

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **3091**

Date 18-05-26

Name Rajesh Kumar Goud

Add. CPS 7 CA 9729

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Handle			600	
	Handle-T			1000	
	Indicator (R)			250	
	Rear Indicator (L)			250	
	Front Fender			1480	
	Legend			675	
	Port pipe (2)			2400	
	Colour Chery e			800	
				/	
			TOTAL	7455/-	

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.	Rajesh Kumar 7054210866
2	Vehicle No. / वाहन संख्या	UP57CA9724
3	Policy No. / पालिसी संख्या	252400/31/2026/56927
4	Period of Insurance / बीमा अवधि	07-11-2025 - 06-11-2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/05/2026, 04.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Narchochawa Vijaypura.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	0795250432
8	Estimated Loss / अनुमानित हानि	₹4.55/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे चान्चा पिपरा से घर आ रहे थे तभी बस मोड़ते वक्त सामने से एक बस वाले ने चक्कर मार दिया जिससे मेरी बस हाथे सारंड गिरने 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 Padma

Date / दिनांक : 10-05-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
राजेश गौड़



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. 131/252400/2026/56927

Tel. No. _____

Period of Insurance 07-11-2025-06-11-2026
 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 : Rajesh Kumar
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>H A I I F 9 S H L 0 0 1 9 9</u> Chassis No. <u>M B C H A W 4 9 7 5 4 0 0 0</u> <u>1 9 6</u>	Registration No. <u>UP 5 7 CA 9 7 2 4</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 : _____
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Brijkishor Shrivastava
(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 : UP57 20140004201
(h) Issuing Authority : _____
(i) Date of Expiry : 02-03-2034
(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 : 16-05-2026, 04:30 P.M
(b) Place : Narehachawa vijaypur
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक कारक दाले त वक्कर माल दिया जिससे
(e) If any third party was responsible for this accident give the name and address : मैरी कारक हाये लार्ड जिरने ए इमेज ए नम 1

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Handle, Handle T Indicator @
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Geeta 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 : MIA
(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 10-05-2026

Signature of the insured राजेश गोड

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 राजेश गोड
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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 or future arising directly/indirectly in respect of the said accident.

No. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature राजेश गोड
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 : UP57CA9724 Registration Date : 11-Nov-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 : RAJESH KUMAR GOND Son/wife/daughter of : MAHENDRA
Full Address: (Permanent) : VILL-NAR CHOCHAWA, POST-DHARAMPUR, THANA-NEBUA NAURANGIYA,
KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-NAR CHOCHAWA, POST-DHARAMPUR, THANA-NEBUA NAURANGIYA,
KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 10-Nov-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 : AA2142504326 Rear HSRP No : AA2144983448
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
No of Cylinders : 1 Chassis No : MBLHAW497SHL00196
Engine No : HA11F9SHL00199 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK TORNADO 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)

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 w.e.f. .

Purchase dt : 07-Nov-2025 Sale Amt : 77982/-
OTT Date : 07-Nov-2025 Amount/Rcpt No : 7799 / UP57D25110004106
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 24-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Nov-2025 to 10-Nov-2040

Date : 27-Jan-2026 13:55:30

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 27-Jan-2026
A.R.T.O. (A)
Kushinagar (U.P.)

Q 7636385



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID PGIR0928

Page No 1

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type: BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))

Policy No: 252400/31/2026/56927

Agent/Broker Code: BA0000155144

Agent/Broker Name: ABHINAV BHATI

Insured Name: RAJESH KUMAR GOND (GSTIN:)

Insured Address: C/O MAHENDRA, R/O VILL-NAR CHOCHAWA POST -DHARAMPUR, THANA -NEBUA NAURANGIYA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA, 0

Policy Issued On: 07-NOV-25

Proposal No. & Date: R/252400/31/2026/106783671/39 & 07-NOV-2025

Policy Period (OWN DAMAGE): FROM 13:20 ON 07/11/2025 TO MIDNIGHT OF 06/11/2026

Policy Period (LIABILITY): FROM 13:20 ON 07/11/2025 TO MIDNIGHT OF 06/11/2030

Lead/Breakin No: UTTAR PRADESH

Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	74083
Model & Variant	HERO SPLENDOR PLUS XTECH E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	74083
Engine -Chassis No	HA11F9SHL00199 - MBLHAW497SHL00196		TMF CONTRACT NO	
Cubic Capacity	100		Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1		Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1241.63	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	185.63	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4037
AAI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4763
NH. Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	186	5. Subject to Endorsements IMT.7.10.28.	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	Cash	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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.

I/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/have herein to set his/their hands at 252400 on 07-NOV-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 (7) Any Purpose in connection with motor trade

Driver's Clause: Any person including the insured: Provided that a person 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 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS 0

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 only be allowed provided the policy is renewed within 90 days of the previous policy

I/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 XI of M.V Act, 1988.

* This insurance excludes all pre-existing damages



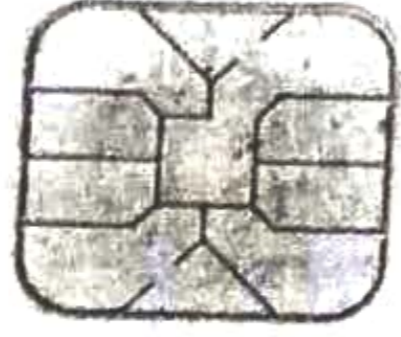
Approved By : UNIV@252400
Approved On : 07-NOV-25
Place : MRT
Printed On : 07-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20140004201



जारी करने की तिथि
Date of Issue
03/03/2014

वैधता / Validity
02/03/2034

जन्म तिथि
Date of Birth
06/03/1995

Blood Group
B+



नाम / Name

BRUKISHOR SHRIVASTAVA

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

LALKISHUN SHRIVASTAVA

UP57 20140004201

UP00776623RS



LMV
03/03/2014



MCWG
03/03/2014



Form 7 Rule 16(2)

पता / Address

VILL- NARCHOCHAWA TOLA VIJAYPUR
PO- DHARAMPUR ,PS- NEBUA NAURANGIYA
KUSHINAGAR 274304

Signature
Holder's Signature

Signature
जारीकर्ता / Issuing Authority Sign
KUSHINAGAR



भारत सरकार
Government of India



राजेश कुमार गोंड
Rajesh Kumar Gond
जन्म तिथि / DOB . 06/07/2004
पुरुष / Male



2234 5895 6663

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: महेंद्र, नर चोचावा, धरमपुर,
कुशीनगर, उत्तर प्रदेश, 274304

Address:
S/O: Mahendra, Nar Chochawa,
Dharampur, Kushinagar, Uttar
Pradesh, 274304

2234 5895 6663

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

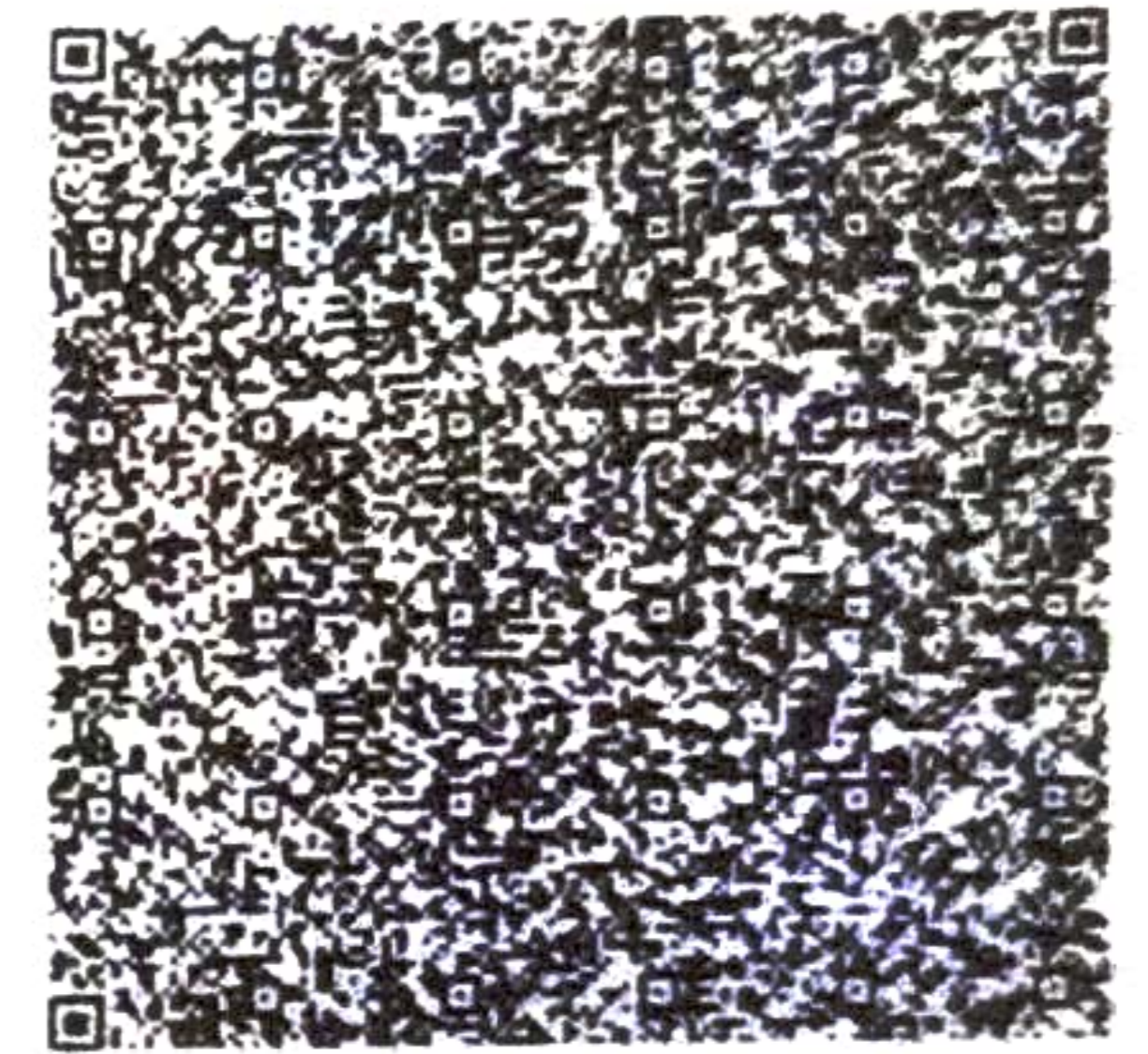
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DXVPG8742N



नाम / Name
RAJESH KUMAR GOND

पिता का नाम / Father's Name
MAHENDRA

जन्म की तारीख / Date of Birth
06/07/2004

राजेश गोंड
हस्ताक्षर / Signature

06740