

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWP605597122

AUTHORISED DEALER



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

No. **3031**

Date **22/4/26**

Name **Sandip**

Add. **UP57BX5416**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	42091			950/-	
②	H/L			3810/-	
③	chrome			210/-	
④	w/s			420/-	
⑤	fender			1270/-	
⑥	Handle			550/-	
⑦	rust pipe ②			2300/-	
⑧	Handle T			980/-	
⑨	Labour charge			900/-	
TOTAL				11390/-	

Authorised Signatory

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Spot / Final
युक्त करने

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3X5416

131/2020

to 24/4

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UP5720

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12 Name of the Workshop, Address & Contact

N/A

912519

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

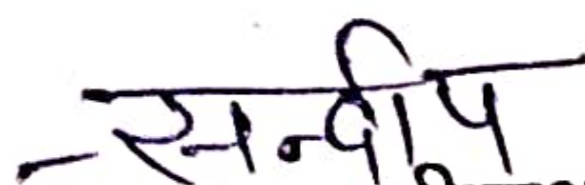
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Somdip , 9176450918
2	Vehicle No. / वाहन संख्या	UP57BX5416
3	Policy No. / पालिसी संख्या	252400/31/2026/6939
4	Period of Insurance / बीमा अवधि	25/4/25 to 24/4/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/04/2026 , 03.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Bhabhrawali
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720240021521 9120376243 , Abdeep kumar
8	Estimated Loss / अनुमानित हानि	11390/-
09.	Cause of Accident / दुर्घटना का कारण :	मेशा भाई प्रवीण कुमार कसया से दवा करा कर वापस घर आ रहा था तभी एक बच्चा अचानक सामने आ गया उसी को बचाने हुये मेरी बाईक सामने से आ रही बाईक से टकरा कर दाहिने साईड गिरने से बाईक क्षतिग्रत 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 Padgaon

Date / दिनांक : 22/4/2026
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. 252400/31/2026/6939

Tel. No. _____

Period of Insurance 25/4/25 to 24/4/26
 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 : Sandip
 (b) Address for correspondence : _____
 (c) Telephone : 9176450918

2. THE INSURED VEHICLE

Make & Year <u>Hesai/2025</u>	Engine No. <u>JA07AMR9M03379</u> Chassis No. <u>MBLJAWH00R9M02575</u>	Registration No. <u>UP57BX</u> <u>5416</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 : _____
- pld*

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pradeep Kumar
 (b) Age : _____
 (c) Address : Palghana
 (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 : UP5720240021521
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2039
 (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 : 19/4/2026, 03:00 P.M.
 (b) Place : _____
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : वज्जे को वज्जाले हुमे सामने से आ रही बईक
 (e) If any third party was responsible for this accident give the name and address : से झरा कर गिरने से बईक डेमेन ले गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side
 (b) Estimated cost of repairs : 11390/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Palghana

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 : N/A
 (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 : _____

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.

Signature of the insured राजीव

Date 22/4/26 200

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

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX5416 Registration Date : 28-Apr-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 Son/wife/daughter of : HARENDRA PAL
 Full Address: (Permanent) : VILL- BHULIYA AGARWA, POST- TARYA SUJAN, THANA- TARYA SUJAN KUSH NAGAR, UTTAR PRADESH-274409
 Full Address: (Temporary) : VILL- BHULIYA AGARWA, POST- TARYA SUJAN, THANA- TARYA SUJAN, KUSHINAGAR- UTTAR PRADESH-274409
 Fitness UpTo : 27-Apr-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : KUSHUM KALA
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2124518878 Rear HSRP No : AA2124902490
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLJAW400R9M02575
 Engine No : JA07AMR9M03379 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : MATT GREY 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 : 25-Apr-2025 Sale Amt : 82461/-
 OTT Date : 25-Apr-2025 Amount/Rcpt No : 8247 / UP57D25040004355
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-May-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-Apr-2025 to 27-Apr-2040

Date : 09-Jun-2025 13:22:30

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 09-Jun-2025

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 106 KHAR NAGAR, OPP. FILMISTAN CINEMA NEERUN, 01214063570, (GSTIN: 09AAACT0627R4ZU)
BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))
Policy No: 25240011/2025/939
Agent/Broker Code: B40000155143
Agent/Broker Name: ABHINAV BIATI
Insured Name: SANDHU (GSTIN: 0)
Insured Address: C-2 HARENDRA PAL, VILL-BHULIYA AGARWA POST-TARYA SUJAN, THANA-TARYA SUJAN, KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA, UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS
Make: HERO MOTORCORP
Model & Variant: HERO SUPER SLENDOR DRS XTECH
Registration No: NEW
Year of Manufacture: 2025
Engine-Chassis No: JA07AMR9M03379 - MBLJAW40R9M02373
Cubic Capacity: 125
Seating Capacity: 1+1
Type of Body: SOLO
Type of Fuel: PETROL
RTO Location:

INSURED DECLARED VALUE (IDV) (in Rs.)
Vehicle: 78338
Electrical Accessories: 0
Non Electrical Accessories: 0
Total IDV: 78338
TMF CONTRACT NO:
Policy Type: Zone B - Rest of India
Geographical Area: INDIA

Table with columns: Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extra (IMT-1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub-Total Add-on Coverages, Net own Damage Premium(A)

Table with columns: Schedule Of Premium (Amount in Rs.), Liability Section (B), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid

- Note:
1. Policy insurance 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.

Table with columns: Nominee Details (Nominee Name, Age, Relation), Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount), POS Name (NA, POS ID, NA, POS PAN NO/Aadhar No, NA)

In the event of a claim under the policy amounting Rs. 1000 or a claim for refund of premium exceeding Rs.1000, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available to 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.
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).
Claims are 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 this 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 hereunto set his/ their hands at 252400 on 25-APR-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 MVA 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 local 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
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 driver's license may also drive vehicles & 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. 2.5 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 four 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 policy does not cover damage to



Approved By: 050258MD
Approved On: 25-APR-25
Place: MUM
Printed On: 25-APR-25

Handwritten signature

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

Handwritten notes in Hindi at the bottom right corner.

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20240021521

Issue Date 29-11-2024
Validity (NT) 31-12-2039

Validity (TR)*



Holder's Signature

Date of First Issue 29-11-2024

Name: PRADEEP KUMAR

Date of Birth: 01-01-2000

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: HARENDRA PAL

Address:

TARYA SUJAN BHULI AGARWA T AMKUHI RAJ
KUSHINAGAR UTTAR PRADESH 274409

DL No: UP57 20240021521



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

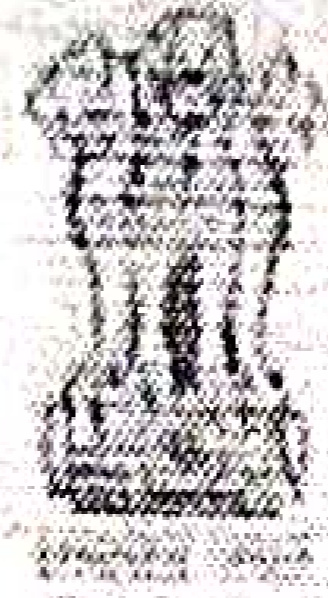
Form 7 (Rule 16(2))

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date*	Badge Issued By*
MCWG		UP57	29-11-2024	NT			
LMV		UP57	29-11-2024	NT			
MVSD							

Emergency Contact Number

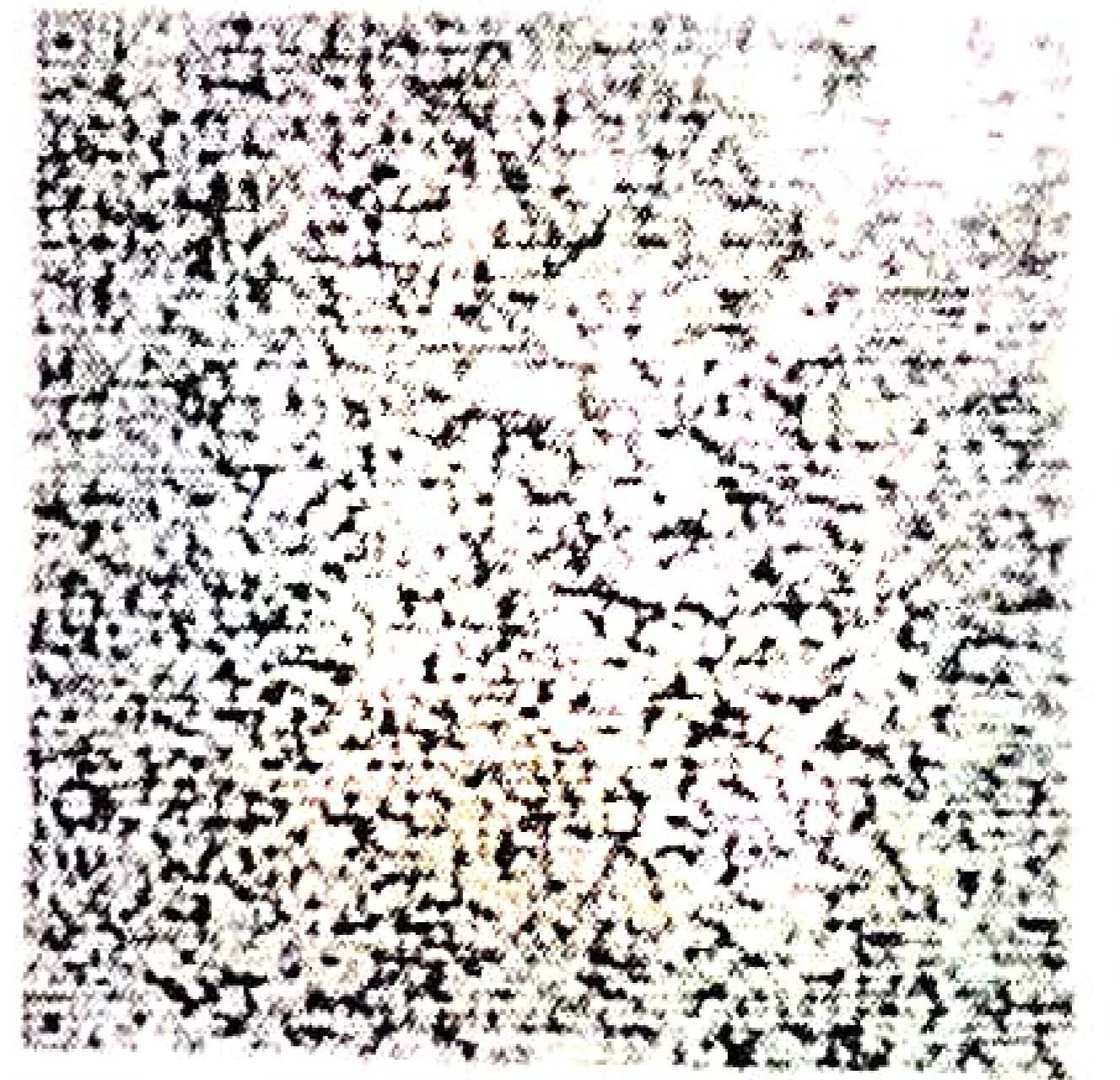
Licensing Authority
UP57 KUSHINAGAR

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FXEPS1776P



नाम / Name
SANDIP

पिता का नाम / Father's Name
HARENDRA PAL

जन्म की तारीख /
Date of Birth
17/07/1998

13022026

PAN Application Digitally Signed. Card Not
Valid unless Physically Signed

Aadhaar no. 45587 5502 170412016



भारत सरकार
Government of India

भारत सरकार

पंजीय

Sandip

जनम तिथि/DOB: 17/07/1998

पुरुष/ MALE

आधार नम्बर ही प्रमाण है, साक्षात्कार में प्रमाणित होना चाहिए।
आधार नम्बर का प्रयोग (ऑनलाइन प्रमाणित करने) के लिए आवश्यक है।
आधार नम्बर का प्रयोग ऑनलाइन प्रमाणित करने के लिए आवश्यक है।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

9264 4587 5502

भारत सरकार, नई दिल्ली

Details as on: 06/02/2026



भारतीय पहचान प्रणाली प्राधिकरण
Unique Identification Authority of India

पता:

भारत सरकार, नई दिल्ली, नई दिल्ली, नई दिल्ली

सुजान, कुशीनगर,

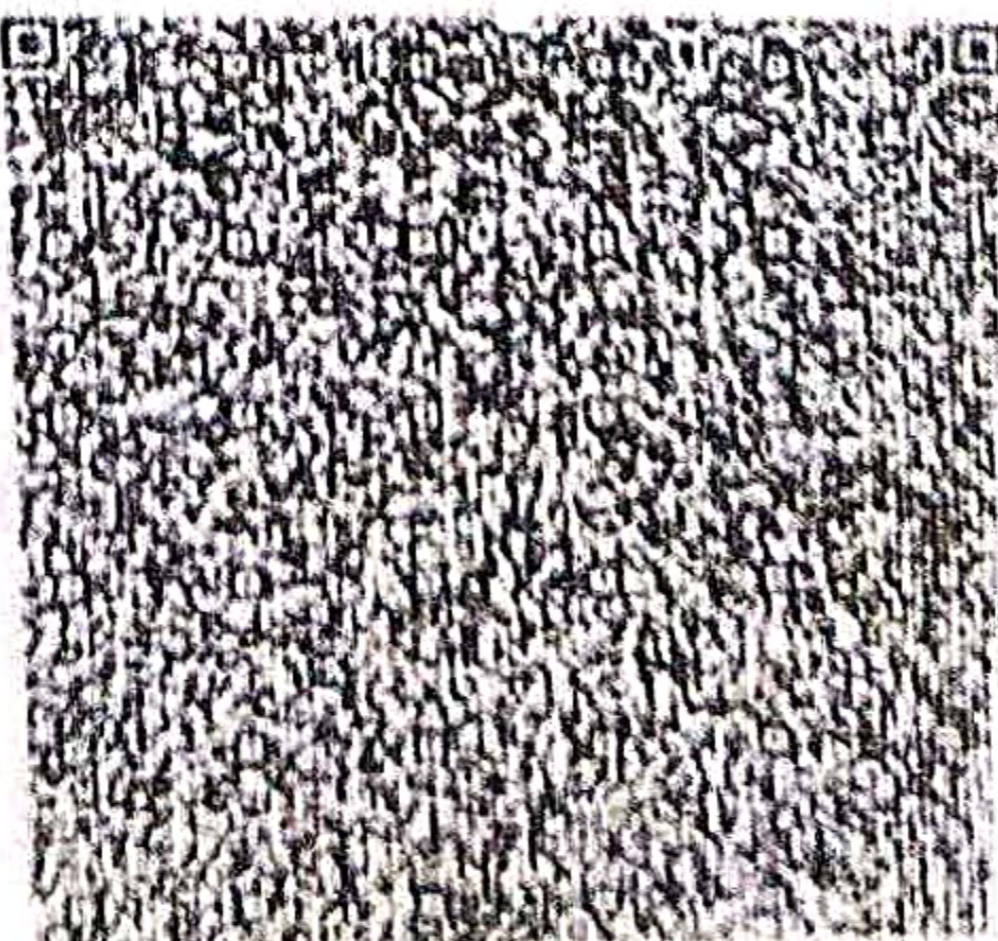
उत्तर प्रदेश - 274409

Address:

S/O: Harendra Pal, bhuliya agarwa, Bhuli Agarwa,

PO: Tarya Sujan, DIST: Kushinagar,

Uttar Pradesh - 274409



9264 4587 5502

VID : 9199 1977 6533 4172