

# Gupta

ESTIMATE

GSTIN: 05AHTW 00000

AUTHORISED DEALER



## AUTOMOBILES

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

No. **3039**

Date 20/04/26

Name Sachhida Nand

Add. UP 57 BX 7276

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Body Cover (RH)	—	—	2980/-	
②	Muffler Cover	—	—	590/-	
③	Floor Panel (RH)	—	—	850/-	
④	Front Center Cover	—	—	2480/-	
⑤	Levers - (RH)	—	—	235/-	
⑥	Mission - (RH)	—	—	260/-	
⑦	Fork	—	—	2650/-	
⑧	Labour charge	—	—	900/-	
<b>TOTAL</b>				<b>10915/-</b>	

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.	Sachhida Namol, 9839418456
2	Vehicle No. / वाहन संख्या	UP57BX7276
3	Policy No. / पालिसी संख्या	252400/31/2026/11006
4	Period of Insurance / बीमा अवधि	06/05/25 to 05/05/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-04-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna Mansadhepar Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5220050020036 Sachhida Namol Namol, 9839418456
8	Estimated Loss / अनुमानित हानि	10915/-
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लेकर जा रहे थे तो रास्ते में एक कुत्ता होड़ कर सामने अचानक बा गया जिससे सड़क तय करी और गाड़ी रोड़ सार्वी में चिर गया जिसके कारण गाड़ी टिमेज दाया तरफ
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

हो गया ।

Date / दिनांक : 24/04/2026.  
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. 252400/31/2026/11006  
 Tel. No. \_\_\_\_\_ Period of Insurance 06/05/25 to 05/05/26  
 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 : Sachhida Nand  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9839410456

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JF17ESSG1C00504</u> Chassis No. <u>MBCJTAN633SGC00245</u>	Registration No. <u>UP57BX</u> <u>7276</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 : Sachchidanand Pandey.  
(b) Age :  
(c) Address : Kushinagar Padsama.  
(d) Is the Driver :  
1. Owner  : owner  
2. paid driver? :  
3. Owner's relative or friend? :  
(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 : UP5220050028839  
(h) Issuing Authority :  
(i) Date of Expiry : 20/12/2035  
(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 : 20/6/20, 05:50 P.m.  
(b) Place : Padsama Machhapan Road,  
(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 : कुते से चुरा कर मेरी स्कूटी काये साईड गिर कर क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Side and front  
(b) Estimated cost of repairs : 10915/-  
(c) When and where can the damaged vehicle be inspected : Geeta automobile Padsama

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.

Date 24/4/2026 200

Signature of the insured सविता शर्मा

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 : UP57BX7276 Registration Date : 08-May-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 : SACHHIDA NAND Son/wife/daughter of : KRISHANA MURARI PANDEY

Full Address: (Permanent) : VILL-MAHUWA, POST-MAHUAPATAN, THANA-TARKULWA, DEORIA, UTTAR PRADESH-274408

Full Address: (Temporary) : TULSI NAGAR, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness Up To : 07-May-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 Rear HSRP No : AA2124119936
Front HSRP No : AA2124519671 Month/Year of Manuf. : 03/2025
Type of Body : SOLO WITH PILLION Chassis No : MBLJFW633SGC00245
No of Cylinders : 1 Fuel : PETROL
Engine No : JF17ESSGC00504 Cubic Capacity : 124.60
Horse Power(BHP) : 8.98 Wheel base : 1302
Maker's Classification : DESTINI 125 VX Standing Cap : 0
Seating Cap(in all) : 2 Unladen Wt (kgs) : 115
Sleepar Cap : 0 Laden/GV Wt (kgs) : 245
Colour : PEARL BLACK AC Fitted : NO
Other Criteria :

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. 06-May-2025.

Purchase dt : 06-May-2025 Sale Amt : 81835/-
OTT Date : 06-May-2025 Amount/Rcpt No : 8184 / UP57D25050001381
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 06-Jun-2025

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

This certificate is valid from 08-May-2025 to 07-May-2040

Date : 01-Jul-2025 16:18:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 01-Jul-2025



Q 3740641



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-201214 (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED) TWO WHEELERS-(5 Years)	Policy Issued On	06-MAY-25
Policy No	252400/31/2025/11096	Proposal No. & Date	R/252400/31/2025/7612 & 06-MAY-2025
Agent/Broker Code	RA0000115144	Policy Period (OWN DAMAGE)	FROM 17:58 ON 06/05/2025 TO MIDNIGHT OF 05/05/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:58 ON 06/05/2025 TO MIDNIGHT OF 05/05/2026
Insured Name	SACHINDRA NAND (GSTIN: 0)		
Insured Address	C/O KRISHNA MURARI PANDEY, VILL-MAHUWA POST-MAHUAPATAN THANA-TARKULWA DIST-DEORIA AP--JUSLI NAGAR POST & THANA-PADRAUNA, PADRAUNA ( KUSHINAGAR ), . NA.	Lead / Branch No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	77743
Model & Variant	HERO DLS TENI VX XTEC	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77743
Engine -Chassis No	BF17ESSGC00504 - MBLJFW63JSGC00245	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1302.97	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1224.97	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-CR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4162
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	750
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1198	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1198	Krishi Kalyan Cess@0.50%	4912
Add-On Coverages	194	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	194		
Sub Total Add-on Coverages	311		
Net own Damage Premium(A)			

Note:  
1. Policy insurance is the subject to the realisation of cheque  
2. Compulsory Storage Duty (IMT-22) is applicable  
3. The Policy is subject to a compulsory Deductible of Rs (IMT-22)  
4. Voluntary excess Rs(0)  
5. Subject to Emborsements IMT.7.19.28.

Nominee Details:	Nominee Name	Cheque No./Transaction No.	Bank Name	Amount
Payment Details:	Payment Method			4912
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. One or a claim for refund of premium exceeding Rs. One the insured will comply with the provisions of the AML policy of the Company. The AML policy is available at all 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 cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).  
Claims 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 witness whereof the undersigned being authorised by and on behalf of the company has here to set his/her hands at 252400 on 06-MAY-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 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) Rehearsal 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, 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 requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third property is Rs. 7.5 lakhs. P.A. Cover under section III for no-acc. 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 not 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 excludes all pre-existing damages

For and on behalf of  
The Oriental Insurance Company Limited



Approved By : 922137SMD  
Approved On : 06-MAY-25  
Place : MRT  
Printed On : 06-MAY-25



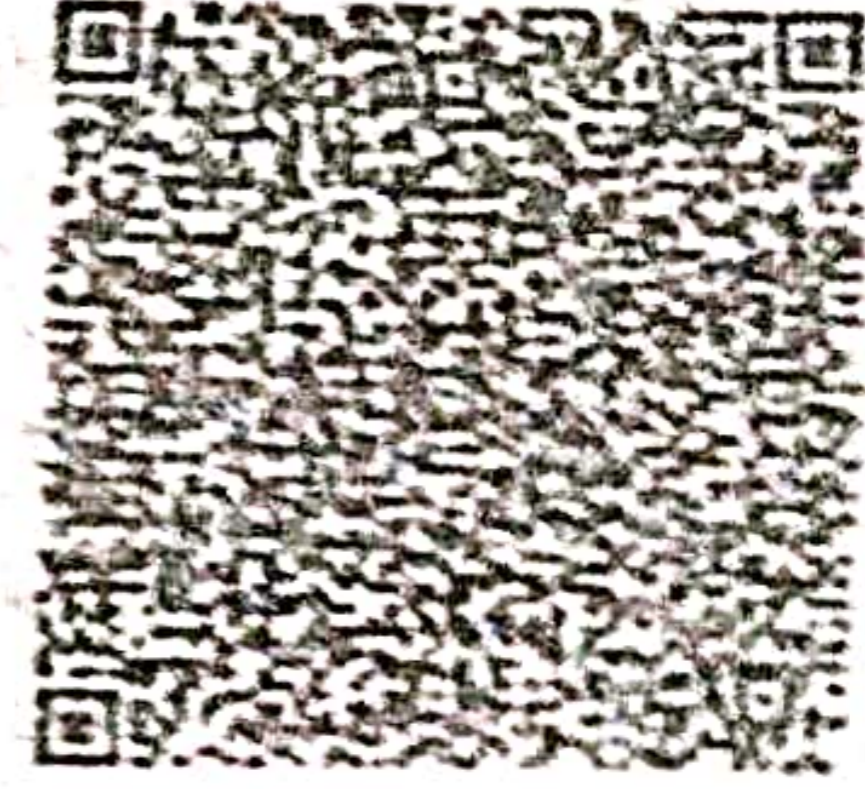
यह बीमा पालिसी, गाड़ी का कुल बीमा  
(OD) एक साल का तथा थर्ड पार्टी बीमा  
एक साल के लिए ही मान्य है।



भारत सरकार  
Government of India



सच्चिदा नन्द  
Sachhida Nand  
जन्म तिथि / DOB : 18/04/1977  
पुल्ल / Male



7943 3229 5857

आधार - आम आदमी का अधिकार



आधिकारण  
Unique Identification Authority of India

पता:  
आत्मज: कृष्ण मुरारी पाण्डेय,  
महुअवा, महुअवा पोस्ट महुआपाटन,  
महुआपाटन, देवरिया, महापतन, उत्तर  
प्रदेश, 274408

Address:  
S/O: Krishana Murari Pandey,  
mahuwa, mahuwa post  
mahuapatan, Mahuapatan,  
Deoria, Mahuapatan, Uttar  
Pradesh, 274408

7943 3229 5857

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

सचिवालय, दिल्ली

SECRETARIAT

सचिवालय, दिल्ली

SECRETARIAT

SACHHIDA NAND

REPUBLIC OF INDIA

1901/77

AC/P/2689P

*[Faint signature]*



**Indian Union Driving Licence**  
**Issued by Government of UTTAR PRADESH**



**UP52 20050028839**

Issue Date Validity(NT) Validity (TR)\*  
 29-12-2005 28-12-2035 00-00-0000



29-12-2005



Holder's Signature

Name: **SACHHIDANAND PANDEY**  
 Date of Birth: **18-04-1977** Blood Group: **Organ Donor: N**  
 Son/Daughter/Wife of: **KRISHANA MURARI PANDEY**  
 Address:  
**Mahuawa Mahua Patan Bazar Deoria 274408**

Date of First Issue

**DL No: UP52 20050028839**

**DLUP00053457**



Invalid Carriages (Regn. Numbers)\*

Hazardous Validity\* Hill Validity\*  
 00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP52	29-12-2005	NT		00-00-0000	
	LMV	UP52	29-12-2005	NT		-	
			-			-	
MVSD			-			-	
			-			-	

Form 7 Rule 16(2)

Licensing Authority  
**Deoria**

Emergency Contact Number