (Permanent) : VILL KHESIA ( PANDEY TOLA ), POST-KHESIA, THANA-JATAHA BAZAR, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL KHESIA ( PANDEY TOLA ), POST-KHESIA, THANA-JATAHA BAZAR, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 10-Jun-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2129129226  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11FBSHE23194  
 Horse Power(BHP) : 8.17  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : Black Heavy Grey  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 11-Jun-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : DIPU KUMAR  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA1042051203  
 Month/Year of Manuf. : 05/2025  
 Chassis No : MBLHAW331SHE22617  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 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 w.e.f. .

Purchase dt : 10-Jun-2025  
 OTT Date : 10-Jun-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 21-Jun-2025  
 Sale Amt : 86101/-  
 Amount/Rcpt No : 8611 / UP57D25060001328  
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Jun-2025 to 10-Jun-2040

Date : 26-Jul-2025 11:48:15  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 26-Jul-2025

Q 4494824



सर्वोच्च न्यायालय

सर्वोच्च न्यायालय

INCOME TAX DEPARTMENT

GOVT. OF INDIA



सर्वोच्च न्यायालय

GENERAL Account Number Card

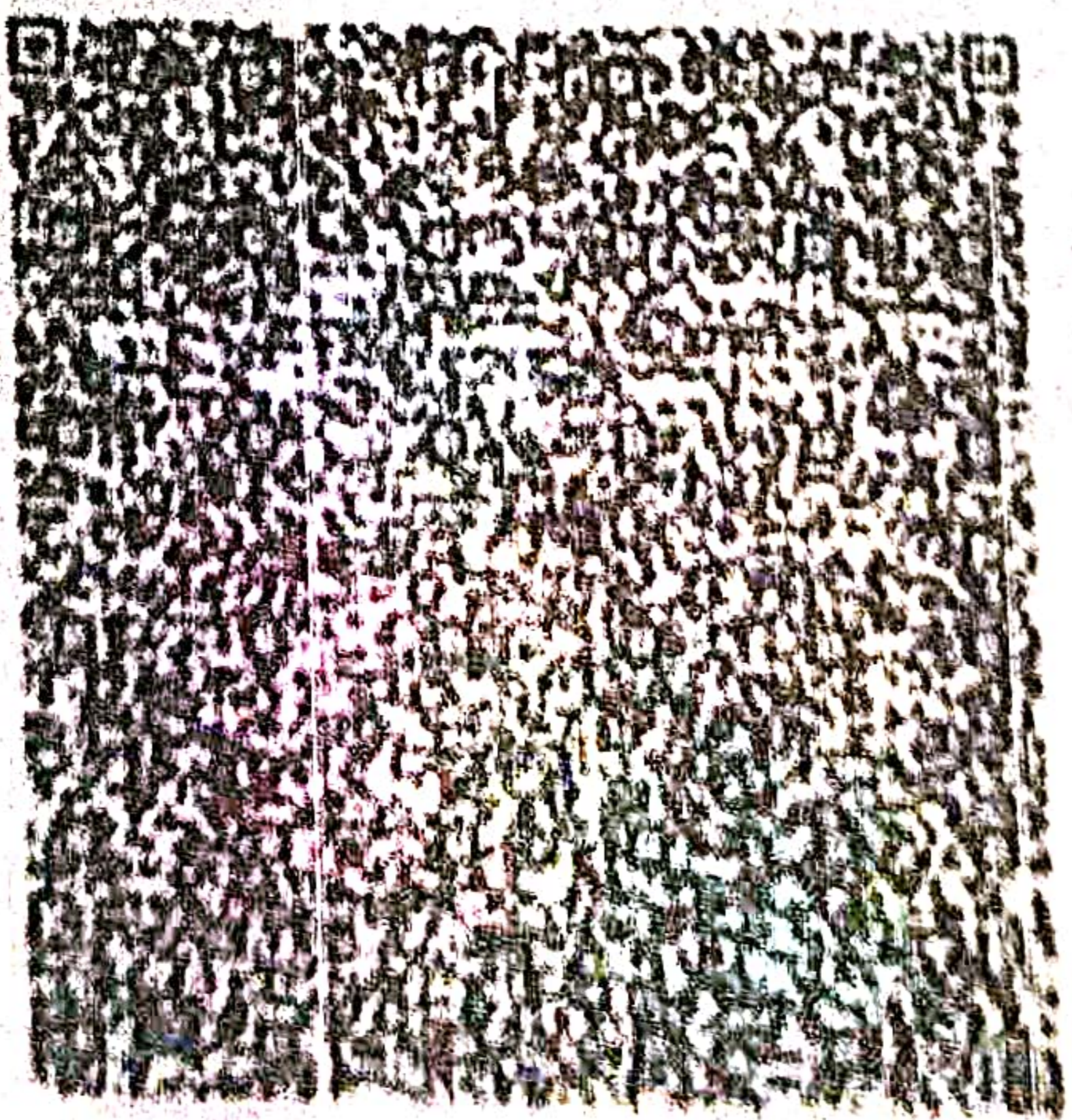
ORZPK7178D



AKHILESH KHANNA

ACCOUNTANT / Father's Name

AKHIL KHANNA



सर्वोच्च न्यायालय

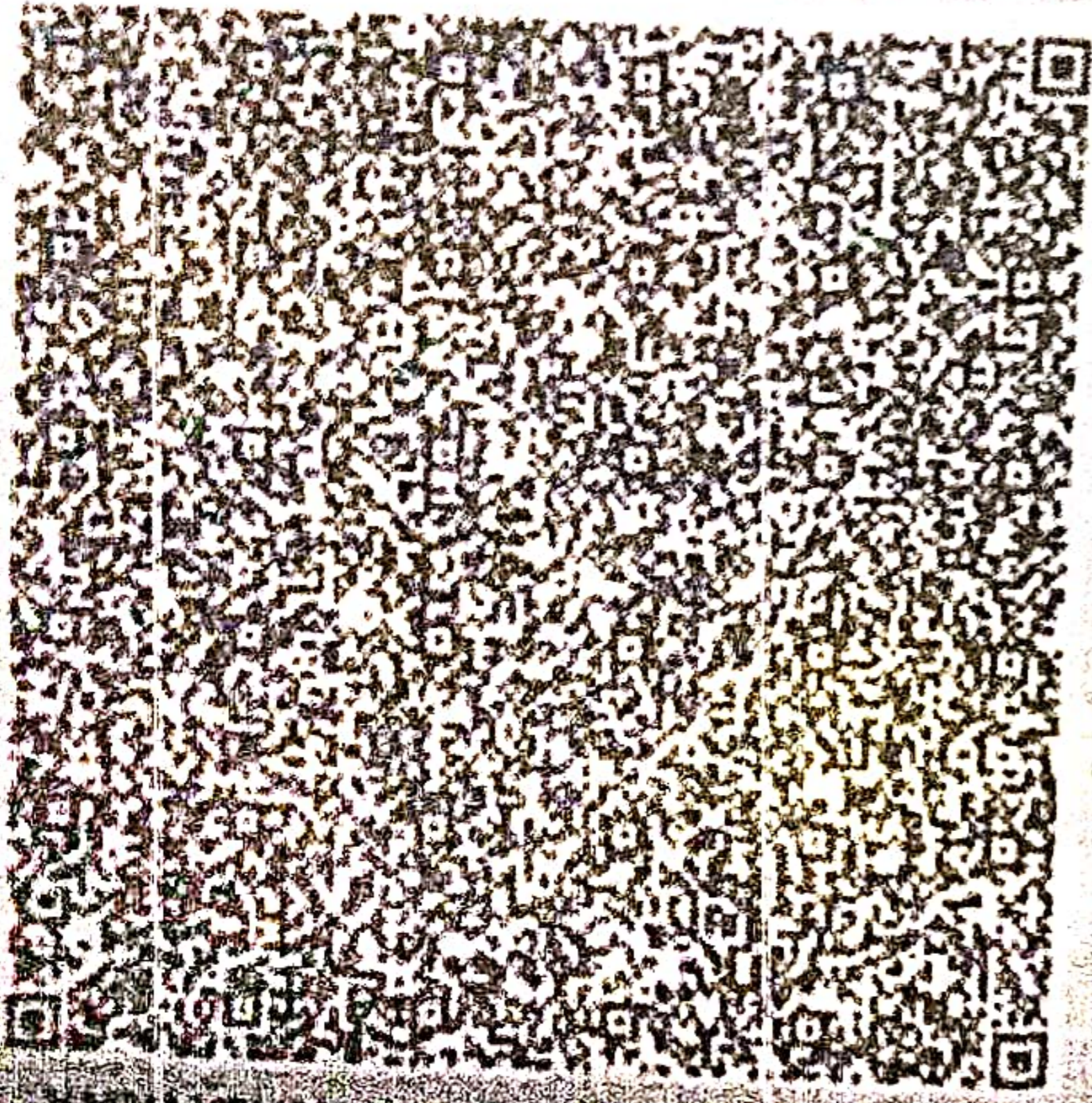
सर्वोच्च न्यायालय

1947

✉ help@uidai.gov.in

www.uidai.gov.in

2880 7506 2793



पता S/O दिपु कुमार, 00, 00, खिसिया,  
कुशीनगर, उत्तर प्रदेश, 274304  
Address: S/O Dipu Kumar, 00, 00, Khesia,  
Kushinagar, Uttar Pradesh, 274304

Issue Date: 28/01/2021

भारतीय जनता पार्टी  
Ministry of India

श्री अक्षय, श्री प्रदीप

2880 7506 2793



अक्षय कुमार  
Akhllesh Khawar  
जन्म तिथि / DOB : 01/01/2006  
पुरुष / Male

Issue Date: 17/02/2019

2880 7506 2793



