

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3298**

Date 07-04-20

Name

Manasani Devi

Add.

0520188875

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Vishu			1200	
	M/L			500	
	M/L stay			300	
	LOD			900	
	Fork Assy			4800	
	Handle			500	
	Handle-T			950	
	metals			3700	
	Inns			400	
	legrod			675	
	Fuel Tank			5500	
	Front Both WINKER			500	
	Front Fender			1450	
	Rear Both Winkels			500	
	Tail light			800	
	Front wheel			4500	
	Chassis			11000	
	key set			950	
	no-stand			350	
	T-plate			400	
			<b>TOTAL</b>	<b>2000</b>	

labour charge.

Authorised Signatory

Total Amount = 41.175/-

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

Gupta

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

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

Sir / महोदय,

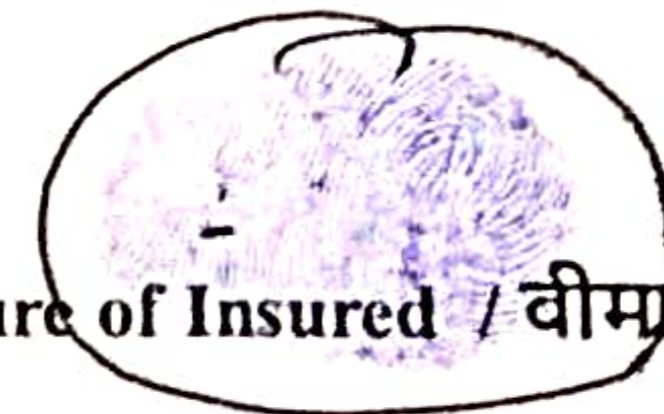
As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे  
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	
2	Vehicle No. / वाहन संख्या	Manasrani Devi 8528106875
3	Policy No. / पालिसी संख्या	UP57BR9513
4	Period of Insurance / बीमा अवधि	252400/31/2006/46520
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18-10-2025 - 17-10-2026
6	Place of Accident / दुर्घटना का स्थान	05/04/2026, 06.00 P.M. Paolaji
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sunil Chauhan 7068977788
8	Estimated Loss / अनुमानित हानि	41,175/-
9	Cause of Accident / दुर्घटना का कारण: मेश भतीजा मेरी बर्क लेकर पड़री चौलाहे पर सबजी लाने गया था बर्क की रोड के किनारे खड़ी कर के सबजी ले रहा था तभी एक कोलेरे वाले ने मेरी बर्क को अगले पहिये पर लेज रफ्तार से धक्का मार दिया जिससे बर्क	
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.	9125137148 Gupta automobile Paolajam

क्षतिग्रस्त हो गई।

Date / दिनांक : 07-04-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के



मनसरी देवी



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. 252400/31/2026/46520

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

Period of Insurance 17-10-2026

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 : Manasori Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8520108875

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11F6SHG45537</u> Chassis No. <u>MBLHAW463SH65014</u>	Registration No. <u>UP57BZ9513</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 : Sunil Chauhan  
 (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 : UP5720010002023  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 02-04-2024  
 (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 : 05/04/2026 06:00 P.M  
 (b) Place : padari  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : कारक रिस किंगरि रफती कर के सामी लेवला  
 (e) If any third party was responsible for this accident give the name and address : एक कोलेरो वाले ने मेरी कार को ठोके पड़िये पर वज लेकर मार दिया रजिस्ट्र कारक रिस किंगरि

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 : \_\_\_\_\_  
 (f) Has notice of any claim been given to you? : MI

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. : \_\_\_\_\_

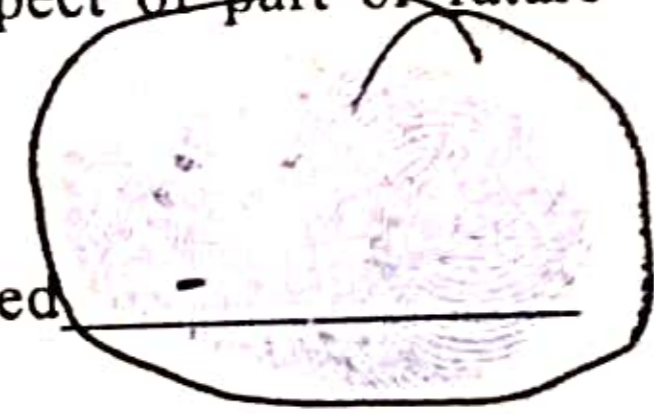
10. THEFT

- (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 07-04-2002

Signature of the insured



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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/-



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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 : \_\_\_\_\_

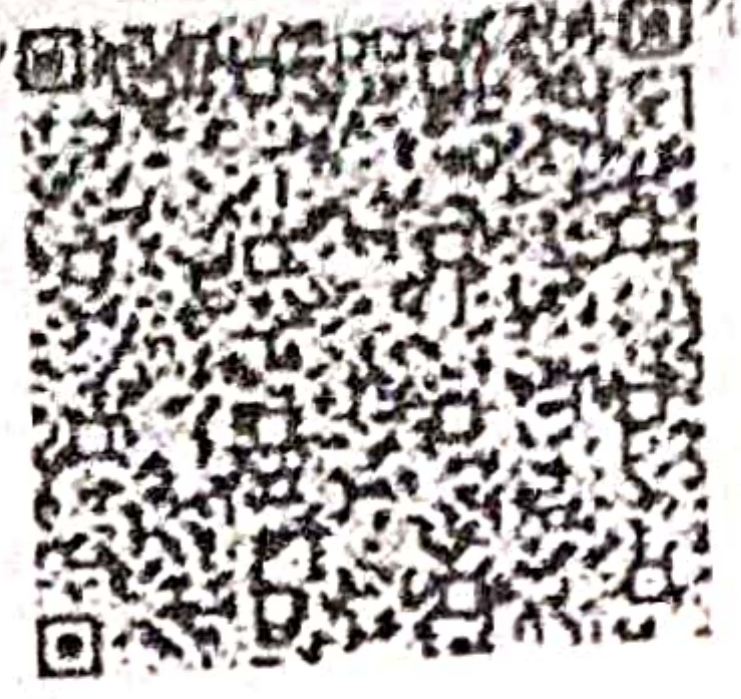
Place : \_\_\_\_\_

  
Signature of the declarant

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**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.



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

Registration No : UP57BZ9513
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 21-Oct-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : MANASARI DEVI
Son/wife/daughter of : RAJAI
Full Address: (Permanent) : MANIKAURA, PADARI PIPARPATI, , KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : MANIKAURA, PADARI PIPARPATI, , KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 20-Oct-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Norms : BHARAT STAGE VI
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Rear HSRP No : AA2138242061
Front HSRP No : AA2133168289
Month/Year of Manuf. : 07/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW463SHG50014
No of Cylinders : 1
Engine No : HA11F6SHG45537
Fuel : PETROL
Horse Power(BHP) : 8.17
Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS)
Wheel base : 1235
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 113
Colour : BLACK TORNADO GREY
Laden/GV Wt (kgs) : 243
Other Criteria :
AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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. 17-Oct-2025.

Purchase dt : 17-Oct-2025
Sale Amt : 77982/-
OTT Date : 17-Oct-2025
Amount/Rcpt No : 7799 / UP57D25100005648
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 29-Mar-2026
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 : 01-Apr-2026 16:27:16
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
KUSHI NAGAR (U.P.)
01-Apr-2026

Q 8338014



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20210002023

Issue Date: 03-02-2021  
Validity (NT): 02-04-2041

Validity (TR):



Holder's Signature

Organ Donor: Y

Date of First Issue (03-02-2021)

Name: SUNIL CHAUHAN  
Date of Birth: 03-04-2001  
Blood Group:  
Son/Daughter/Wife of: JAVAHIR CHAUHAN  
Address:  
VILL-SISWA MATHIYA PO-PARSAUNI PS-KASIA  
PADRAINA, KUSHIENAGAR, UP 274304

DL No: UP57 20210002023

UPDL0000049



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	MCWG	UP57	03-02-2021	NT			
LAV	LAV	UP57	03-02-2021	NT			
MVSD							

Emergency Contact Number

Licensing Auth:  
UP57 KUSHIENAGAR



भारत सरकार

Government of India



मनेसरी देवी

Manasari Devi

जन्म तिथि / DOB : 01/01/1982

महिला / Female



5963 0170 8122

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

अर्धागिनी: रजई, मणि कौर,  
कुशीनगर, पादरी पिपेरपंती, उत्तर  
प्रदेश, 274304

Address:

W/O: Rajai, Mani Kaura,  
Kushinagar, Padari Piperpanti,  
Uttar Pradesh, 274304

5963 0170 8122



help@uidai.gov.in

www.uidai.gov.in