

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

3048

Date 20-04-20

Name

Nathuni Prasad

Add.

CPSY BQ8686

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Fuel Tank			5500	
	Visor			1200	
				4500	
	Front Wheel			5000	
				1000	
	APL			250	
	LED			250	
	Mirror (L)			600	
	Lens (L)			480	
	Cogard			500	
	Brms Panel			1000	
	Handle			250	
	Handle T			2300	
	Winker DR (L)			1450	
	Fork pipe Both			2500	
	Front Panel			1800	
	Chassis Repair			1	
	Labour chrg.				
			TOTAL	23910	

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस कंपनी लिमिटेड

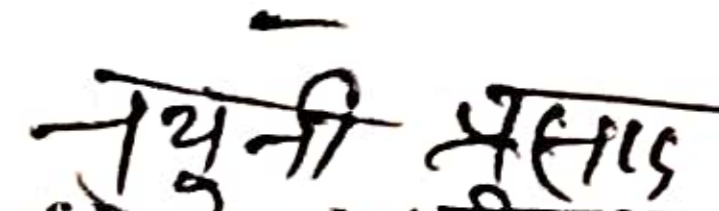
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Nathani Prasad
2	Vehicle No. / वाहन संख्या	UP57 B0 3686
3	Policy No. / पालिसी संख्या	MS/2026/10001/0/46575/57120
4	Period of Insurance / बीमा अवधि	13-03-2026 - 12-03-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25-04-2026 10:30 AM
6	Place of Accident / दुर्घटना का स्थान	Badi Nohar Kohagadi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nathani Prasad 9595502315
8	Estimated Loss / अनुमानित हानि	23,910/-
09.	Cause of Accident / दुर्घटना का कारण:	गाड़ी लेकर जा रहे थे तो गलत वाले रोड़ पर स्वामने जा रहे पिकप वाले सचानक ब्रेक लगा दिया जब तक गाड़ी रोकते - रोकते अरुठे पिछले खिसे में लक्कर ही गयी और गाड़ी डैमेज ही गयी। -
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 Padraura

Date / दिनांक : 20-04-2026
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. MS/2026/700/0/46575

Tel. No. _____

Period of Insurance _____

Claim No. 12-03-2027

571200

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 : Nathuni
 (b) Address for correspondence : _____
 (c) Telephone : 96 95 502315

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>HA11E7RHB 41234</u> Chassis No. <u>MBLHAW 215RHB40</u> <u>207</u>	Registration No. <u>UP57BQ 3686</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 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 : Nathuni Prasad
- (b) Age : _____
- (c) Address : _____
- (d) Is the Driver :
 - 1. Owner : _____
 - 2. paid driver? : Own
 - 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 : CPS720000000077
- (h) Issuing Authority : _____
- (i) Date of Expiry : 02-00-2027
- (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 : 25-04-2026 10:30AM
- (b) Place : Badi Nahar Kolargadi
- (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 : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fuel tank vishay etc
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrama

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 20-04-200 - 26

Signature of the insured नथुनी पताक

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/-

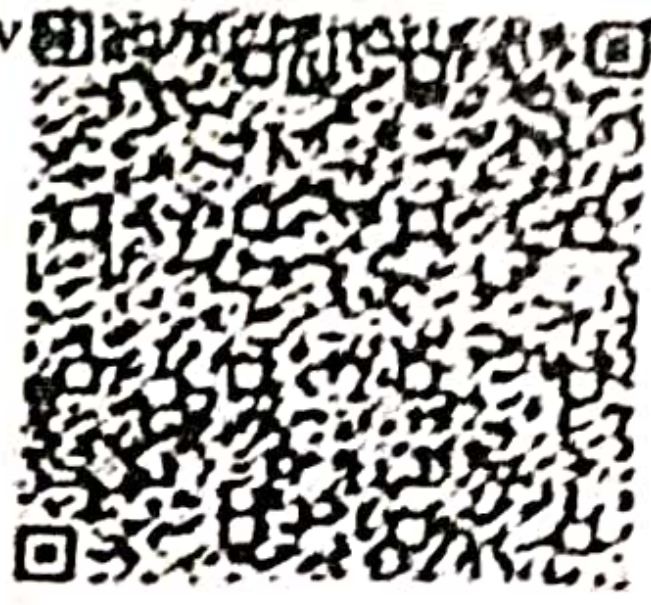
Witness
Name
Signature
Address

Signature न. यु. नी. प्र. हा. स.
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 : UP57BQ3686 Registration Date : 20-Feb-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : NATHUNI Son/wife/daughter of : THAGAI
 Full Address: (Permanent) : VILL-KOHARGADDI, POST-KOHARGADDI, THANA-KHADDA, KUSHINAGAR, UTTAR PRADESH-274802.
 Full Address: (Temporary) : VILL-KOHARGADDI, POST-KOHARGADDI, THANA-KHADDA, KUSHINAGAR-UTTAR PRADESH-274802
 Fitness UpTo : 19-Feb-2039 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 : AA2090114377 Rear HSRP No : AA2095372347
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2024
 No of Cylinders : 1 Chassis No : MBLHAW215RHB40247
 Engine No : HA11E7RHB41234 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Red Black Laden/GV Wt (kgs) : 242
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 19-Feb-2024.

Purchase dt : 19-Feb-2024 Sale Amt : 80511/-
 OTT Date : 19-Feb-2024 Amount/Rcpt No : 8052 / UP57D24020002690
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Mar-2024

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 20-Feb-2024 to 19-Feb-2039

Date : 11-Jun-2024 17:16:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 11-Jun-2024

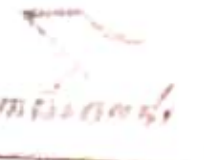


P 7135103

Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2026/7001/O/46575/571280



Motorsathi Care Private Limited
 A-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
NATHUNI	1967-05-01	8423031511	THAGAI	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
SPL+ XTEC E20	UP57BQ3686	HA11E7RHB41234	MBLHAW215RHB40247	2024	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
54500.00	NA	0.00	0.00	0.00	54500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl.
	Solo		---	2	1570.61
Address			City / District	Pin Code	State
VILL-KOHARGADDI,POST-KOHARGADDI,THANA-KHADDA,KUSHINAGAR,UTTAR PRADESH,274802				274802	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
RAJEEV KUMAR SHARMA	Male	31 Years	SON	2026-03-13 16:06	Midnight of 2027-03-

Section A, VRC: 784.31 TCR: 450.17 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1234.48
 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 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%): 0.00 Total MS Services with GST(C): 0.00
 Section D, Drive Assure: 284.86 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 51.27 Total with GST(D): 336.13
Total(Section A+C+D) Offered Price After Discount: 1571

Package Period Covered	2026-03-13 To 2027-03-12	2027-03-13 To 2028-03-12	2028-03-13 To 2029-03-12	2029-03-13 To 2030-03-12	2030-03-13 To 2031-03-12
ADV	54500	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 2029-02-18 (DETAILS / TERMS 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 56 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 10000/- 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 misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

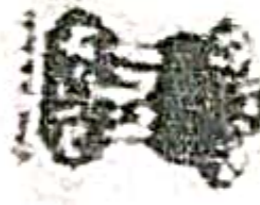
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the account holder shall comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as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

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 79410 50643
 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 to 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 1570.61 ON 2026-03-13 from Mr./Ms. NATHUNI against the ARN No. INCP00571280
 This 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



भारत सरकार
Government of India

नथुनी
Nathuni
जन्म तिथि / DOB : 01/05/1967
पुरुष / MALE

7014 3629 1366



भारत सरकार, भौती पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: ठाई, 158, डब्ल्यू.एन.7, कोहर गद्दी, कुशीनगर,
उत्तर प्रदेश-274802
Address:
S/O: Thagai, 158, w.n.7, Kohar Gaddi,
Kushinagar, Uttar Pradesh-274802

7014 3629 1366



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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

AKLPP6212E



नाम / Name

NATHUNI PRASAD

पिता का नाम / Father's Name

THAGAI PRASAD

जन्म की तारीख / Date of Birth

01/05/1967

नथुनी प्रसाद
हस्ताक्षर / Signature



20122017

