

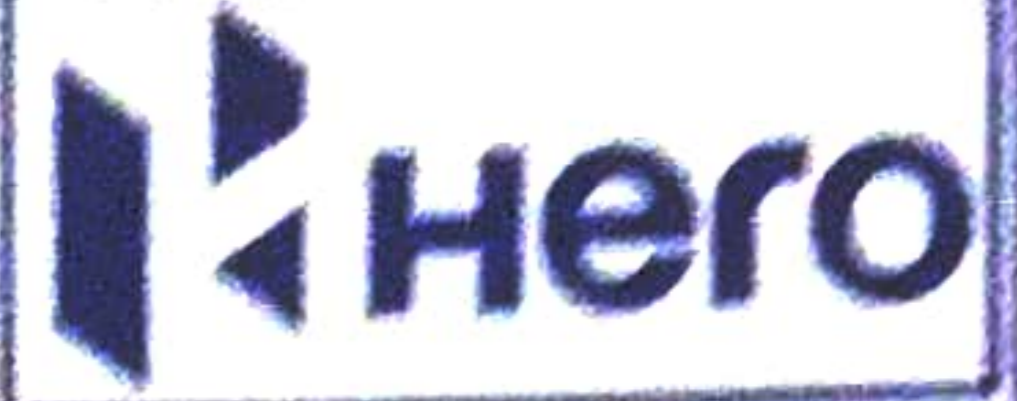
Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWP00569P1ZE

AUTHORISED DEALER



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 9307226635

No 3082

Date 12/05/20

Name Vinod Kumar GOND

Add. UP 573 1139

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
1	Rear Fender	—	—	645/-	
2	Seat Cover - (R+L)	—	—	1100/-	
3	Center	—	—	100/-	
4	Tail Light	—	—	425/-	
5	Visor	—	—	850/-	
6	Head Light	—	—	530/-	
7	Front Fender	—	—	880/-	
8	Mirror	—	—	1350/-	
9	Mirror Cover	—	—	80/-	
10	Rear Indicators - (R+L)	—	—	360/-	
11	Side Panel - (R)	—	—	630/-	
12	Leg Guard	—	—	625/-	
13	Labour charge	—	—	500/-	
TOTAL				9155/-	

Authorized Signatory

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

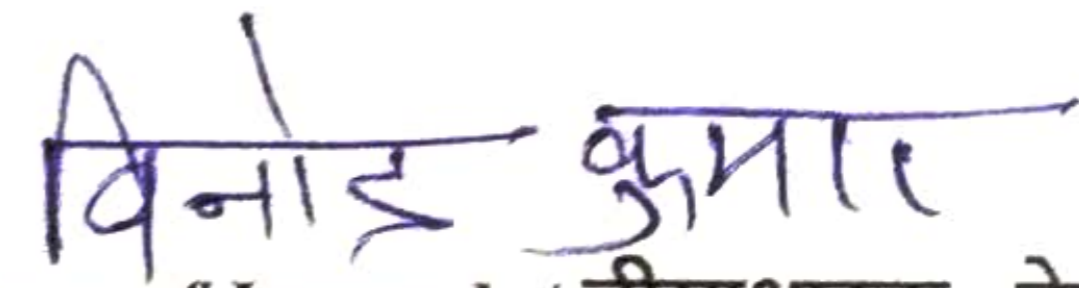
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Grand Vinod Kumar 9838401944
2	Vehicle No. / वाहन संख्या	UP578 1139
3	Policy No. / पालिसी संख्या	ms/2026/1001/0/48575/569907
4	Period of Insurance / बीमा अवधि	25-01-2026 — 24-01-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/05/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Pipraich Mahana Mod.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vinod Kumar Grand 9838401944
8	Estimated Loss / अनुमानित हानि	8155/-
09.	Cause of Accident / दुर्घटना का कारण :	अपनी बाइक लेकर गोरखपुर से घर आ रहा था तभी एक पब्लिश वाले ने पिछे से टक्कर मार दिया मेरी बाइक आगे एक पेड़ से टकराने की वजह से क्षतिग्रत 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 Padrauna

Date / दिनांक : 12-05-2027
हस्ताक्षर


Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Uinad Kumar Corol
(b) Age : _____
(c) Address : _____
(d) Is the Driver
✓ 1. Owner : Owner
2. paid driver? : _____
3. Owner's relative or friend? : _____
(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 : UP57 2009 804465
(h) Issuing Authority : _____
(i) Date of Expiry : 17-05-2032
(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 : 09-05-2026 , 05:00 P.M.
(b) Place : Pipraich Malura mod
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक पल्सर वाले ने बिदे से टक्कर मार दिया
(e) If any third party was responsible for this accident give the name and address : भेरी अर्क आगे एक पेड़ से टकराने की वजह से डमेज हो गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rear fender, seat cover etc
(b) Estimated cost of repairs : 0155/-
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padraua

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? : _____
- NIA



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. MS/206/7001/0/46575
 Tel. No. _____ Period of Insurance _____
 Claim No. 24-01-2027 56 9907

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 : Uinod Kumar Goud
 (b) Address for correspondence : _____
 (c) Telephone : 9838401944

2. THE INSURED VEHICLE

Make & Year <u>2014</u>	Engine No. <u>H11EFD9M34202</u> Chassis No. <u>M3LH11AED9M25570</u>	Registration No. <u>UP57S1139</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

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 12-05-2002

Signature of the insured Ajit Singh

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. 1000/-

Witness
Name
Signature
Address

Signature विनय कुमार
Occupation
Address

Bank Account Number
Name of the Bank

TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ४८)

FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत

ASSISTANT REGIONAL TRANSPORT OFFICE, KUSHINAGAR

Registration Number
(पंजीकरण संख्या)

UP57S 1139

Owner's Name & Address
(स्वामी का नाम एवं पता)

VINOD KUMAR GOND

Son/wife/daughter of: LATE VINDHYACHAL GOND

Full Address:
(Permanent)
VIL+PO- DANDOPUR
PS- PADRAUNA
DIST- KUSHINAGAR -

Full Address:
(Current)
VIL+PO- DANDOPUR
PS- PADRAUNA
DIST- KUSHINAGAR -

Dealer's Name & Address
(कारोबार का नाम)

GUPTA AUTOMOBILES
RAM KOLA ROAD
PADRAUNA

Vehicle Class

MOTOR CYCLE

Chassis Number
(संख्या)

MBLHA11AED9M25570

Engine Number
(संख्या)

HA11EFD9M34202

Body Type
(का प्रकार)

SOLO

Manufacturer's Name
(कारोबार का नाम)

HF DELUXE
HERO MOTOCORP LTD

Lease Agreement with
(किसे/लीज समझौता किससे)

Description and Size of Tyres
(का विवरण एवं आकार)

Front Axle
(फ्रन्ट एक्सल)

Rear Axle
(रियर एक्सल)

Any other Axle
(अन्य कोई एक्सल)

Tandem Axle
(टेन्डम एक्सल)

Vehicle Registered Against NEW VEHICLE Case
Air Conditioner (A.C.) Fitted-No

Entered By: 21-Jan-2014

Registration Date
(पंजी. तिथि)

18-Jan-2014

Owner's Serial
(वाहन स्वामी क्रमांक)

1

Manufacturing Year
(निर्माण का वर्ष)

01/2013

No. of Cylinders
(सिलिंडर की संख्या)

1

Unladen Weight
(खाली भार)

107 kgs

Laden Weight
(भरा हुआ भार)

245 kgs

Seating Capacity
(सीट क्षमता)

2 (including driver)

Colour
(रंग)

RBK

Horse Power
(अश्व शक्ति)

1 HP / 97.2 CC

Fuel Used
(इंधन)

PETROL

Tax paid upto
(कर भुगतान)

Life Time

Tax Rate
(कर-दर)

Life Time (RT- Rs. 31

Fitness Valid upto
(पंजीयन की वैधता)

17-Jan-2029

Wheel Base
(व्हील बेस)

1320

Registered Axle Weight
(पंजीकृत एक्सल भार)

(a) Front Axle
(फ्रन्ट एक्सल)

(b) Rear Axle
(रियर एक्सल)

(c) Any other Axle
(अन्य कोई एक्सल)

(d) Tandem Axle
(टेन्डम एक्सल)

No. RC.-O

0413334 विनोद कुमार

Specimen Signature of the Owner

Specimen Signature of Financier

Signature of Registration Authority

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2026/7001/C/46575/569907

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
VINOD KUMAR GOND	1972-05-18	9838401944	LATE VINDHYACHAL GOND	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regu. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Typ
SELF E20	UP57S1139	HA11EFD9M34202	MBLHA11AED9M25570	2014-01-16	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
11500.00	NA	0.00	0.00	0.00	11500.00	
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	1631.02	
Address			City / District	Pin Code	State	
VIL+PO- DANDOPUR, PS- PADRAUNA, DIST- KUSHINAGAR, , Uttar Pradesh, 999999				274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHAKUNTALA DEVI	Female	46 Years	WIFE	2026-01-25 14:09	Midnight of 2027-01-24	

Section A, VRC: 257.87 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 87.97 Total with GST(A) 169.90

Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 Sub Total: 770.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 138.60 Total with GST(B): 908.60

Section C, MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00

Section D, Drive Assure: 93.66 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 16.86 Total with GST(D): 110.52

Total(Section A+C+D) Offered Price After Discount: 1631

Package Period Covered	2026-01-25 To 2027-01-24	2027-01-25 To 2028-01-24	2028-01-25 To 2029-01-24	2029-01-25 To 2030-01-24	2030-01-25 To 2031-01-24
ADV	11500	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 from 2026-01-25 until 2027-01-24.

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) 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 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 t 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/ Not 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 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 frau 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 w 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 Customer Care / Toll Free Phone No.:79410506 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 t 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 jurisdiccti of the courts at Meerut.

Received with Thanks Rs 1631.01 ON 2026-01-23 from Mr./Ms. VINOD KUMAR GOND against the ARN No. INCP00569907

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





भारत सरकार

Government of India

विनोद कुमार

Vinod Kumar

जन्म तिथि/DOB: 18/05/1972

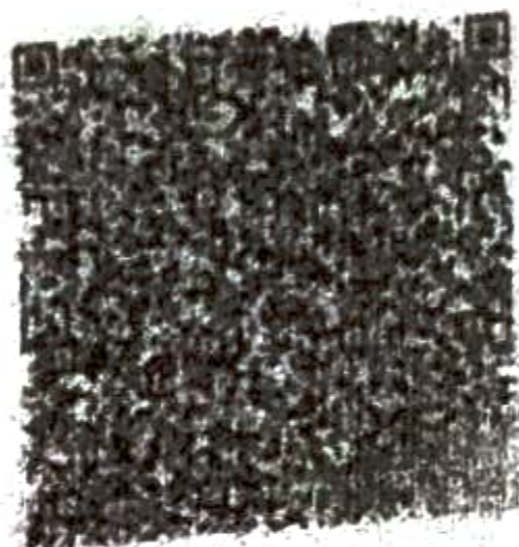
पुरुष/ MALE



6740 1034 2544

भारत

भारत पहचान



Unique Identification Authority of India

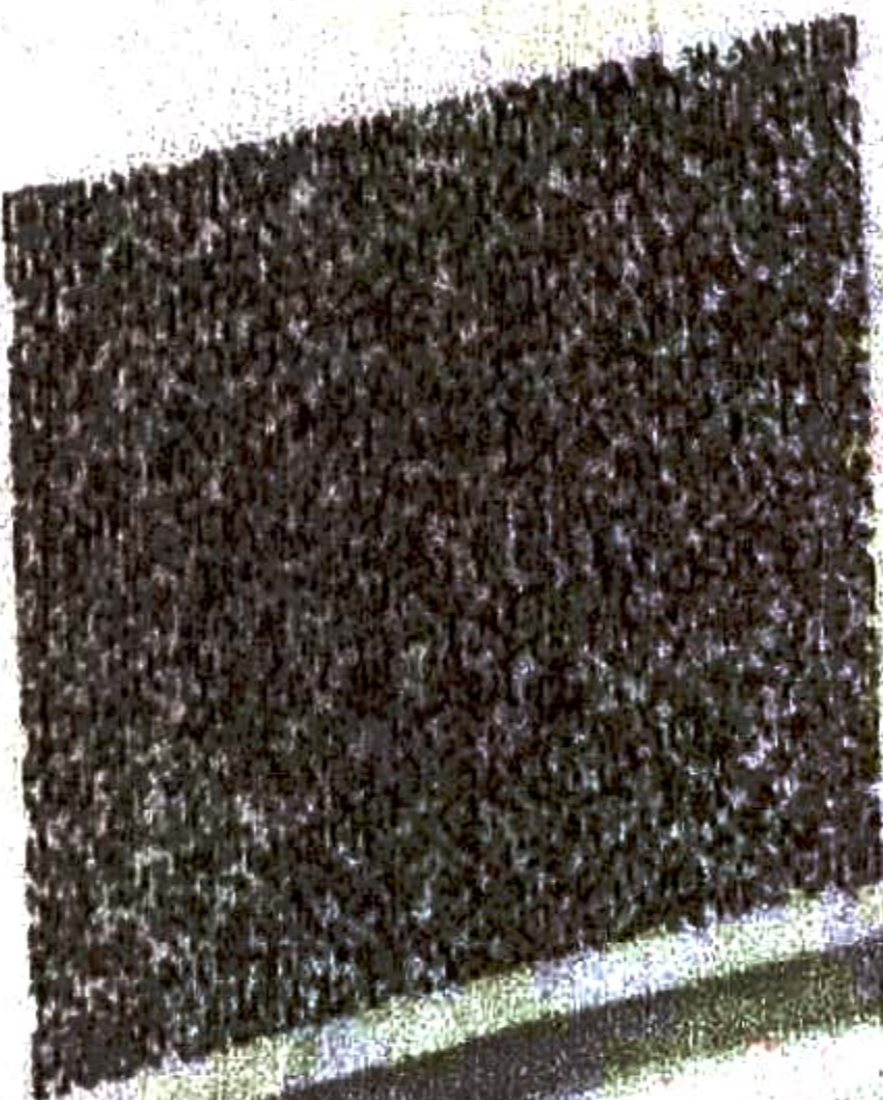
पता:

S/O: विद्याचल, 15, दान्दोपुर, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

S/O: Vidhyachal, 15, Dandopur, Kushinagar,
Uttar Pradesh - 274304

6740 1034 2544



भारत सरकार



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

VINOD KUMAR

VINDHAYACHAL

18/05/1972

Permanent Account Number

BZCPK3991E

विनोद कुमार

Signature

18032011