

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3068**

Date **06-05-20**

Name Anita Devi

Add. UP57CB6853

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Fork			2600	
	Fork pipe	②		2400	
	Fendar			1400	
	Cpper Center			2200	
	Flows Panel	①		750	
	Levs	①		250	
	mirror	①		300	
	Visor			125	
	Visor Bms			600	
	Foot Rest	①		400	
	Handle			1200	
	Labour charge			/	
			TOTAL	13,350	

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.	Anifa Devi 7753863537
2	Vehicle No. / वाहन संख्या	UP57CB6353
3	Policy No. / पालिसी संख्या	252900/31/2026/67280
4	Period of Insurance / बीमा अवधि	25-12-2025 - 24-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/05/2026, 07.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Mehola Kaptanganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pankaj Nishad
8	Estimated Loss / अनुमानित हानि	13,350/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरा लड़का पंकज निशद स्कूटी लेकर कामर लाने जा रहा था तभी एक गाड़ी वाले ने कामरे को धक्का मार दिया स्कूटी बाएँ साइड गिरी छे क्षतिग्रह हो गई। Left
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.	912519 7148 Gupta automobile workshop.

Date / दिनांक :
हस्ताक्षर

आनीतादेवी
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/ 67250
 Tel. No. _____ Period of Insurance 24-12-2026
 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 : Anita Devi
 (b) Address for correspondence : _____
 (c) Telephone : 7753063537

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>0CD00/56L07149</u> Chassis No. <u>MBLCC000/56L00025</u>	Registration No. <u>UP57 CB 6353</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) 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pankaj Mishra
(b) Age : _____
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
 3. Owner's relative or friend? : Son
(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 : UP5720250001743
(h) Issuing Authority : _____
(i) Date of Expiry : 20-09-
(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 : 04-05-2028 07:00 PM
(b) Place : Mehda Kaptan Garaj
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक गाड़ी वही के खामने से लकर मार
(e) If any third party was responsible for this accident give the name and address : दुर्गेश चन्द कार्स गिअर से ड्रिज ले गइल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Fork, Handle, Lpps, Lous etc
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupta Automobile pachaura

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 : _____

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

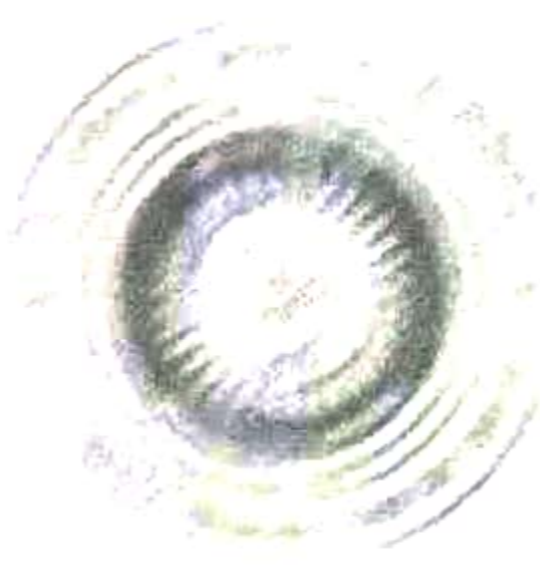
I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 06-05-2008

Signature of the insured

अनिता देवी

Issuing Office



The Central Insurance Company Limited
Head Office, 25/27, Connaught Road, New Delhi-110002

Received
from Mr. Arvind K. Sharma (Policy No. 100/123456) the sum of Rs. 1,00,000/- (One Lakh Rupees) in full and final settlement of the loss and/or damage caused through the accident to my/our motor car/vehicle No. DL-12-AB-1234 of the said company and accident which occurred on or about 15/05/2011 at Connaught Place, New Delhi. I/We give my/our assent to the Company in full and final settlement of all my/our claims against it arising directly/indirectly in respect of the said accident.

To

One Rupee
Revenue Stamp
When Affixed
Folio No. 1000

अनिता 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 : UP57CB6353
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304
 Owner Name : ANITA DEVI
 Full Address: (Permanent) : VILL-MEHDA, POST-KAPTANGANJ, THANA-KAPTANGANJ, KUSHINAGAR, UTTAR PRADESH-274301
 Full Address: (Temporary) : VILL-MEHDA, POST-KAPTANGANJ, THANA-KAPTANGANJ, KUSHINAGAR-UTTAR PRADESH-274301
 Fitness Up To : 25-Dec-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2130921234
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 0
 Engine No : ECD001S6L07148
 Horse Power(BHP) : 8.04
 Maker's Classification : VIDA VX2.PLUS
 Seating Cap(In all) : 2
 Sleeper Cap : 0
 Colour : PEARL RED
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 26-Dec-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAM KRIPAL NISAD
 Owner Serial No : 1
 Link Vehicle No Norms : Not Available
 Rear HSRP No : AA2144292218
 Month/Year of Manuf. : 11/2025
 Chassis No : MBLCEW061S6L08025
 Fuel : PURE-EV
 Cubic Capacity : 0.00
 Wheel base : 1301
 Standing Cap : 0
 Unladen Wt (kgs) : 116
 Laden/GV Wt (kgs) : 266
 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 HERO FINCORP LIMITED

DELHI, DELHI, ... New Delhi, Delhi-110057 w.e.f. 25-Dec-2025.
 Purchase dt : 25-Dec-2025
 OTT Date :
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 01-Feb-2026
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :
 Sale Amt : 120990/-
 Amount/Rcpt No :
 Tax Exempted or Not : NOT EXEMPT

This certificate is valid from 26-Dec-2025 to 25-Dec-2040

Date: 23 Mar 2026 14:38:46
Taxation Particulars / Advance Registration Mark Fee Details

Q 8296080



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)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTD Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TME CONTRACT NO, Policy Type, Geographical Area.

Table with 4 columns: OWN DAMAGE SECTION(A), LIABILITY SECTION (B), Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIF Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMPDUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid.

Table with 4 columns: Nominee Name, Payment Method, Cheque No./Transaction No., Bank Name, Financer Name, Financer Branch, POS PAN No/Aadhar No, POS ID.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs.1 lac, 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. We warrant that in case of dishonour of premium cheques 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/his hands at 252400 on 25-DEC-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 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 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 bodily 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 to 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 MV Act, 1988. * This insurance excludes all pre-existing damages.



Approved By: 92213788MD
Approved On: 25-DEC-25
Place: MRT
Printed On: 25-DEC-25





Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20250001743

Issue Date Validity (NT) Validity(TR)*
24-01-2025 28-08-2045



Holder's Signature

PANKAJ NISHAD

Name:

Date of Birth: 29-08-2005

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

RAMKRIPAL NISHAD

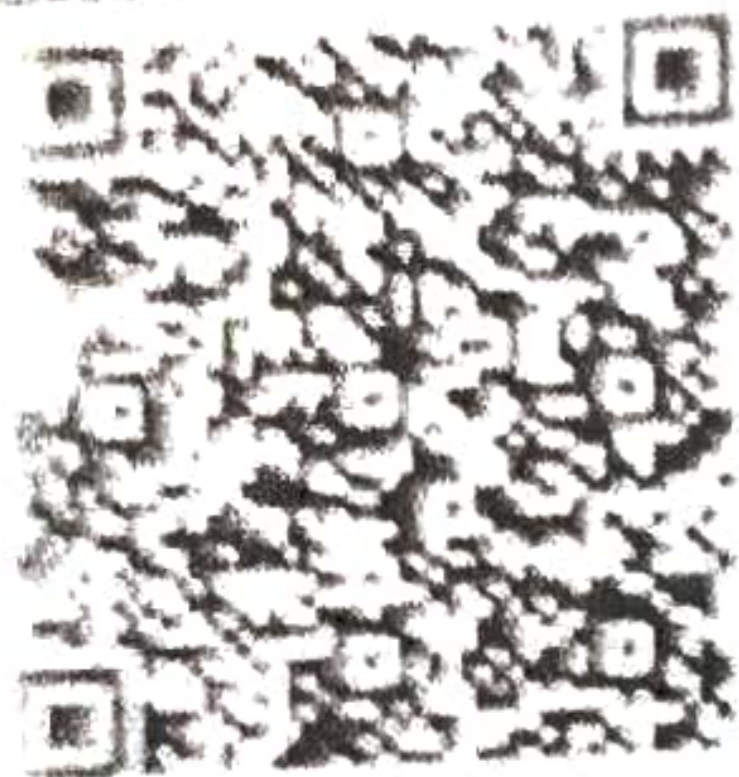
Address:

**CAPT AINGANJ MEHDA HATA KUSHINAGAR UTTAR
PRADESH 274301**

Date of First Issue 24-01-2025

DL No: UP57 20250001743

UPDL571000001590



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	24-01-2025	NT			
	LMV	UP57	24-01-2025	NT			
	MVSD						

Emergency Contact Number

[Signature]
Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India

अनीता देवी

Anita Devi

जन्म तिथि / DOB 01/01/1978

महिला / Female



8618 8604 9510

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता अधीशिनी राम कृपाल निसाद,
मेहटा कुशीनगर, कप्तानगंज, उत्तर
प्रदेश 274301

Address W/O Ram Knpal Nisad, Mehda
Kushinagar, Captainganj, Uttar Pradesh
274301

8618 8604 9510



1927

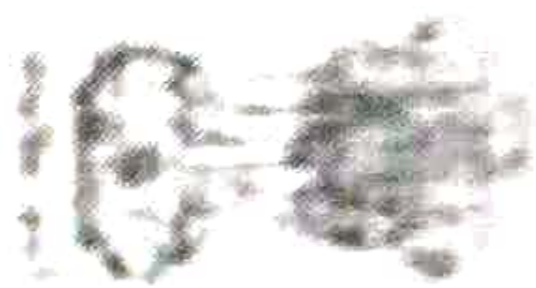


help@uidai.gov.in



UIDAI

भारत सरकार
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



प्राचीन संवत् संख्या कार्ड
Permanent Account Number Card

FDMPD6173D

नाम
ANJADENI

प्राचीन संवत् संख्या / नाम
राम केशुन नशद

संख्या संवत् संख्या
51501941

प्राचीन संवत् संख्या संवत् संख्या
01/01/1978

संख्या संवत् संख्या

