

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3064** Date 06/05/26
Name Saleem Ansari
Add. UP57BY5698

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	विद्युत			1065/-	
②	H/L			580/-	
③	Handle			570/-	
④	Levers - (R)			105/-	
⑤	मिटर - (R)			140/-	
⑥	Leg Guard			650/-	
⑦	Labour charge			500/-	
			TOTAL	3550/-	

Authorised 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.	Saleem Ansari, 9792573043
2	Vehicle No. / वाहन संख्या	UP57BY5698
3	Policy No. / पालिसी संख्या	252400/31/2026/25096
4	Period of Insurance / बीमा अवधि	27/6/2025 to 26/6/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/05/2026, 11.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Nehru Kaptanganj Road.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Salim Ansari, UP5720120010544
8	Estimated Loss / अनुमानित हानि	3550/-
09.	Cause of Accident / दुर्घटना का कारण : अपनी बर्क लेकर गेबुआ से छंद आते व्णत करी कु। वच्चा अस्वास्तक के सामने भा गया उसी की वच्चाते हुये मेरी बर्क गिरने की रमेजत 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 Pae/rauma.

Date / दिनांक : 06/05/2026.
हस्ताक्षर

रुमीन अंसारी
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. 252400/31/2026/25096

Tel. No. _____

Period of Insurance 27/6/25 to 26/6/26

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 : Saleem Ansari
 (b) Address for correspondence : _____
 (c) Telephone : 9792573043

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F7S5D31838</u> Chassis No. <u>MBLHAW476S5D88306</u>	Registration No. <u>UP57BY</u> <u>5698</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) 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 : Salim Ansari
(b) Age : _____
(c) Address : Palsama Kushinagar.
(d) Is the Driver :
1. Owner : owner
2. paid driver? : _____
3. Owner's relative or 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 : UP5720120010544
(h) Issuing Authority : _____
(i) Date of Expiry : 22/7/2032
(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 : 04/05/2026, 11.00 A.M.
(b) Place : Nehru Kaptanganj Road.
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बकरी के बच्चे को बचाने हुये बईठ गिरने
(e) If any third party was responsible for this accident give the name and address : से डेमज हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : 3550/-
(c) When and where can the damaged vehicle be inspected : Greeta automobile Palsama,

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 06/05/26 200

Signature of the insured सोनी अंशु

Day Date Voucher

ACCIDENT DEPARTMENT

Claim No.

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-23/27, 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
this discharge receipt to the Company in full and final settlement of all my/our claims
present or 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 *सोहन सिंह*
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 : **UP57BY5698** Registration Date : 29-Jun-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 : SALEEM ANSARI Son/wife/daughter of : MUHAMMAD ANSARI
 Full Address: (Permanent) : VILL-BARTHA TOLA KHODHA, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-BARTHA TOLA KHODHA, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR- UTTAR PRADESH-274305
 Fitness UpTo : 28-Jun-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 : AA2132809187 Rear HSRP No : AA2131526454
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
 No of Cylinders : 1 Chassis No : MBLHAW476S5D88306
 Engine No : HA11F7S5D31838 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-274305 w.e.f. 27-Jun-2025.

Purchase dt : 27-Jun-2025 Sale Amt : 80116/-
 OTT Date : 27-Jun-2025 Amount/Rcpt No : 8012 / UP57D25060004045
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-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 29-Jun-2025 to 28-Jun-2040

Date : 23-Jul-2025 12:48:14

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)
KUSHINAGAR (U.P.)
 Signature of Registering Authority
 Date : 23-Jul-2025

4494254



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIAR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	27-JUN-25
Policy No	252400/31/2026/25096	Proposal No.& Date	R/252400/31/2026/17738 & 27-JUN-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 16:54 ON 27/06/2025 TO MIDNIGHT OF 26/06/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PVT LTD	Policy Period (LIABILITY)	FROM 16:54 ON 27/06/2025 TO MIDNIGHT OF 26/06/2030
Insured Name	SALEEM ANSARI (GSTIN:)		
Insured Address	CO MUHAMMAD ANSARI, VILL-BARTHA TOLA KHODIJA POST -RAMKOLA, THANA -RAMKOLA 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	76110
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025				
Engine -Chassis No	HA11F7S5D31838 - MBLHAW476S5D88306			Total IDV	76110
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	1275.6	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	1199.6	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
		Net Liability Premium (B)	4156
Deductibles	0	Total Premium (A+B)	748
Voluntary Deductibles (IMT 22A)	0	GST	0
Anti- Theft Device (IMT-10)	0	SERVICE TAX	0.00
AAI Membership (IMT-8)	0	STAMPDUTY	0
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishi Kalyan Cess@0.50%	4904
SIP Discount	1085	Gross Premium Paid	
Sub -Total Deductibles	1085		
		Note:	
Add-On Coverages	190	1. Policy Issuance is the subject to the realisation of cheque	
NH Depreciation	0	2. Consolidated Stamp Duty paid via Challan No	
Return to Invoice	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Key Replacement	0	4. Voluntary excess Rs(0)	
Consumables	190	5. Subject to Endorsements IMT.7.10.28,	
Sub Total Add-on Coverages	305		
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4904
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch
	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 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.co.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 this 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 27-JUN-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 MV 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

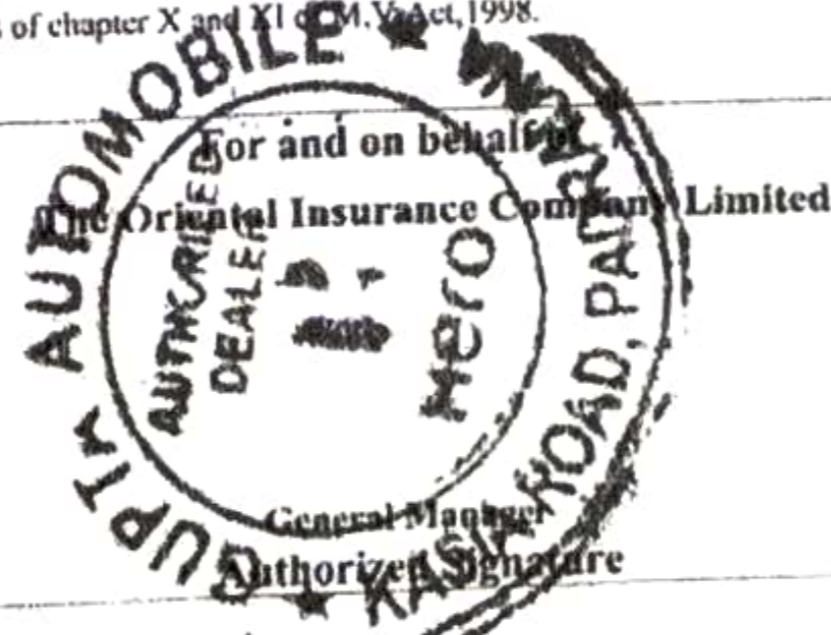
Any Purpose in connection with motor trade.
Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective 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 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 : 659525SMD
Approved On : 27-JUN-25
Place : MRT
Printed On : 07-DEC-25





Aadhaar no. issued: 17/02/2015



सलीम अंसारी
Saleem Ansari
जन्म तिथि/DOB: 10/07/1989
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल 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).

7106 3556 0846

मेरा आधार, मेरी पहचान



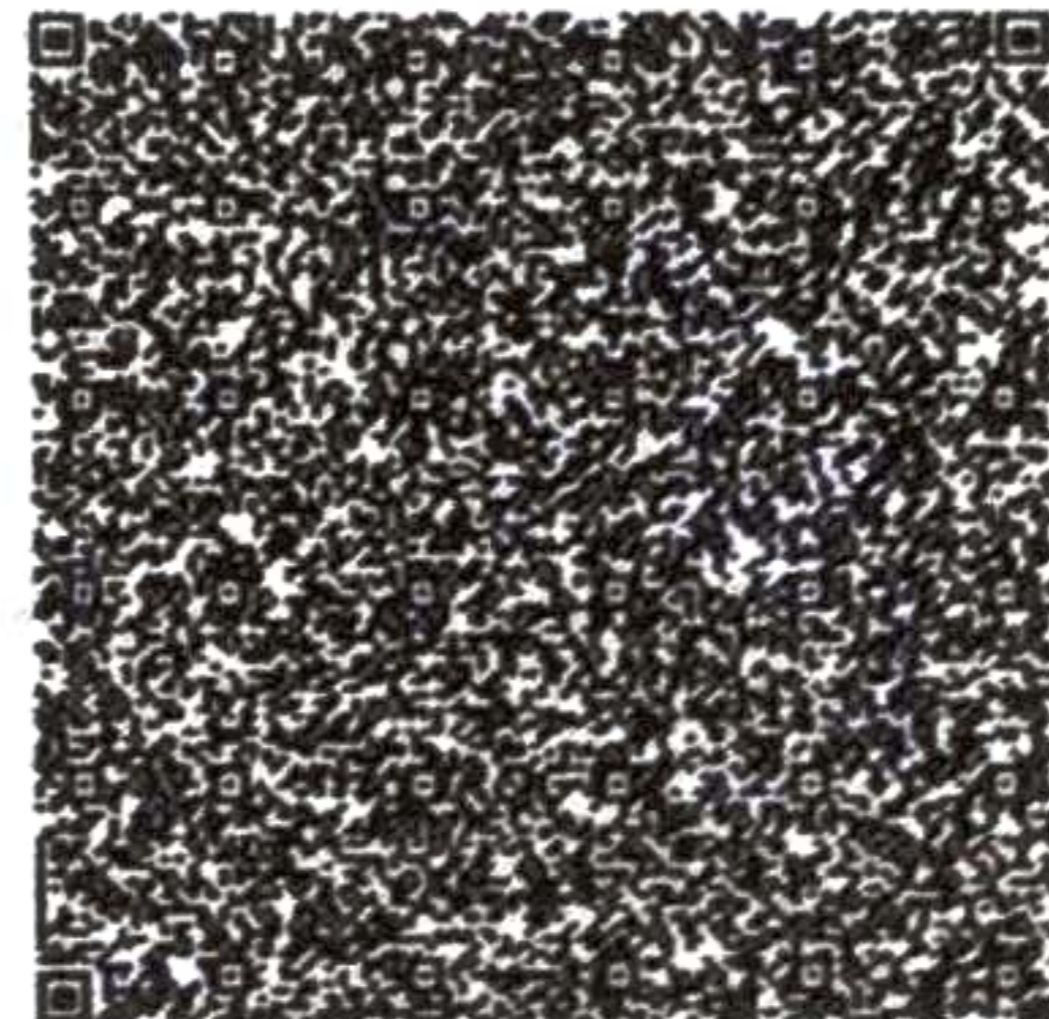
भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India



पता:
आत्मज: मुहम्मद अंसारी, बरठा टोला खोडहा, बरथा,
रामकोला, कुशीनगर,
उत्तर प्रदेश - 274305

Address:
S/O: Muhammad Ansari, bartha tola khodha,
Bartha, PO: Ramkola, DIST: Kushinagar,
Uttar Pradesh - 274305

Details as on: 19/05/2024





7106 3556 0846

VID : 9169 1771 0029 5594

1047

help@uidai.gov.in

www.uidai.gov.in


UNION OF INDIA Driving Licence



UP57 20120010544

जारी करने की तिथि / Date of Issue: 23/07/2012
 वैधता / Validity: 22/07/2032



जन्म तिथि / Date of Birth: 10/07/1989
 Blood Group: UNKNOWN

नाम / Name: **SALIM ANSARI**

पिता/पति का नाम / Son/Daughter/Wife of: **MOHAMMAD ANSARI**



UP57 20120010544
 UP02936813RS



 LMV
 
 MCWG

23/07/2012
 23/07/2012

पता / Address: **BARTHA KHOTAHA
RAMKOLA
KUSHINAGAR**

जारीकर्ता / Issuing Authority Sign: **KUSHINAGAR**

Holder's Signature: *Salim Ansari*


 Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

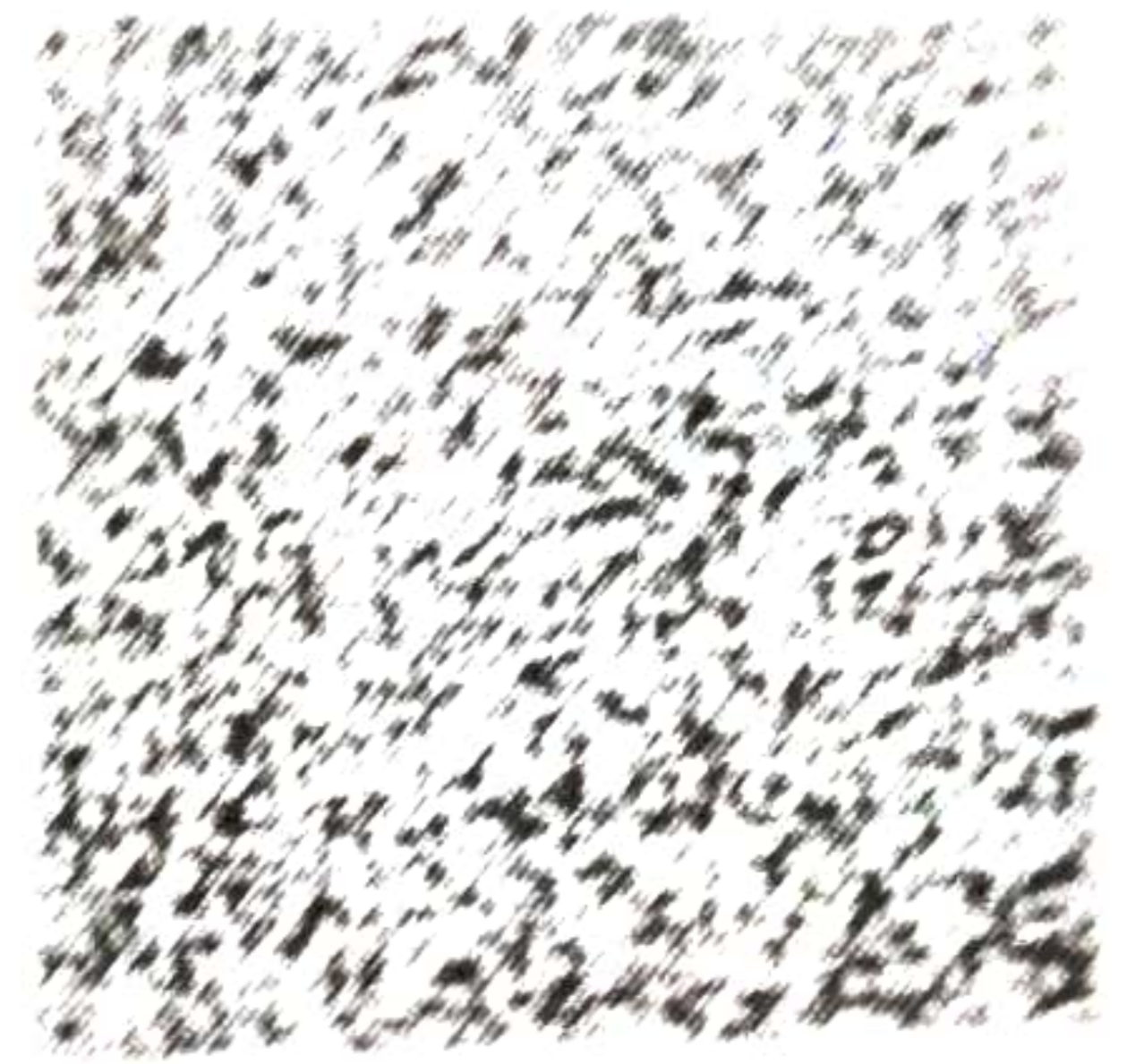
EEOPS8854C



नाम / Name
SALEEM ANSARI

पिता का नाम / Father's Name
MUHAMMAD ANSARI

जन्म की तारीख /
Date of Birth
10/07/1989



09062024

* PAN Application Triguilty Imped. Card Hold
* एवं अन्य प्रामाणिक सुझाव