

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3074**

Date **09-05-28**

Name **Yashisht**

Add. **UP57 CB 2557**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Mirror			1250	
	WIS			400	
	H/L			600	
	Upper pannel (R)			2400	
	Lower pannel (R)			2400	
	Cover (R)			200	
	Mirror (R)			200	
	Silencer cover			600	
	Flow pannel (R)			750	
	Inner pannel			1000	
	Body pannel			1950	
	Coolest			1000	
	Handle			600	
	Fender			1250	
	Case change			1200	
				1	
			TOTAL	16,420	

Authorised Signaturv

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.	
2	Vehicle No. / वाहन संख्या	Yashisht 9919197210
3	Policy No. / पालिसी संख्या	UP57CB2551
4	Period of Insurance / बीमा अवधि	252400/31/2026/62025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-11-2025 — 22-11-2026
6	Place of Accident / दुर्घटना का स्थान	07-05-2026 12:00 P.m Padrauna Darbar Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pappu sharma 7081821223
8	Estimated Loss / अनुमानित हानि	16,480/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी मेरा भाई पप्पू शर्मा किसी काम लाने गये वो अचानक से सामने से एक कारक वाला आकर मेरी गाड़ी में टक्कर मार दिया और गाड़ी टूटा करक गिर कर बिसर गया और ड्राइवर भी 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.	9125197149 Gupta Automobile padrauna

अंजू देवी

Date / दिनांक : 09-05-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

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/-

अक्ष देवा

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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. 252400/31/2026/620 25

Tel. No. _____

Period of Insurance 22-11-2026

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 : Yashish
 (b) Address for correspondence : _____
 (c) Telephone : 9919127210

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>JF17EY86L 025 09</u> Chassis No. <u>MBLJFN43B6L02016</u>	Registration No. <u>UP57CB 2532</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
 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 : Pappu Sharma
 (b) Age :
 (c) Address :
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : relative (brother)
 (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 : UP5720200006762
 (h) Issuing Authority :
 (i) Date of Expiry : 14-01-2033
 (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 : 07-05-2026 12:00 P.M.
 (b) Place : Darbar Road Patna
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : एक कारक वजहा से कार रोकी गई और कार
 (e) If any third party was responsible for this accident give the name and address : N/A
 प्रियदर्शन एजेंट -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : N/A, 10/15, N/A. Upper Panel.
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile Patna

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 _____

~~N/A~~

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. _____

~~N/A~~

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 _____

~~N/A~~

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 

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB2551 Registration Date : 24-Nov-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 : VASHISHT Son/wife/daughter of : NARAYAN VISHWAKARMA
 Full Address: (Permanent) : VILL-BELWA BABURAM, POST-RUARI, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-BELWA BABURAM, POST-RUARI, THANA-NEBUA NAURANGIA, KUSHINAGAR- UTTAR PRADESH-274305
 Fitness UpTo : 23-Nov-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 : AA1047459234 Rear HSRP No : AA2144984406
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLJFN431SGL02816
 Engine No : JF17EYSGLO2589 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 115
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245
 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 L & T FINANCE LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 23-Nov-2025.

Purchase dt : 23-Nov-2025 Sale Amt : 72248/-
 OTT Date : 23-Nov-2025 Amount/Rcpt No : 7225 / UP57D25110007408
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-Jan-2026

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 24-Nov-2025 to 23-Nov-2040

Date : 05-Mar-2026 15:35:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 A.R.T.O.M.
 Kushinagar (U.P.)
 Date: 05-Mar-2026

Q 8337268

Government of Uttar Pradesh
 Government of Uttar Pradesh
 05/03/2026



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0925

Page No: 1

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT-2011063570, (GSTIN: 09AAACT062TR4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	23-NOV-25
Policy No	252400/31/2026/62025	Proposal No. & Date	R/252400/31/2026/107125413/2 & 23-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:18 ON 23/11/2025 TO MIDNIGHT OF 22/11/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 12:18 ON 23/11/2025 TO MIDNIGHT OF 22/11/2026
Insured Name	VASHISHT (GSTIN:)	Lead / Breakin No	
Insured Address	C/O NARAYAN VISHWAKARMA, R/O VILL-BELWA BABURAM POST -RUARI, THANA - NEBUA NAURANGIA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA.0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	68636
Model & Variant	HERO DESTINI 125 PRIME	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	68636
Engine -Chassis No	JF17EYSGL02589 - MBLJFN431SGL02816	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1150.34	Basic Third Party Liability	3851
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	172.34	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 (68%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4023
AAI Membership (IMT-8)	0	GST	724
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
MIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4747
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	172		

Note:
1. Policy issuance is the subject to the realization 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 Rat(0)
5. Subject to Endorsements IMT, 7, 10, 28.

Nominee Name	Age	1	Relation	
Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4747
Financer Name	L&T Finance Limited	Financer Branch	GORAKHPUR	
POS Name	NA	POS ID	NA	POS PAN No/Aadhar No

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 ab initio (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 23-NOV-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 1998. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lacs 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 following year(s) preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only for the insured person whose 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 M.V Act, 1988.



Approved By : UNIV@252400
Approved On : 23-NOV-25
Place : MBT
Printed On : 23-NOV-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signatory

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57.20200006762

Issue Date
27-07-2020

Validity (NT)
14-01-2033

Validity (TR)

Holder's Signature

Name: PAPPU SHARMA
Date of Birth: 15-01-1993 Blood Group:
Son/Daughter/Wife of: JANTRI SHARMA

Organ Donor: N

Address:
VILL. RATNAWA POST DEORIA PANDEY PS
PADRAINA Padrauna, Kushinagar, UP 274304

Date of First Issue (27-07-2020)

DL No: UP57 20200006762

UPDL000003318174

Invalid Carriage (Regn Numbers)

Hazardous Validity^a Hill Validity^a



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
	MCWG	UP57	27-07-2020	NT			
	LHV	UP57	27-07-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)