

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. 3056

Date 02/05/20

Name Saroj Dew

Add. UP57BZ4656

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Yigosi			1250/-	
②	Level - (R)			105/-	
③	Splicatos - (R)			170/-	
④	Labour charge			300/-	
			TOTAL	1825/-	

Authorized 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.	Saroj Dewa, 7068227620
2	Vehicle No. / वाहन संख्या	UP57BZ4656
3	Policy No. / पालिसी संख्या	252400/3/2026/39471
4	Period of Insurance / बीमा अवधि	01/10/25 to 30/9/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/05/2026, 07.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kashiv
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720140001429 Durgesh Kumar Chaudhary
8	Estimated Loss / अनुमानित हानि	1025/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे रिश्तेदार दुर्गेश कुमार चौधरी किसी काम से बस लेकर जा रहे तभी अचानक सामने से बस आ गई उसी को बचाते हुये बस वाले साइड गिरते ही हादसा 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.	0125197148 Gupta Automobile Repairs, Dera

Date / दिनांक 02/05/2026
हस्ताक्षर

सरोज 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. In. Office Address _____

Certificate/Policy No. 252400/31/2026/39471

Tel No. _____

Period of Insurance 01/10/25 to 30/9/26
 Claim No. _____

THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name _____ Saroj Dew
 (b) Address for correspondence _____
 (c) Telephone _____ 7068227620

2. THE INSURED VEHICLE

Make & Year <u>Hero/2023</u>	Engine No. <u>HA11FBBHJ54803</u> Chassis No. <u>MBLHAW335SHJ54233</u>	Registration No. <u>UP57BZ</u> <u>4656</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) Is 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 _____
- NOT

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Dwigesh kumar Chauhan
(b) Age :
(c) Address : Padma kushinagar
(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 : UP5720140001429
(h) Issuing Authority :
(i) Date of Expiry : 21/01/2034
(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 : 01/05/2026, 6:10 P.M.
(b) Place : Kasir
(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 : कर्मी की वजह से दुर्घटना का कारण साईड गिरने से क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : क्षति
(b) Estimated cost of repairs : 1025/-
(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? :
N/A

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 02/05/2022

Signature of the insured सरोज देवी

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/-

सरोज देवी

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	UP57E24658	Registration Date	02-Oct-2025
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	NEW
Dealer's Name & Address	GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA		189-271304
Owner Name	SARON DEVI	Son/wife/daughter of	UMECH PRASAD
Full Address (Permanent)	VILL-BARHAJ, POST-HORLAPUR, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303		
Full Address (Temporary)	VILL-BARHAJ, POST-HORLAPUR, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303		
Fitness Up To	01-Oct-2040	Owner Serial No	1
Detailed Description		Link Vehicle No	
Class of Vehicle	M-CYCLE/SCOOTER	Norms	BHARAT STAGE VI
Ownership	INDIVIDUAL		
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA2133719279
Front HSRP No	AA2133086109	Month/Year of Manuf.	09/2025
Type of Body	SOLO WITH PILLION	Chassis No	MBLHAW335SHJ54233
No of Cylinders	1	Fuel	PETROL
Engine No	HA11FBESHJ54803	Cubic Capacity	97.20
Horse Power(BHP)	8.17	Wheel base	1235
Maker's Classification	SPLENDOR+ XTEC 20 (DR S)	Standing Cap	0
Seating Cap(in all)	2	Unladen Wt (kgs)	112
Sleeper Cap	0	Laden/GV Wt (kgs)	242
Colour	Black Heavy Grey	AC Fitted	NO
Other Criteria			

Additional Particulars of all transport vehicles other than motor cars (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	01-Oct-2025	Sale Amt	80517/-
OTT Date	01-Oct-2025	Amount/Rcpt No	8052 / UP57D2510000
Vehicle is Govt./ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	14-Oct-2025		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	
Previous Owner		Entry Date	
Old State		Conversion Date	
Transfer Date			

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Date : 14-Nov-2025 13:14:53
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 14-Nov-2025

Q 5752141



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

By: [Signature]
Date: 08-11-2025
Place: KASHI ROAD, PADRAUNA

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	01-OCT-25
Policy No	252400/31/2026/39471	Proposal No. & Date	R/252400/31/2026/31451 & 01-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:12 ON 01/10/2025 TO MIDNIGHT OF 30/09/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 14:12 ON 01/10/2025 TO MIDNIGHT OF 30/09/2030
Insured Name	SAROJ DEVI (GSTIN:)		
Insured Address	C/O UMESH PRASAD, VILL-BARHAJ POST-HORLAPUR, THANAKUBERSTHAN KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA,	Lead/Breakin No	
		Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	76491
Model & Variant	SPLENDOR + XTEC 2.0	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine -Chassis No	HA11FB5HJ54803 - MBLHAW335SHJ54233	Total IDV	76491
Cubic Capacity	97.2	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL
		Geographical Area	INDIA
RTO Location			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	3851
Elec Accessories	0		
Non-Elec Accessories	0	Compulsory PA Cover Premium	0
		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1281.99	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4043
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1090	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1090	Krishik Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4771
NIL Depreciation			
		Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	192	5. Subject to Endorsements IMT.7,10,28,	
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4771
POS Name	NA	POS ID	NA
			POS PAN NO/Aadhar No
			NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our 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 or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim 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 the 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/have herein to set his/their hands at 252400 on 01-OCT-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) Reliability trails

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 the 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 (a) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs. P A Cover under section III for owner-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 renewed 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

Approved By : 9221375MD
Approved On : 01-OCT-25
Place : MRT
Printed On : 08-NOV-25

The Oriental Insurance Company Limited
General Manager
Authorized Signatory
KASHI ROAD, PADRAUNA

UNION OF INDIA Driving Licence (UP) (NT)

UP 57 20140001429



जारी करने की तिथि
Date of Issue
22/01/2014

वैधता / Validity
21/01/2034

जन्म तिथि
Date of Birth
15/07/1993

Blood Group
UNKNOWN



नाम / Name

DURGESH KUMAR CHAUDHARI

पिता/पति का नाम / Son/Daughter/Wife of

RAJENDRA PRASAD

UP 57 20140001429

UP00730638RS



LMV

22/01/2014



MCWG

22/01/2014

पता / Address

VILL- BARWA KHURD
PO- BARWA KHURD, PS- RAMKOLA
KUSHINAGAR 274305

Holder's Signature

जारीकर्ता / Issuing Authority Sign
KUSHINAGAR



Form 7 Rule 16(2)

भारत सरकार
GOVERNMENT OF INDIA



सरोज देवी
Saroj Devi
जन्म तिथि/ DOB: 15/10/1985
महिला / FEMALE



7141 6813 8195

आधार-आम आदमी का अधिकार

भारतीय प्रशासन पर्याप्त प्राधिकरण
DIRECTOR GENERAL, AUTHORITY OF INDIA

पता:

Address:

अश्विनिनी: उमेश प्रसाद,
रहज, कुशीनगर,
उत्तर प्रदेश - 274303
श्री/0 उत्तर प्रदेश, भारत,
Kushinagar,
Uttar Pradesh - 274303

7141 6813 8195

Aadhaar-Aam Admi ka Adhikar