

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3075**Date **09-05-20**

Name

Kimati

Add.

CP57B44273

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.
	Body Panel - L/R			4500 5000
	Upper panel - L/R			2200
	Lower panel (R)			1250
	Visor			400
	Visor Pins (R)			280
	mirror (R)			1400
	Centre			300
	Front window (R)			420
	W/S			480
	Self switch			1200
	Color charge			
				/
			TOTAL	17490/-

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

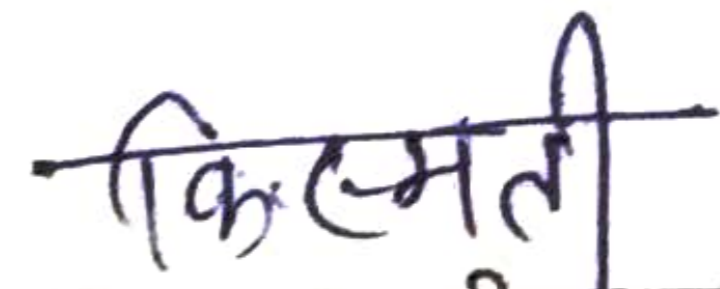
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Kismati 982075348
2	Vehicle No. / वाहन संख्या	UP57B44873
3	Policy No. / पालिसी संख्या	252400/31/2026 23728
4	Period of Insurance / बीमा अवधि	19-06-2025 - 18-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05-05-2026 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	Jataha Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arju Kuchwaha 9936517250
8	Estimated Loss / अनुमानित हानि	17,490/-
09.	Cause of Accident / दुर्घटना का कारण :	मैरी गाड़ी मेरे आवर अर्जुन कुम्हारवाण मार्केट लेके जाये व कि-रस्ते के मार्केट में हके व तपने कोई गाड़ी वल्ल पीछे से तुक्कल मार दिया और गाड़ी दाया तरफ गिर कर क्षतिग्रस्त हो गया -
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.	9125197102 Gupta Automobile padrana

Date / दिनांक : 09-05-2026
हस्ताक्षर


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. 252400/31/2026/23722
 Tel. No. _____ Period of Insurance 18-06-2026
 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 Kismati
 (b) Address for correspondence _____
 (c) Telephone 9936527250

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>ECDB00156D00502</u> Chassis No. <u>MBLCEW04156D00400</u>	Registration No. <u>UP57BY4873</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 _____
- N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any 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 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 09-05-2002

Signature of the insured किहमली

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



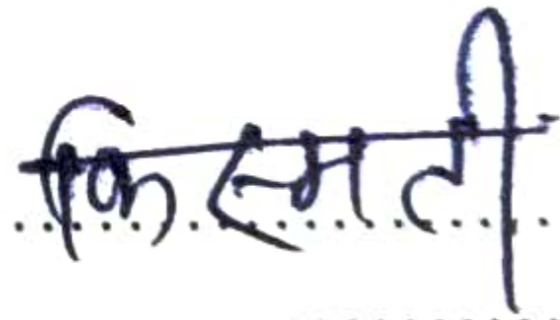
The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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 
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 : UP57BY4873
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : KISMATI
Full Address: (Permanent) : JATHA BAZAR, JATHA BAZAR, , KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : JATHA BAZAR, JATHA BAZAR, , KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 20-Jun-2040
Registration Date : 21-Jun-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : UPENDRA KUSHWAHA
Owner Serial No : 1
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2113222069
Type of Body : SOLO WITH PILLION
No of Cylinders : 0
Engine No : ECD001S6D00502
Horse Power(BHP) : 8.04
Maker's Classification : VIDA V2 PLUS
Seating Cap(In all) : 2
Sleepar Cap : 0
Colour : SPORTS RED GLOSSY
Other Criteria :
Vehicle Purchase As : Fully Built
Link Vehicle No :
Norms : Not Available
Rear HSRP No : AA2116228498
Month/Year of Manuf. : 04/2025
Chassis No : MBLCEW047S6D00478
Fuel : PURE EV
Cubic Capacity : 0.00
Wheel base : 1301
Standing Cap : 0
Untaden Wt (kgs) : 124
Laden/GV Wt (kgs) : 274
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 L&T FINANCE LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 18-Jun-2025.

Purchase dt : 18-Jun-2025
OTT Date :
Vehicle is Govt/ Pvt. : PRIVATE
Date of Approval : 23-Jun-2025
Other State/Transfer/Conversion/Reassign Details :
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 125000/-
Amount/Rept No : /
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 21-Jun-2025 to 20-Jun-2040

Date : 23-Jul-2025 12:17:13

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T.O.
Kushinagar
Date : 23-Jul-2025

Q 4427984



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR6928

Page No: 1

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

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)		
Policy No	252400/31/2026/23728	Policy Issued On	19-JUN-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/252400/31/2026/101051413/1 & 19-JUN-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 15:55 ON 19/06/2025 TO MIDNIGHT OF 18/06/2026
Insured Name	KISMATI (GSTIN:)	Policy Period (LIABILITY)	FROM 15:55 ON 19/06/2025 TO MIDNIGHT OF 18/06/2030
Insured Address	C/O UPENDRA KUSHWAHA, R/O JATHA BAZAR KUSHINAGAR, KUSHINAGAR, UTTAR PRADESH, PADRAUNA (KUSHINAGAR), NA.0		
	Lead / Breakin No	/	
	Insured State	UTTAR PRADESH	

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO	Vehicle		109250	
Model & Variant	VIDA V2 PLUS	Electrical Accessories		0	
Registration No	NEW	Non Electrical Accessories		0	
Year Of Manufacture	2025	Total IDV		109250	
Engine - Chassis No	ECD001S6D00502 - MBLCTW04786D00478	TMF CONTRACT NO			
Cubic Capacity	6	Policy Type		Zone B - Rest of India	
Seating Capacity	1 + 1	Geographical Area			
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL		
RTO Location					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03	Basic Third Party Liability	3273
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	166.03	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)	3273
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	3712
AAI Membership (IMT-8)	0	GST	668
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4380
NIL Depreciation	273	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	273	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	439	5. Subject to Endorsements IMT,7,10,28.	

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4380
Financer Type		Financer Name	L&T Finance Limited	Financer Branch	GORAKHPUR
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 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 19-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 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 0

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, 1988.

* This insurance excludes all pre existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By : UNIV@ 252400
Approved On : 19-JUN-25
Place : MRT
Printed On : 07-DEC-25

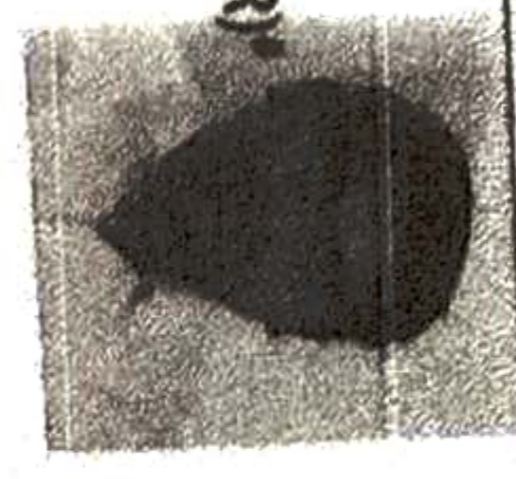
General Manager
Authorized Signature

Indian Ur'on Driving Licence
Issued by Uttar Pradesh

UP57 20240008163

Issue Date: 10-05-2024
 Validity (NT): 30-06-2041

Validity (TR):



Holder's Signature

(10-05-2024)

Date of First Issue

Name: **ARJUN KUSHWAHA**

Date of Birth: 01-07-2001

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **MANTRI KUSHWAHA**

Address:

35 kauwasar Indrashan tola Khajuri Bazar
 Khajuri Padrauna Kushinagar Uttar
 Pradesh 274305

DL No: UP57 20240008163

UPDL 0600-13394502



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
सबो	MCWG	UP57	10-05-2024	NT			
सबो	LAV	UP57	10-05-2024	NT			
सबो							
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

भारत सरकार

Government of India



किष्मती

Kismati

जन्म तिथि/DOB: 25/11/1994

लिंग/ GENDER: FEMALE

4259 2896 7702

VID : 9182 8788 0722 8124

जेर अर्कार, जेरी परचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:

पता: उपेन्द्र कुशवाहा, जटहा बाजार, जगत जथा,

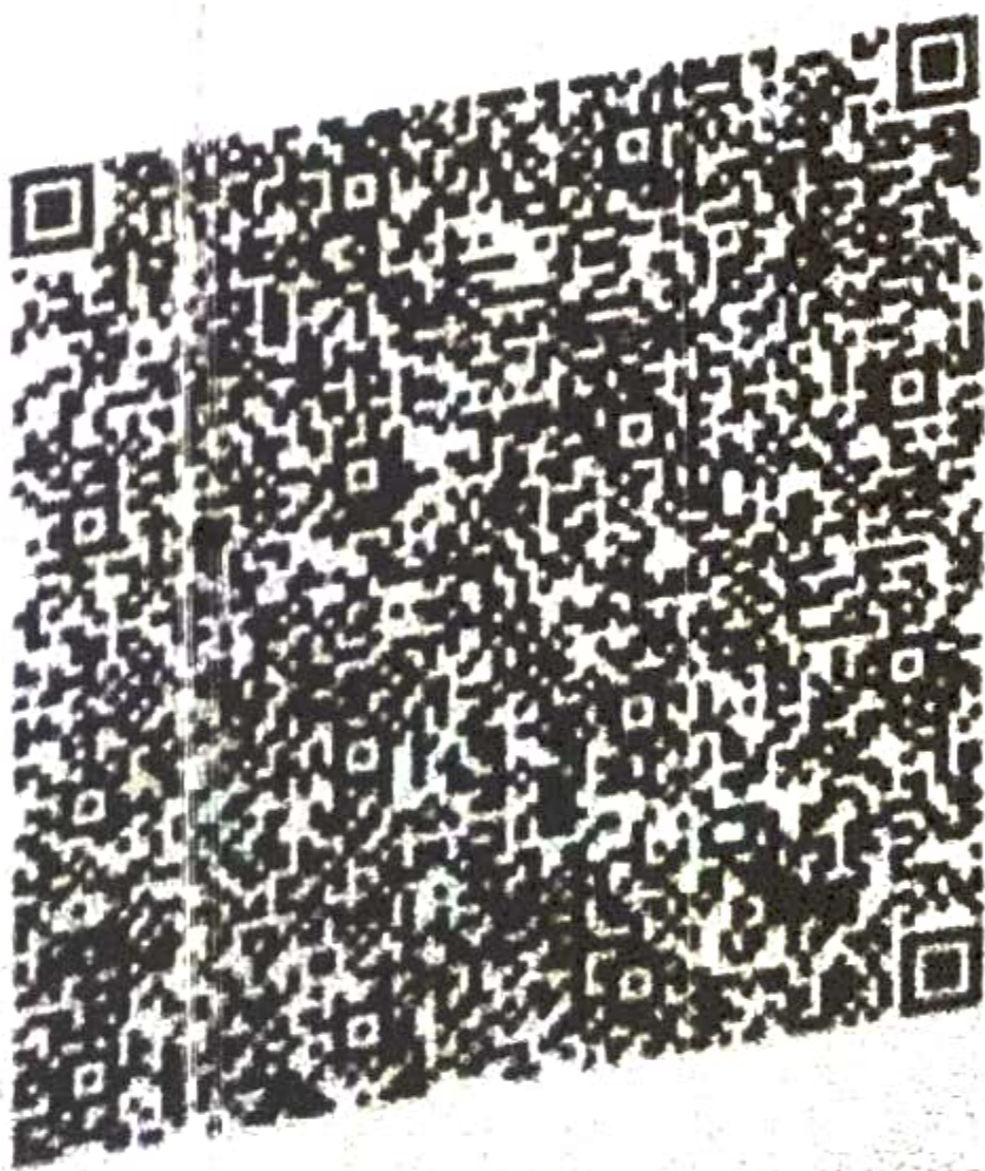
कुशीनगर,
उत्तर प्रदेश - 274304

Address:

C/O: Upendar Kushwaha, Jataha bazar,

Jungal Jatha, Kushinagar,
Uttar Pradesh - 274304

Download Date: 02/03/2022



4259 2896 7702

VID : 9182 8788 0722 8124



1847



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



नाम / Name

KUSHNATI

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

MRWPK8272K

पिता का नाम / Father's Name

JANTRI KUSHWAHA

जन्म तिथि / Date of Birth

26/11/1984

[Handwritten Signature]

हस्ताक्षर / Signature



10002