

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 930723663

No. **3083**

Date 12/5/26

Name

Eklakh Ahmad

Add.

UP57BZ1949

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			900/-	
②	Csrome			190/-	
③	Headlight			3600/-	
④	wind screen			410/-	
⑤	Handle			500/-	
⑥	Fender			1180/-	
⑦	muffler			9500/-	
⑧	Labour charge			800/-	
			TOTAL	17080/-	

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.	Eklakh Ahmed, 9795152337
2	Vehicle No. / वाहन संख्या	UP57BZ1949
3	Policy No. / पालिसी संख्या	252400/31/2026/35397
4	Period of Insurance / बीमा अवधि	03/09/2025 to 02/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/05/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Rambhala Road Padmauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Eklakh Ahmad, UP5720150019468
8	Estimated Loss / अनुमानित हानि	17000/-
09.	Cause of Accident / दुर्घटना का कारण :	अपनी बाईक लेकर पड़ोना से घर जा रहा तभी अचानक एक बाईक वाले सामने आ गया उसी को बचाने के ब्रेक लेने पर बाईक स्लीप हो कर दाहिने साईड गिरने से क्षतिग्रस्त 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 Padmauna

Date / दिनांक : 12/05/2026
हस्ताक्षर

शकल अहमद
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. 252400/31/2026/35397
 Tel. No. _____ Period of Insurance 03/09/25 to 02/9/2026
 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 : Eklakh Ahmed
 (b) Address for correspondence : _____
 (c) Telephone : 9795152337

2. THE INSURED VEHICLE

Make & Year <u>Hesol</u>	Engine No. <u>JA07AZS9G08623</u> Chassis No. <u>MBLJAW524S9G07518</u>	Registration No. <u>UP57BZ</u> <u>1949</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 : Eklakh Ahmad
(b) Age : _____
(c) Address : Padma Kushi Nagar.
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720150019468
(h) Issuing Authority : _____
(i) Date of Expiry : 07/9/2035
(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 : Ramkela Road 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 : बाइक वाले को बचाले हुये कारक कथि साईड गिरने से डेमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Estamt and tide.
(b) Estimated cost of repairs : 17000/-
(c) When and where can the damaged vehicle be inspected : Prepta 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? : _____

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 रविन्द्र अहमर

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. 50000

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 : UP57BZ1949 Registration Date : 05-Sep-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 : EKLAKH AHMED Son/wife/daughter of : AMIRUL HAQUE
 Full Address: (Permanent) : VILL-MISHRAULI, POST-DANDOPUR, THANA-PADRAUNA, KUSHINAGAR, UTTAR
 PRADESH-274304
 Full Address: (Temporary) : VILL-MISHRAULI, POST-DANDOPUR, THANA-PADRAUNA, KUSHINAGAR-UTTAR
 PRADESH-274304
 Fitness UpTo : 04-Sep-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 : AA2133140090 Rear HSRP No : AA2131515360
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLJAW524S9G07518
 Engine No : JA07AZS9G08623 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 252
 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. 03-Sep-2025.

Purchase dt : 03-Sep-2025 Sale Amt : 84961/-
 OTT Date : 03-Sep-2025 Amount/Rcpt No : 8497 / UP57D25090000440
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Sep-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

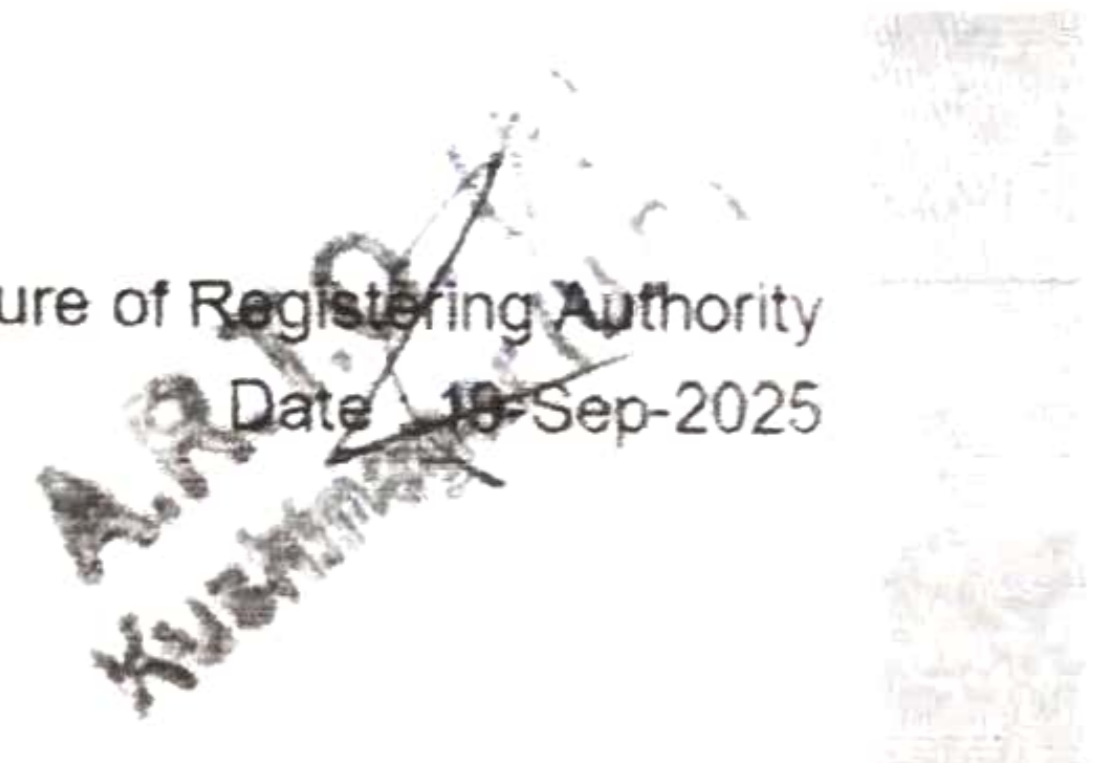
This certificate is valid from 05-Sep-2025 to 04-Sep-2040

Date : 19-Sep-2025 13:40:43

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 19-Sep-2025

Q 5136618





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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FIMBISTAN CINEMA MEERUT, 01114063570... (GSTIN: 09AAACT0627R4ZU)

Table with 2 columns: Field Name and Value. Fields include 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), and Lead/Breakin No. Insured State.

Table with 2 columns: Field Name and Value. Fields include Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area, and INSURED DECLARED VALUE (IDV) (in Rs.).

Schedule Of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). It lists various premium components like Vehicle, Elec Accessories, Basic Third Party Liability, Compulsory PA Cover Premium, etc., with their respective amounts.

- Note: 1. Policy Insuree is the subject to the verification of cheque 2. Consolidated Stamp Duty paid via challan No 3. The Policy is subject to a compulsory Deductible of Rs 0 (MT-22) 4. Voluntary excess Rs 0 5. Subject to Endorsements IMT 7 (1) 28.

Table for Nominee Details and Payment Details. Includes fields for Nominee Name, Age, Relation, Amount, Payment Method, Cheque No./Transaction No., Bank Name, Financier Name, Financier Branch, POS Name, POS ID, and Financier Type.

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.

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 or on demand from the policy issuing office.

We warrant 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.

We hereby certify that the policy to which this 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 here to set his/her hands at 252400 on 03-SEP-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.

Driver's Clause: Any person including the Insured who uses this policy on 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 (not the policy) - Death or or body injury: Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (not the policy) - Damage in third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS.

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 may 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 Chapter XI of Motor Vehicles Act, 1988. This insurance excludes all pre-existing damages.



Approved By: 694525SMH Approved On: 03-SEP-25 Place: MBT Printed On: 03-SEP-25





Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20150019468



(08-09-2015)



Issue Date Validity (NT) Validity (TR)
04-10-2023 07-09-2035 03-10-2028

Holder's Signature

Name: **EKLAKH AHAMAD**
Date of Birth: **01-01-1988** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **AMIRUL HAK**
Address:
**VILL-MISHRAULI PO-DANDOPUR, PS-PADRAUNA
KUSHINAGAR 274304**

Date of First Issue:

DL No: **UP57 20150019468**

UPDL000011800808



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*
	MCWG	UP57	08-09-2015	NT			
	LMV	UP57	08-09-2015	NT			
	TRANS	UP57	04-10-2023	TR			
MVSD							

Form 7 (Date 1/6/21)

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार
GOVERNMENT OF INDIA



आधार

Issue Date: 23/01/2015



एकलाख अहमद

Eklakh Ahmed

जन्म तिथि / DOB : 10/12/1988

पुरुष / Male



3626 2463 0256



3626 2463 0256

मेरा आधार, मेरी पहचान

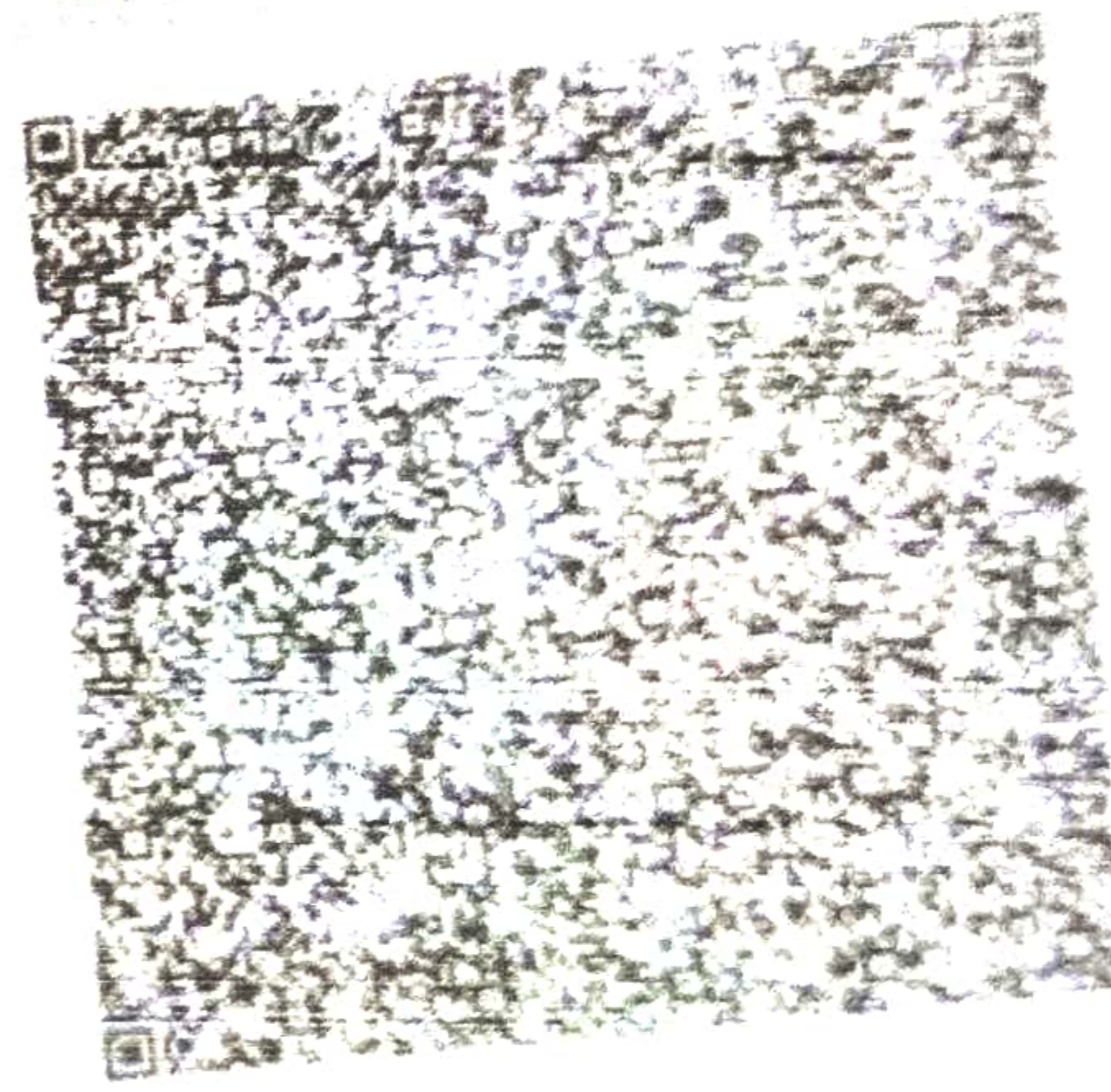


भारत सरकार
GOVERNMENT OF INDIA

आधार

Print Date: 12/10/2022

पता: S/O अमीरुल हक, मिश्रौली, दान्दोपुर,
कशीनगर, उत्तर प्रदेश, 274304
Address: S/O Amirul Haque, Mishrauli,
Dandopur, Kushinagar, Uttar Pradesh,
274304



3626 2463 0256

www.uidai.gov.in

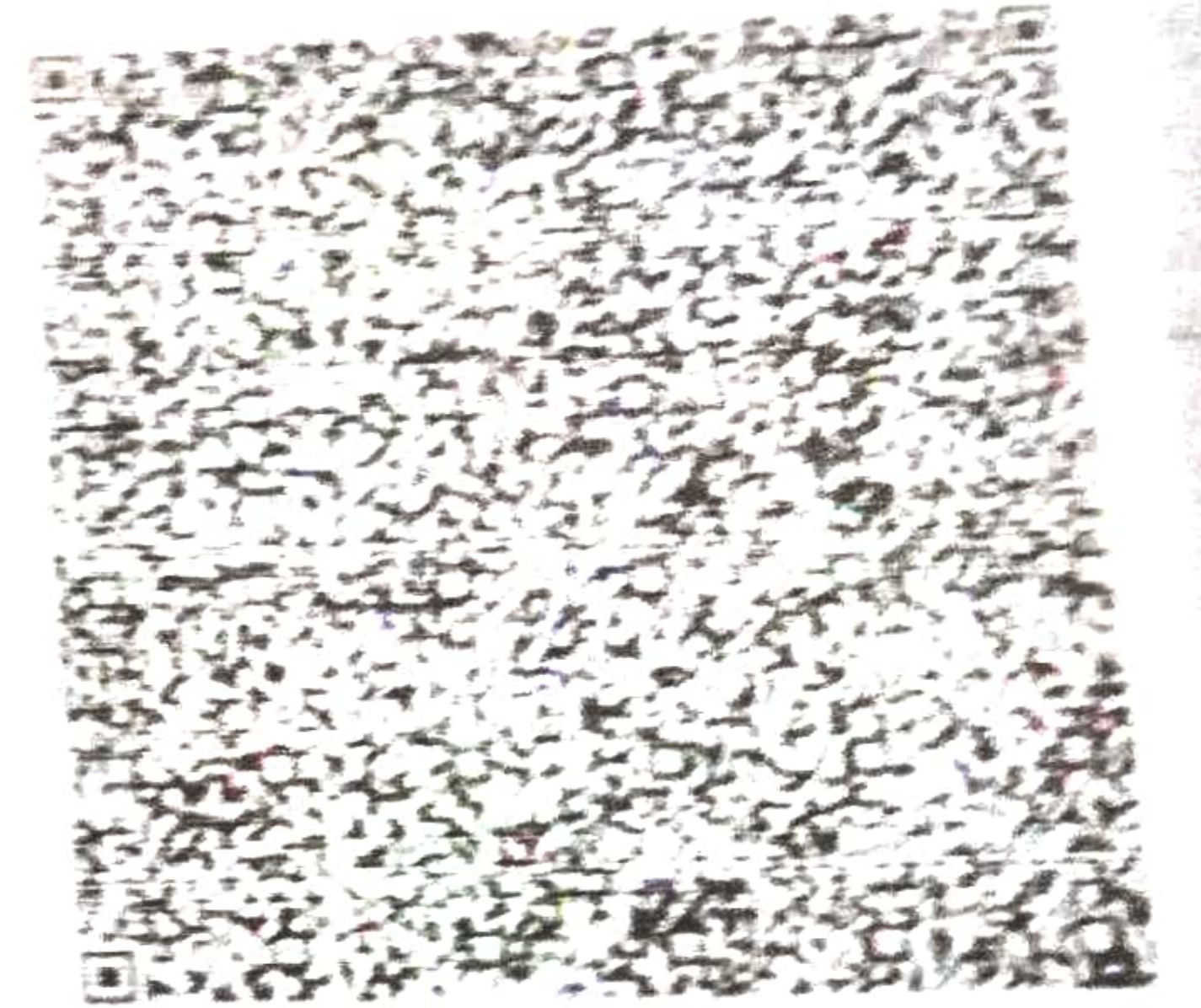
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EUQPA0385A



नाम / Name
EKLAKH AHMED

पिता का नाम / Father's Name
AMIRUL HAQUE

जन्म की तारीख /
Date of Birth
10/12/1988

रु. कालश इ. इ. इ.

हस्ताक्षर / Signature

30092022