

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. 3062

Date 05-05-20

Name Shubham Kumar

Add. CPS 734 1017

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Vishor			1250	
	H/L			800	
	H/L stay			300	
	Fork Assy			4800	
	Front wheel			4500	
	Handle			600	
	Handle T			1000	
	Ques			2800	
	Chassis Repair			1400	
	metts			400	
	metts Jms			1450	
	Front Fenders			7200	
	Fuel Tank			875	
	leg and			1400	
	Pool Box GVS-LTR			500	
	Front Both Winkers			700	
	Side panel - (2)			1200	
	Labor chrg		TOTAL		

Authorised Signatory

Totaled Amount = 29,845/-

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.	Shubham Kumar 7080076635
2	Vehicle No. / वाहन संख्या	UP57BY1017
3	Policy No. / पालिसी संख्या	252400/31/2026/16/20
4	Period of Insurance / बीमा अवधि	21-05-2025-20-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11-04-2026 15.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Sohana
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8400916128, Raju Kumar
8	Estimated Loss / अनुमानित हानि	29,1945/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे जीजा जी राधू कुमार जीके व्हेल किसी काम से जा रहे थे वही सोहरौना के पास जीके के सामने कीर्ई जानवर आ गया उसी को बचाते हुये मेरी जीके पोल से टकरा कर 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 Padma

Date / दिनांक : 05-05-2026
हस्ताक्षर

शुभम कुमार
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. 252400/31/2026/16120

Tel. No. _____

Period of Insurance 20-05-2026

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 : Shubham Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 985734 1017

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>MA11FA489C10329</u> Chassis No. <u>MBLHA043759 63023</u>	Registration No. <u>UP57BY 1017</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) The Motor Cycle is used for _____ no
 (e) The following information must 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 : Raju Kumar
 (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 : UP57 2015000 6553
 (h) Issuing Authority : _____
 (i) Date of Expiry : 23-03-2035
 (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 : 11-04-2026 5:00 PM
 (b) Place : Dehrona
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : सोहरौता के पास मार्केट के सामने जाते वक़्त
 (e) If any third party was responsible for this accident give the name and address : डा. गभी ठोरी को बचाई है तभी लामने पोल से बचकरा 012 2157

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : visor, L/R Handle, Head L, fenders etc
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraan

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? : NI A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? :
- (b) If yes, give full details :

~~Not injured~~
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 Policy 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 05-05-2002

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/-

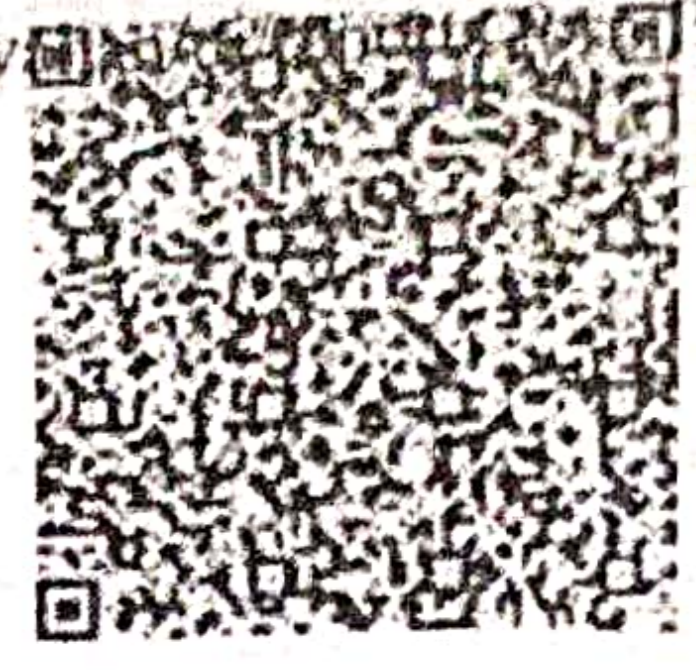
Witness
Name
Signature
Address

Signature *[Handwritten 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 : UP57BY1017
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 27-May-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : SHUBHAM KUMAR
Son/wife/daughter of : KUSHAMAVATI
Full Address: (Permanent) : VILL-AHIRAULI NAUKATOLA KARDAH, PO-RAJA BAZAR KHADDA, , KUSHINAGAR, UTTAR PRADESH-274802
Full Address: (Temporary) : VILL-AHIRAULI NAUKATOLA KARDAH, PO-RAJA BAZAR KHADDA, , KUSHINAGAR- UTTAR PRADESH-274802
Fitness UpTo : 26-May-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
Rear HSRP No : AA2124120883
Front HSRP No : AA1042556915
Month/Year of Manuf. : 03/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW437S9C63823
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11F4S9C18329
Cubic Capacity : 97.20
Horse Power(BHP) : 8.17
Wheel base : 1235
Maker's Classification : HF DELUXE (DRS)
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 112
Sleepar Cap : 0
Laden/GV Wt (kgs) : 242
Colour : BLACK GREY STRIPE
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP.LTD, BASANT LOK, , New Delhi, Delhi-110057 w.e.f. 22-May-2025.

Purchase dt : 22-May-2025
Sale Amt : 65000/-
OTT Date : 22-May-2025
Amount/Rcpt No : 6500 / UP57D25050005415
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 11-Jun-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

This certificate is valid from 27-May-2025 to 26-May-2040

Date : 01-Jul-2025 17:03:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 01-Jul-2025

Q 3740819



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

Digitally signed by The Oriental Insurance Company Ltd. DN: cn=The Oriental Insurance Company Ltd., o=The Oriental Insurance Company Ltd., email=The Oriental Insurance Company Ltd., c=IN

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MARKET, T. No. 81214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	21-MAY-25
Policy No	252400/31/2026/16120	Proposal No. & Date	R/252400/31/2026/11161 & 21-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:58 ON 21/05/2025 TO MIDNIGHT OF 20/05/2026
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 12:58 ON 21/05/2025 TO MIDNIGHT OF 20/05/2030
Insured Name	SHUBHAM KUMAR (GSTIN: 0)	Lead / Breakin No	/
Insured Address	C/O KUSHAMAVATI VILL-AHIRAULI NAUKA TOLA KARDHAH, PO RAJA BAZAR KHADDA, PADRAUNA (KUSHINAGAR), NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	61750
Model & Variant	HERO HF DELUXE SELF E20	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	61750
Engine -Chassis No	HA11F4S9C18329 - MBLHAW437S9C63823	TMI CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1034.93	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
	972.93	Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	0	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	0
Deductibles	0	Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4098
Anti- Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMPDUTY	0
Discount for vehicle designed for handicapped	880	Swachh Bharat Cess@0.50%	0
SIP Discount	880	Krishi Kalyan Cess@0.50%	0
Sub -Total Deductibles	880	Gross Premium Paid	4836
Add-On Coverages	154		
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	154		
Sub Total Add-on Coverages	247		
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			Amount
			4836

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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 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 21-MAY-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 trials (7) Any Purpose in connection with motor trade.

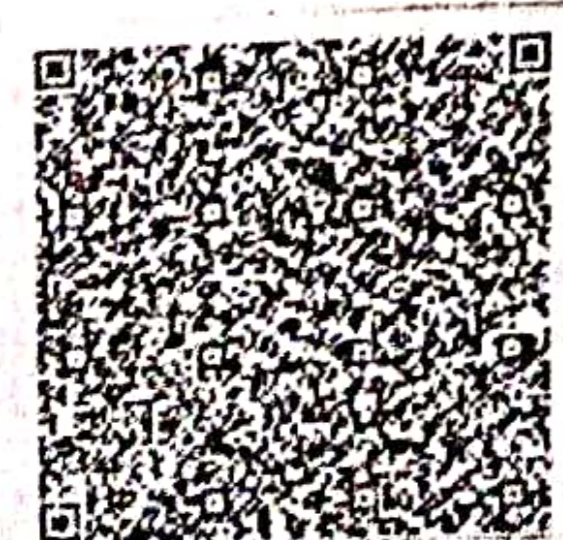
Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & 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

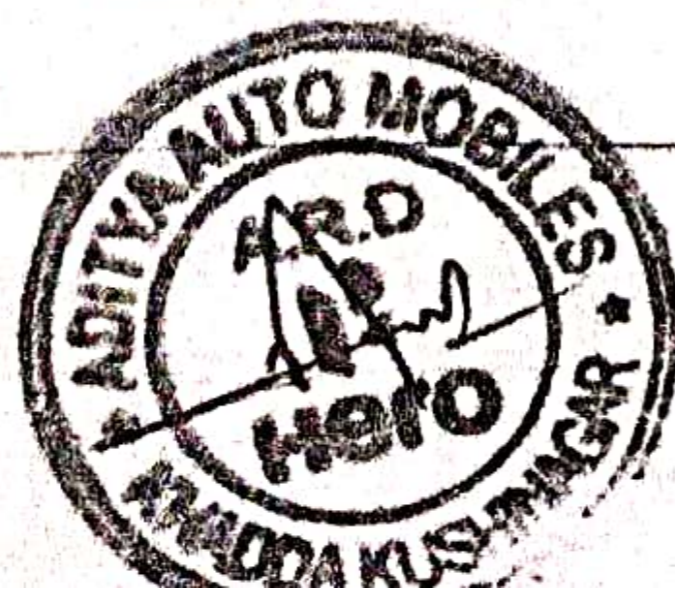
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/33%, preceding five consecutive 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, 1998.

* This insurance excludes all pre existing damages



Approved By : 6595258MD
Approved On : 21-MAY-25
Place : MRT
Printed On : 21-MAY-25



For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

यह बीमा पॉलिसी, गाड़ी का फुल बीमा (100) एक साल का तथा थर्ड पार्टी बीमा का साल के लिए ही मान्य है।

KUSHINAGAR

जारीकर्ता / Issuing Authority Sign

Holder's Signature

21/12/2012

KUSHINAGAR 274801

PO-CHHITANI, P.S.-HANUMANGANJ

VILL-BULAHAWA (JOKARIYA)

पता / Address

Form 7 Rule 16(2)



24/03/2015 24/03/2015

LMV MCMG



UP57 20150006553

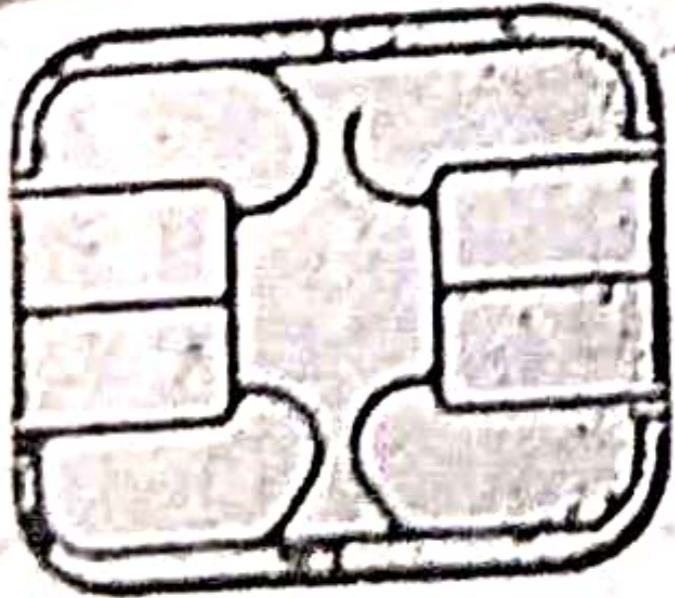
UP02721024RS



UNION OF INDIA Driving Licence



UP57 20150006553



जारी करने की तिथि
Date of Issue

24/03/2015

वैधता / Validity

NT 23/03/2035

जन्म तिथि
Date of Birth

12/12/1995

Blood Group

UNKNOWN



नाम / Name

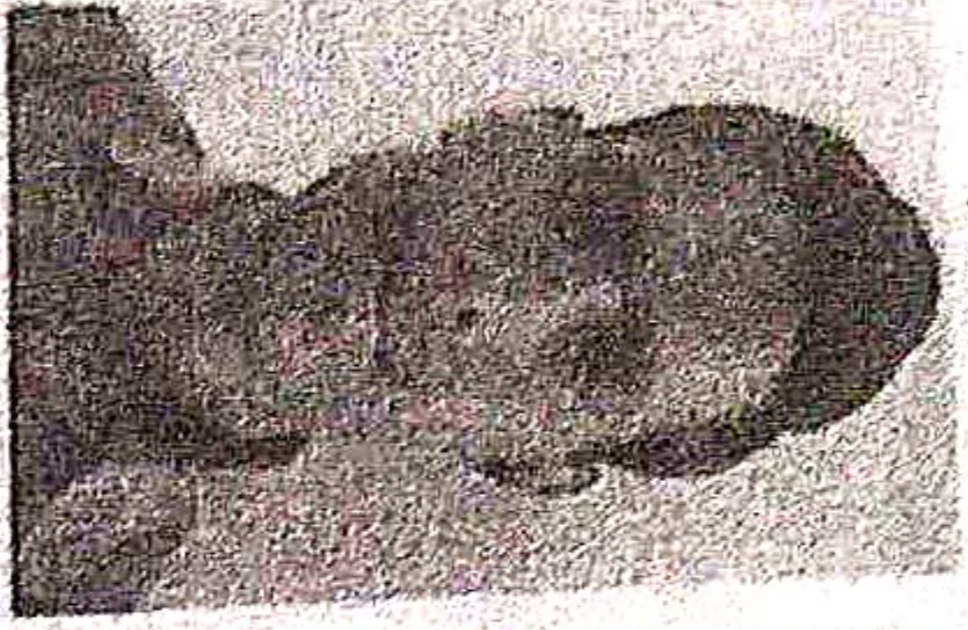
RAJU KUMAR

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

SHESH NATH



भारत सरकार
Government of India



शुभम कुमार
Shubham Kumar
जन्म तिथि / DOB : 01/01/1995
पुरुष / Male

2684 1947 8443



आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:

द्वारा: कुशमावती, अहिरावती
नौकाटोला, कराडह, कुशीनगर, राजा
बाजार खड्डा, उत्तर प्रदेश, 274802

Address:

C/O: Kushamavati, Ahiravati
naukatola, Karadh, Kushinagar,
Raja Bazar-Khadda, Uttar
Pradesh, 274802

2684 1947 8443

1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

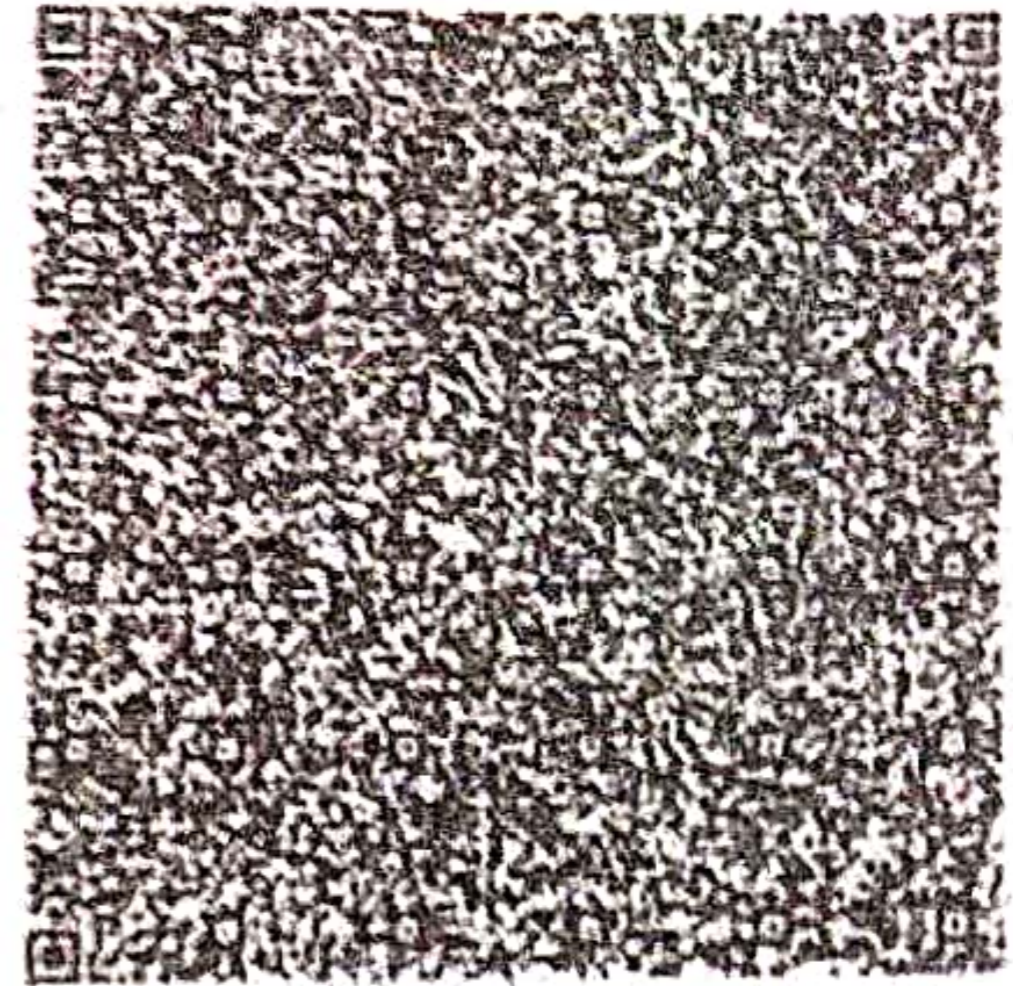


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LQUPK2124G



नाम / Name
SHUBHAM KUMAR

पिता का नाम / Father's Name
KUSHMAVATI

जन्म की तारीख /
Date of Birth
01/01/1995

शुभम कुमार
हस्ताक्षर / Signature

07022022

Raju Kumar Age 30y/m

11/04/2026

Dr.

Tab. Calcium 500

do. Cap. Lab ~~500~~ 500

Shouldn't Cap. Calcium 500

7 Tab. Calcium 500

form in. xone y (3)

polya (1)

Pain

Dr. Raju