

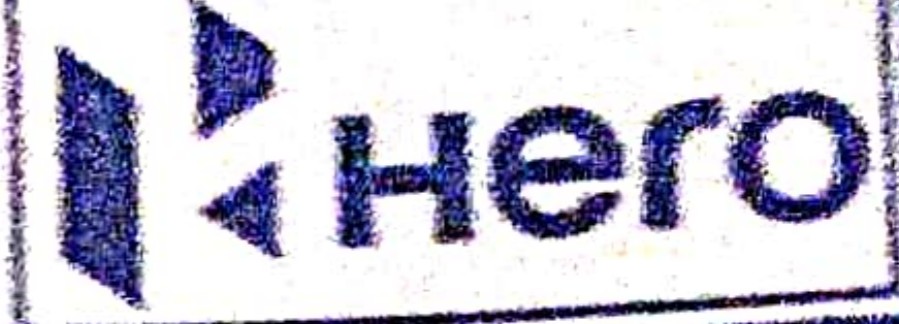
# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. 3050

Date 01/05/26

Name Dipak

Add. UP57873158

| S.NO. | PARTICULARS           | QTY | RATE  | AMOUNT  | P. |
|-------|-----------------------|-----|-------|---------|----|
| 1     | 4.3051                |     |       | 1065/-  |    |
| 2     | Head light            |     |       | 3250/-  |    |
| 3     | ohmest Penol          |     |       | 300/-   |    |
| 4     | Front Both indicators |     |       | 340/-   |    |
| 5     | Handle                |     |       | 500/-   |    |
| 6     | Handle T              |     |       | 880/-   |    |
| 7     | Fork pipe Both        |     |       | 2180/-  |    |
| 8     | Bottom - (R)          |     |       | 970/-   |    |
| 9     | Fender                |     |       | 860/-   |    |
| 10    | mission - (R)         |     |       | 260/-   |    |
| 11    | Levers - (L)          |     |       | 105/-   |    |
| 12    | Leg Guard             |     |       | 650/-   |    |
| 13    | meter                 |     |       | 3800/-  |    |
| 14    | Tool Box Cover (R)    |     |       | 105/-   |    |
| 15    | Break Padal           |     |       | 980/-   |    |
| 16    | Crank Cash - (R)      |     |       | 2350/-  |    |
| 17    | chassis Repair        |     |       | 2000/-  |    |
|       |                       |     | TOTAL | 960/-   |    |
| 18    | labour charge         |     |       | 21495/- |    |

Authorized Signatory

21495/-

NIA

12 Name of the Workshop, Address & Contact No.   
वर्कशाॅप का नाम, पता & मोबाइल / फ़ोन नं.

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./<br>बीमाधारक का नाम & मोबाइल नं.                   | Dipak , 8984557530   |
| 2   | Vehicle No. / वाहन संख्या   | UP57BZ3158   |
| 3   | Policy No. / पालिसी संख्या  | 252400/31/2026/37215   |
| 4   | Period of Insurance / बीमा अवधि   | 23/9/2025 to 22/9/2026   |
| 5   | Date of loss & Time / दुर्घटना का दिनांक & समय                                      | 30/04/2026, 04.00 P.m.   |
| 6   | Place of Accident / दुर्घटना का स्थान   | Ramkoila Road Padma.   |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं  | UP5720230002692<br>Vikash Dhan Divedi.   |
| 8   | Estimated Loss / अनुमानित हानि  | 21495/-  |
| 09. | Cause of Accident / दुर्घटना का कारण :  | मेरे मित्र विकास धर द्विवेदी किसी काम से जा रहे थे तभी अचानक एक बच्चा ट्रैक के सामने आ गया उसी को बचाने हुये मेरी ट्रैक सामने से आ रही ट्रैक से टकराने से क्षतिग्रत 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<br>Gupta automobile Padma   |

Date / दिनांक : 02/05/2026  
हस्ताक्षर

दीपक  
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. 252400/31/2026/37215'

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

Period of Insurance 23/9/25 to 22/9/26

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 : Dipak  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8948557530

2. THE INSURED VEHICLE

|                                      |  |  |
|--------------------------------------|--|--|
| Make & Year<br><u>Hero 10   2025</u> | Engine No. <u>HA11FBSHFA1505</u><br>Chassis No. <u>MBLHAW337SHF46987</u> | Registration No.<br><u>UP57BZ<br/>3158</u> |
|--------------------------------------|--|--|

- (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 : Vikash Dhan Diveali  
(b) Age : \_\_\_\_\_  
(c) Address : Kushinagar Padma  
(d) Is the Driver  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
3. Owner's relative or friend?  : 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 : UP5720230002692  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 19/02/2033  
(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 : 30/04/2026, 04:00  
(b) Place : Padma  
(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 : बच्चे को बचाते हुये मेरी कार सामने आ रही कार से टकरा होने से क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.  
(b) Estimated cost of repairs : 21495/-  
(c) When and where can the damaged vehicle be inspected : Gupta 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 \_\_\_\_\_

~~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? \_\_\_\_\_
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_
- (d) If yes, to which Police Station? \_\_\_\_\_
- (e) Date and Diary No. \_\_\_\_\_

~~N/A~~

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 \_\_\_\_\_

~~N/A~~

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 01/05/2026 200

Signature of the insured *[Signature]*

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 ..... *Aut*  
Occupation .....  
Address .....  
.....  
.....

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

Transport Department PADRAUNA(KUSHI NAGAR)  
FORM 23  
CERTIFICATE OF REGISTRATION



Registration No : UP57BZ3158  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304  
 Owner Name : DIPAK  
 Full Address: (Permanent) : 48 NAUKA TOLA AMBEDKARNAGAR, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : 48 NAUKA TOLA AMBEDKARNAGAR, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness Up To : 24-Sep-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1043460074  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11FBSHFA1585  
 Horse Power(BHP) : 8.17  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : Black Heavy Grey  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 25-Sep-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : SANJAY KUMAR  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2131515895  
 Month/Year of Manuf. : 06/2025  
 Chassis No : MBLHAW337SHF46987  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, . . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 23-Sep-2025.

Purchase dt : 23-Sep-2025  
 OTT Date : 23-Sep-2025  
 Vehicle Is Govt/ Pvt. : PRIVATE  
 Date of Approval : 29-Sep-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 80517/-  
 Amount/Rcpt No : 8052 / UP57D25090001968  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 25-Sep-2025 to 24-Sep-2040

Date : 30-Oct-2025 14:36:54

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date: 30-Oct-2025  
 Kushinagar

Q 5874655





Unique Identification Authority of India

S/O: सजय कुमार, 48  
नायका टोला, अम्बेडकर नगर पडरौना  
पडरौना, पडरौना, कुशीनगर  
उत्तर प्रदेश, 274304

Address: S/O: Sanjay  
Kumar, 48, NAUKA TOLA,  
AMBEDKARNAGAR  
PADRAUNA, ward 7,  
Padrauna, Padrauna,  
Kushinagar, Uttar Pradesh,  
274304

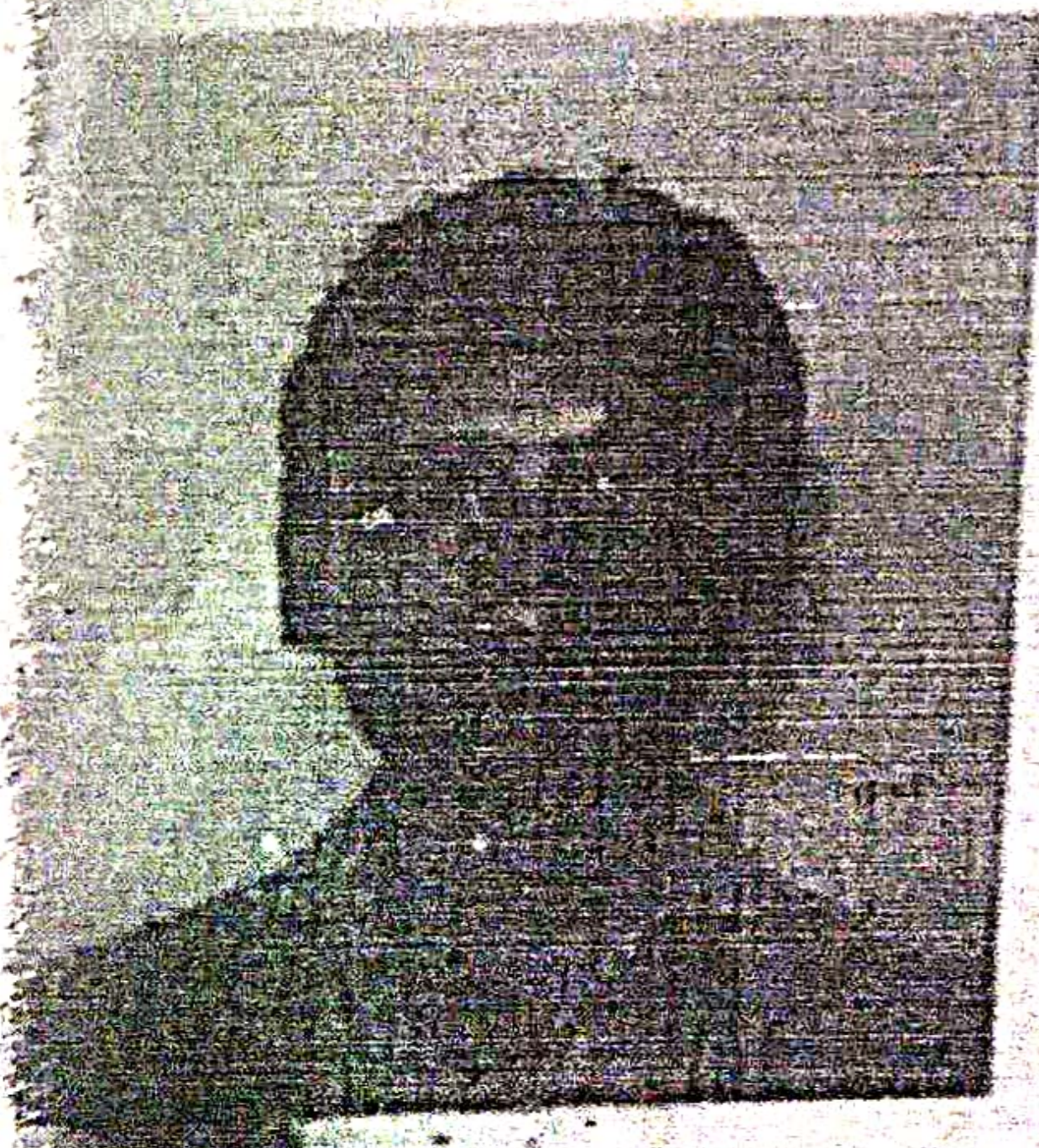
5286 0983 3185



help@uidai.gov.in

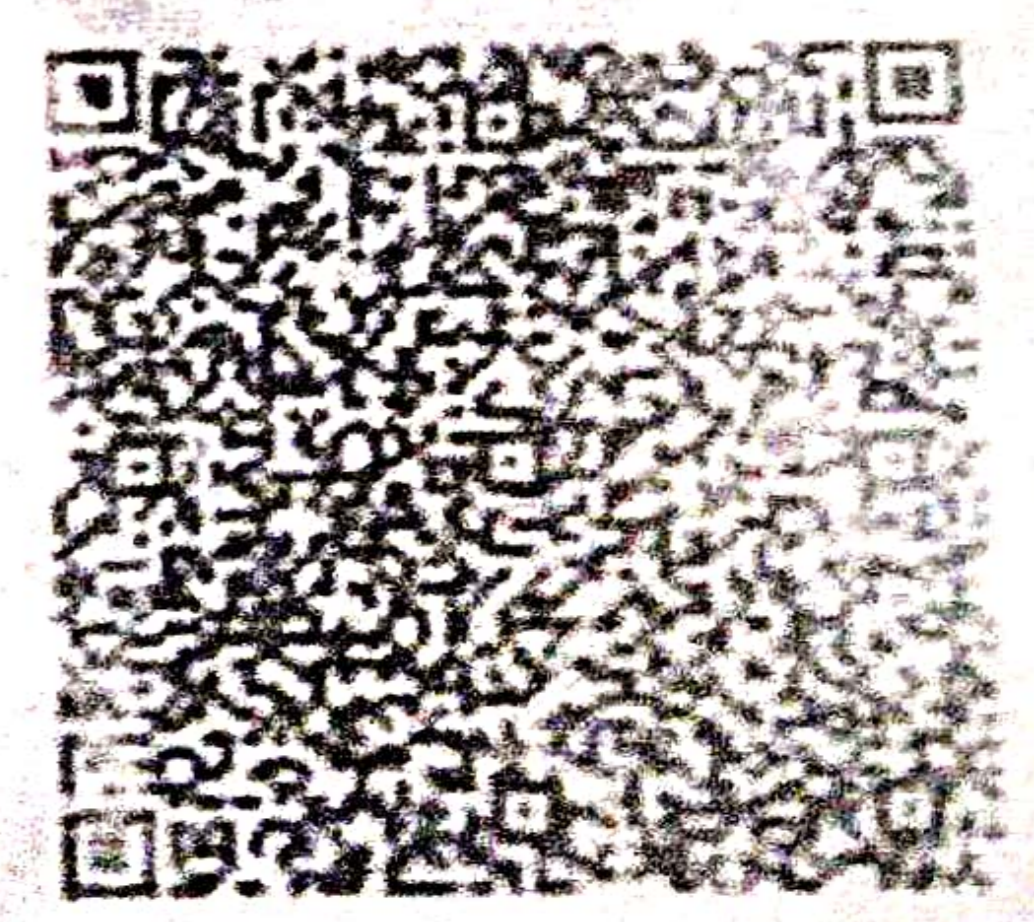


भारत सरकार  
Government of India



दिपक  
DIPAK

जन्म तिथि/DOB: 09/07/2002  
पुरुष / Male



5286 0983 3185

आधार - आम आदमी का अधिकार

आयकर विभाग  
INCOME TAX DEPARTMENT

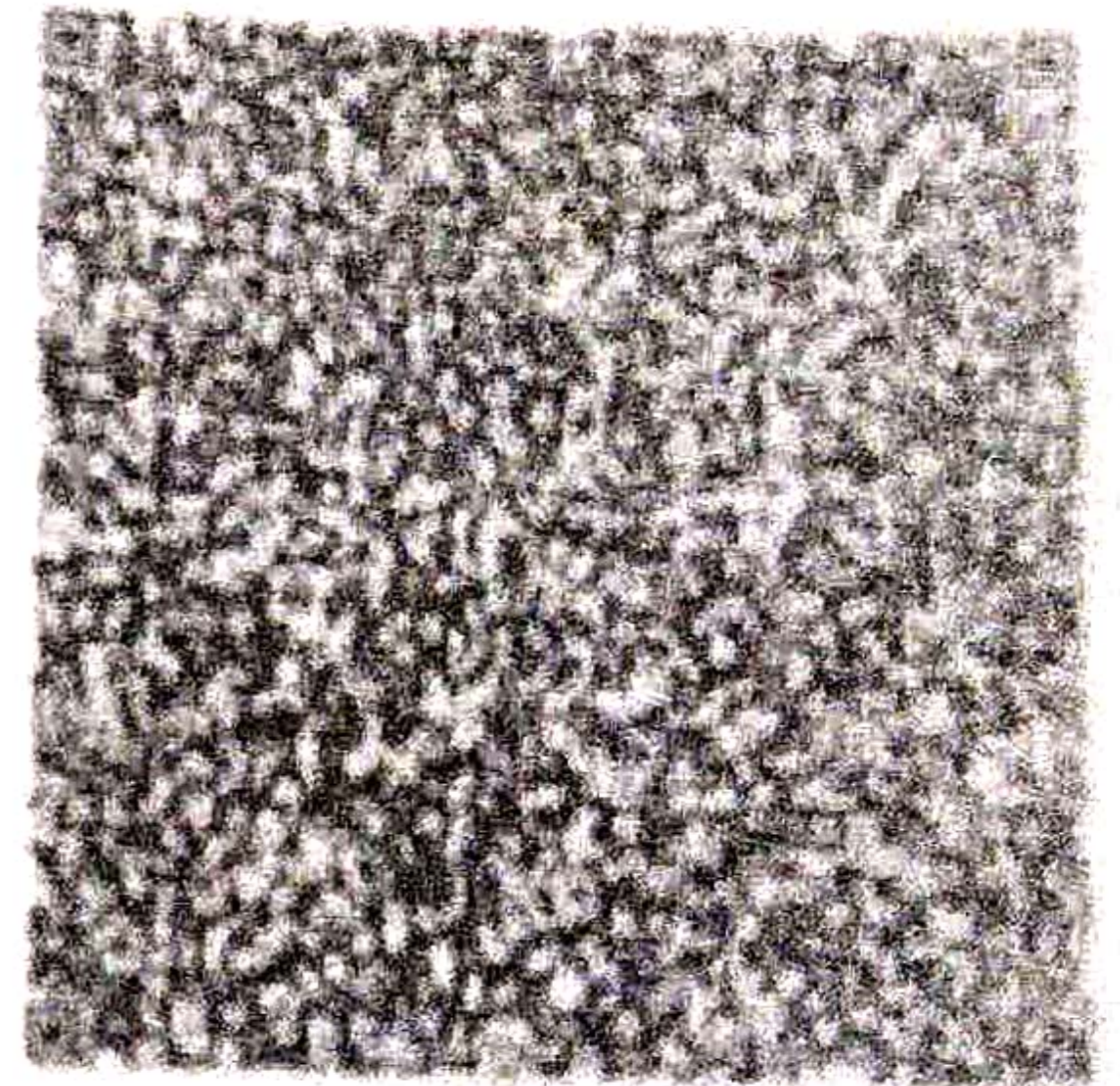


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

IHKPD5495J



नाम / Name  
DIPAK

पिता का नाम / Father's Name  
SANJAY KUMAR

जन्म की तारीख / Date of Birth  
09/07/2002

हस्ताक्षर / Signature

18575

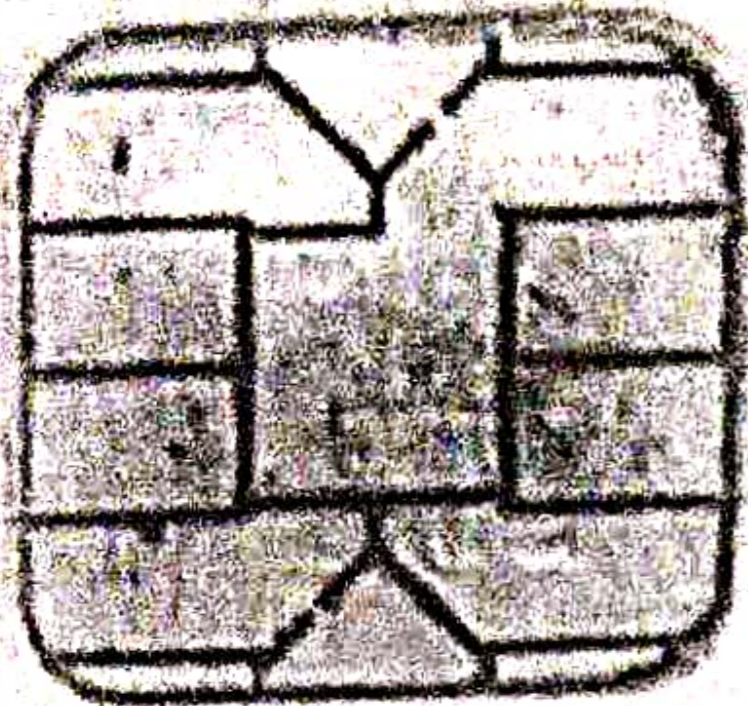
Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20230002692



Holder's Signature

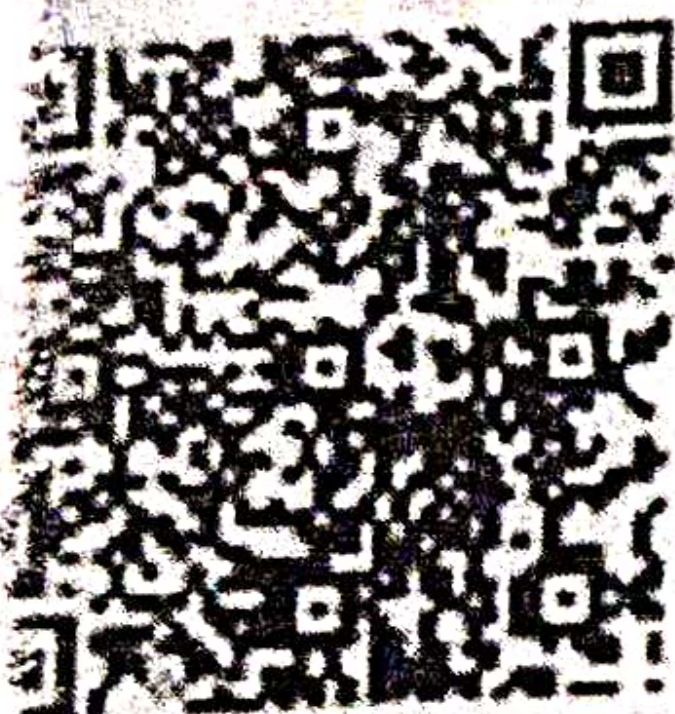
Issue Date: 20-02-2023  
Validity (NT): 19-02-2033  
Validity (TR): \_\_\_\_\_



Name: **VIKASH DHAR DIVEDI**  
Date of Birth: **02-09-1991** Blood Group: **O+ VE** Organ Donor: **N**  
Son/Daughter/Wife of: **ANAND DHAR DIVEDI**  
Address: **PARSAUNI KALAN PADRAUNA  
KUSHINAGAR, UP 274304**

DL No: UP57 20230002692

UPDL00001028467



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      | 20-02-2023    | NT               |               |                    |                  |
|                  | LMV  | UP57      | 20-02-2023    | NT               |               |                    |                  |
|                  | MVSD |           |               |                  |               |                    |                  |
|                  |      |           |               |                  |               |                    |                  |
|                  |      |           |               |                  |               |                    |                  |

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR