

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3009**

Date **13-04-26**

Name **Sangu Devi**

Add. **CP5784 5754**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Vishor			1200	
	Andi centers (R)			220	
	LED			950	
	Hamddle			500	
	Tamki			5500	
	Foot Rest - R+L			500	
	Kick Start.			400	
	Fenders			1450	
	Middle Lvs Small			200	
	Break Pedal			1050	
	Tick			400	
	Legend			675	
	Labour charge e.			2000	
			TOTAL	14245/-	

Authorised Signatory

12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	10/01 Gupta a
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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.	Sangu Devi 9288308885
2	Vehicle No. / वाहन संख्या	UP57B45754
3	Policy No. / पालिसी संख्या	252400/31/2026/23124
4	Period of Insurance / बीमा अवधि	16-06-2025 - 15-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/04/2026, 09.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Dudhrai
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BR2220230011608 Jitendra Gupta
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरा भाई जितेन्द्र गुप्ता किसी काम से जा रहा था तभी एक बड़ी गाड़ी ने दाहिने साइड से बर्क में घुसकर मार दिया जिससे मेरी बर्क डेमेज 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 padestama

Date / दिनांक : 13.04.2026
हस्ताक्षर

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. 252400/31/2026/23124

Tel. No. _____

Period of Insurance 15-06-2026

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 : Santu Devi
 (b) Address for correspondence : _____
 (c) Telephone : 9288308805

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>H A 11 E 7 P H H 2 7 2 4 3</u> Chassis No. <u>M 3 L H A W 2 1 X P H H 2 0 4 0 0</u>	Registration No. <u>UP 57 B 4 57 5 4</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 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 : _____

MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Jitendra Gupta
(b) Age : _____
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
 3. Owner's relative or friend? : brother
(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 : BR 22 2023 0011 808
(h) Issuing Authority : _____
(i) Date of Expiry : 24-05-2025
(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 : 10-04-2026 9:00 A.M
(b) Place : Dudhai
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक कारक वाले ने कारी सुपरड्यू लवकर मार
(e) If any third party was responsible for this accident give the name and address : डिया कारक से जिसे कारक हमें ले गया.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : विसा, ब्रेक, किके साई चक
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupta Automobile Padraua

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 : _____

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 13-04 200 20

Signature of the insured संजु देवी

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 *संजु देवी*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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, 221006 (GSTIN: 09AAACT0627R42U)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	16-JUN-25
Policy No	252400/31/2026/23124	Proposal No. & Date	R/252400/31/2026/15917 & 16-JUN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:42 ON 16/06/2025 TO MIDNIGHT OF 15/06/2026
Agent/Broker Name	ABHINAV BILATI	Policy Period (LIABILITY)	FROM 18:42 ON 16/06/2025 TO MIDNIGHT OF 15/06/2030
Insured Name	SANJU DEVI (GSTIN:)	Lead / Breakin No	/
Insured Address	C/O MAHAVEER GUPTA, VILL-VISHUNPURA BARIYA PATTI, THANA-DUDAHU KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	77521
Engine -Chassis No	HA11E7PHH27243 - MBLHAW21XPHH20400			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					

Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1299.25		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	
			Legal Liability (WC) to driver (IMT-28)	0	
Basic Premium	1221.25		Legal Liability to Employees (IMT-29)	0	
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-CR36B3	3851	
			Net Liability Premium (B)	4162	
Deductibles			Total Premium (A+B)	750	
Voluntary Deductibles (IMT 22A)	0		GST	0	
Anti- Theft Device (IMT-10)	0		SERVICE TAX	0.00	
AAI Membership (IMT-8)	0		STAMP DUTY	0	
No Claim Bonus	0		Swachh Bharat Cess @ 0.50%	0	
Discount for vehicle designed for handicapped	0		Krishi Kalyan Cess @ 0.50%	0	
SIP Discount	1104		Gross Premium Paid	4912	
Sub -Total Deductibles	1104				
Add-On Coverages					
NIL Depreciation	194				
Return to Invoice	0				
Key Replacement	0				
Consumables	194				
Sub Total Add-on Coverages	311				
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.

Nominee Details :		Nominee Name	Age	Relation	Amount
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name	4912
POS Name		NA	POS ID	NA	POS PAN NO/Aadhar No
					NA

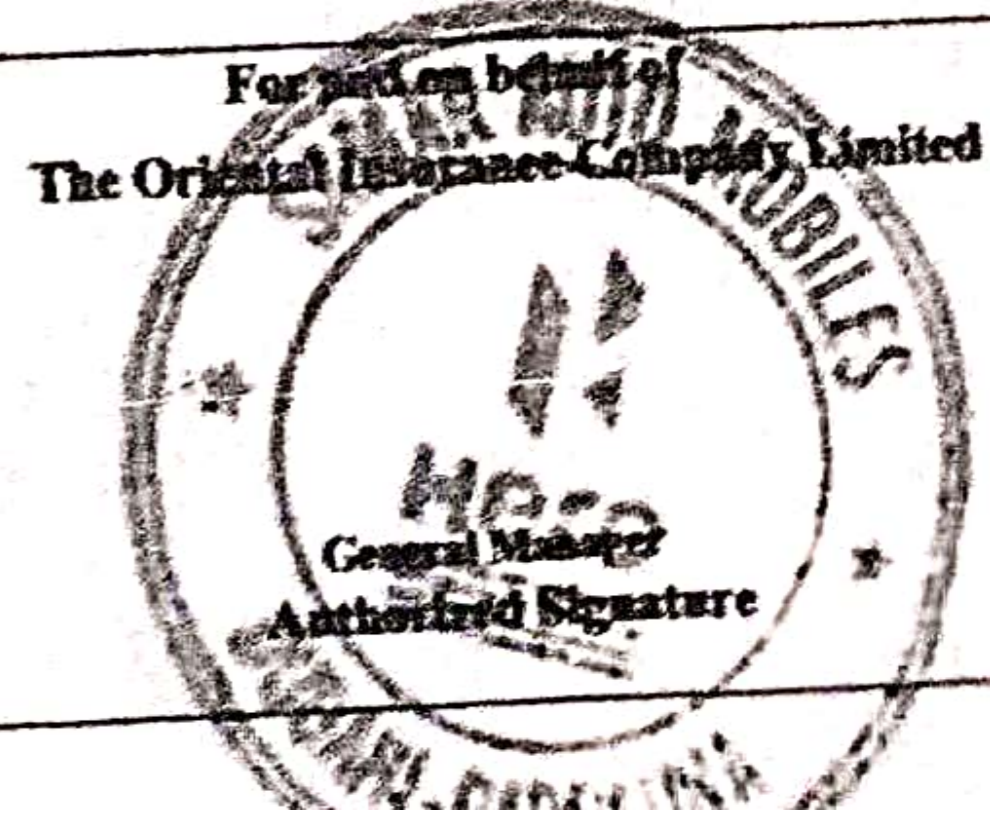
In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

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 ab initio (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.
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 hereunto set his/his hands at 252400 on 16-JUN-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) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials
g) Any Purpose in connection with motor trade.
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: 45%, 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
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, 1988.
* This insurance excludes all pre existing damages



Approved By : 659525SMD
Approved On : 16-JUN-25
Place : MRT
Printed On : 16-JUN-25



Indian Union Driving Licence
 Issued by Government of Bihar



BR22 20230011608

Issue Date 21/08/2023 Validity (NT) 24/05/2035 Validity (TR)

Name: **JITENDRA GUPTA**

Date Of Birth : 25/05/1995 Blood Group : AB+

Son/Daughter/Wife of : KHUBILAL GUPTA

Address:

AT-BHAGWANPUR WARD NO-10

PO BINHI PS BHITAHHA

DIST-WEST CHAMPARAN, 845404



Holder's Signature

Organ Donor : NO

BR-D2217024568

Date Of First Issue 21082023

DLNo: BR22 20230011608

BR-D2217024568



ADP/DI No. (Regn. Number)

Hazardous validity

Hill Validity

Class of Vehicle	Code	Issued By	Date Of Issue	Vehicle Category	Badge Number	Issued Date	Issued By
	CRANE	BR02	14/11/2025	NT			
	LDRXC	BR02	14/11/2025	NT			
	LMV	BR02	21/08/2023	NT			
	MOWS	BR02	21/08/2023	NT			

Emergency Contact Number

Licensing Authority
 DTD, RFTTIAH



भारत सरकार
Government of India



संज्ञ, देवी
Sanju Devi
जन्म तिथि / DOB : 01/01/1989
महिला / Female

5524 1370 5498



आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
अर्धाजिनी: महावीर गुप्ता, विशुनपुर
बरियापटी, विशुनपुरा, कुशीनगर,
बिश्नुनपुरा, उत्तर प्रदेश, 274302

Address:
W/O: Mahaveer Gupta, vishunpur
bariyapati, Bishunpura,
Kushinagar, Bishunpura, Uttar
Pradesh, 274302

5524 1370 5498

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

JQTPD2171K

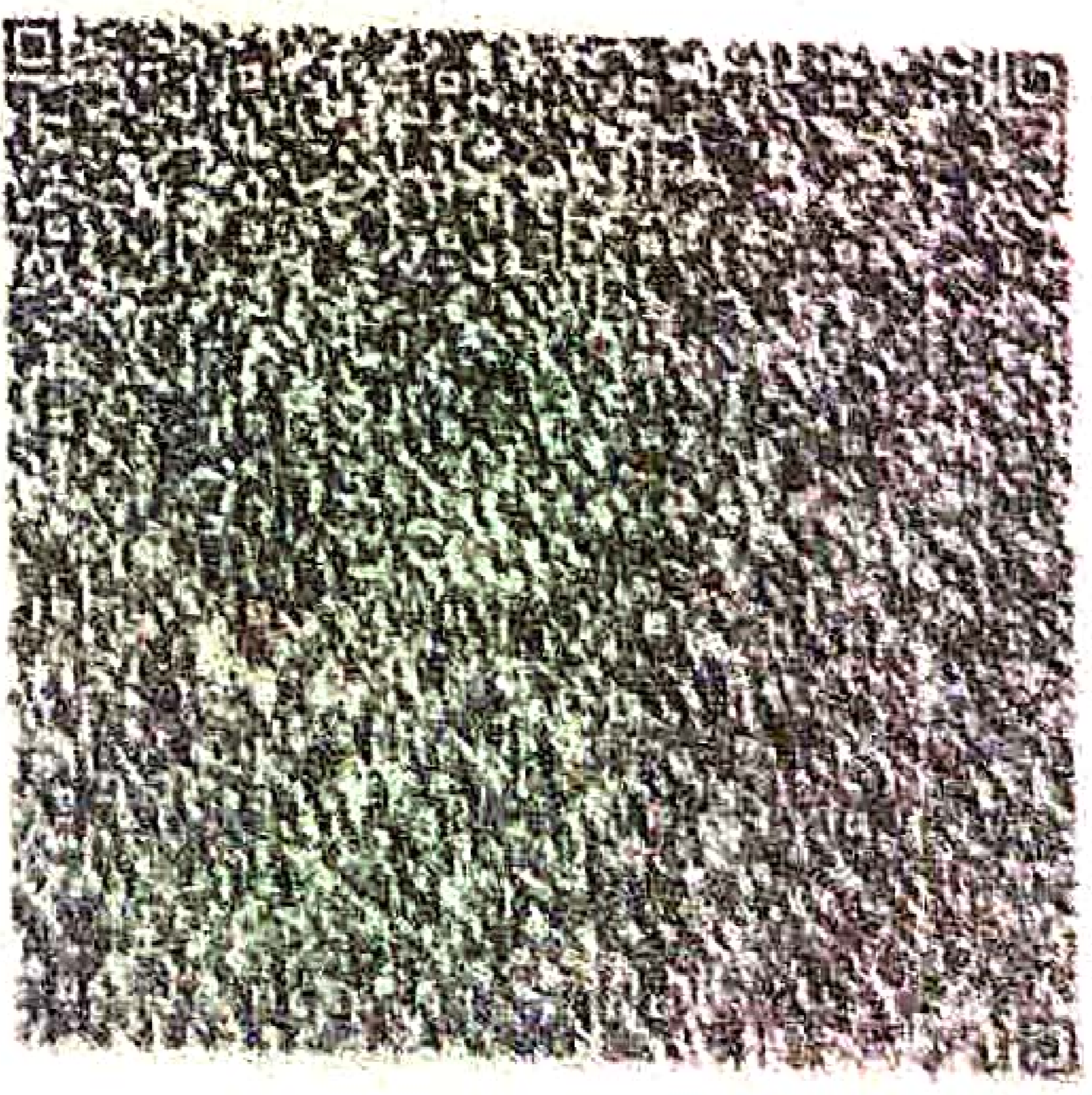
नाम / Name
SANJU DEVI

पिता का नाम / Father's Name
KHUBI GUPTA

जन्म की तारीख /
Date of Birth
01/01/1988

हस्ताक्षर

Signature



17052024