

# Gupta

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

**AUTOMOBILES**

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

No. **3012**Date 13-04-28

Name

Vinay Kumar Gupta

Add.

UPST CB 2922

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Handdle			500	
	Handdle - T			950	
	Fuel Tank			5500	
	Fork pipe Both			2200	
	Visor			1200	
	Visor Brms			400	
	H/L			3800	
	H/L Stery			250	
	W/S			350	
	Crome			250	
	Lens (R)			220	
	Chassis Repair			2500	
	Fender			1450	
	mirror (R)			220	
	Seat Cowel (R)			750	
	RR Grip			200	
	Silencer (R)			1200	
			<b>TOTAL</b>	<b>22,540</b>	

Labels

Authorised Signatory

12 Name of the Workshop, Address &amp; Contact No./वर्कशॉप का नाम, पता &amp; 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.	8853415523
2	Vehicle No. / वाहन संख्या	Vinay Kumar Gupta
3	Policy No. / पालिसी संख्या	CP57CB2922
4	Period of Insurance / बीमा अवधि	252400/31/2026 / 60554
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18-11-2025 — 17-11-2026
6	Place of Accident / दुर्घटना का स्थान	10-06-2026 11:00 AM. कुटी रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8853415523 Nagendra Kumar Gupta
8	Estimated Loss / अनुमानित हानि	22,500/-
9	Cause of Accident / दुर्घटना का कारण:	मेरा गाड़ी मेरा भांया नागेन्द्र कुमार गुप्ता किराई काम से बरक लेकर था रहे थे वो रास्ते में खुमारे जानवर (कुत्ता) भा गया जिसके बचाने के चक्कर में सामने भा रही गाड़ी में टक्कर ली गयी और दायां बफ गिर कर डैमेज हो गया ।
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 Padraua

Date / दिनांक : 13-04-2026  
हस्ताक्षर

गुप्ता पुष्पाद गुप्ता  
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. 252400101/2026/60554

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

Period of Insurance 17-11-2026  
 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 : Vinay Kumar Gupta  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8853415523

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. Chassis No. <u>JA07A259608188</u> <u>MBL5AW523596068</u> <u>876</u>	Registration No. <u>UP57CB2922</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 : Magendra 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 : CP572240005476  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 03-08-2024  
 (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 : 10.06.2026 11:00 AM  
 (b) Place : कुटी रोड  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : गाड़ी में सामने जाकर (कुटी) भा गया  
 (e) If any third party was responsible for this accident give the name and address : जिसको क्योने के चक्कर में सामने भा गया

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? : \_\_\_\_\_



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 बाला प्रसाद गुप्ता .....  
Occupation .....  
Address .....  
.....  
.....

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

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 13-04-2002

Signature of the insured जाला प्रसाद गुप्ता

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



Registration No : UP57CB2922 Registration Date : 26-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 : VINAY KUMAR GUPTA Son/wife/daughter of : JWALA PRASAD  
Full Address: (Permanent) : VILL-BHOR CHHAPRA, POSR-BAHOR CHHAPPRA, , KUSHINAGAR, UTTAR PRADESH-274802  
Full Address: (Temporary) : VILL-BHOR CHHAPRA, POSR-BAHOR CHHAPPRA, , KUSHINAGAR-UTTAR PRADESH-274802

Fitness UpTo : 25-Nov-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  
Front HSRP No : AA1047459187 Rear HSRP No : AA2144984359  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
No of Cylinders : 1 Chassis No : MBLJAW523S9G06876  
Engine No : JA07AZS9G08188 Fuel : PETROL  
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263  
R  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 122  
Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 252  
Other Criteria : AC Fitted : NO  
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.f. .

Purchase dt : 18-Nov-2025 Sale Amt : 78618/-  
OTT Date : 18-Nov-2025 Amount/Rcpt No : 7862 / UP57D25110007889  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 30-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 26-Nov-2025 to 25-Nov-2040

Date : 09-Jan-2026 18:19:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 09-Jan-2026

Q 7169962



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: POL00002

Page 200

FAX INVOICE CERTIFICATE AND POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR OFF. FILMISTAN CINEMA MEERUT-01214063570 (GSTIN: 09AAAC10627B4ZU)		
Policy No	25240071702860524	Policy Issued On	18 NOV 25
Agent/Broker Code	BA0000154144	Proposal No. & Date	A-22240071702860524 & 18 NOV 2025
Agent/Broker Name	ABHINAV BHALL	Policy Period (OWN DAMAGE)	FROM 17-11-2025 TO 17-11-2026 TO ADMINISTRATIVE OFFICE
Insured Name	VINAY KUNWAR GUPTA (GIVEN)	Policy Period (LIABILITY)	FROM 17-11-2025 TO 17-11-2026 TO ADMINISTRATIVE OFFICE
Insured Address	C/O DWALA PRASAD, POYVALL, BAIKOR CHHAPRA POST, BAIKOR CHHAPRA, PADRAUNA		

Load Breaker No: \_\_\_\_\_  
Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (IN RS.)	
Make	HERO MOTOR CORP			Vehicle	74687
Model & Variant	HERO SUPER SPLENDOR DRS N17CH			Electrical Accessories	0
Registration No	NEW			Non-Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	74687
Engine - Chassis No	IA67AZS9G06188 - MBLJAW525S9G06876			TME CONTRACT NO	
Cubic Capacity	125			Policy Type	Zone B - Rest of India
Seating Capacity	3 + 1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RYO Location					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1251.75	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	187.75	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-4)	0	Legal Liability to Employees (IMT-29)	0
Driving Traction Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Traction Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-CR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4039
AAI Membership (IMT-3)	0	GST	728
No Claim Bonus	0	NET OF TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIF Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	0
Nil Depreciation	0	Gross Premium Paid	4767
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium (A)	155		

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	Cash	Financer Branch
POS Name	NA	POS ID	NA

In the event of a claim under the policy exceeding Rs.100 or a claim for refund of premium exceeding Rs.100, the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available at all our participating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OTC 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 suspension of premium cheques of the Company shall not be liable under the policy and the policy shall be void ab initio from inception.

Team is not admissible if driver's license is found fake or is not valid whether or not on the knowledge of the insured.

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

A witness, whereof the under signed being authorized by and on behalf of the company has hereon set his hand at 2524007 on 18 NOV 25.

**IMPORTANT NOTICE**

The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Premium 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 business business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) organized racing (4) Public Meeting (5) Speed testing (6) Exhibition (7) trials.

Any Purpose in connection with motor trade.

Driver's License: 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 license may also drive a cycle & that each a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

limits of Liability: Class - Under section B (1) of the policy. Death of a body, injury. Such amount is necessary to meet their engagement of the motor vehicle act 1988. Under Section II-1 (a) of the policy. Damage to third party up to Rs. 75 lakhs. For cover under section III for driver Driver's RSI 0.

a Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage in term of the policy. If no claim is made or pending during the preceding year(s) as per the The preceding year 20% preceding two insurance years, 35% preceding three consecutive years, 45% preceding five consecutive years. Subject NCB on OD premium. No Claim Bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

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 MV Act, 1988.

This insurance excludes all pre-existing damages.

For and on behalf of  
The Oriental Insurance Company Limited



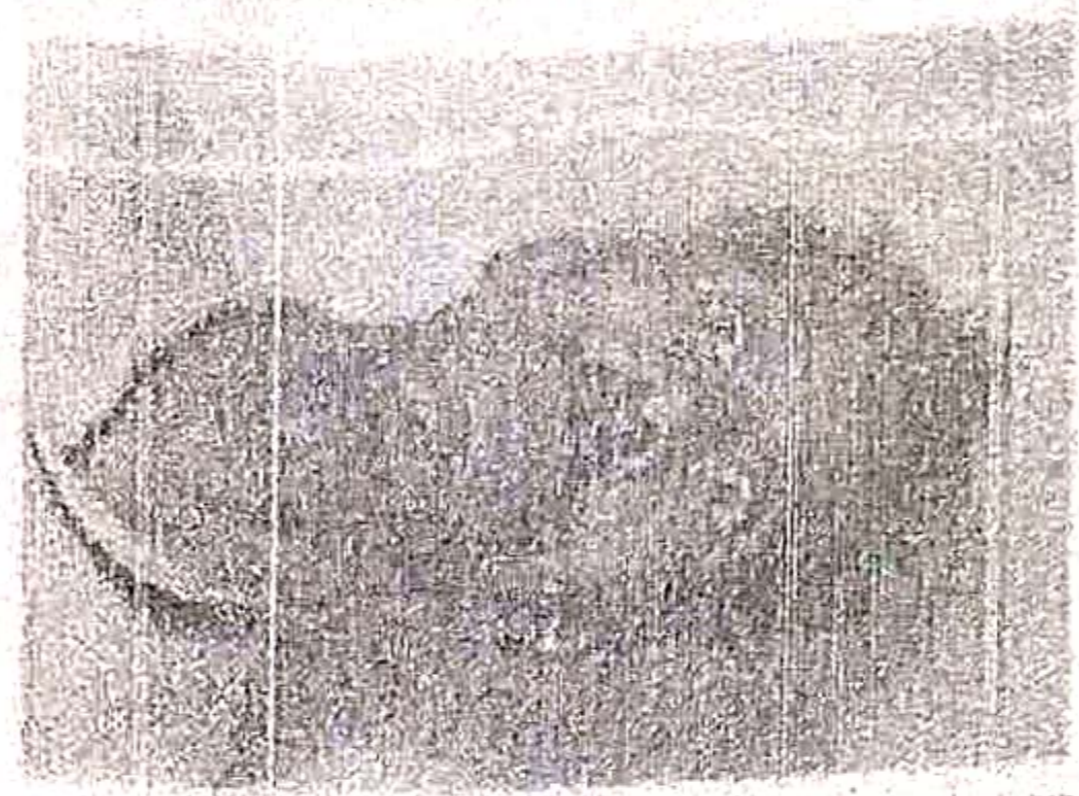
Approved By: 16/11/2025  
Approved On: 18 NOV 25  
Place: ARI  
Printed On: 18 NOV 25





भारत सरकार

Government of India



पं. जवाला

पं. जवाला / DOB: 09/10/1983  
पुं / Male

2010 5315 1983



आधार - आधार आदेशी का अधिकार



आधार

पं. अमर: गुर्दा, 72, बंगला हाउस  
सिखा मणि रोड, सिखा मण्डल, कुशीनगर  
उत्तर प्रदेश, 274802

Address: S/O Rajendra 72  
Baniar Chhaura, Kushi Nagar  
Raj, Kushi Nagar, State  
Uttar Pradesh, 274802

2010 5315 1983

1800 300 1947

help@uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BKTPJ2636K

नाम / Name  
JWALA

पिता का नाम / Father's Name  
RAJDEV

जन्म की तारीख / Date of Birth  
08/10/1953

हस्ताक्षर / Signature



03092017



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20240005476



Issue Date  
01-04-2024

Validity (NT)  
03-08-2041

Validity (TR)



(01-04-2024)

Holder's Signature

Name:

NAGENDRA KUMAR GUPTA

Date of Birth: 04-08-2001

Blood Group: O+ VE

Organ Donor: N

Son/Daughter/Wife of: NAURANG BIHARI GUPTA

Address:

172 Langari Kushinagar Uttar Pradesh 274802

Date of First Issue

DL No: UP57 20240005476

UPDL000013106370



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	UP57	01-04-2024	NT				
LMV	UP57	01-04-2024	NT				
MVSD							

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

Form 7 Rule 16(2)