

# Gupta

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**

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

No. **3005**Date **10/04/26**Name **Sandip Sharma**Add. **UP56BF4475**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	विशुद्ध			981/-	
②	H/L			535/-	
③	इंडिकेटर - ①			220/-	
④	Handle			510/-	
⑤	Handle T			870/-	
⑥	फोसक पाइप	②		2250/-	
⑦	फ्रंट फेंडर			1380/-	
⑧	फ्रंट रिम			4800/-	
⑨	फ्रंट हब			850/-	
⑩	लैबोर चार्ज			950/-	
<b>TOTAL</b>				<b>13296</b>	<b>1</b>

Authorised Signatory

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

N/A

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.	Sandeep Sharma, 7317651129
2	Vehicle No. / वाहन संख्या	UP56BF4475
3	Policy No. / पालिसी संख्या	252400/31/2026/52418
4	Period of Insurance / बीमा अवधि	26/10/2025 to 25/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/04/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Pantawal
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shiv Kumar, UP5620250005737
8	Estimated Loss / अनुमानित हानि	13296/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे चाचा का लड़का शिव कुमार शादी का कार्ड बांटने जा रहा था तभी परगावल के पास एक बस वाला रिंग सड़क से आ कर मेरी बस में सामने से टक्कर मार दिया मेरी बस आगे से क्षतिग्रस्त 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 Padgaung

संदीप शर्मा

Signature of Insured / बीमाधारक के

Date / दिनांक : 10/04/2026  
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. 252400/31/2026/52418

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

Period of Insurance 26/10/25 to 25/10/2026  
 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 : Sandip Sharma  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7317651129

2. THE INSURED VEHICLE

Make & Year <u>Herao/2025</u>	Engine No. <u>HA11F7SGJ00059</u> Chassis No. <u>MBLHAW487SGJ00058</u>	Registration No. <u>UP58BF</u> <u>4475</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?  
 (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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Shiv Kumar  
(b) Age : \_\_\_\_\_  
(c) Address : Kushinagar Padraung  
(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 : No  
(f) Was he under the influence of intoxication Liquor or drugs? : No  
(g) Driving Licence Number : UP5620250005737  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 16/02/2036  
(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 : 08/04/2026, 05:00 P.m.  
(b) Place : Partwal  
(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 : \_\_\_\_\_

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Side  
(b) Estimated cost of repairs : 13296/-  
(c) When and where can the damaged vehicle be inspected : Geeta automobile Padraung

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 : N/A  
(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 : \_\_\_\_\_

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 Policy 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 10/04/2026 200

Signature of the insured संदीप शर्मा

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 .....  
Occupation .....  
Address .....  
.....  
.....

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

संदीप शर्मा

Indian Union Driving Licence  
Issued by Uttar Pradesh

UP56 20250005737

Issue Date: 29-03-2025  
Validity (NT): 16-02-2036  
Validity (TR):



Holder's Signature

Name: SHIV KUMAR  
Date of Birth: 17-02-1996  
Blood Group:  
Son/Daughter/Wife of: JAGADISH PRASAD

Organ Donor: M

Address:  
34 USARBAWA TOLA WARD NO 6 GHUGHRI R.S.  
GHUGHRI BUZURG NAUTANWA MAHARAJGANJ  
Uttar Pradesh 272151

Date of First Issue: 29-03-2025

DL No: UP56 20250005737

UPDL561000007693



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	UP56	29-03-2025	NT			
	LMV	UP56	29-03-2025	NT			
	MVSD						

Emergency Contact Number

**Dial**  
LICENSING AUTHORITY  
UP56 MAHARAJGANJ

Form 7 Rule 16(2)

# GOVERNMENT OF UTTAR PRADESH

## Transport Department Maharajganj

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No	: UP56BF4475	Registration Date	: 01-Nov-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	: SANDIP SHARMA	Son/wife/daughter of	: MANNU SHARMA
Full Address: (Permanent)	: CHAINPUR GHUGHULI PURAINA, CHAINPUR GHUGHULI PURAINA, , MAHRAJGANJ, UTTAR PRADESH-273151		
Full Address: (Temporary)	: CHAINPUR GHUGHULI PURAINA, CHAINPUR GHUGHULI PURAINA, , MAHRAJGANJ- UTTAR PRADESH-273151		
Fitness UpTo	: 31-Oct-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2141824296
Front HSRP No	: AA2140321724	Month/Year of Manuf.	: 09/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW487SGJ00058
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F7SGJ00059	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 113
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 243
Colour	: Black Heavy Grey	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 IDFC FIRST BANK LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 26-Oct-2025.

Purchase dt	: 26-Oct-2025	Sale Amt	: 73764/-
OTT Date	: 26-Oct-2025	Amount/Rcpt No	: 7377 / UP56D25110000230
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 28-Jan-2026		
Other State/Transfer/Conversion/Reassign Details	:	Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from 01-Nov-2025 to 31-Oct-2040

Date : 28-Jan-2026 13:20:49

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 A.R.R.O  
 Maharajganj  
 Date: 28-Jan-2026

Q 7471164

28.01.2026

The Oriental Insurance Company Ltd.  
 Policy Schedule

Report ID : PGR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS - 5 Years)	Policy Issued On	26-OCT-25
Policy No	252400/31/2026/52418	Proposal No. & Date	R/252400/31/2026/37000 & 26-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:22 ON 26/10/2025 TO MIDNIGHT OF 25/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:22 ON 26/10/2025 TO MIDNIGHT OF 25/10/2030
Insured Name	SANDIP SHARMA (GSTIN: )	Lead / Breakin No	/
Insured Address	C/O MANNU SHARMA, CHAINPUR GHUGHULI, Puraina MAHRAJGANJ, MAHRAJGANJ, MAHRAJGANJ, NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	70077
Engine - Chassis No	HA11F7SGJ00059 - MBLIAW487SGJ00058			TMF CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1174.49	Legal Liability to Employees (IMT-29)	NA
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Deductibles	0	Net Liability Premium (B)	4027
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	724
Anti- Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMP DUTY	0
Discount for vehicle designed for handicapped	998	Swachh Bharat Cess@0.50%	0
SIP Discount	998	Krishi Kalyan Cess@0.50%	4751
Sub -Total Deductibles	998	Gross Premium Paid	
Add-On Coverages			
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	176		
Net own Damage Premium(A)			

Note:  
 1. Policy Issuance is the subject to the realisation of cheque  
 2. Consolidated Stamp Duty paid via Challan No  
 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)  
 4. Voluntary excess Rs(0)  
 5. Subject to Endorsements IMT,7,10,28,

Age	Relation	Amount
		4751
Nominee Details :	Nominee Name	Cheque No./Transaction No.
Payment Details :	Payment Method	Bank Name
Financer Type	Financer Name	IDFC FIRST BANK LTD
POS Name	POS ID	NA
	Financer Branch	POS PAN NO/Aadhar No
		NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

www.orientalinsurance.org in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 26-OCT-25

**IMPORTANT NOTICE**  
 The Insured 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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations as to use:** Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for : (1) Hire or reward (2) Carnage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trails

**Driver's Clause:** Any person including the insured: 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

**No Claim bonus:** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year 20% preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act. 1998.

For and on behalf of  
 The Oriental Insurance Company Limited



भारत सरकार  
Government of India



संदीप शर्मा  
Sandip Sharma  
जन्म तिथि / DOB : 02/09/1997  
पुरुष / Male



8894 4287 7550

मेरा आधार, मेरी पहचान



भारत सरकार  
Unique Identification Authority of India

पता:  
आत्मज: मन्नु शर्मा, ग्राम चैनपुर,  
घुघुली बुजुर्ग, महाराजगंज, घुघुली  
आर.एस., उत्तर प्रदेश, 273151

Address:  
S/O: Mannu Sharma, gram  
chainpur, Ghughuli Buzurg,  
Maharajganj, Ghughli R.s., Uttar  
Pradesh, 273151

8894 4287 7550



1247



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

JKRPS1304F



नाम / Name

SANDIP SHARMA

पिता का नाम / Father's Name

MANNU SHARMA

जन्म की तारीख / Date of Birth

02/09/1997

संदीप शर्मा

हस्ताक्षर / Signature



21122017