

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3087**

Date 15-05-2

Name Nasima

Add. Cop57BZ 2048

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Front Visor			1250	
	M/L			600	
	Handle			600	
	Handle - T			1000	
	Fenders			1400	
	Front wheel			4500	
	Fork pipe (2)			2400	
	metls			1700	
	metls part			600	
	Labor charge			1800	
	Chassis Repair			2000	
				/	
			TOTAL	17,910/-	

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.	Nasima 9984987707
2	Vehicle No. / वाहन संख्या	UP57 B 22048
3	Policy No. / पालिसी संख्या	252400/31/2026 / 35606
4	Period of Insurance / बीमा अवधि	01-09-2025 - 03-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/05/2026, 04.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Ravindra Nagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8687334353 Gulam Mustafa
8	Estimated Loss / अनुमानित हानि	17,810/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बाईक लेकर गुलाम मुस्तफा रविन्द्र नगर से पुरौना जा रहे थे तभी अचानक एक बाईक वाले ने अपनी बाईक मोड़ दिया मेरी बाईक उसकी बाईक से टकरा कर 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 Palsvama.

Date / दिनांक : 15-05-2026
हस्ताक्षर

नासीमा
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. 252400/21/2026/35606
 Tel. No. _____ Period of Insurance 03-09-2026
 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 : Naima
 (b) Address for correspondence : _____
 (c) Telephone : 9984987707

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>H11 F7SG612991</u> Chassis No. <u>MCLHAW4B1SG607976</u>	Registration No. <u>UP57 BZ 2072</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 : Gulam mustafa
(b) Age :
(c) Address :
(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 :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UP5720140024235
(h) Issuing Authority :
(i) Date of Expiry : 04-06-2020
(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 : 14-05-2026 04:30pm
(b) Place : Rawindra Nagar
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक एक कारक चलने से झुकी कारक में
(e) If any third party was responsible for this accident give the name and address : डिया मेरी कारक आनी कारक के चकरा करे हुए ही गिरा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front view. 11/2 mls
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padraun

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? :
MIA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NIA

9. WITNESS

- (a) Give names and addresses of passengers/other witnesses, 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.

NIA

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 Police Station?
- (i) C.R. diary Number

NIA

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 15-05-2002

Signature of the insured नसीम

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 नरसीमा
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 : UP57BZ2048 Registration Date : 06-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 : NASIMA Son/wife/daughter of : NASRUDDIN
Full Address: (Permanent) : VILL-PIPRASI, POST -MATHIA NARAIPUR, THANA -KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : VILL-PIPRASI, POST -MATHIA NARAIPUR, THANA -KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274402
Fitness UpTo : 05-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 : AA2133140094 Rear HSRP No : AA2131515364
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
No of Cylinders : 1 Chassis No : MBLHAW481SGG07976
Engine No : HA11F7SGG12991 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : Black Heavy Grey 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)

Table with 4 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LIMITED. GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 04-Sep-2025.

Purchase dt : 04-Sep-2025 Sale Amt : 78776/-
OTT Date : 04-Sep-2025 Amount/Rcpt No : 7878 / UP57D25090000556
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 09-Sep-2025

Other State/Transfer/Conversion/Reassign Details

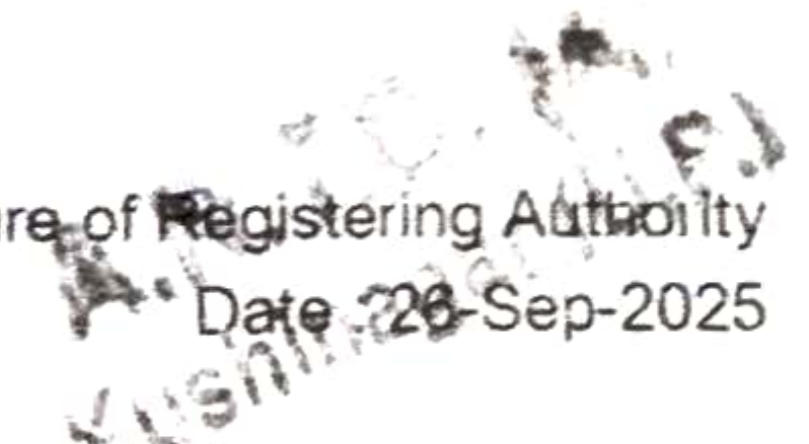
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 06-Sep-2025 to 05-Sep-2040

Date : 26-Sep-2025 14:12:56

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 26-Sep-2025



Q 5145787

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20140024235



जारी करने की तिथि
Date of Issue
05/12/2014

वैधता / Validity
04/06/2028

जन्म तिथि
Date of Birth
05/06/1978

Blood Group
UNKNOWN

नाम / Name

GULAM MUSTAFA

पिता/पति का नाम / Son/Daughter/Wife of

NAVI HASAN

UP57 20140024235

UP02317590RS



LMV
05/12/2014



CWG
05/12/2014



Form 7 Rule 16(2)

पता / Address

VILL-PIPKAS
PO-MATHIYA NARAIPUR PS-KUBERSTHAN
KUSHINAGAR

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



भारत सरकार
Government of India



Aadhaar no. issued: 21/03/2015



नसीमा
Nasima
जन्म तिथि/DOB: 01/01/1985
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

9569 3451 4987

मेरा आधार, मेरी पहचान



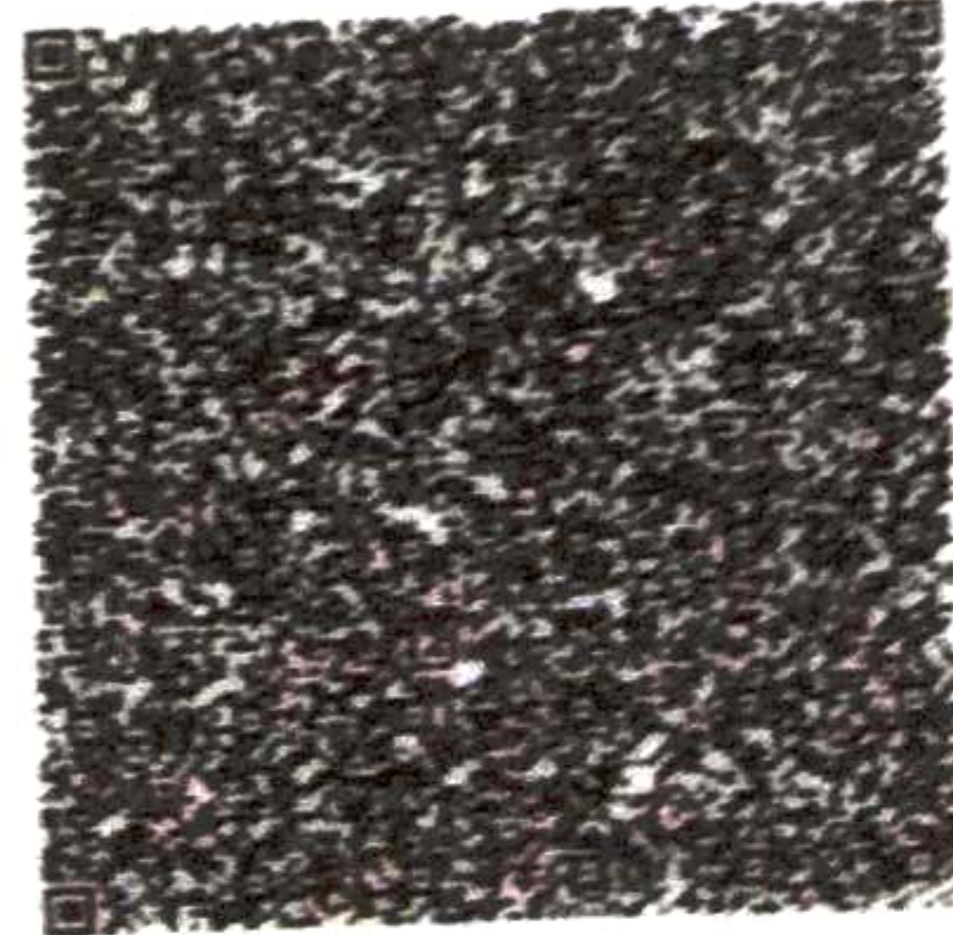
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 01/03/2025

पता:
अर्धागिनी: नसरुद्दीन, ग्राम-पिपरासी, मठिया नरईपुर, मठिया
नरईपुर, कुशीनगर,
उत्तर प्रदेश - 274402

Address:
W/O: Nasruddin, gram-piprasi, Mathia Naraipur, PO:
Mathia Naraipur, DIST: Kushinagar,
Uttar Pradesh - 274402



9569 3451 4987

VID : 9153 0605 1767 8883



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CMPN9262Q



नाम / Name
NASIMA

पिता का नाम / Father's Name
NAIMULLAH

30072021

जन्म की तारीख /
Date of Birth
01/01/1985

नसीमा
हस्ताक्षर / Signature