

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3030**

Date 22/04/26

Name Arvind

Add. UP 57 BZ 4882

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
				Rs.	
①	Handle			550/-	
②	Handle T			950/-	
③	Both Sides Fork pipes			2300/-	
④	Front Fender			1380/-	
⑤	Front Rim			4800/-	
⑥	mirrors - ②			140/-	
⑦	Labour charge			900/-	
TOTAL				11020/-	

Authorised Signatory

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.	Arvind 9118856022
2	Vehicle No. / वाहन संख्या	UP57BZ4882
3	Policy No. / पालिसी संख्या	252400/31/2026/38779
4	Period of Insurance / बीमा अवधि	29-09-2025 - 29-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/04/2026, 11.30 A.M.
6	Place of Accident / दुर्घटना का स्थान	Sikarwa Bopal.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720220001945 9621289949, Anil
8	Estimated Loss / अनुमानित हानि	11020/-
09.	Cause of Accident / दुर्घटना का कारण : मैं और मेरा भाई दानो रिश्तेदार के यहा जा रहे थे तभी अचानक से एक बैस कार के सामने आ गई उसी को बचाने के लिये कार को तेजी से मोड़ दिया मेरे भाई अनिल से जिससे कार अनियंत्रित हो कर रोड़के किनारे छोटे एक मोटे पाईप से	
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.	9125194148 Gupta automobile Parkharna.

कार्ड हक़रा कर डेमरिट हो गई!

Date / दिनांक : 22/4/2026
हस्ताक्षर

अरविन्द
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. OS/400/31/2026/38779

Tel. No. _____

Period of Insurance 29/9/25 to 28/9/26
 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 : Aswini
 (b) Address for correspondence : _____
 (c) Telephone : 9118056022

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>MA11F6SH605419</u> Chassis No. <u>MBLHAWA66SHH034-1</u>	Registration No. <u>UP57B24882</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 : _____
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ami
(b) Age : _____
(c) Address : Padma
(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 : UP5720220001945
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2032
(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 : 18/4/2026, 11.30 A.m.
(b) Place : Sisua Gopal
(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 : बैस को बचाने के लिए कर से भई एक पार्थ से चुरा गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side
(b) Estimated cost of repairs : 11020/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padma

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? : _____
- ~~MIA~~

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 22/4/20 200

Signature of the insured

312 पियू

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 अरविन्द
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 : UP57BZ4882
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : ARVIND
Full Address: (Permanent) : VILL- NARAYANPUR, SOHAGIBARWA, POST- RAJA BAZAR KHADDA, , KUSHINAGAR, UTTAR PRADESH-274802
Full Address: (Temporary) : VILL- NARAYANPUR, SOHAGIBARWA, POST- RAJA BAZAR KHADDA, , KUSHINAGAR- UTTAR PRADESH-274802
Fitness Up To : 02-Oct-2040
Owner Serial No : 1
Detailed Description :
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Link Vehicle No :
Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Rear HSRP No : AA2133719360
Front HSRP No : AA2133086190
Month/Year of Manuf. : 08/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW466SHH00341
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11F6SHG05419
Cubic Capacity : 97.20
Horse Power(BHP) : 8.17
Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC (DRS)
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 113
Sleepar Cap : 0
Laden/GV Wt (kgs) : 243
Colour : BLACK TORNADO GREY
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd. Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 29-Sep-2025.

Purchase dt : 29-Sep-2025
OTT Date : 29-Sep-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 14-Oct-2025
Other State/Transfer/Conversion/Reassign Details :
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 77982/-
Amount/Rcpt No : 7799 / UP57D25100000659
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 03-Oct-2025 to 02-Oct-2040

Date : 24-Jan-2026 16:35:10
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 24-Jan-2026

Q 7717146



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0028

Page No: 1

This Document is Digitally Signed
Signed by The Oriental Insurance Company Ltd. on 29-SEP-2025
Date, Time: 20:14:36:59:07
Reason: Signing Policy on CCC

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MARKET, 01214063570, (GSTIN: 09AAACT0627R4ZE)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	29-SEP-25
Policy No	283400/31/2026/38779	Proposal No. & Date	R/252400/31/2026/30772 & 29-SEP-2025
Agent/Broker Code	BA0000155141	Policy Period (OWN DAMAGE)	FROM 14:25 ON 29/09/2025 TO MIDNIGHT OF 29/09/2026
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 14:25 ON 29/09/2025 TO MIDNIGHT OF 29/09/2026
Insured Name	ARVIND (GSTIN:)		
Insured Address	C/O RAMBALL VILL- NARAYANPUR, SOHAGIBAKWA, PADRAUNA (KUSHNAGAR), N.A.	Lead/Broker No	
		Insured State	UPPRA PRAFRESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR CORP			Vehicle	75083
Model & Variant	HERO SPLENDOR PLUS XTECH E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	75083
Engine - Chassis No	HA11F65HG0S119 - MBLHAW4668HH00341			IMF 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	1241.63	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 9 Person Of Rs (0) cash (MT-16)	0
Basic Premium	1241.63	Legal Liability (WC) to driver (MT-28)	0
Geographical Area Extn (MT-1)	0	Legal Liability to Employees (MT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (MT-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 (MT 22A)	0	Net Liability Premium (B)	4057
Anti-Theft Device (MT-10)	0	Total Premium (A+B)	726
AAI Membership (MT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.69
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1056	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	1056	Krishi Kalyan Cess @ 0.50%	4.63
Add-On Coverages		Gross Premium Paid	
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	186		
Net own Damage Premium (A)			

Nominee Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4763
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding 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 in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, INTs and O/C 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 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 a state whereof the undersigned being authorised by and on behalf of the company has have herein to set his/her hands at 252400 on 29-SEP-25

IMPORTANT NOTICE
The insured is not indemnified if the vehicle is used or driven other 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) Organised racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any purpose in connection with motor 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 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, 1988 Under Section 11-1 (a) of the policy. Damage to third party property is Rs 7.5 lakhs. P.A. Cover under section III for owner/Driver is RS

Limits of Liability Clause: Under section III-1 (a) of the policy - Death of or body injury Such amount is necessary to meet their requirement of the motor vehicle act 1988 Under Section 11-1 (a) 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 following table: The preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding four consecutive years 45% preceding five consecutive years 50% 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 this 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

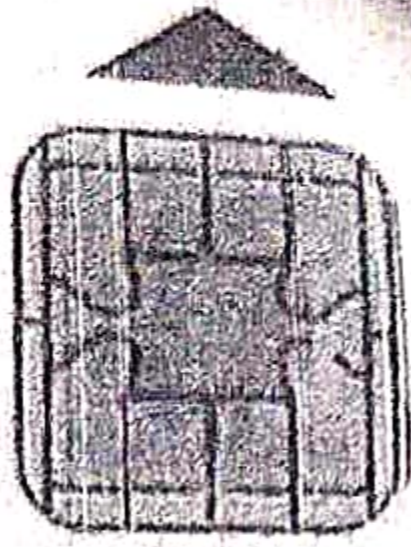
Approved By : 695275MD
Approved On : 29-SEP-25
Place : NRT
Printed On : 29-SEP-25

General Manager
Authorized Signature

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20220001945



Issue Date 07-02-2022

Validity (NT) 31-12-2032

Validity (TR)



Holder's Signature

Name:

ANIL

Date of Birth: 01-01-1993

Blood Group:

Organ Donor: Y

Son/Daughter/Wife of: RAMBALL

Address:

VILL-SHIPUR POST - SOHAGIBARA VA PS
KHADDA PADRAUNA, KUSHINAGAR, UP 274802

(07-02-2022)

Date of First Issue

DL No: UP57 20220001945

UPDL 000007525815



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
Auto	MCMG	UP57	07-02-2022	MT			
LMV	LMV	UP57	07-02-2022				
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
GOVERNMENT OF INDIA



अरविन्द
Arvind
जन्म तिथि / DOB : 07/03/1986
पुरुष / MALE

3729 6582 1442
VID : 9136 2829 6139 5499

Aadhaar no. issued: 15/08/2015

आधार -आम आदमी का अधिकार

Download Date: 22/01/2026

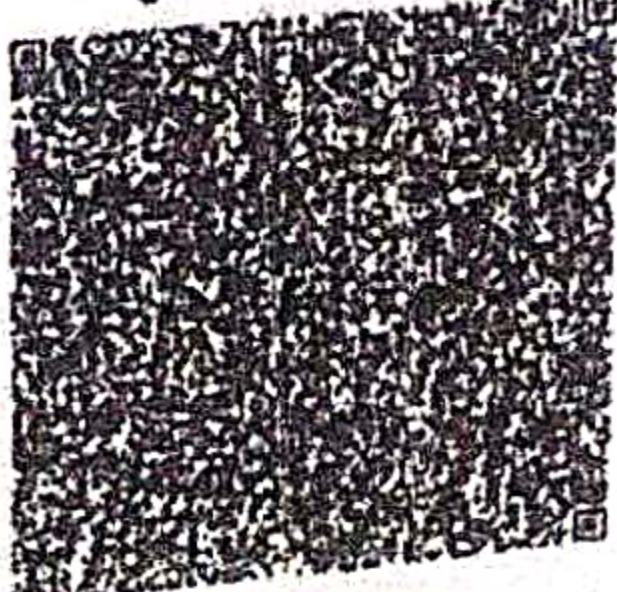


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

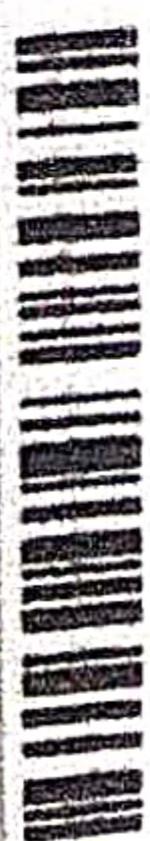


पता:
आत्मज: रामबली, नारायनपुर, पो-सोहागीबरवा, नारायनपुर,
राजा बाजार खड्डा, कुशीनगर,
उत्तर प्रदेश - 274802

Address
S/O: Rambali, narayanpur, po-sohagibarwa, VTC: Narainpur,
PO: Raja Bazar Khadda, Sub District: Padrauna, District:
Kushinagar, State: Uttar Pradesh, PIN Code: 274802.



3729 6582 1442
VID : 9136 2829 6139 5499



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

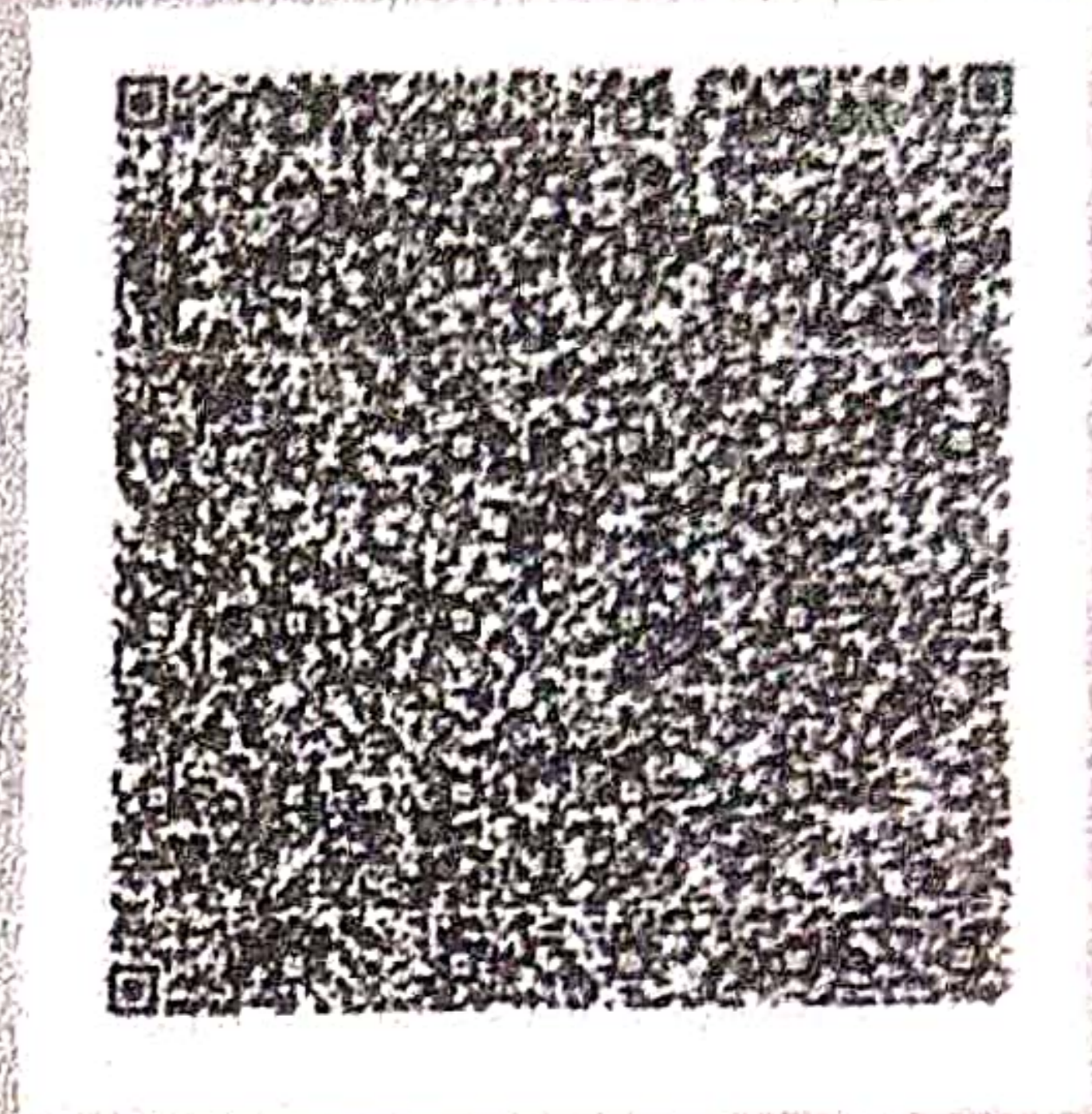


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GJCPA5998E



नाम / Name
ARVIND

पिता का नाम / Father's Name
RAMBALI

जन्म तिथि / Date of Birth
07/03/1986

PAR Application Digitally Signed, Card Not Valid unless Physically Signed

00916