

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No.

Date 16-05-2020

Name

Mukesh Prasad

Add.

Cop 57 BY 2042

S.NO.	PARTICULARS	QTY.	RATE	Rs.	P.
	FR. FORK Assy			4500	
	Front wheel			4500	
	Front both Wipers			500	
	Fuel Tank			5500	
	Handle			600	
	Handle - T			1000	
	visor			1250	
	Leve - (L)			150	
	legand			675	
	chassis New			10000	
	Swingarm			1000	
	Front fendar			1400	
	Rear fendar			1000	
	mether			1700	
	methering			480	
	Break pedal			1000	
	Rear Post			3300	
	Seat low ch. (L)			700	
	Trolly			100	
	savignard			800	
	Rear WINC (L)	250			
	Labour charge - 2000				
			<b>TOTAL</b>	<b>42,485/-</b>	

Authorised Signatory

Total Amount = 42,485/-

12 Name of the Workshop, Address & Contact  
No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन

Gupta

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.	Mukesh Prasad 8382010623
2	Vehicle No. / वाहन संख्या	UP57BY2142
3	Policy No. / पालिसी संख्या	252400/31/2026/14868
4	Period of Insurance / बीमा अवधि	17-05-2025 - 16-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09-05-2026 राति 10:00 PM
6	Place of Accident / दुर्घटना का स्थान	खपरधिका (भट्ठा-नेवुडा रोड)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Harendra Rai 7523858770
8	Estimated Loss / अनुमानित हानि	42,425/-
09.	Cause of Accident / दुर्घटना का कारण:	मिरी गद्दी में पाया छोड़े आदी में लेकर गये थे आदी से कोटते समय भट्ठा-नेवुडा रोड का चॉकलात-चकरहा या खपरधिका के बालुगुल नियंत्रण हटु गक्का खोला गया था बाव के ठोकरे में चरिखने के कारण आदी बढे के विश्रुत विमसे धरी वाहक क्षतिग्रस्त येशमी
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.	9125197148 Gupta Automobile padrauna

मुकेश प्रसाद

Signature of Insured / बीमाधारक के

Date / दिनांक : 16-05-2026  
हस्ताक्षर



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. 252400/34/2026/14968

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

Period of Insurance 16-05-2026

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 : Mukesh Prasad  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9302010823

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>AA11KORHJ24052</u> Chassis No. <u>MBLHAU234RHJ462</u> <u>33</u>	Registration No. <u>UP57BY2042</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 : Marendera Rai
- (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 : CP58 2007 1521932
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 30-06-2009
- (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 10:00 P.M
- (b) Place : खफरबिका
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : रोड पार करी करी का काम चलते रहते था
- (e) If any third party was responsible for this accident give the name and address : आगे दाइया होने के वजह से था जिसके चलाते-महिना ठिकी आदि नहीं उलझे जा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Handle, Handle, etc, Falc गड्य etc
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile palnana

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? : 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 16-05-2002

Signature of the insured *[Signature]*

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 ..... *Handwritten Signature*  
Occupation .....  
Address .....  
.....  
.....

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

**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant \_\_\_\_\_
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? \_\_\_\_\_ Yes /No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

सुका में,

श्रीमान ओरियन्टल इन्सुरेन्स कम्पनी

महोदय,

मिसेजें कि आपका सुकेश प्रसाद पुत्र श्री रमा भीम प्रसाद गाम + पोस्ट - कर्क  
 भापुरवा थाना जहाँ बाजा जगज्ज कुम्हार का निवासी है।  
 वेरी गाड़ी बेच-खता बाही में लेका गये थे बाही से वापस लाते समय  
 शरत में जहाँ - नेपुडों राउ के चौकीकल का कार चले रहा था, स्वप-  
 विना के पास फूल चौकीकल देख गढ़ा खोला गया था। रात के  
 समय गढ़ा न बिरवने के काल गाड़ी गढे में आ गिरी फिरसे  
 गाड़ी पूरी तरह क्षतिग्रस्त हो गई। वरना के समय ट्रेड के पीछे  
 कुछ मेश भई शुनील बेलिया गाड़ी गढे में गिने के पण्ड से  
 व गढे के साइड के भा गिरा उसे की चोट काई आ गरी चला  
 रहा ट्रेड पूरी तरह बच गया। धना दिनांक - १०-०५-२०२६  
 शानि १०-०० बजे। गाड़ी नं० UP ५७ B५ २०५२

सूचक -



गरीमालिक  
 सुकेश प्रसाद

दर





The Oriental Insurance Company Ltd.  
Policy Schedule

Page No. 1

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

**DIVISIONAL OFFICE, 306 KHAR NAGAR, OPPOSITE MISTAN CINEMA MARKET, B-1214061570, (GSTIN: 0933AM186770421)**

Policy Type: BUNDLE POLICY - MOTOR VEHICLE TWO WHEELERS - 2 WHEELERS  
 Policy No: 55240031707614068  
 Agent/Broker Code: RA000015144  
 Agent/Broker Name: ABHINAV BHATI  
 Insured Name: MUKESH PRASAD (GSTIN: 0)  
 Insured Address: C O RAMJEET PRASAD VILL-KATAI BHARPURWA POST-KATAI BHARPURWA, THANA-JATAJIA BAZAR KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), N.A.  
 Policy Issued On: 17-MAY-25  
 Proposal No. & Date: 55240031707614068 (17-MAY-25)  
 Policy Period (OWN DAMAGE): FROM 19-05-2025 TO 17-05-2026  
 Policy Period (LIABILITY): FROM 19-05-2025 TO 17-05-2026  
 Lead Branch No: 0000000000  
 Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR CORP	Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS 120	Electrical Accessories	0
Registration No	NW	Non-Electrical Accessories	0
Year Of Manufacture	2023	Total IDV	73175
Engine - Chassis No	HA11ERR1124051 - MBI11AW7AR1146331	IMV CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone A - Rest of India
Seating Capacity	1	Geographical Area	INDIA
Type Of Body	SCOOTER	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1226.41	Basic Third Party Liability	3651
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1153.41	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-11)	0	Legal Liability to Employees (IMT-29)	0
Driving License Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving License Loading (on TP Premium) (60%)	NA
Voluntary Deductibles (IMT-22A)	0	PA Paid Driver, Conductor, Cleaner (R140)	0
Anti-Theft Device (IMT-10)	0	Net Liability Premium (B)	3651
VAT Membership (IMT-8)	0	Total Premium (A+B)	4804
No Claim Bonus	0	GST	0
Discount for vehicle designed for handicapped	0	SERVICE TAX	0.180
SAP Discount	1042	STAMP DUTY	0
Sub-Total Deductibles	1042	Swachh Bharat Cessa 0.50%	0
Net Premium	183	Krishi Kalyan Cessa 0.50%	4891
Return to Invoice	0	Gross Premium Paid	
Key Replacement	0		
Consumables	185		
Sub-Total Add-on Coverages	293		
Net own Damage Premium (A)			

Nominee Name	Age	Relation	Amount
			4804

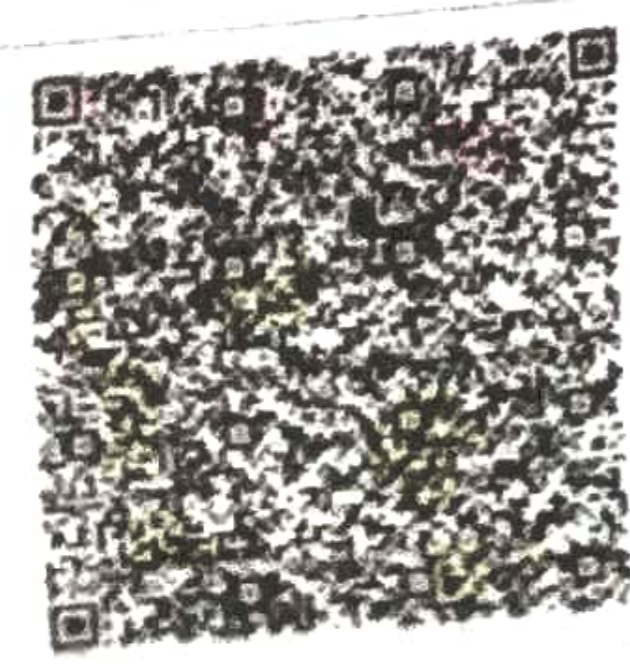
**Payment Details:** Payment Method: **FINANCER NAME:** HERO INCORPORATED **FINANCER BRANCH:** POS PAN NO. Aadhara No. NA  
**POS ID:** NA

**Important Notice:** The insured is not licensed if the vehicle is used or driven other 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 in the case of an avoidable loss.

**Limitations as to use:** The policy is issued for social, domestic and pleasure purposes and the insured is not to use the vehicle for hire or reward, carriage of goods, or for any other purpose which is prohibited by law.

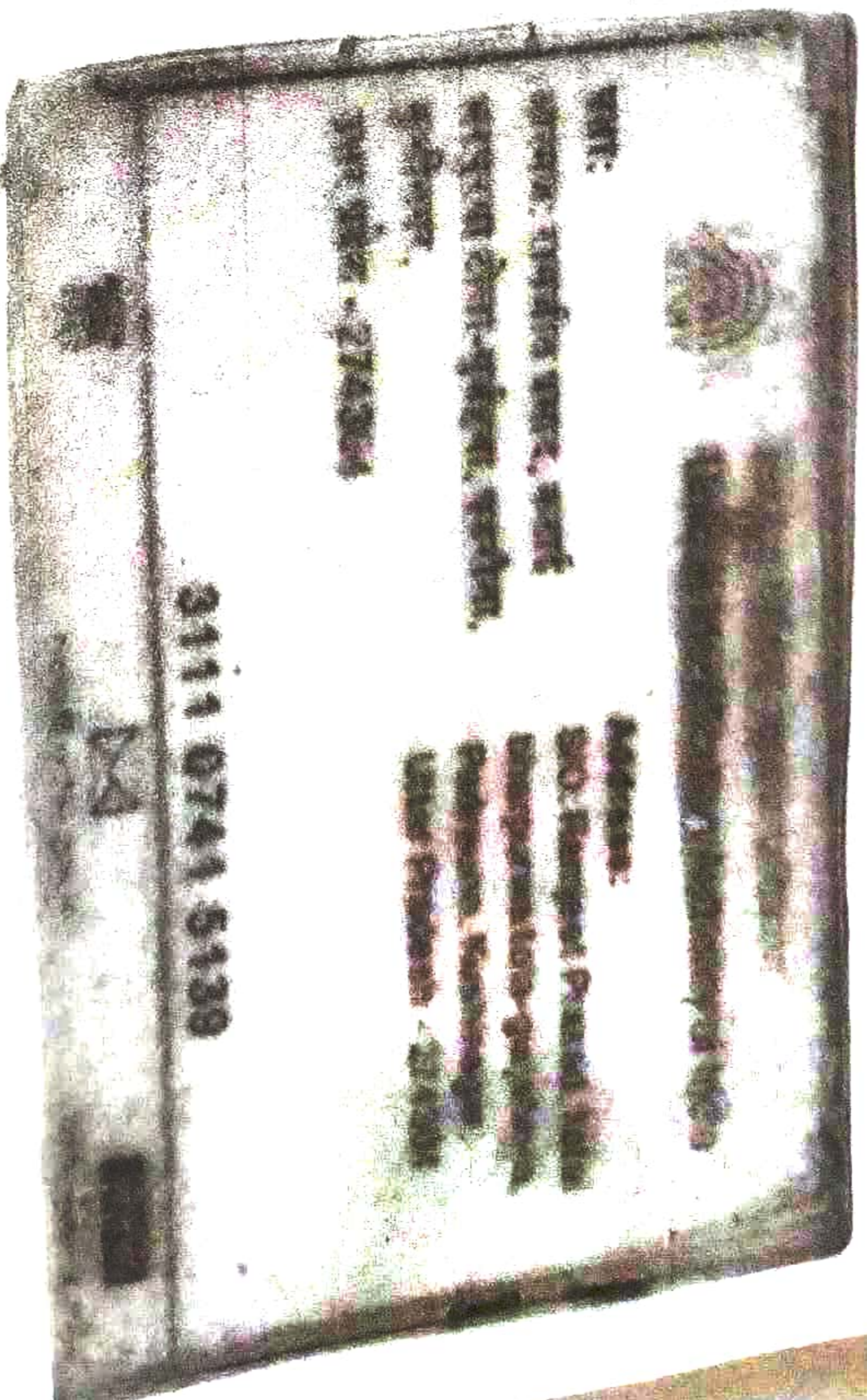
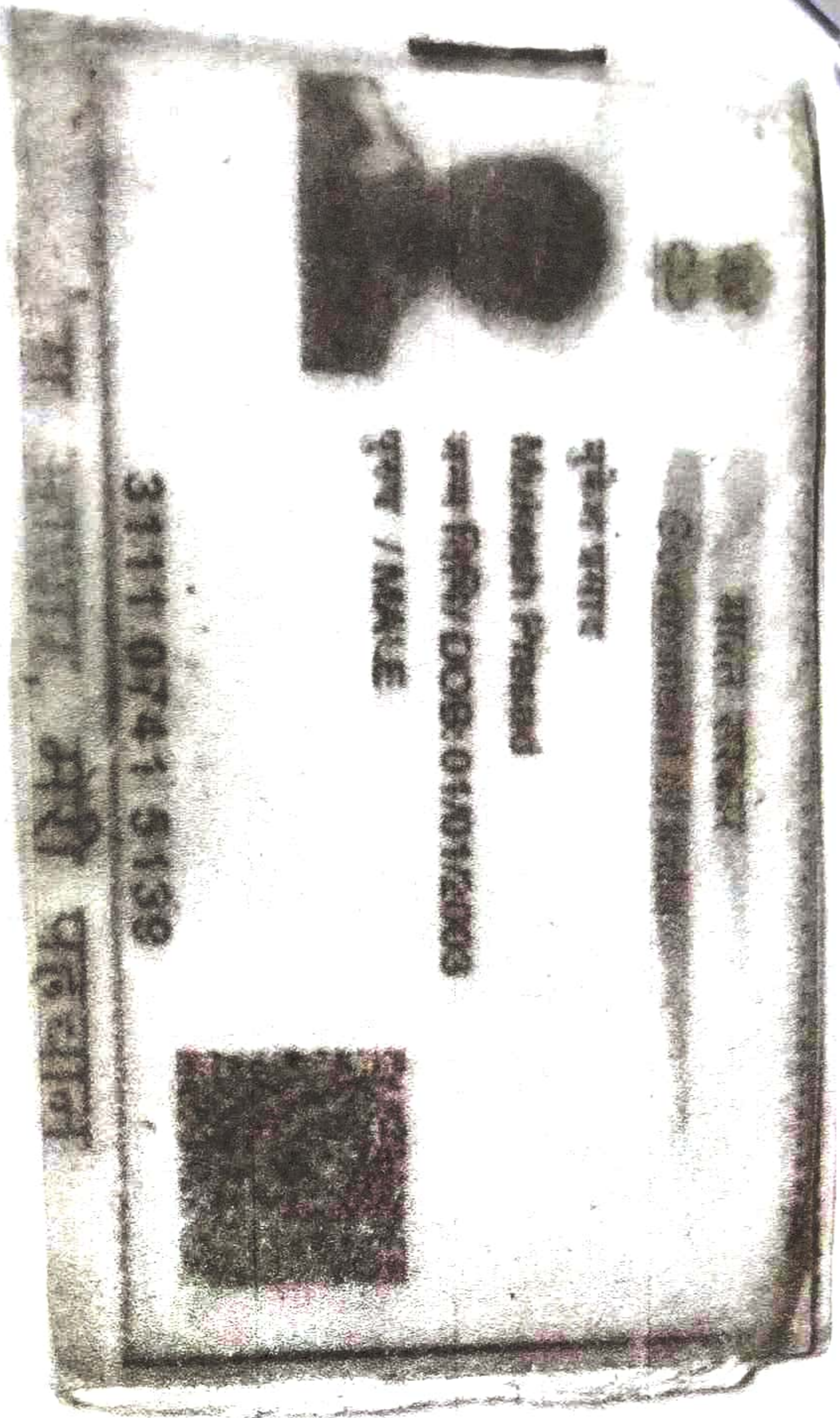
**Driver's License:** Any person including the insured provided that a person driving holds an appropriate driving license as per the provisions of the Motor Vehicle Act, 1988.

**No Claim Bonus:** The insured is entitled for a No Claim Bonus (NCB) when the own damage section of the policy is not claimed during the preceding year. The maximum NCB is 50% of the premium payable for the year.



Approved By: MUKESH PRASAD  
 Approved On: 17-MAY-25  
 Place: NRT  
 Printed On: 17-MAY-25

For and on behalf of  
**The Oriental Insurance Company Limited**  
 General Manager  
 Authorized Signature

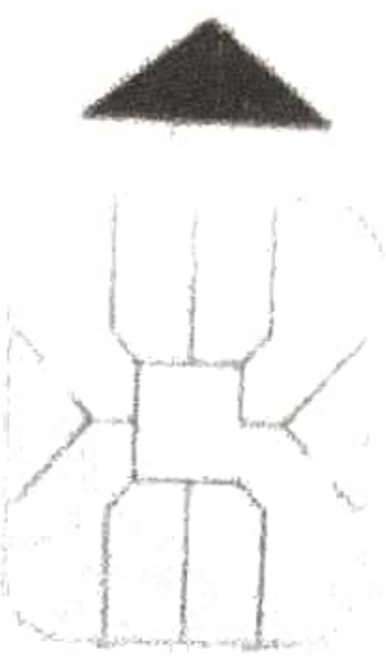




**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**

**UP53 20071521932**

Issue Date: 12-08-2025  
 Validity (NT): 30-06-2034  
 Validity (TR)\*: 11-08-2030



Holder's Signature

Name:

**HARENDRA RAI**

Date of Birth: 01-07-1974

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **LAXMI RAI**

Address:

**VIVILL-GURJAWA PO-KATAHI BHARPURAWA PS  
 JATAHA BAZAR PADRAUNA,KUSHINAGAR 274304**

Date of First Issue: 12-02-2007

DL No: **UP53 20071521932**



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\* Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Issued By
gwb	MCWV6	UP53	12-02-2007	BT			
gwb	LAV	UP53	12-02-2007	BT			
MVSD	TRMS	UP53	12-02-2007	TR			

Emergency Contact Number

Licensing Authority  
**UP53 KUSHINAGAR**