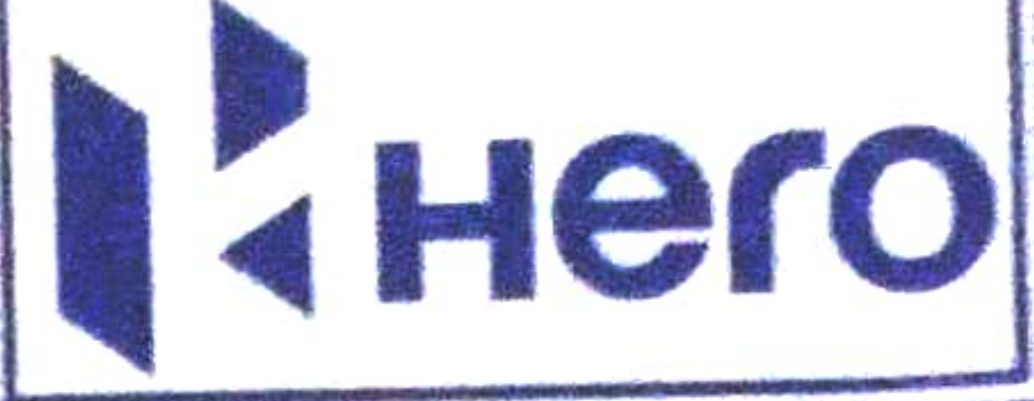


Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



AUTOMOBILES

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

No. **3086**

Date 15-05-26

Name Badami Devi

Add. UPS 7BZ 0189

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Legard			600	
	Gear Lever			1000	
	Lens (L)			250	
	Handle-T			1000	
	Visor			1250	
	M/L			550	
	meter			1700	
	meter Drum			480	
	FR. WINKER (R)			250	
	Rear Winker (R)			250	
	Fenders			1400	
	Fork Allignment			600	
	Labor charge			800	
				/	
			TOTAL	10,290/-	

Authorised 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.	Badami Devi 9319 724140
2	Vehicle No. / वाहन संख्या	UP57 BR 0139
3	Policy No. / पालिसी संख्या	252400/31/2026/42379
4	Period of Insurance / बीमा अवधि	13-10-2025 - 12-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10-05-2026 12:00 Pm
6	Place of Accident / दुर्घटना का स्थान	बंसी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonu Kumar 9565514632
8	Estimated Loss / अनुमानित हानि	10290/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी मेरे भाई Sonu किसी काम से कारक लेकर जा रहे थे कि रास्ते में एक बर्ष वाला एक शॉप को ओवर लेक करते सिधे मेरी गाड़ी में चक्कर मार दिया सामने के ब्याग लार्ड से सीधे जाते हाथा तरक
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padrauna

गिर कर क्षतिग्रस्त हो गया।

बदामी देवी

Date / दिनांक : 15.05.2026
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. 252400/31/2026/42379

Tel. No. _____

Period of Insurance 12-10-2026
 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 : Badami Devi
 (b) Address for correspondence : _____
 (c) Telephone : 9319 784140

2. THE INSURED VEHICLE

Make & Year <u>2005</u>	Engine No. <u>HA11F7S4F19542</u> Chassis No. <u>M3LHA04025AF133</u> <u>47</u>	Registration No. <u>UP57BZ 0139</u>
----------------------------	---	--

- (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 : _____
- MIA

1. DRIVER AT THE TIME OF ACCIDENT

(a) Name Sonu Kumar

(b) Age _____

(c) Address _____

(d) Is the driver

1. Driver

2. Joint driver

3. Driver's relative or friend? relative

(e) If joint driver, how long has he been at your employment? _____

(f) Was he under the influence of intoxication, liquor or drugs? _____

(g) Driving License Number UP5720140020684

(h) Issuing Authority _____

(i) Date of expiry 19-10-2024

(j) Was the license 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 10-05-2026 12:00 PM

(b) Place दिल्ली

(c) Speed of vehicle at the time of accident _____

(d) Give a short description of the accident एक गाड़ी दस्त ले कर झिंटा कर रहा था

(e) If any third party was responsible for this accident give the name and address दूसरी गाड़ी वाला

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage logand, Ceer lens, Handle etc

(b) Estimated cost of repairs _____

(c) When and where can the damaged vehicle be inspected Gupta Automobile padrauna

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
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. : _____

~~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 Policy 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 बदाम्मी देवी

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 बदामी देवी

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 : UP57BZ8139
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 16-Oct-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304
Purpose For Printing RC : NEW
Owner Name : BADAMI DEVI
Son/wife/daughter of : MUNINDRA PRASAD
Full Address: (Permanent) : VILL-JUNGLE SINGHA PATTI, POST-JUNGLE SINGHA PATTI, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-JUNGLE SINGHA PATTI, POST-JUNGLE SINGHA PATTI, THANA-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 : HERO MOTOCORP LTD
Rear HSRP No : AA2134819533
Front HSRP No : AA2133167710
Month/Year of Manuf. : 06/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW482S4F13347
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11F7S4F14542
Cubic Capacity : 97.20
Horse Power(BHP) : 8.17
Wheel base : 1235
Maker's Classification : SPLENDOR+ (DRS)
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 113
Sleepar Cap : 0
Laden/GV Wt (kgs) : 243
Colour : SPORTS RED BLACK
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., As Regd., Description, 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. 13-Oct-2025.

Purchase dt : 13-Oct-2025
Sale Amt : 73764/-
OTT Date : 13-Oct-2025
Amount/Rcpt No : 7377 / UP57D25100004269
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 : 24-Jan-2026 16:28:59
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 24-Jan-2026

Q 7717131



भारत सरकार

Government of India



बदामी देवी

Badami Devi

जन्म तिथि / DOB : 01/01/1997

महिला / Female



5394 6051 6429

मेरा आधार, मेरी पहचान



भारतीय विश्वविद्यालय प्राधिकरण

Unique Identification Authority of India

पता:

W/O मुनिन्द्र प्रसाद, जंगल सिंगा
पट्टी, कुशीनगर, सिंगा पट्टी, उत्तर
प्रदेश, 274304

Address:

W/O Munindra Prasad, Jungle
Singa Patti, Kushinagar, Singha
Patti, Uttar Pradesh, 274304

5394 6051 6429



1947



help@uidai.gov.in

WWW

www.uidai.gov.in



Indian Union Driving Licence Issued by Uttar Pradesh

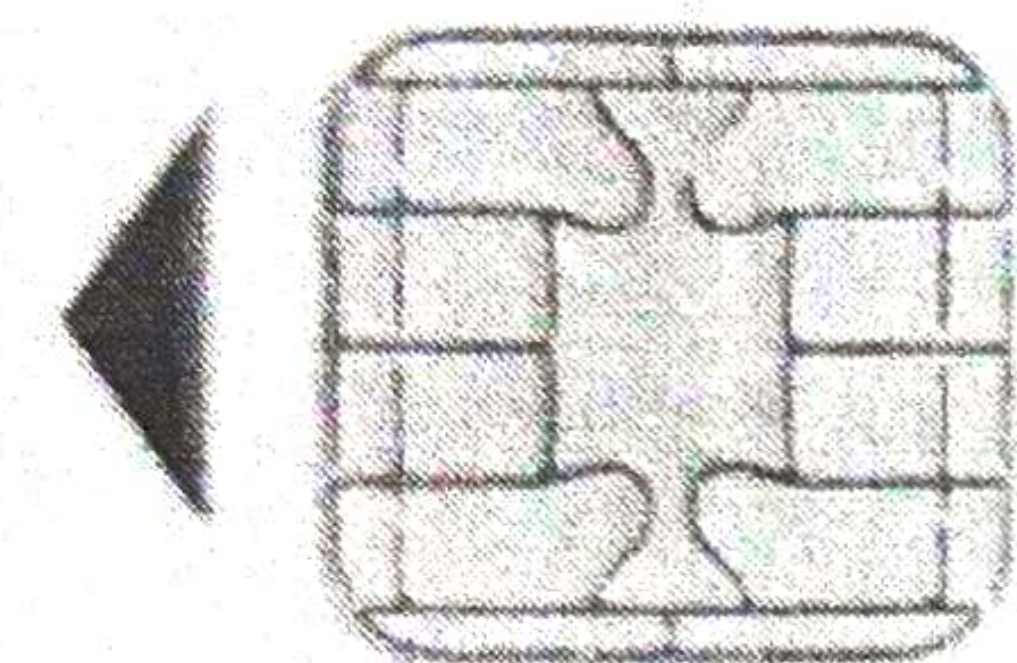


UP57 20140020684

Issue Date: 22-10-2022 Validity (NT): 19-10-2034 Validity (TR)*: 21-10-2027



Holder's Signature



Name: **SONU KUMAR**

Date of Birth: **02-05-1994** Blood Group: Organ Donor: **N**

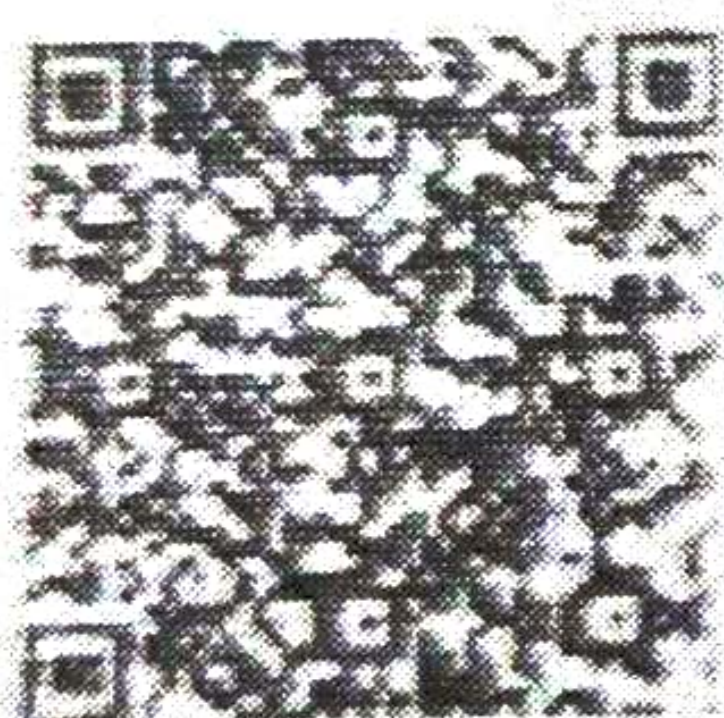
Son/Daughter/Wife of: **BHOLA**

Address:
**VILL- SINGHA PATTI PO- SINGHA PATTI, PS-
PADRAUNA PADRAUNA, KUSHINAGAR 274304**

Date of First Issue (20-10-2014)

DL No: UP57 20140020684

UPDL000009609589



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	20-10-2014	NT			
	LMV	UP57	20-10-2014	NT			
	TRANS	UP57	09-02-2016	TR			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

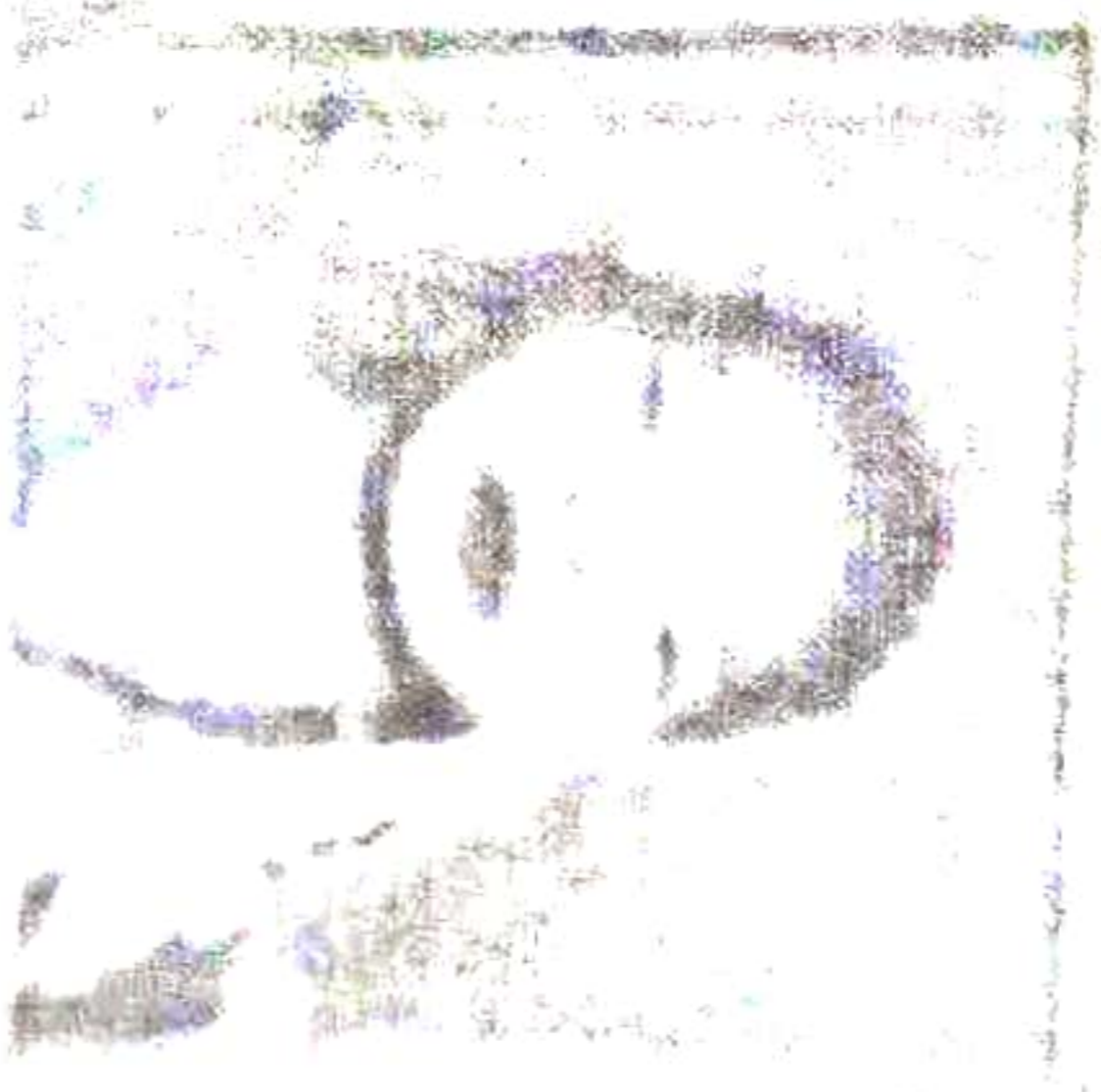
Form 7 Rule 16(2)

भारत सरकार
वित्त विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



पति का नाम

BADAMI DEVI

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

HKHPD2518E

पिता का नाम / Father's Name

KAMAL KHATIK

01/01/1997

अरुणि देवी

हस्ताक्षर / Signature

27/03

