

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

Gupta

AUTOMOBILES



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

No. **3029**

Date 20-07-2016

Name Rasuliya

Add. CPCY 9055

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Visor			1400	
	M/L			3800	
	Handle			550	
	Fender			1450	
	Handle-T			1000	
	Fork pipe (2)			2000	
	Labor chage			800	
TOTAL				11,300	

Authorised Signature

I सूचना पत्र.

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15-10-

2016

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

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

9125197190
Gupta Automos


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.	Rasuliya 9792567805
2	Vehicle No. / वाहन संख्या	UP57BR 9055
3	Policy No. / पालिसी संख्या	252400/31/2026/44270
4	Period of Insurance / बीमा अवधि	15-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18-04-2026 8:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Shivpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shamim Akhtar 9721914113
8	Estimated Loss / अनुमानित हानि	11.300/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी मेरा नाती किसी काम से लेकर था रहे थे तब रास्ते में एक जगह रुक कर फोन पर बात कर रहे थे तभी एक बसक वाला तेजी से मेरे गाड़ी में टक्कर मार दिया खामने से और बसक मयां तक गिर कर Damage हो
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 / फोन नं.	9125197148 Gupta Automobile Padrauna

 Rasuliya

Signature of Insured / बीमाधारक के

Date / दिनांक : 20-04-2026
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. 252400/31/2028/44270

Tel. No. _____

Period of Insurance 15-10-2028

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 : Rasuliy a
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11F259K09108</u> Chassis No. <u>MBRHA045959K50</u> <u>202</u>	Registration No. <u>UP57BZ9055</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 : Slamin Akhtar
(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 : UP5720150016114
(h) Issuing Authority : _____
(i) Date of Expiry : 24-07-2035
(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 8:00 P.M
(b) Place : Shivpur
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बिना रूपाई से दाया करके फोटा खी घात की
(e) If any third party was responsible for this accident give the name and address : 28 वीं तमरे एक अर्द्ध काला सामने से टकरा मार दिया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Right side fender
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padhana

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? : _____

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 20-04-2002

Signature of the insured

Rasuliyah



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/-



Rasuliy

Signature
Occupation
Address
.....
.....

Witness
Name
Signature
Address

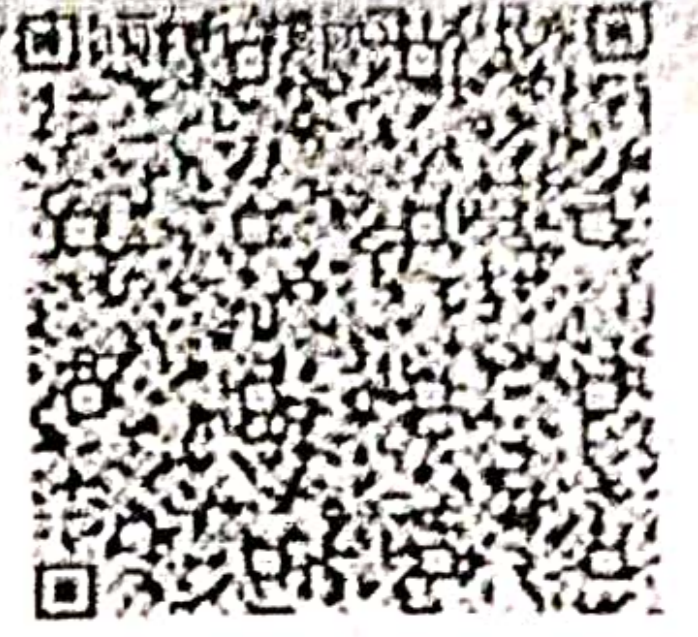
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ9055 Registration Date : 19-Oct-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 : RASULIYA Son/wife/daughter of : AJIJ
 Full Address: (Permanent) : VILL-BARAHAJ, POST-HORLAPUR, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL-BARAHAJ, POST-HORLAPUR, THANA-KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303

Fitness UpTo : 18-Oct-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 : AA2133167901 Rear HSRP No : AA2134819723
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW459S9K58282
 Engine No : HA11F2S9K08188 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE PRO Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242
 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 : 16-Oct-2025 Sale Amt : 66734/-
 OTT Date : 16-Oct-2025 Amount/Rcpt No : 6674 / UP57D25100005181
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-Nov-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 19-Oct-2025 to 18-Oct-2040

Date : 17-Dec-2025 14:16:44
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 17-Dec-2025

Q 6301058



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No: 1

REGULATED BY THE IRDA
COMPANY LIMITED
Date: 16/10/2025
Time: 11:35:26 AM

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, IN-201214 (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	16-OCT-25
Policy No	252400/31/2026/44270	Proposal No. & Date	R/252400/31/2026/105884350/6 & 16-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:57 ON 16/10/2025 TO MIDNIGHT OF 15/10/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 12:57 ON 16/10/2025 TO MIDNIGHT OF 15/10/2026
Insured Name	RASULIYA (GSTIN:)		
Insured Address	C/O AJI, R/O VILL - BARAHAI POST - HORLAPUR, THANA - KUBERSTHAN, PADRAUNA (KUSHINAGAR) , , NA, 0	Lead/Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	63398
Model & Variant	HERO HF DELUXE FI			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025				
Engine - Chassis No	HA11F2S9K08188 - MBLHAW459S9K58282			Total IDV	63398
Cubic Capacity	100			TMF CONTRACT NO	
Seating Capacity	1 + 1			Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL	Geographical Area	
RTO Location					

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1062.55	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 3 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
	158.55	Legal Liability to Employees (IMT-29)	NA
Basic Premium	0	Legal Liability to Passenger (IMT-46)	NA
Geographical Area Extra (IMT -1)	0	Driving Tuition Loading On TP Premium (60%)	0
Driving Tuition Loading On OD Premium (60%)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Sub-Total Additions	0	Net Liability Premium (B)	4010
Deductibles	0	Total Premium (A+B)	722
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	Krishn Kalyan Cess@0.50%	4732
SIP Discount	0	Gross Premium Paid	
Sub -Total Deductibles	0		
Add-On Coverages	0		
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	159		
Net own Damage Premium(A)			

Nominee Details :		Payment Details :		Financer Type		POS Name	
Nominee Name		Payment Method		Financer Name	Cash	POS PAN NO/Aadhar No	NA
Cheque No./Transaction No.		Financer Branch		POS ID	NA		
Bank Name		Amount	4732				

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 16-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) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

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 these requirements 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 0

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, 1988.

* This insurance excludes all pre existing damages

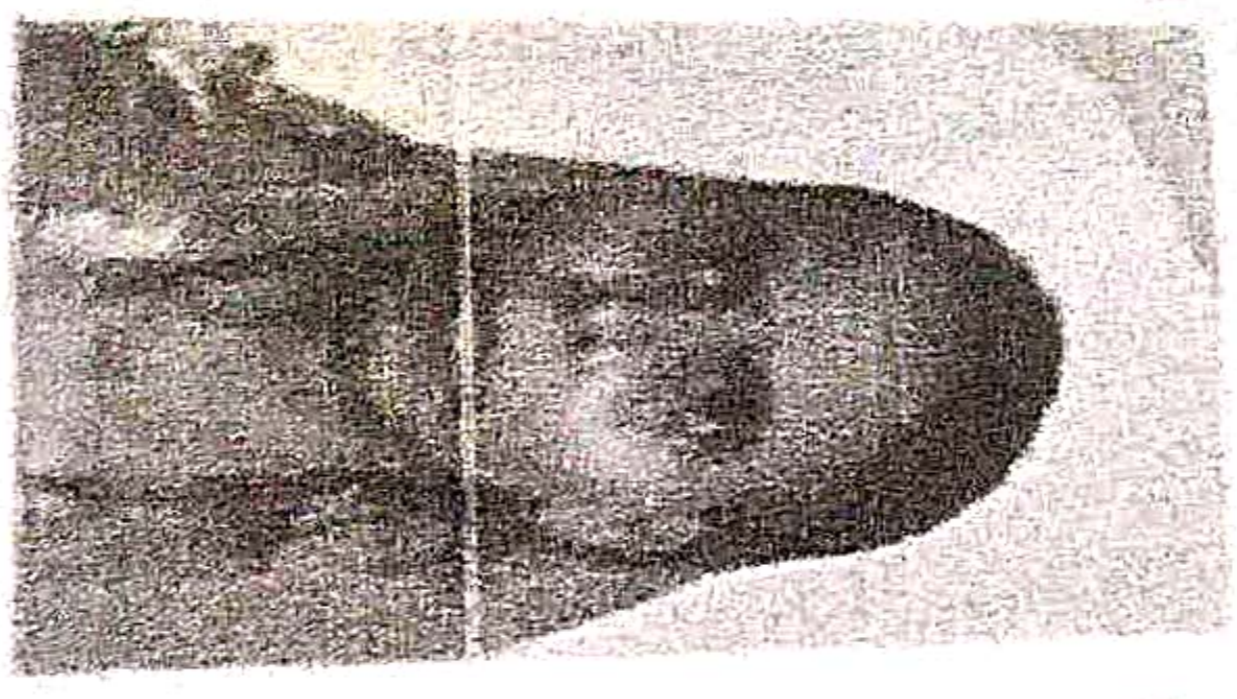
Approved By : VAIS@252400
Approved On : 16-OCT-25
Place : MRT
Printed On : 08-NOV-25

The Oriental Insurance Company Limited
General Manager
Authorized Signature



भारत सरकार

Government of India



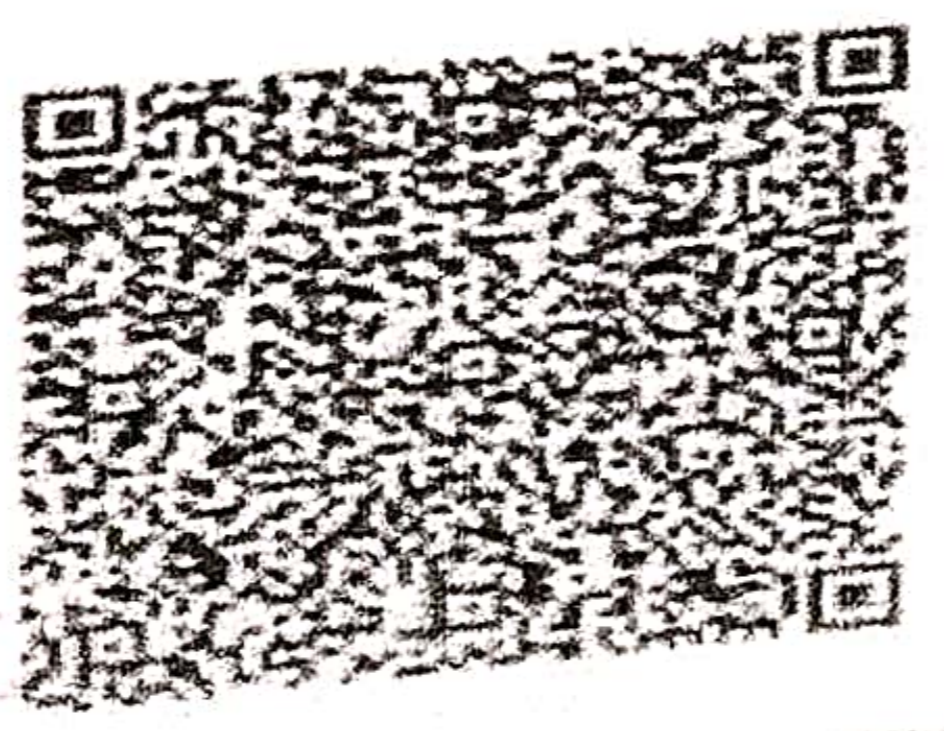
रसूलिया

Rasuliya

जन्म तिथि / DOB : 01/01/1979

महिला / Female

3895 7766 1152



आधार - आम आदमी का अधिकार



भारतीय विश्वविद्यालय

Unique Identification Authority of India

पता:

अर्धाजिनी: अजीज, बरहज, कशीनगर,
होरलापुर, उत्तर प्रदेश, 274303

Address:

W/O: Aji, Barahaj, Kushinagar,
Hortapur, Uttar Pradesh, 274303

3895 7766 1152

1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

