

ESTIMATE

USE IN: QUALITY SERVICE

AUTHORISED DEALER

Gupta

AUTOMOBILES



Kasia Road, Chhapani, Padrauna (Kushinagar) Ph: 05564/245445, 9307236635

No. 3038

Date 24/04/20

Name

Sangeeta Devi

Add.

UP57CA0839

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
1	Handle			550/-	
2	Handle T			950/-	
3	Both Fork pipe			2300/-	
4	Front Rim			4800/-	
5	Front Tyre			1600/-	
6	Front Fender			860/-	
7	Break Cam			160/-	
8	Gear Lever			140/-	
9	Leg Guard			650/-	
10	Labour charge			800/-	
			TOTAL	12810/-	

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.	
2	Vehicle No. / वाहन संख्या	Songar Devi, 7317515071
3	Policy No. / पालिसी संख्या	UP57CA0879
4	Period of Insurance / बीमा अवधि	252400/31/2026/45017
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/10/25 to 16/10/26
6	Place of Accident / दुर्घटना का स्थान	20/04/2026, 05.30 P.M.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dholaha Nahar UP572025/2459 7696068177, Rajkumar.
8	Estimated Loss / अनुमानित हानि	12810/-
9.	Cause of Accident / दुर्घटना का कारण :	मेश भाई राजकुमार मेरे घर से अपने घर जा रहा था तभी अचानक से दोलहा पुल के पास लीलभाष का बच्चा अचानक से बाईक के सामने आ गया उसी को बचाते हुये मेरी बाईक पेड़ से टकरा कर 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 Padgaon

Date / दिनांक : 24/04/2026  
हस्ताक्षर

संगीता देवी  
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. 252400/31/2026/45017

Tel. No. \_\_\_\_\_

Period of Insurance 17/10/25 to 16/10/26  
 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
- (b) Address for correspondence
- (c) Telephone

Sangeeta Dew  
7317515071

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F6SHH42013</u> Chassis No. <u>MBLHAWH4EXSHH46559</u>	Registration No. <u>UP57CA</u> <u>0879</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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rajkumar  
(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 : UP5720250012459  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 13/7/2035  
(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 : 20/4/2026 , 05.30 P.m.  
(b) Place : Dholaha Naban  
(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 : लीनगाय के वच्चे को बचते हुये मेरी कारिक पेड़ से टकरा कर क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side.  
(b) Estimated cost of repairs : 12010/-  
(c) When and where can the damaged vehicle be inspected : Geeta 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? : \_\_\_\_\_

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 24/04/2026 200

Signature of the insured

सिद्धि दीदी

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 .....  
.....  
.....

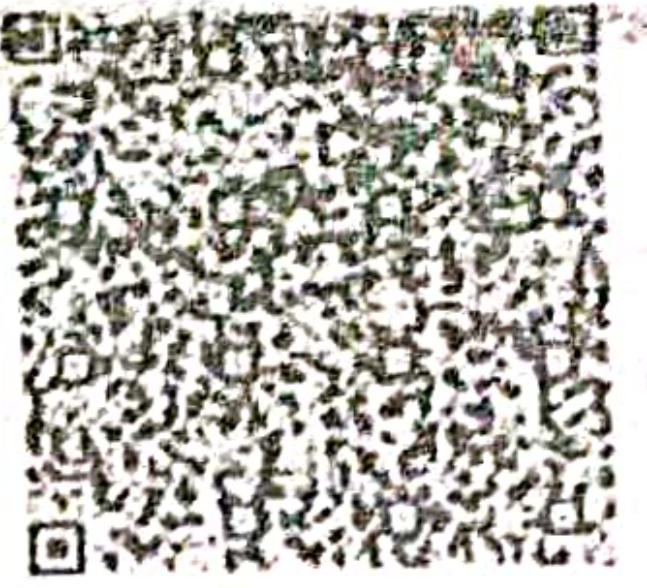
Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57CA0879 Registration Date : 23-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 : SANGEETA DEVI Son/wife/daughter of : DURGESH  
 Full Address: (Permanent) : VILL- LAXMIPUR PANDE CHHAPRA, POST- NEBUA NAURANGIA, THANA- NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274802  
 Full Address: (Temporary) : VILL- LAXMIPUR PANDE CHHAPRA, POST- NEBUA NAURANGIA, THANA- NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274802  
 Fitness UpTo : 22-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 : AA2140321349 Rear HSRP No : AA2141825433  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025  
 No of Cylinders : 1 Chassis No : MBLHAW46XSHH46559  
 Engine No : HA11F6SHH42013 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243  
 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 HERO FINCORP LIMITED

DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 17-Oct-2025. Sale Amt : 77982/-  
 Purchase dt : 17-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100006949  
 OTT Date : 17-Oct-2025 Tax Exempted or Not : NOT EXEMPTED  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 03-Dec-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 23-Oct-2025 to 22-Oct-2040

Date : 09-Jan-2026 18:48:07  
Taxation Particulars / Advance Registration Mark Fee Details

**N.R.T.O. (A)**  
Signature of Registering Authority  
Date : 09-Jan-2026

# Q 7190048





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

**UP57 20250012459**



Issue Date    Validity (NT)    Validity(TR)\*  
14-07-2025    13-07-2035



Holder's Signature

Date of First Issue: 14-07-2025

Name: **RAJKUMAR**  
Date of Birth: **01-01-1993**    Blood Group:  
Son/Daughter/Wife of: **PARSHURAM**

Organ Donor: **N**

Address:  
LAKHUA LAKHUI SISWA MANIRAJ SISWA MANI  
RAJ PADRAUNA KUSHINAGAR UTTAR PRADESH  
274802

**DL No: UP57 20250012459**

**UPDL571000019796**



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	14-07-2025	NT			
	LMV	UP57	14-07-2025	NT			
	MVSD						

Emergency Contact Number

*[Signature]*  
Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 16(2)



भारत सरकार  
Government of India



Aadhaar no. issued: 01/04/2015



संगीता  
Sangeeta  
जन्म तिथि/DOB: 01/01/1986  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
**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).**

7291 9423 7088

मेरा आधार, मेरी पहचान



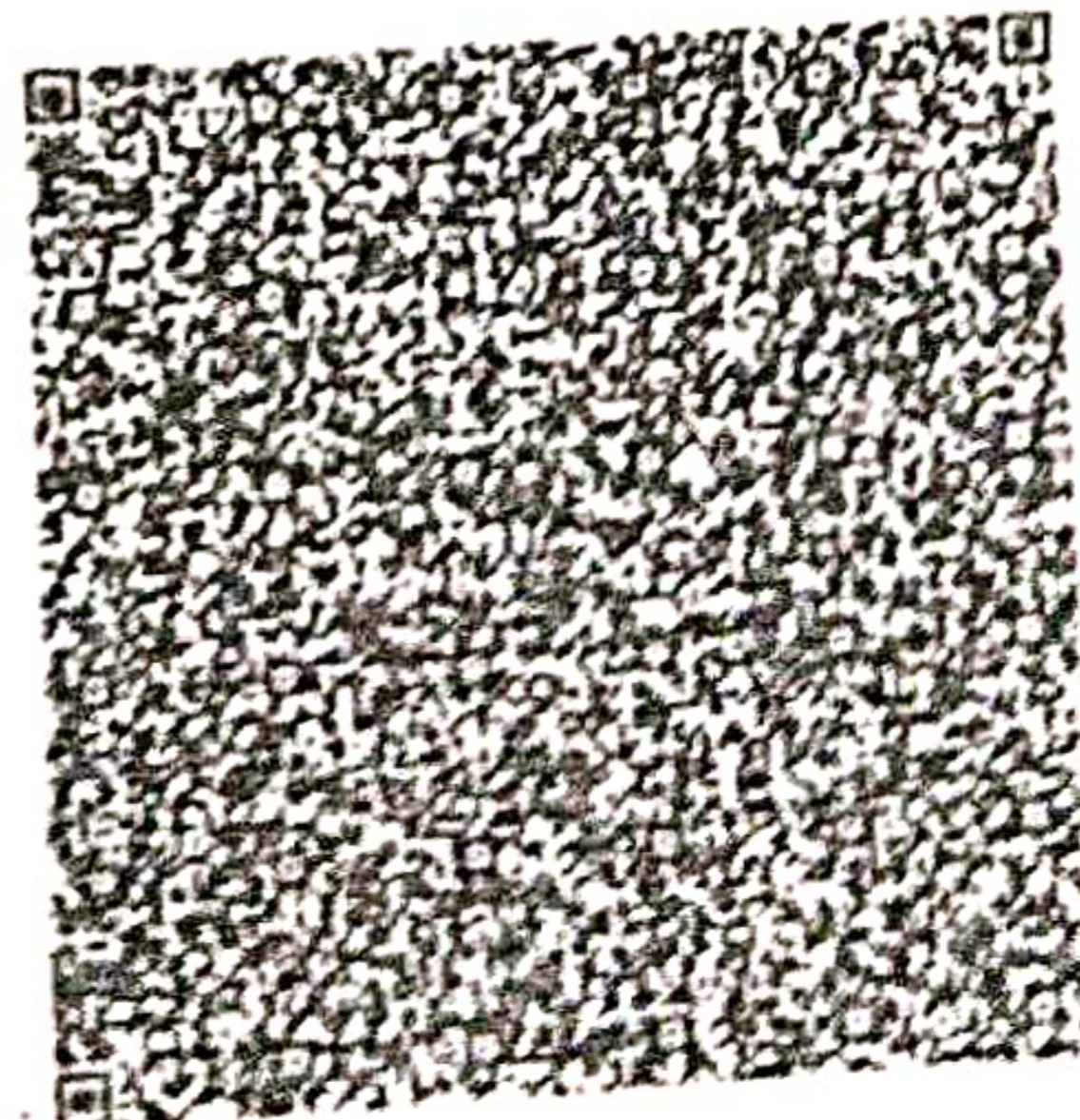
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 10/02/2026

पता:  
अध्यागिनी: दुर्गेश, लक्ष्मीपुर, पांडे छपरा, नेबुआ रायगंज,  
कुशीनगर,  
उत्तर प्रदेश - 274802

Address:  
W/O: Durgesh, Laxmipur, Pande Chhapra, PO: Nebua  
Raiganj, DIST: Kushinagar,  
Uttar Pradesh - 274802



7291 9423 7088

VID : 9156 2821 4242 6297

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

IMLPS8924N

नाम / Name  
SANGEETA

पिता का नाम / Father's Name  
PARSHURAM PASWAN

जन्म की तारीख / Date of Birth  
01/01/1986

संजीता देवी  
हस्ताक्षर / Signature



30062017