

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3072**Date **09/05/26**Name **Imobravati**Add. **UP57BV8917**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Handle			500/-	
	Handle/T			870/-	
	Exhaust pipe	(2)		2300/-	
	Tomki			4800/-	
	Visor			1065/-	
	Head light			3550/-	
	Fender			860/-	
	Side Panel - (R)			850/-	
	mirrors - (R)			260/-	
	Labour charge			800/-	
			<b>TOTAL</b>	<b>15055/-</b>	

Authorized 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.	Indravati, 7523980116
2	Vehicle No. / वाहन संख्या	UP57BV0914
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/571356
4	Period of Insurance / बीमा अवधि	16/3/2026 to 15/03/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/05/2026, 08.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Pakadiyan.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720140003979 9616318781, Dimesh Mishra
8	Estimated Loss / अनुमानित हानि	15855/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे डेवर दिनेश मिश्रा शमबाग से घर आ रहे थे तभी अचानक एक बुला कॉल कर अर्द्ध के सामने आ गया उसी को बचाते हुये मेरे अर्द्ध सामने ली आ रही अर्द्ध से थकाने की वजह से क्षतिग्रस्त हो गई। साथे साईड गिस्ने से।
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.	9125197448. Gupta automobile parl zone.

Date / दिनांक : 09/05/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के

शुद्धावती



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. M3/2026/7004/0/46575/571356

Tel. No. \_\_\_\_\_

Period of Insurance 16/3/26 to 15/03/27

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 Anobravati  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone 7523980116

2. THE INSURED VEHICLE

Make & Year <u>Hesio/2024</u>	Engine No. <u>HA11E1RH001440</u> Chassis No. <u>MBLHAW409RH001168</u>	Registration No. <u>UP57</u> <u>BV8917</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 : Dimesh Mishra  
(b) Age :  
(c) Address : Kushi Nagar.  
(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 : No  
(f) Was he under the influence of intoxication Liquor or drugs? : No  
(g) Driving Licence Number : UP5720140003379  
(h) Issuing Authority :  
(i) Date of Expiry : 19/02/2034  
(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 police? 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 : 07/05/2020, 08.00 P.M.  
(b) Place : Pakadliya  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address :  
वृत्त को लावाते हुये जर्क सामने से आ रही जर्क से टकरा कर क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side.  
(b) Estimated cost of repairs : 15000/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Palsana.

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

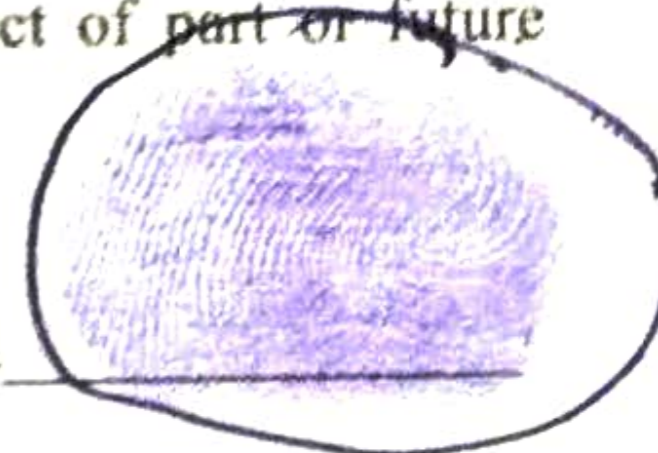
- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Policy Station? : \_\_\_\_\_  
(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 09/05/26 200

Signature of the insured



इन्सायरी

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office

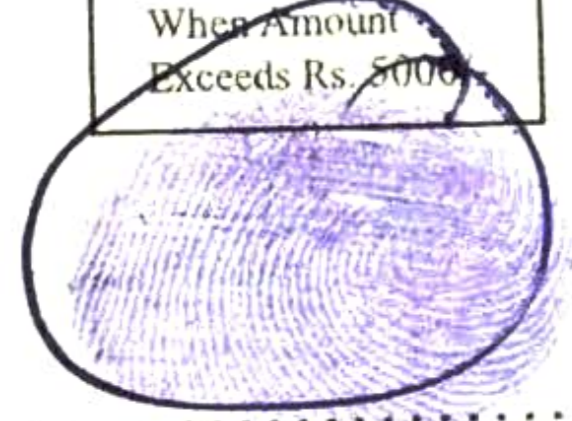


The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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



*Handwritten signature*

Witness  
Name .....  
Signature .....  
Address .....

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

Bank Account Number .....  
Name of the Bank .....



**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

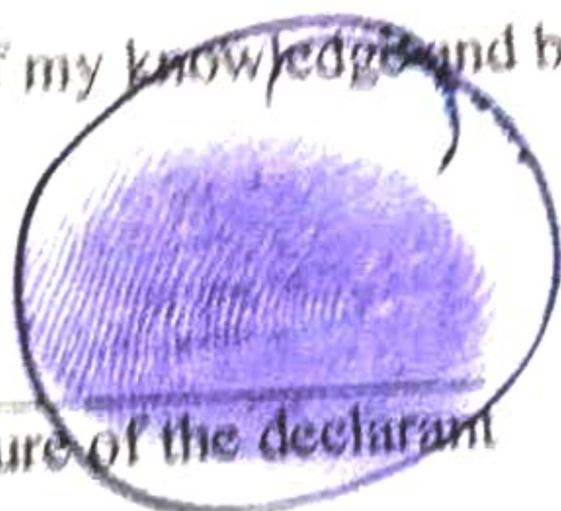
1. Full name and address of the declarant Shobhagati
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No ✓
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 09/05/20  
Place : Puducherry

  
Signature of the declarant [Handwritten Signature]

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BV8917 Registration Date : 12-Dec-2024  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : INDRAVATI Son/wife/daughter of : KAILASH  
 Full Address: (Permanent) : VILL-57 MATHIYA KHURD, POST -SINGHA, THANA -NEBUIA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305  
 Full Address: (Temporary) : VILL-57 MATHIYA KHURD, POST -SINGHA, THANA -NEBUIA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305  
 Fitness UpTo : 11-Dec-2039 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 : AA2118626559 Rear HSRP No : AA2116766983  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024  
 No of Cylinders : 1 Chassis No : MBLHAW409RHM01168  
 Engine No : HA11F1RHM01440 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235  
 Seating Cap(In all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242  
 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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 12-Dec-2024.

Purchase dt : 11-Dec-2024 Sale Amt : 83851/-  
 OTT Date : 11-Dec-2024 Amount/Rcpt No : 8386 / UP57D24120001654  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 05-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Dec-2024 to 11-Dec-2039

Date : 25-Feb-2025 16:51:51

Taxation Particulars / Advance Registration Mark Fee Detail:

Signature of Registering Authority  
 Date: 25-Feb-2025

A.R.T.O. (A)  
 KUSHINAGAR (UP)

Q 1847974

## Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/571356

**Motorsathi Care Private Limited**  
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
Contact us at:  
Phone: +91 79410 50643  
Email: info@motorsathi.com  
Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
INDRAVATI	1980-01-01	6387421002	W/O KAILASH	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP57BV8917	HA11F1RHM01440	MBLHAW409RHM01168	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
62500.00	NA	0.00	0.00	0.00	62500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1564.02	
Address			City / District	Pin Code	State	
VILL-57 MATHIYA KHURD, POST SINGHA, THANA NEBUJA NAURANGIA, KUSHINAGAR, UTTAR PRADESH				274305	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ABHISHEK	Male	21 Years	SON	2026-03-16 13:21	Midnight of 2027-03-15	
Section A, VRC: 836.69 TCR: 368.75 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1205.44						
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00						
Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00						
Section D, Drive Assure: 303.88 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 54.70 Total with GST(D): 358.58						
<b>Total(Section A+C+D) Offered Price After Discount: 1564</b>						
Package Period Covered	2026-03-16 To 2027-03-15	2027-03-16 To 2028-03-15	2028-03-16 To 2029-03-15	2029-03-16 To 2030-03-15	2030-03-16 To 2031-03-15	
ADV	62500	NIL	NIL	NIL	NIL	
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL	

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-12-10 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**DRIVER:** Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or MotorSathi App.

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com



**IMPORTANT NOTICE:** The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

#: Received with Thanks Rs 1564.02 ON 2026-03-16 from Mr./Ms. INDRAVATI against the ARN No. INCP00571356  
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



UNION OF INDIA **Driving Licence** (UP) (NT)

UP 57 20140003379



Date of Issue  
20/02/2014

Validity  
19/02/2034

Date of Birth  
01/01/1988

Blood Group  
UNKNOWN

**DINESH MISHRA**

RAMLAL MISHRA



UP 57 20140003379

1 MV  
20/02/2014 20/02/2014

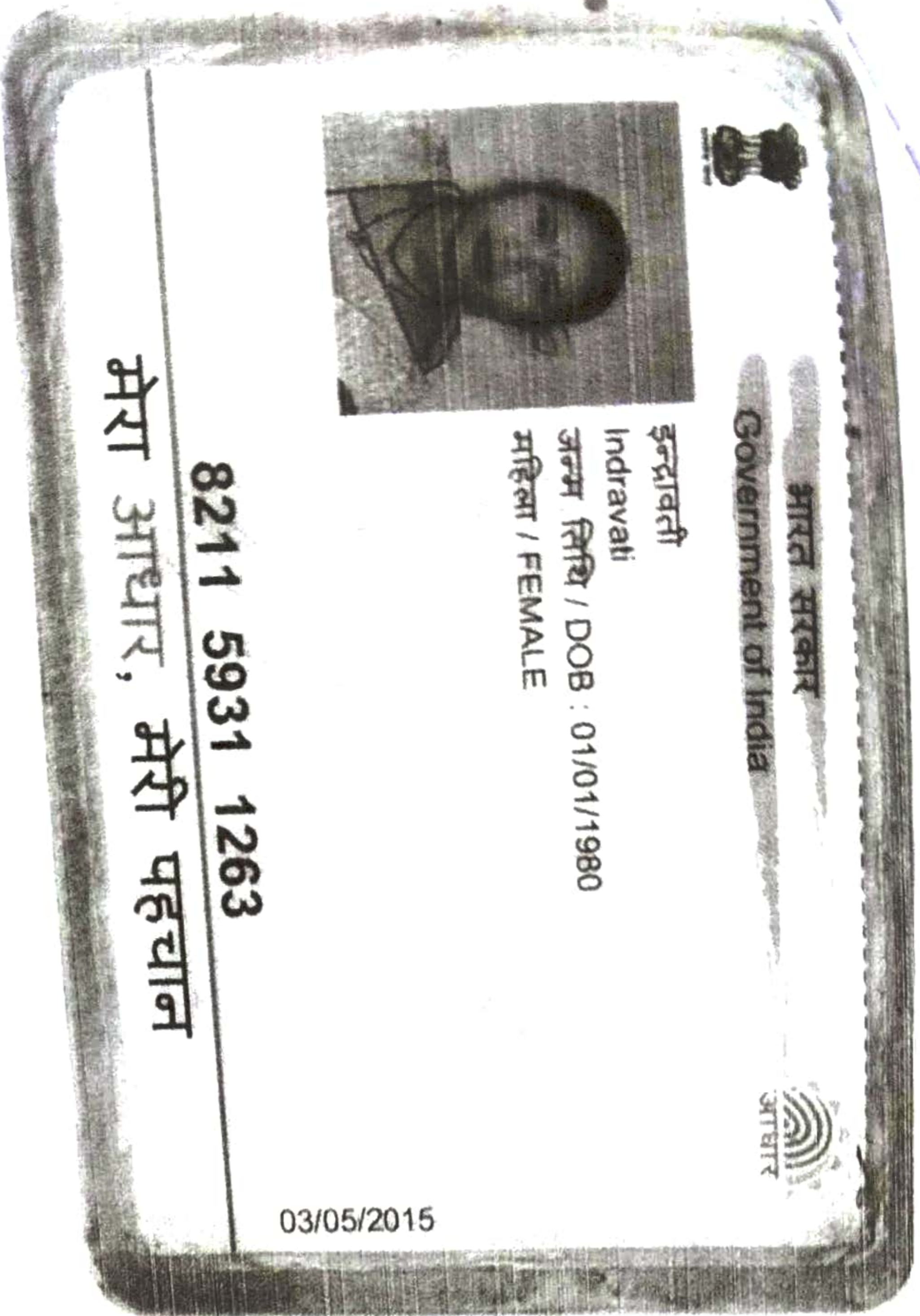
MCWG

Year / Address  
VILL - MATHIYA KHURD  
PO - SINGAHA PS - NEBUA NAURANGIYA  
KUSHINAGAR

Holder's Signature

Issued / Issuing Authority Sign  
KUSHINAGAR





भारत सरकार  
Government of India

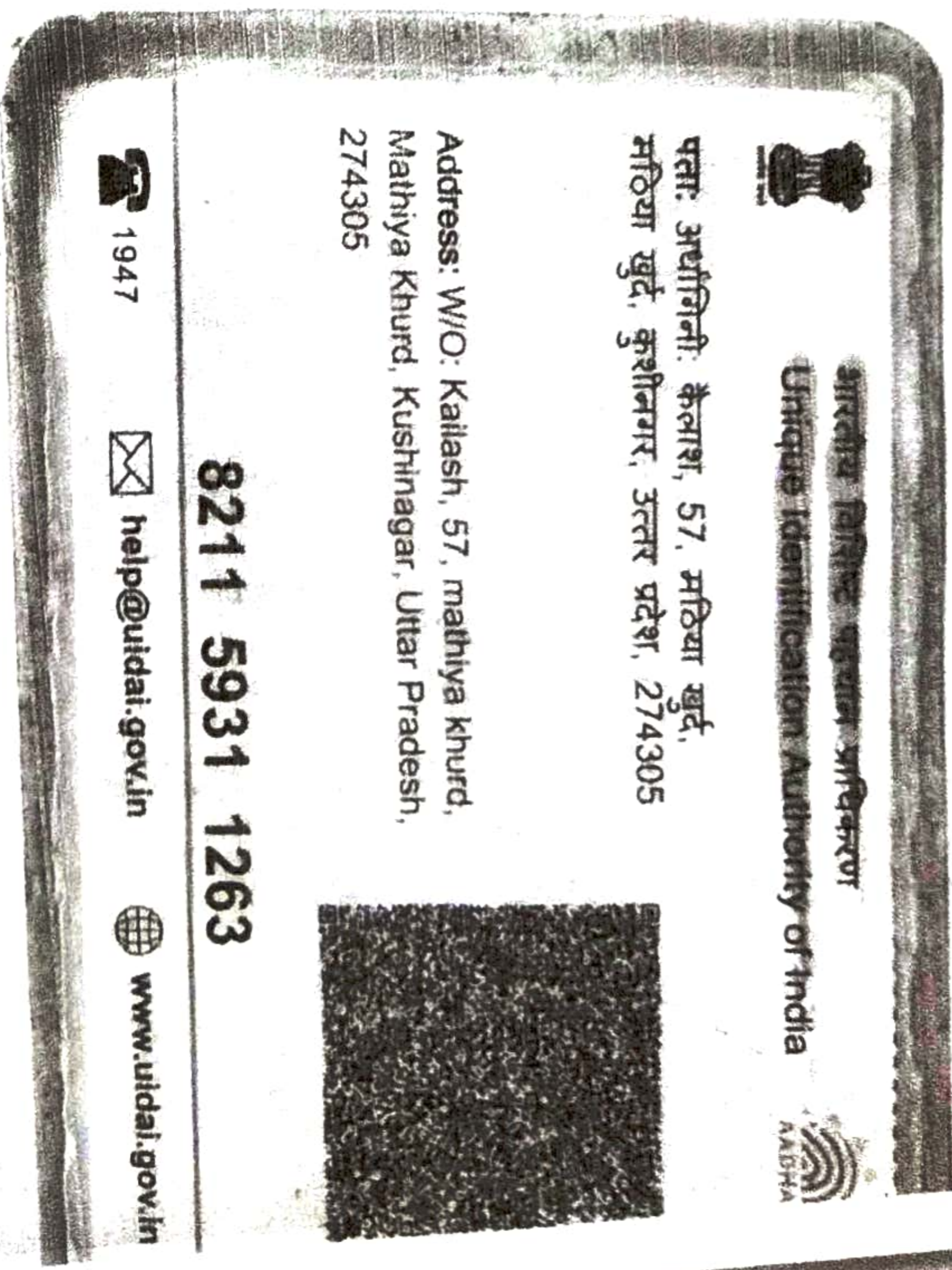
इन्द्रावती  
Indravati

जन्म तिथि / DOB : 01/01/1980  
महिला / FEMALE

8211 5931 1263

शेरा आथार, शेरी पहचान

03/05/2015



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: अर्पागिनी: कैलाश, 57, मथिया खुर्द,  
मथिया खुर्द, कुशीनगर, उत्तर प्रदेश, 274305

Address: W/O: Kailash, 57, mathiya khurd,  
Mathiya Khurd, Kushinagar, Uttar Pradesh,  
274305

8211 5931 1263

1947

help@uidai.gov.in

www.uidai.gov.in