

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3035**

Date **23-04-20**

Name

Jamshed Rambani

Add.

UP57848928

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Visor			1250	
	H/L			3800	
	chrome			300	
	W/S			480	
	Handle			600	
	Fork pipe	(2)		2300	
	Fender			1800	
	Handle - T			1000	
	leg and			675	
	FR Winker	(L)		250	
	Mirror	(L)		250	
	Rear Winker	(L)		250	
	mette			3800	
	mette pins			400	
	Ladour charge			1000	
				1	
			TOTAL	17,955	

Authorised Signatory

No./वर्कशाप का नाम, पता & मोबाइल /फोन नं. workshop, Address & Contact

91

Gupta

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.	
2	Vehicle No. / वाहन संख्या	Jamshed Rabari 9682205149
3	Policy No. / पालिसी संख्या	UP57B48928
4	Period of Insurance / बीमा अवधि	25-04-2026 31-12-2026 30-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30-07-2025 - 29-07-2026
6	Place of Accident / दुर्घटना का स्थान	23-04-2026 12:30 P.M.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सोहराज
8	Estimated Loss / अनुमानित हानि	Jubaid Akhater 7860430536 17.955/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे बड़े पिता जी के लड़के सुवेद भस्वर किसी काम से जा रहे थे तो रास्ते में से ब्रेक लगा दिया जिससे मेरी गाड़ी अके पीछे छिने चकरा डी गाड़ी भीरे गाड़ी आयां तक छिरे कर डूबने ली गाड़ी
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 Padrauna

Date / दिनांक : 23-04-2026
हस्ताक्षर

Jamshed
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. 252400/31/2026/30399

Tel. No. _____

Period of Insurance 29-07-2026

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 : Tamshed Rambani
(b) Address for correspondence : _____
(c) Telephone : 96822051

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>JA07A2S9408186</u> Chassis No. <u>MBLJA0524S9406885</u>	Registration No. <u>UP57B70928</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
 - 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Jubaid Akhater
(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 : UP57 202 0000 2756
(h) Issuing Authority : _____
(i) Date of Expiry : 04-07-2041
(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 : 23-04-2026 2:30 P.m
(b) Place : सोहरना
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : साथी वा अट शक्ति वाले ने अचानक से ब्रेक लगा दिया जिससे मेरी गाड़ी
(e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Visor, M/L, Chrome Handle, etc
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupta Automobile Padrauna

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? : all

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? : ~~N/A~~
- (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? : ~~N/A~~
- (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.

Date 22-04-2002

Signature of the insured Jamshed

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 *Jamshed*
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 : UP57BY8928 Registration Date : 31-Jul-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 : JAMSHED RABANI Son/wife/daughter of : NOOR ALAM
 Full Address: (Permanent) : MISRAULI, , , KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : MISRAULI, , , KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 30-Jul-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 : AA2132848849 Rear HSRP No : AA1043833617
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLJAW524S9G06885
 Engine No : JA07AZS9G08186 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 122
 Colour : GLOSSY BLACK 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)
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- 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. 30-Jul-2025.

Purchase dt	: 30-Jul-2025	Sale Amt	: 84461/-
OTT Date	: 30-Jul-2025	Amount/Rcpt No	: 8447 / UP57D25070003351
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-Aug-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 31-Jul-2025 to 30-Jul-2040

Date : 30-Aug-2025 15:36:55

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-Aug-2025

KUSHINAGAR

Q 5078868



भारतीय विशिष्ट पहचान प्राधिकरण

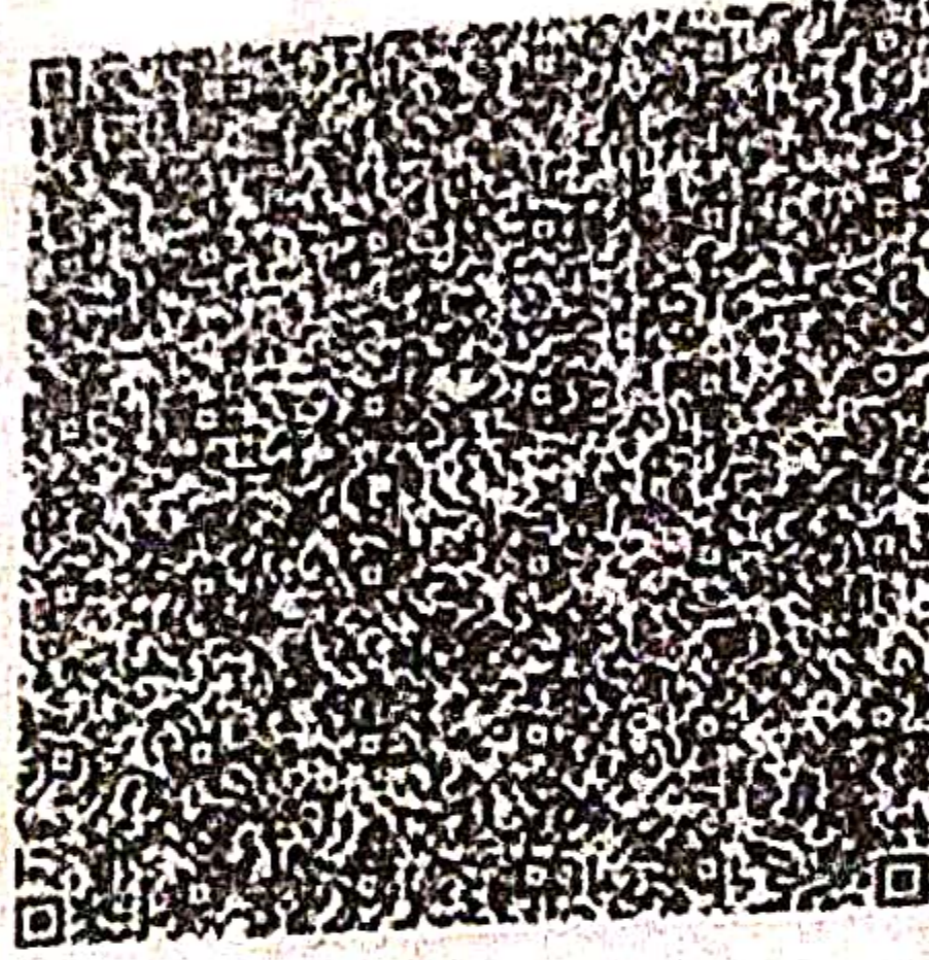
Unique Identification Authority of India

पता:

S/O: नूर आलम, मिस्रौली, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

S/O: Noor Alam, Misrauli, Kushinagar,
Uttar Pradesh - 274304



QR Code with Photograph

7823 6070 6394

VID : 9130 0790 0415 6924



INDIA
www.mha.gov.in

www.uidai.gov.in



भारत सरकार

Government of India

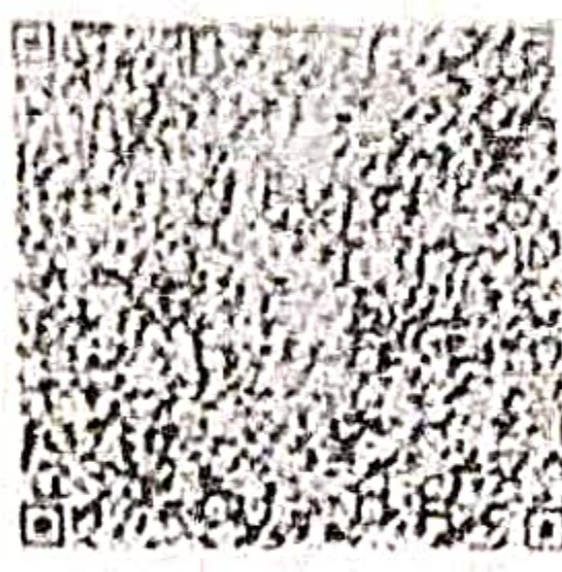


जमशेद रबानी

Jamsheed Rabani

जन्म तिथि/DOB: 27/08/1997

पुरुष/ MALE



7823 6070 6394

VID : 9130 0790 0415 6924

मैरा आधार, मैरी पहचान



GOVERNMENT OF UTTAR PRADESH

Transport Department
PADRAUNA(KUSHI NAGAR),Uttar Pradesh



RECEIPT/APPL No:
Vehicle Class:
Received From:
Receipt date:
Chassis No:
Sale Amount :
Bank Ref No:
Remarks:

UP57D25070003351/UP25073014788102
M-Cycle/Scooter
JAMSHED RABANI
31-Jul-2025
MBLJAW524S9G06885
84461/-
CHU1991233
ONLINE-PAYMENT

Vehicle No:
Regn Date:
Transaction Id:

UP57BY8928
31-Jul-2025
UPY2507313229087

Particular	Amount	Fine/Penalty/Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(30-Jul-2025 to One Time)	8447	0	8447
GRAND TOTAL (in Rs): 9247/- (NINE THOUSAND TWO HUNDRED AND FORTY SEVEN ONLY)			

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).
(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

AJAYKUMARGUPTA
GUPTAAUTOMOBILES

Customer Copy



GOVERNMENT OF UTTAR PRADESH

Transport Department
PADRAUNA(KUSHI NAGAR),Uttar Pradesh



RECEIPT/APPL No:
Vehicle Class:
Received From:
Receipt date:
Chassis No:
Sale Amount :
Bank Ref No:
Remarks:

UP57D25070003351/UP25073014788102
M-Cycle/Scooter
JAMSHED RABANI
31-Jul-2025
MBLJAW524S9G06885
84461/-
CHU1991233
ONLINE-PAYMENT

Vehicle No:
Regn Date:
Transaction Id:

UP57BY8928
31-Jul-2025
UPY2507313229087

Particular	Amount	Fine/Penalty/Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(30-Jul-2025 to One Time)	8447	0	8447
GRAND TOTAL (in Rs): 9247/- (NINE THOUSAND TWO HUNDRED AND FORTY SEVEN ONLY)			

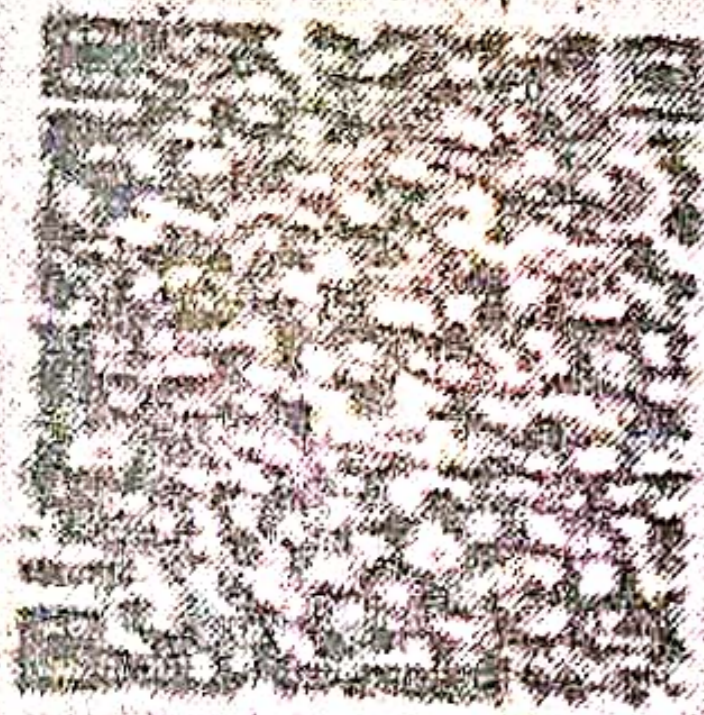
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AJAYKUMARGUPTA
GUPTAAUTOMOBILES

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DAOPR0029B



नाम / Name

JAMSHED RABANI

पिता का नाम / Father's Name

NOOR ALAM

जन्म की तारीख / Date of Birth

27/08/1997

* Full Address Field, Serial Code and PAN number Mandatory Fields

17/08/2017

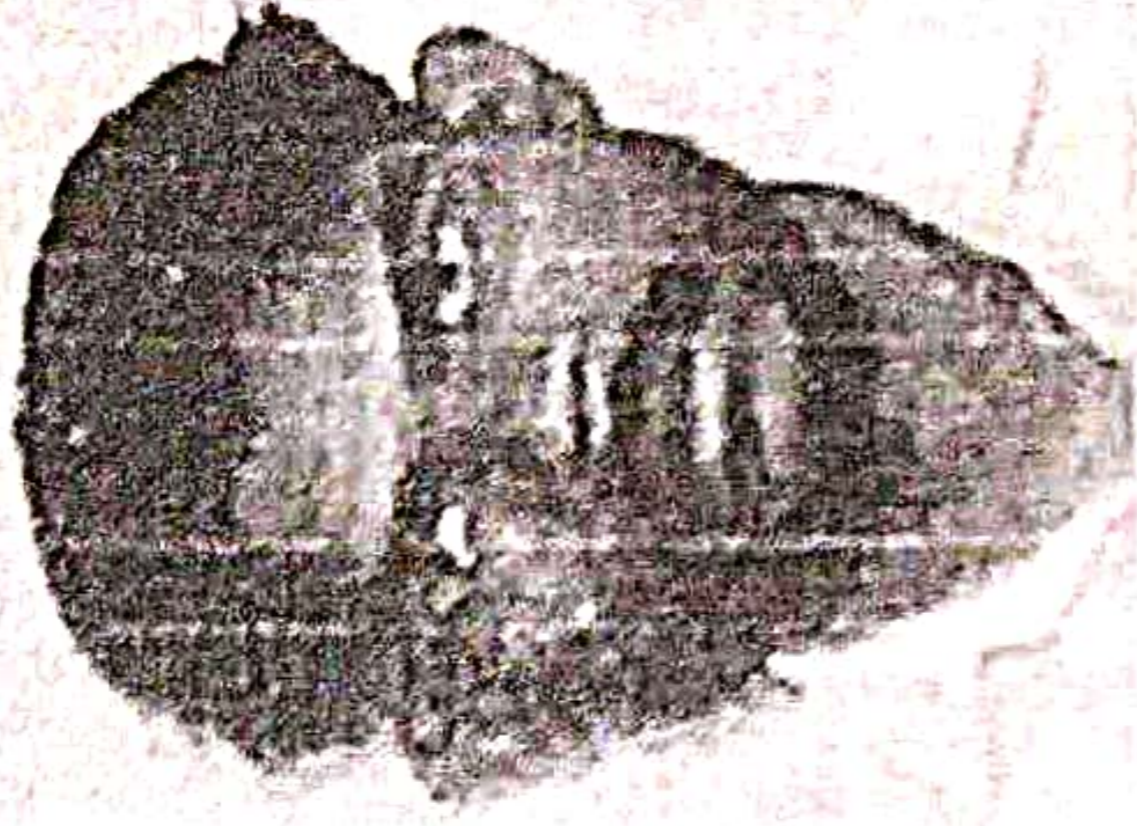
Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP57 20200002756

Issue Date Validity (NT) Validity (TR) #

18-02-2020 04-07-2041 -----



Jubaaid
Holder's Signature

Name:

JUBAID AKHATER

Date of Birth: 05-07-2001

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

ALAM GIR ANSARI

Address:

VILL-MISHRAULI BAZAR BISHRAM PATTI POST
DANDOPUR PS PADRAUNA KUSHINAGAR, UP
274304

Date of First Issue (18-02-2020)



Indian Union Driving Licence
Issued by **Uttar Pradesh**

UP

UP57 20200002756

Issue Date	Validity (NT)	Validity(TR)#
18-02-2020	04-07-2041	_____



Jubaid
Holder's Signature

Date of First Issue (18-02-2020)

Name:

JUBAID AKHATER

Date of Birth: **05-07-2001**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **ALAM GIR ANSARI**

Address:

**VILL-MISHRAULI BAZAR BISHRAM PATTI POST
DANDOPUR PS PADRAUNA KUSHINAGAR, UP**

DL No: UP57 20200002756

UPDL000002583895



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*
	MCWG	UP57	18-02-2020	NT			
	LMV	UP57	18-02-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)