

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3059**

Date **05-05-20**

Name

**Ankita Singh**

Add.

**Upst CA 5200**

वा सूचना

Spot / Final  
युक्त करने

**Singh**

**A 5200**

**31/200**

**-2025-**

**25, 00**

**gony**

**0655**

**328**

**रेनू सि**

**ने के**

**विरुद्ध**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Visor			1250	
	H/L			600	
	Pannel Tuner			400	
	mirror - Both			550	
	Handle			600	
	Handle - T			1100	
	Fender			1480	
	Leguard			675	
	Front Rim			4500	
	Tyre Front			2000	
	Tanki			5500	
	Side Pannel (R)			750	
	meter			1680	
	Tool Box cover (R)			600	
	key set			1000	
	indicator (R)			250	
	Rear Wincos (L)			250	
	Fork complete (2)			5000	
	Levs - (L)			150	
	Tanki, cap			400	
	chassis			11000	
	Gear Levs			600	
	H/L stand			350	
			<b>TOTAL</b>	<b>20000</b>	

Labour charge e.

Authorised Signatory

Total Amount = **32865**

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

2104

9125195

Gupta automob

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.	Ankita Singh 9721141145
2	Vehicle No. / वाहन संख्या	UP57CA 5200
3	Policy No. / पालिसी संख्या	252400/31/2026/51555
4	Period of Insurance / बीमा अवधि	24-02-2025 - 23-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/04/2025, 06.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Hemumanganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	7393828655 Malendra Singh
8	Estimated Loss / अनुमानित हानि	32865/-
09.	Cause of Accident / दुर्घटना का कारण : मेरे चान्चा महेन्द्र सिंह अईक लेकर किसी काम से जा रहे थे तभी अनुमानगंज थाने के पास बोलने वाले ने मेरी अईक में समते से चक्कर मार दिया फिरुकी मेरी अईक क्षतिग्रस्त 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. Gupta automobile Padmaura

Date / दिनांक : 04-05-2026  
हस्ताक्षर

Ankita Singh  
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. Bl. Office Address \_\_\_\_\_ Certificate/Policy No. 252400/01/2026/51555  
 Tel. No. \_\_\_\_\_ Period of Insurance 23-10-2026  
 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 : Ankita Singh  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 972141145

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F786614196</u> Chassis No. <u>MBKHAW42056614739</u>	Registration No. <u>UP57 CA5280</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? 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 : \_\_\_\_\_
- NA



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Period of Insurance 23-10-2026

Claim No. \_\_\_\_\_

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

I. INSURED

- (a) Name : Ankita Singh  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 972141145

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11P7S6614194</u> Chassis No. <u>MB4HA0420S6614739</u>	Registration No. <u>UP57 CA5280</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? no  
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 (g) If Lorry/JEEP/Tractor, was trailer attached? \_\_\_\_\_  
 (h) Number of passengers carried \_\_\_\_\_  
 (i) Number of Passenger permitted \_\_\_\_\_

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mahendra Singh  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (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 : \_\_\_\_\_  
 (f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_  
 (g) Driving Licence Number : UP572023 000 5748  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 23-08-2025  
 (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 : 30-04-2025, 06:00 P.m  
 (b) Place : Manumandanj  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : हुनुमान गंज बाने के पास कोलेरी वाले ने मेरी  
 (e) If any third party was responsible for this accident give the name and address : वर्क मे सामने से उधर घुस दिया जिससे मेरी  
वर्क क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : VISA, HIL, Pms etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraura

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/occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_

~~MIA~~

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. : \_\_\_\_\_

~~MIA~~

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 : \_\_\_\_\_

~~MIA~~

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 04-05 200 26

Signature of the insured Ankita Singh

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 ..... *Ankita Singh* .....  
Occupation .....  
Address .....  
.....  
.....

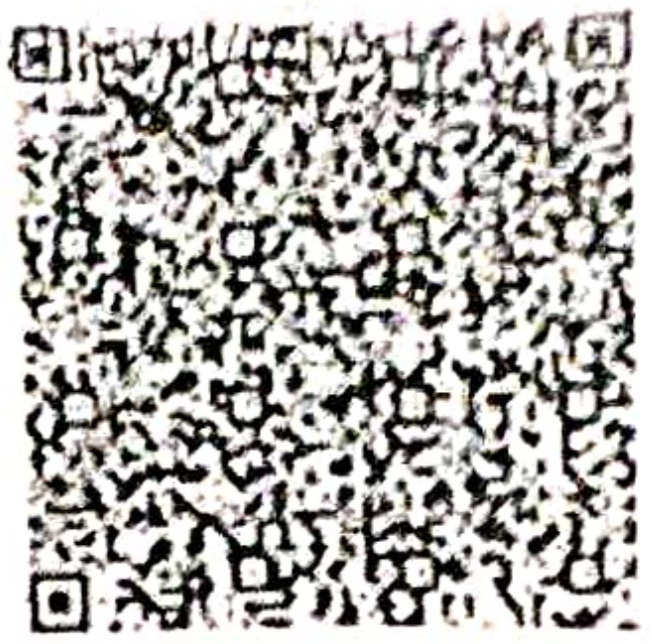
Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57CA5280 Registration Date : 30-Oct-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 : ANKITA SINGH Son/wife/daughter of : AWADHESH KUMAR SINGH  
 Full Address: (Permanent) : VILL-SHEWANIYA BUJURG, POST-SEKHWANIYA, TAHAN-KUBERSTHAN,  
 KUSHINAGAR, UTTAR PRADESH-274402  
 Full Address: (Temporary) : VILL-SHEWANIYA BUJURG, POST-SEKHWANIYA, TAHAN-KUBERSTHAN,  
 KUSHINAGAR-UTTAR PRADESH-274402

Fitness UpTo : 29-Oct-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  
 Front HSRP No : AA2144475514 Rear HSRP No : AA2144976749  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
 No of Cylinders : 1 Chassis No : MBLHAW480SGG14739  
 Engine No : HA11F7SGG14194 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLUE BLACK Laden/GV Wt (kgs) : 243  
 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 HERO FINCORP LIMITED

DELHI, DELHI, . . New Delhi, Delhi-110057 w.e.f. 24-Oct-2025  
 Purchase dt : 24-Oct-2025 Sale Amt : 73764/-  
 OTT Date : 24-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100011434  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 01-Dec-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 30-Oct-2025 to 29-Oct-2040

Date : 23-Dec-2025 15:11:42  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date: 23-Dec-2025  
Kushinagar

# Q 6303927



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: POLR0924

Page No.

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. F.H.AHISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	24-OCT-25
Policy No	25240031/2026/51555	Proposal No. & Date	R/252400/31/2026-36724 & 24-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19:32 ON 24/10/2025 TO MIDNIGHT OF 23/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 19:32 ON 24/10/2025 TO MIDNIGHT OF 23/10/2026
Insured Name	ANKITA SINGH (GSTIN )		
Insured Address	C/O AWADHESH KUMAR SINGH, VILL-SHEWANIYA BUJURG POST-SEKHANIYA, THANA-KUBERSTHAN 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	70077
Model & Variant	HERO SPLENDOR PLUS E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025				
Engine -Chassis No	HA11F7SGG14194 - MBLHAW480SGG14739			Total IDV	70077
Cubic Capacity	100			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	1174.49	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
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1174.49	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Deductibles		Net Liability Premium (B)	4027
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	724
Anti- Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMP DUTY	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	998	Krishi Kalyan Cess@0.50%	0
Sub -Total Deductibles	998	Gross Premium Paid	4751
Add-On Coverages			
Nil. Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	176		

- Note:
1. Policy issuance is the subject to the realisation of cheque
  2. Consolidated Stamp Duty paid via Challan No
  3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
  4. Voluntary excess Rs(0)
  5. Subject to Endorsements IMT,7,10,28.

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4751
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.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.in](http://www.orientalinsurance.org.in) 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.

I/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 24-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  
g) Any Purpose in connection with motor trade  
**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 (i) 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 five consecutive years/45%, preceding five consecutive years/50% of NCB on OD premium. No Claim Bonus may be allowed provided the policy is renewed within 90 days of the previous policy  
I/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 Motor Vehicles Act, 1988.  
\* This insurance excludes all pre existing damages

Approved By : 922137SMD  
Approved On : 24-OCT-25  
Place : MRT  
Printed On : 05-NOV-25





Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20230005746

Issue Date 20-04-2023 Validity (NT) 23-08-2035

Validity (TR)



Holder's Signature

(20-04-2023)

Date of First Issue

Name: MAHENDRA SINGH

Date of Birth: 24-08-1995 Blood Group:

Son/Daughter/Wife of: RAMASHRAYA SINGH

Organ Donor: N

Address:  
pahadpur Nebua Raj Ganj Kushinagar  
Uttar Pradesh 274802

DL No: UP57 20230005746



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
LMV	LMV	UP57	20-04-2023	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

आयकर विभाग  
INCOME TAX DEPARTMENT

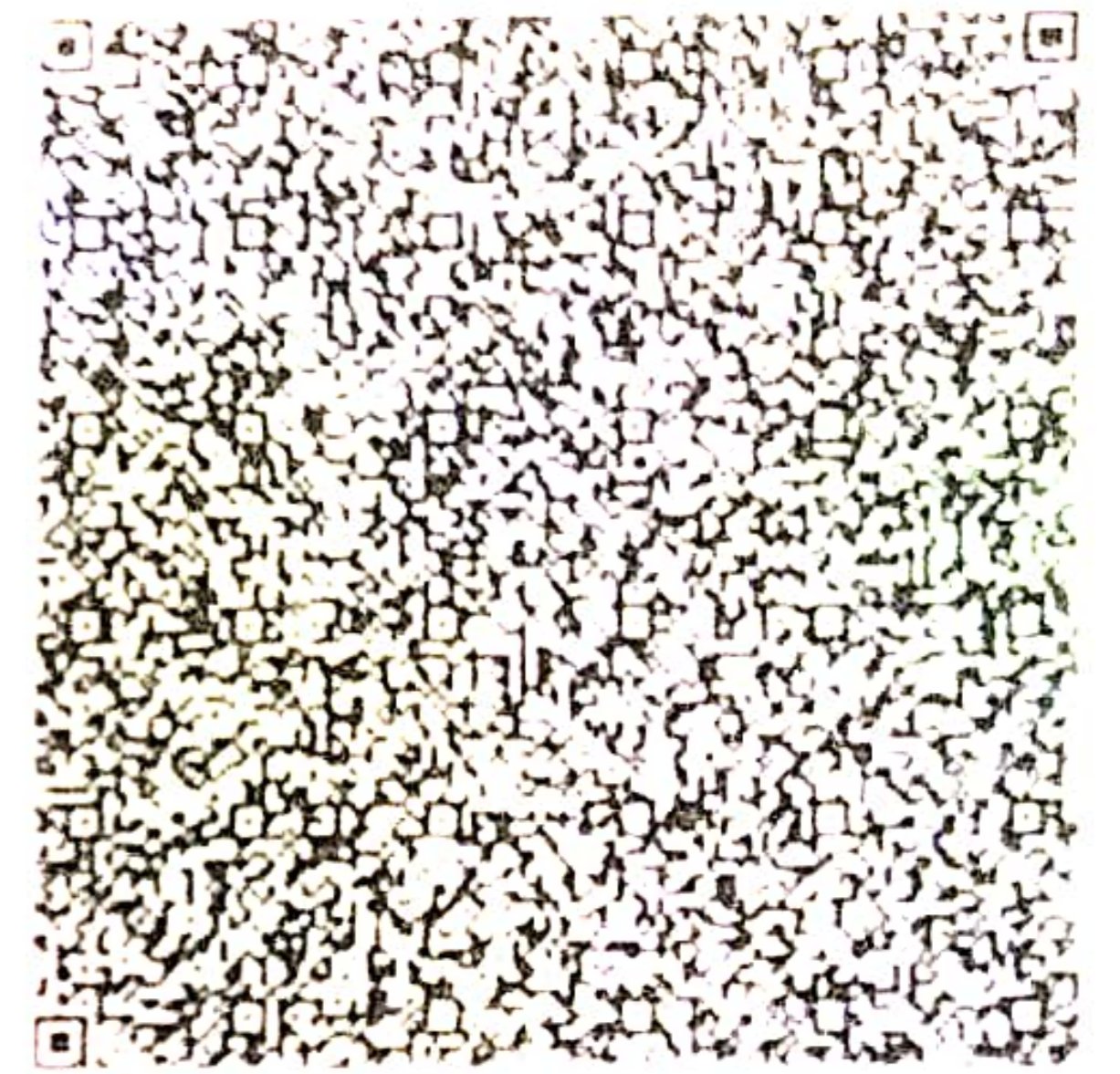


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

EELPA4015L



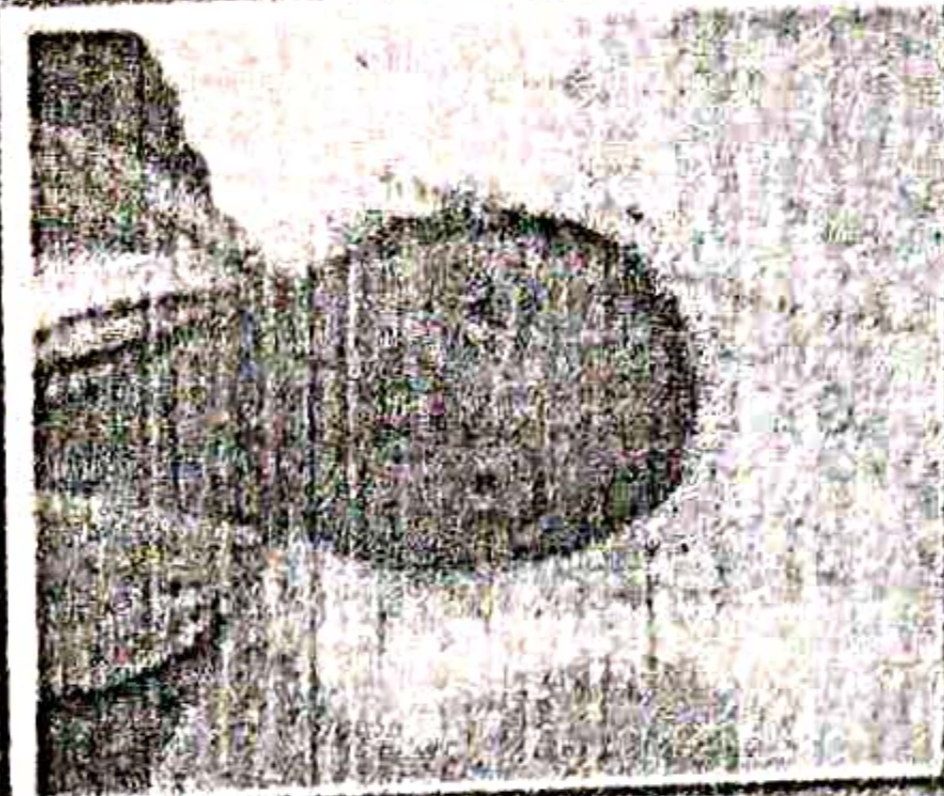
नाम / Name  
ANKITA

पिता का नाम / Father's Name  
AVADHESH

जन्म की तारीख / Date of Birth  
16/07/2003

Ankita Singh  
हस्ताक्षर / Signature

51772



GOVERNMENT OF INDIA

भारत सरकार

अंकिता सिंह

Ankita Singh

जन्म तिथि / DOB : 16/07/2003

महिला / Female

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वयूआर कोड/  
ऑफलाइन प्रकल्पण) की स्कैनिंग के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication or scanning of QR code / offline XML).

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भारत सरकार, भूरी पहचान



भारत सरकार  
Unique Identification Authority of India

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