

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3045**

Date **28/04/26**

Name

Jitendra Kumar

Add.

UP57BU3250

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Fuel Tank			6500	
	leg and			800	
	Handle			600	
	Handle-T			1050	
	Break pedal			900	
	Silencer covs			700	
	Silencer small covs			400	
	Fork pipe (2)			2400	
	Side panel (R)			700	
	Levs (R)			250	
	Tool Box Cover (R)			600	
	Chassis Repair			250	
	Foot Rest (R)			280	
	Labour charge e			1200	
				/	
			TOTAL	18,960	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Baitha Jitendra Kumar 8757819296
2	Vehicle No. / वाहन संख्या	UP57BU3250
3	Policy No. / पालिसी संख्या	ms/2026/700/0/46575/571320
4	Period of Insurance / बीमा अवधि	15-03-2026 - 14-03-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-04-2026 9:22 AM
6	Place of Accident / दुर्घटना का स्थान	Padrauna To Bashi Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jitendra Kumar 8757819296
8	Estimated Loss / अनुमानित हानि	10,960/-
9	Cause of Accident / दुर्घटना का कारण :	धर से झूरी जाते समय स्कूते में आगने से एक कार वाला अचानक से आया जिससे बचने के लिए अपनी गड़ी बायां तरफ मुड़ा (मोड़ा) तब तक बायां तरफ से तक्कर मार दिया और गड़ी क्षतिग्रस्त हो गया।
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 :
हस्ताक्षर

जितेन्द्र कुमार बैठा
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. MS/2026/7001/0/46575/5713
20

Tel. No. _____

Period of Insurance 14-03-2027
 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 : Jitendra Kumar Baitra
 (b) Address for correspondence : _____
 (c) Telephone : 0757010206

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>JA07AMR9J12315</u> Chassis No. <u>MBLJA-W401R9J09560</u>	Registration No. <u>UP57BU 3250</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 : Jitendra Kumar Baitha
(b) Age : _____
(c) Address : _____
(d) Is the Driver
1. Owner
2. paid driver? Owner
3. Owner's relative or friend?
(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 : UP5720110007929
(h) Issuing Authority : _____
(i) Date of Expiry : 19-July-2031
(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
(b) Place : Padrauna to Bashi Road
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : धुरी जाते समय रास्ते में खामने से एक
(e) If any third party was responsible for this accident give the name and address : कमल वाला अचानक से आप जितने बचने के लिए अपरिचालित किया तब तक हाथों तक लंबे

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fuel Tank, Legend, 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? : 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 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 20-04-2002

जितेन्द्र कुमार वैष्ठा
Signature of the insured _____

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/-

जितेन्द्र कुमार वैष्ठा

Signature

Occupation

Address

.....

.....

Witness

Name

Signature

Address

Bank Account Number

Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2026/7001/O/46575/571320



Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
JITENDRA KUMAR BAITHA	1983-08-01	8757818286	RAMSEWAK BAITHA	Hero Motocorp	SUPER SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
XTEC DRUM SELF	UP57BU3250	JA07AMR9J12315	MBLJAW401R9J09560	2024	125 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
65500.00	NA	0.00	0.00	0.00	65500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
	Solo			2	1639.09
Address			City / District	Pin Code	State
MUDADIH PARSAUNA, MUDADIH PARSAUNA, WEST CHAMPARAN BIHAR, KUSHINAGAR, UTTAR PRADESH				274304	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
USHA DEVI	Female	36 Years	WIFE	2026-03-15 13:57	Midnight of 2027-03-14

Section A, VRC: 876.85 TCR: 386.45 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1263.30
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00
Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%) (C): 0.00 Total MS Services with GST(C): 0.00
Section D, Drive Assure: 318.47 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%) (D): 57.32 Total with GST(D): 375.79
Total(Section A+C+D) Offered Price After Discount: 1639

Package Period Covered	2026-03-15 To 2027-03-14	2027-03-15 To 2028-03-14	2028-03-15 To 2029-03-14	2029-03-15 To 2030-03-14	2030-03-15 To 2031-03-14
ADV	65500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

* THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-10-10 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Received with Thanks Rs 1639.09 ON 2026-03-15 from Mr./Ms. JITENDRA KUMAR BAITHA against the ARN No. INCP00571324
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



(Handwritten signature)

FORM 23 (KUSHINAGAR)
CERTIFICATE OF REGISTRATION



Registration No : UP57BU3250
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : JITENDRA KUMAR BAITHA Son/wife/daughter of : RAMSEWAK BAITHA
 Full Address: (Permanent) : MUDADIH PARSAUNA, MUDADIH PARSAUNA, WEST CHAMPARAN BIHAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : SEMARA HARDOPATTI, SEMARA HARDOPATTI, , KUSHINAGAR-UTTAR PRADESH-274304

Fitness Up To : 11-Oct-2039
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2113559811
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07AMR9J12315
 Horse Power(BHP) : 10.72
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base R
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 12-Oct-2024
 Purpose For Printing RC : NEW
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2112009970
 Month/Year of Manuf. : 09/2024
 Chassis No : MBLJAW401R9J09560
 Fuel : PETROL
 Cubic Capacity : 124.70
 Standing Cap : 0
 Unladen Wt (kgs) : 122
 Laden/GV Wt (kgs) : 252
 AC Fitted : NO

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 : 11-Oct-2024
 OTT Date : 11-Oct-2024
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 12-Jan-2025

Sale Amt : 81761/-
 Amount/Rcpt No : 8177 / UP57D24100001459
 Tax Exempted or Not : NOT EXEMPTED

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

This certificate is valid from 12-Oct-2024 to 11-Oct-2039

Date : 13-Jan-2025 16:59:28
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Kushi Date : 13-Jan-2025

1349856

"जीवन बहुमूल्य है"

बिना चौकीदार वाले
रेलवे फाटक पर रुके।



दोनों ओर देखें
फिर पार करें।



छोटा परिवार—सुखी परिवार
हम भी हमारे दो।

No. A. 943470

India Driving Licence

(Motor Vehicle Act 1988-89)



सत्यमेव जयते

STATE OF
UTTAR PRADESH

(1)

प्रपत्र-6

[नियम 16(1) देखिये]

चालन अनुज्ञप्ति का प्रारूप

अनुज्ञप्तिधारक का नाम जितेंद्र कुमार

0761

पुत्र/पत्नी/पुत्री राम सेवक वर्मा

फोटोग्राफ के
नाम लिखा जाए
प्राधिकारी की
उसके हस्ताक्षर
भाग फोटोग्राफ
एक भाग चाल
पर होना चाहिए

REISHIN

अनुज्ञप्तिधारक
हस्ताक्षर/अंकित



571007924

(2)

घालन अनुज्ञप्ति संख्यांक 1917/111

जारी करने की तारीख

नाम जिरू कुमाँर बेडा

पुत्र/पत्नी/पुत्री रामसेवक बेडा

नागरिकता

अस्थायी पता, / कार्यालय का पता (यदि कोई हो) 10 शाहपुर बलवा

स्थायी पता 10 शाहपुर बलवा

जन्म-तिथि 1/8/23

शैक्षिक अर्हताएं

वैकल्पिक

(3)

रक्त समूह

आर०एच० फैक्टर

इस अनुज्ञप्ति के धारक को संपूर्ण भारत में निम्नलिखित वर्णन के यानों को चलाने की अनुज्ञप्ति प्रदान की जाती है :-

बिना गियर वाली मोटर साइकिल
मिटर वाली मोटर साइकिल

असवत यात्री गाड़ी

हल्का मोटर यान

परिवहन यान

रोड रोलर

किसी विनिर्दिष्ट वर्णन का मोटर यान,

अर्थात्

(4)

परिवहन यान से भिन्न मोटर यान चलाने के लिए तारीख 1917/111 से 18/7/2031 तक अनुज्ञप्ति विधिमान्य है। परिवहन यान चलाने के लिए तारीख से तक अनुज्ञप्ति विधिमान्य है।

चालन परीक्षा का संचालन करने वाले प्राधिकारी का नाम और पदनाम। अनुज्ञापन प्राधिकारी के हस्ताक्षर और पदनाम।

परिवहन यान चलाने के लिए प्राधिकार संख्यांक तारीख से परिवहन यान चलाने के लिए प्राधिकृत किया जाता है।

(5)

बैज संख्यांक

चालन परीक्षा का संचालन करने वाले प्राधिकारी का नाम और पदनाम।

अनुज्ञापन प्राधिकारी के हस्ताक्षर और पदनाम।

अन्य वर्गों के यान जोड़ने के लिए स्थान संख्यांक

तारीख

निम्नलिखित वर्ग या वर्णन के मोटर यान चलाने के लिए भी प्राधिकृत किया जाता है :-

चालन परीक्षा का संचालन करने वाले प्राधिकारी का नाम और पदनाम।

अनुज्ञापन प्राधिकारी के हस्ताक्षर और पदनाम। तारीख



भारत सरकार
Government of India



जितेन्द्र कुमार बैठा
Jitendra Kumar Baita
जन्म तिथि / DOB : 01/08/1983
पुरुष / Male



6736 0071 2575

मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता:
आत्मज: रामसेवक बैठा, मुडाडीह टॉड,
परसौना, पश्चिमी चम्पारण, मधुबनी,
बिहार, 845404

Address:
S/O: Ramsevak Baita, Mudadih
Tand, Parsauna, West
Champaran, Madhubani, Bihar,
845404

6736 0071 2575



1947

help@uidai.gov.in

www.uidai.gov.in

< Driving Licence Search



UP57 20110007924

Active

DL Holder Name	*I*E*D*A* *U*A* *A*T*
Old Driving Licence Number	5711007924
Issue date	19-Jul-2011
Licence Validity (Non Transport)	18-Jul-2031
Vehicle Class	LMV, MCWG
Licensing Authority	UP57
Licensing Authority	ASST.RTO, PADRAUNA (KUSHINAGAR)

Tap to check the impound/seizure document status

Create a Virtual DL

View Challan

श्रीवाट शिवालय
श्रीवाट शिवालय

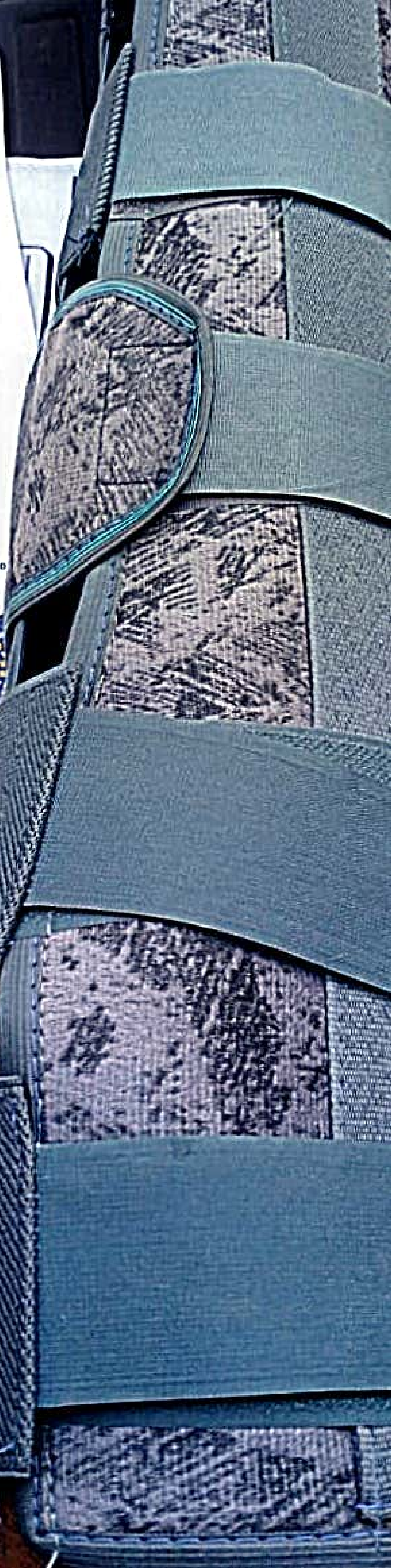
Handwritten notes in Hindi on a white sheet of paper, including phrases like "क्या ब्रह्म", "क्या ब्रह्म", and "क्या ब्रह्म".

Handwritten word "क्या" circled in blue ink.

Dr. Manish Kumar Singh
M.D. Physician
41 - Bhabha Indraprastha Hospital New Delhi
Reg. No. UNAC 19570
23/04/2026
KATNAWAR ROAD
41 Y
JITENDRA KUMAR BHATHIA
026041340

TOKEN - 013
Handwritten notes on a white receipt slip.

Singh
Handwritten name on a blue card.



Dr. V.K. Singh
डा. वी.के. सिंह
 M.B.B.S., M.S., (ORTHO)
 I.M.S., B.H.U., VARANASI
 Ex Secretary I.M.A. Kushinagar
 Member of Indian Orthopaedic Association
 हड्डी एवं जोड़ रोग विशेषज्ञ

TOKEN - 013
 OLD PATIENT / NEW PATIENT
 COUNTER NO. : 1 TO 1

 RADIANT HOSPITAL

 TIME: 11:50:27 DATE: 23/04/26
 Dr. V.K. SINGH M.B.B.S., M.S.
 PAGRANJA, KUSHINAGAR
 Please Wait For Your Number

Dr. Manish Kumar Singh
 M.D. (Physician)
 Ex- Resident Saldarjung Hospital New Delhi
 Ex- Resident ASMC Kushinagar
 Reg. No. UPMC 105770
23/04/2026

JITENDRA KUMAR BAITHA

KATNAWAR ROAD

41 Y

2026041346

(Handwritten circled text)
 K

(Handwritten notes)
 Knee / h.c
 Ankylosis of knee

(Handwritten notes)
 Xg knee A/O
 Xg knee A/O

(Handwritten notes)
 knee brace

(Handwritten notes)
 Radiant! Xg knee A/O

(Handwritten notes)
 Xg knee A/O
 after 10 W

(Handwritten notes)
 Xg knee A/O
 Xg knee A/O

रेडिएण्ट हॉस्पिटल

एण्ड फिजियोथेरेपी सेन्टर

वाराणसी प्रभाग, मुजफ्फरी नगर, रेलवे स्टेशन, बेलवाली पुली
 बाह्यभाग सी 8, पकरीना, कुशीनगर, उ.प्र. 224304
 संपर्क नं. - 01 9670599383

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INCOME TAX DEPARTMENT

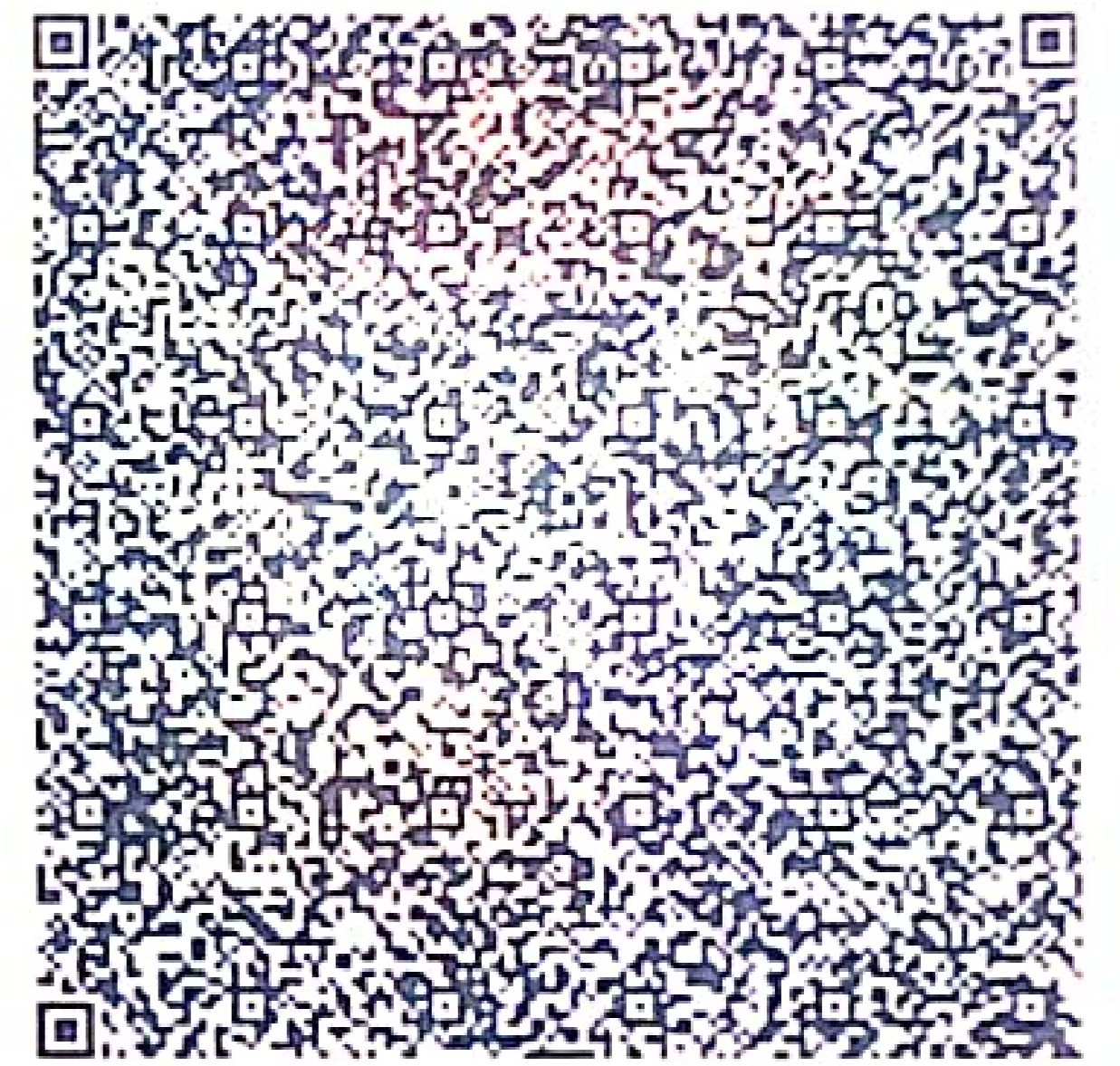


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GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ARFPB3542G



नाम / Name
JITENDRA KUMAR BAITHA

पिता का नाम / Father's Name
RAMSEWAK BAITHA

जन्म की तारीख /
Date of Birth
01/08/1983

जितेन्द्र कुमार बैठा
हस्ताक्षर / Signature

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