

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3027**

Date 20/4/2026

Name Sheer Muhammad

Add. UP5713Y1619

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	4'8057 Front			950/-	
②	Head light			3650/-	
③	4'8057 Csom			210/-	
④	Wind screeem			420/-	
⑤	Front fender			1180/-	
⑥	Handle Bar			510/-	
⑦	Handle T			970/-	
⑧	Both side fork pipe			2300/-	
⑨	labour charge			800/-	
TOTAL				10990/-	

Authorised Signatory

शवा सूचना

Spot / Fin
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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.	Sheez Muhammad, 8756743096
2	Vehicle No. / वाहन संख्या	UP5720140025423
3	Policy No. / पालिसी संख्या	252400/31/2026/18324
4	Period of Insurance / बीमा अवधि	28/5/25 to 27/5/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/04/2026, 06.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Nauyangia chowaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8756743096 Riyaz Ansari, UP5720140025423
8	Estimated Loss / अनुमानित हानि	10990/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बाईक लेकर रिश्तेदार का लड़का किसी काम से जा रहा था तभी अचानक बाईक के सामने लीलागाय आ गई उसी को बचाते हुये बाईक स्लीप हो कर बाईक कामे साईड गददे मे गिरने 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 Padmaura

Date / दिनांक : 20/04/2026
हस्ताक्षर

- श्रीरमेश कुमार
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. 252400/31/2026/18324

Tel. No. _____

Period of Insurance 20/5/25 to 27/5/26

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 : Sheer Muhammad
 (b) Address for correspondence : _____
 (c) Telephone : 8756743096

2. THE INSURED VEHICLE

Make & Year <u>Hesto/2025</u>	Engine No. <u>JA07AZS9E01006</u> Chassis No. <u>MBLHAW52389E00909</u>	Registration No. <u>UP57BY</u> <u>1612</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 : _____
- BIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Riyaz Amzari
(b) Age :
(c) Address : Keshinagar Padmaura
(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 : UP5720140025423
(h) Issuing Authority :
(i) Date of Expiry : 19/12/2034
(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 : 18/11/2026, 06.00 P.M.
(b) Place : Nawangia Chauk
(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 : लीलाग्राम अमानक के सामने आगई उसकी से चक्राक-
कईक दाये साईड गिरने से डेमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
(b) Estimated cost of repairs : 10990/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padmaura

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 : _____

~~N/A~~

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. : _____

~~N/A~~

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 : _____

~~N/A~~

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 20/04/2026

Signature of the insured 212HEHHE

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 श्रीमृ ए + मृ
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928
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, PIN-21214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	28-MAY-25
Policy No	252400/31/2026/18324	Proposal No. & Date	R/252400/31/2026/12540 & 28-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:00 ON 28/05/2025 TO MIDNIGHT OF 27/05/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 12:00 ON 28/05/2025 TO MIDNIGHT OF 27/05/2026
Insured Name	SHER MUHAMMAD (GSTIN: 0)	Lead / Breakin No	
Insured Address	C/O BHOLA MIYA, SAJIABGANJ UTTARI KANU TOLA PADRAUNA POST & THANA- PADRAUNA, PADRAUNA (KUSHINAGAR), , NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	80238
Model & Variant	HERO SUPER SPLENDOR DRS XTECH	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	80238
Engine - Chassis No	JA07AZS9E01006 - MBLJAW523S9E00909	TMF CONTRACT NO	
Cubic Capacity	125	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	1344.79	Basic Third Party Liability	3851
Flee Accessories	0	Compulsary PA Cover Premium	0
Non-Flee Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1264.79	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4174
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	752
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	1143	STAMP DUTY	0
SIP Discount	1143	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishik Kalyan Cess@0.50%	4926
Add-On Coverages	201	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	201		
Sub Total Add-on Coverages	323		
Net own Damage Premium(A)			

Nominee Details:	Nominee Name	Cheque No./Transaction No.	Bank Name	Amount
Payment Details:	Payment Method			4926
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA

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.

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 here to set his/his hands at 252400 on 28-MAY-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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials
(7) 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 their 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
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, 1988.
* This insurance excludes all pre existing damages

Approved By : 659525SMD
Approved On : 28-MAY-25
Place : MRT
Printed On : 28-MAY-25

For and on behalf of
The Oriental Insurance Company Limited
Manager
Signature
Authorised Signatory

GHANTA AUTO MOBILE
DEPT. 11098
346 KHAIR NAGAR, MEERUT, U.P. 201002
5554965784

यह वाहन पारिवारिक, वाणी का हित बीमा
(OD) एक साल का तथा थर्ड पार्टी बीमा
पाँच साल के लिए ही मान्य है।

UNION OF INDIA Driving Licence  

UP57 20140025423



जारी करने की तिथि
Date of Issue
20/12/2014

जन्म तिथि
Date of Birth
14/07/1990

वैधता / Validity
 19/12/2034

Blood Group
UNKNOWN



नाम / Name

RIYAJ ANSARI

पिता/पति का नाम / Son/Daughter/Wife of

SAINULLAH ANSARI

UP57 20140025423

LMV  MCWG 
20/12/2014 20/12/2014

UP02318585RS



Form 7 Rule 16(2)

पता / Address

VILL.- KATAI BHARPURWA ADRASH CHOWK
PO- KATAI BHARPURWA, PS- JATAHA BAZAR
KUSHINAGAR

हस्ताक्षर / Signature

Holder's Signature

जारी करने वाला / Issuing Authority Sign

KUSHINAGAR

Issue Date: 22/10/2011



भारत सरकार
Government of India



शेर मुहम्मद
Sher Muhammad
जन्म तिथि/DOB: 01/05/1981
पुरुष/ MALE



5233 8919 9197

VID : 9103 1931 1962 2236

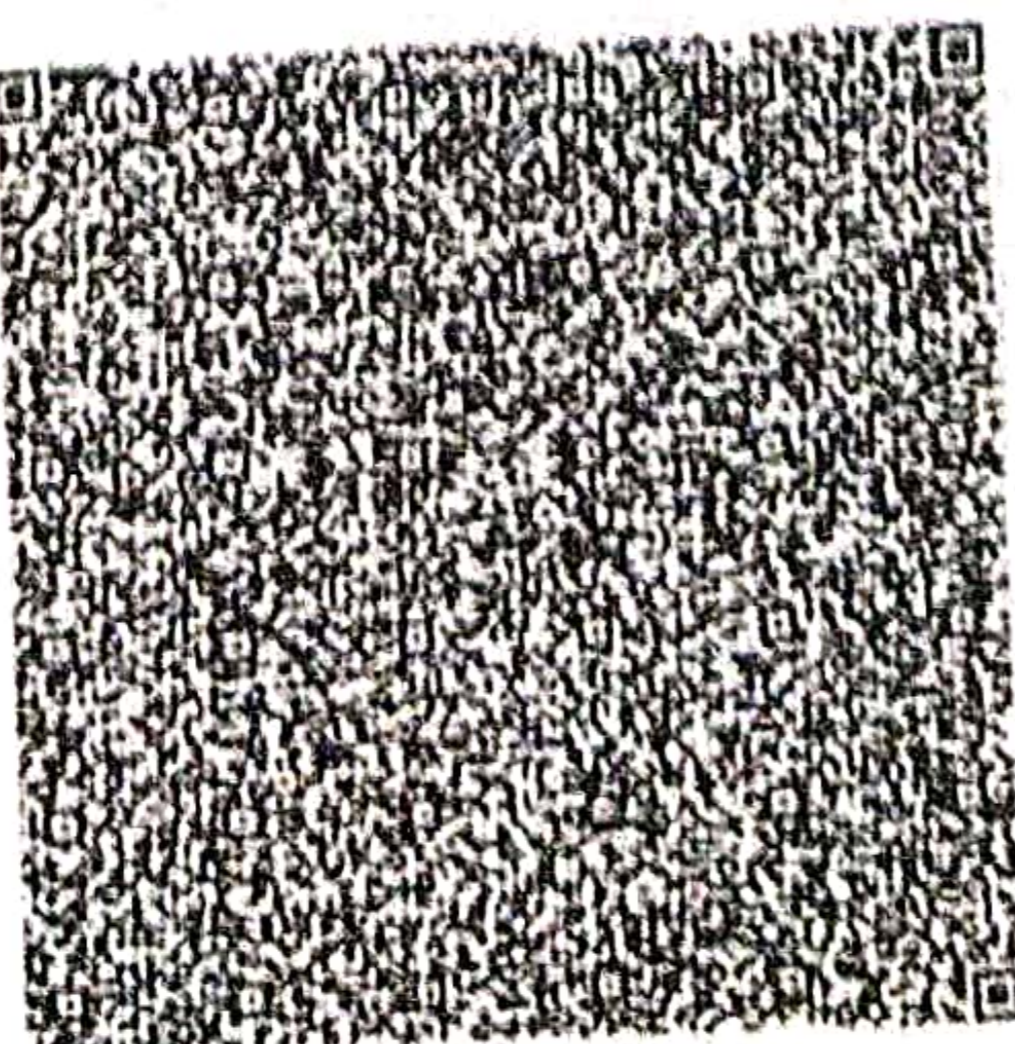
शेरा आदर, शेरी पहचान

Download Date: 09/04/2022



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पत्नी:
S/O भोला मिश्रा, साहबगंज उत्तरी कानु टोला, पड़रना,
कुशीनगर,
उत्तर प्रदेश - 274304
Address:
S/O Bholu Miya, sahabganj uttari kanu tola,
Padrauna, Kushinagar,
Uttar Pradesh - 274304



5233 8919 9197

VID : 9103 1931 1962 2236



1947



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