

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **3081**

Date 12/05/26

Name

Musarat Shahjadi

Add.

UP57BZ0096

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			950/-	
②	Tank			5500/-	
③	Labour charge			500/-	
			<b>TOTAL</b>	<b>6950/-</b>	

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	Muserrat Shahjadi, 9918993798
3	Policy No. / पालिसी संख्या	UP57BZ0096
4	Period of Insurance / बीमा अवधि	252400/31/2026/43389
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/10/2025 to 13/10/2026
6	Place of Accident / दुर्घटना का स्थान	10/05/2026, 04:00 P.M.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jamalpur Radswara UP5720110012725
8	Estimated Loss / अनुमानित हानि	9450972484. Brijesh Kumar 6950/-
09.	Cause of Accident / दुर्घटना का कारण:	वाइक बर के बाहर अड़ी थी शाम के वक्त तेज आंधी की वजह से कंट्रोल का हुकड़ा और ईट गिरने से टंकी और वाइपर डमेज 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 Radswara Muserrat Shahjadi

Date / दिनांक : 12/05/2026  
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. 252400/31/2026/43389

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

Period of Insurance 14/10/25 to 13/10/26

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  
 (b) Address for correspondence  
 (c) Telephone

Muzarat Shahjadi

9918993798

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F6SHKK3695</u> Chassis No. <u>MBLHAW474SHK3872</u>	Registration No. <u>UP57BI</u> <u>8096</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 : \_\_\_\_\_

PLA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Brijesh Kumar  
(b) Age : Padma kushinagar  
(c) Address : Relative.  
(d) Is the Driver  
1. 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 : UP5720110012725  
(h) Issuing Authority :  
(i) Date of Expiry : 04/11/2031  
(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 : 20/5/2026, 04:00 P.m.  
(b) Place : Jamalpur Padma  
(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 : कटरेन और ईट गिरने से बर्कन डेमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side.  
(b) Estimated cost of repairs : 6950/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padma.

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? :  
PIA

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 12/05/2026

Signature of the insured Musezrat Shahzadi

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 *M. Us. Erat. S. H. Zadi*  
Occupation .....  
Address .....  
.....  
.....

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

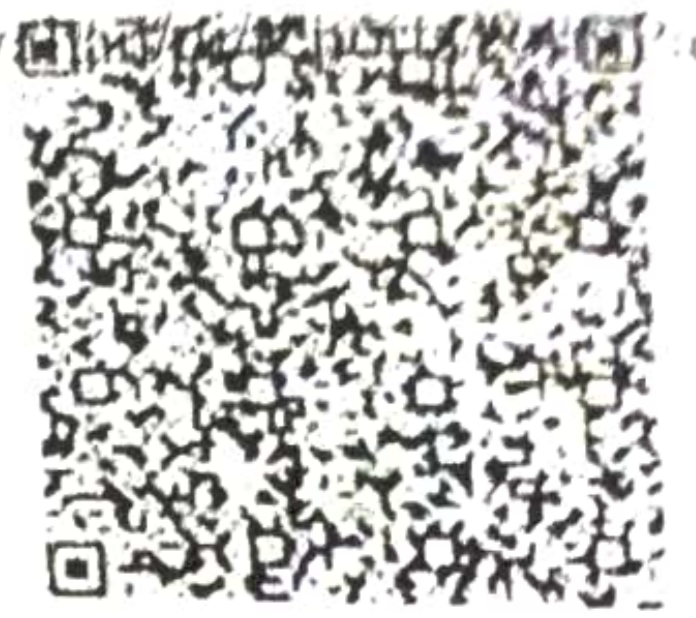


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ8096 Registration Date : 16-Oct-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 : MURSARAT SHAHAJADI Son/wife/daughter of : NABI RASUL  
 Full Address: (Permanent) : IDRANAGAR PADRAUNA, IDRANAGAR PADRAUNA, , KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : IDRANAGAR PADRAUNA, IDRANAGAR PADRAUNA, , KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 15-Oct-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 : HERØ MOTOCORP LTD  
 Front HSRP No : AA2133167682 Rear HSRP No : AA2134819505  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLHAW474SHKJ3872  
 Engine No : HA11F6SHKK3695 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+BLACK&ACCE Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK AND ACCENT 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 w.e.f. .

Purchase dt : 14-Oct-2025 Sale Amt : 74999/-  
 OTT Date : 14-Oct-2025 Amount/Rcpt No : 7500 / UP57D25100004229  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 06-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 16-Oct-2025 to 15-Oct-2040

Date : 21-Jan-2026 10:53:47

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 21-Jan-2026

171907



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 KHAIIR NAGAR, OPP. FILMISTAN CINEMA MEEPUR, 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 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non-Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs.) table with two main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes sub-totals for deductibles, add-on coverages, and net own damage premium.

Table for Nominee Details and Payment Details. Includes fields for Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, POS Name, POS ID, POS PAN NO/Aadhar No.

Legal disclaimer text: 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.

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.

Approved By: 659255MD
Approved On: 14-OCT-25
Place: MRT
Printed On: 08-NOV-25
For and on behalf of The Oriental Insurance Company Limited
General Manager Authorized Signature

UP05395540RS

UP57 20110012725

LMV 05/11/2011 05/11/2011

MCWG 11/12/2018

IRANS

UP

Form 7 Rule 16(2)

पता / Address  
 PAKARI BUJURG PADRAUNA  
 PAKARI BUJURG, KUSHINAGAR, UP 274304  
 SOHRAUNA, KUSHINAGAR

जारी करने की तिथि / Issuing Authority Sign  
 05/11/2011 KUSHINAGAR

Holder's Signature

UNION OF INDIA Driving Licence

UP57 20110012425

जारी करने की तिथि / Date of Issue  
 05/11/2011

जन्म तिथि / Date of Birth  
 02/07/1992

वैधता / Validity  
 04/11/2031

रक्त समूह / Blood Group  
 10/12/2021

पता / Name  
 BRIJESH KUMAR

पिता/पति का पता / Son/Daughter/Wife of  
 SHIV PoojAN CHAUHAN



भारत सरकार

Government of India

मुसरत शहजादी

Mursarat Shahajadi

जन्म तिथि/ DOB: 01/07/1973

महिला / FEMALE



4308 1434 9935

सेरा आधार, सेरी पहचान



अधार

भारतीय विधिक प्रशासन प्राधिकरण

Uttar Pradesh State Emblem of India

पता:

W/O नबी रसूल, इन्द्रानगर पडरौना,  
पडरौना, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:

W/O Nabi Rasul, Indranagar  
Padrauna, Padrauna,  
Kushinagar,  
Uttar Pradesh - 274304

4308 1434 9935



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

MURSARAT SHAHAJADI

TAR MOHAMMAD

01/07/1973

Permanent Account Number

DRVPS6423L

Mursarat Shahaji's acti

Signature



भारत सरकार

GOVT. OF INDIA



05102011