

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3094**Date 19-05-26Name ArmanAdd. UPS 7 BZ 2573

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Visor			1250	
	H/L			3800	
	Inner			480	
	meter			3700	
	Handle			600	
	Handle-T			1000	
	Fork Assy			4500	
	Front fender			1450	
	Tank			5500	
	Rear Indicator (A)			250	
	Front Rim			4500	
	chassis Repair			2500	
	Tool box cover (R)			800	
	Legend			675	
	Color change			1200	
			TOTAL	32,205/-	

Authorised Signatory

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

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.	Arman 9026462044
2	Vehicle No. / वाहन संख्या	UP57B2 2573
3	Policy No. / पालिसी संख्या	252400/31/2026/36266
4	Period of Insurance / बीमा अवधि	13-09-2025 - 12-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/05/2026, 02.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kuberastham
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	6393091999 Salim
8	Estimated Loss / अनुमानित हानि	32,205/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे बड़े मामा का लड़का सलीम बाजार जा रहा था तभी एक बड़े वाले ने सामने से अचानक मार दिया जिसके मे बड़े 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 Padrauna

Date / दिनांक : 19/05/2026
हस्ताक्षर

Arman
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. 252400/31/2026/36266
 Tel. No. _____ Period of Insurance 12-09-2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name : Arman
 (b) Address for correspondence : _____
 (c) Telephone : 9026462046

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11FB546 49317</u> Chassis No. <u>MBLHA0332816B</u> <u>1696</u>	Registration No. <u>UP57B22573</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 : Salim
(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 : UP5720240009505
(h) Issuing Authority : _____
(i) Date of Expiry : 31-12-2024
(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 : 18-05-2026 01:00 p.m
(b) Place : Kubersthan
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : लक कारक वाले ने सामने से बमर मार
(e) If any third party was responsible for this accident give the name and address : किया जिसे से कारक अतिगल हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : UP57 H/E 9mm, metal...
(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 : MI A
(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 _____

~~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 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 19-05-2002

Signature of the insured

312117

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 अरमान
Occupation
Address
.....
.....

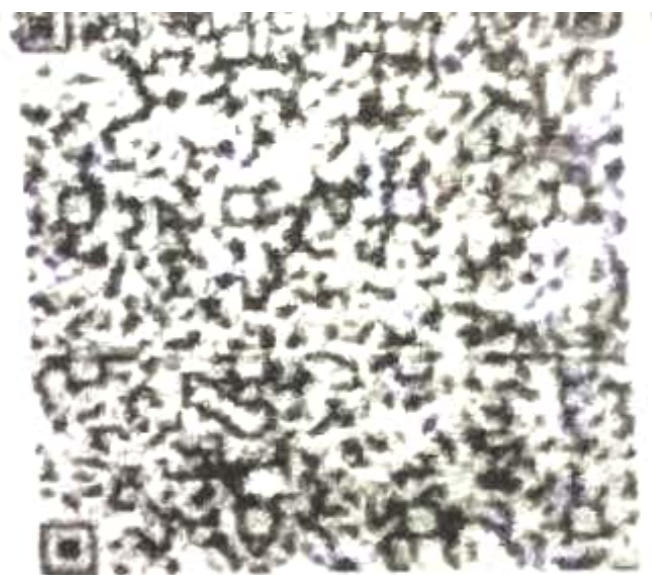
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ2573 Registration Date : 21-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 : ARMAN Son/wife/daughter of : MUNNA
 Full Address: (Permanent) : VILL- SEMARA HARDO, POST- KATHKUIYAN, THANA- KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL- SEMARA HARDO, POST- KATHKUIYAN, THANA- KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274303

Fitness UpTo : 20-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 : AA1043450893 Rear HSRP No : AA2131515713
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW33XSHGB1696
 Engine No : HA11FBSHG43317 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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 IDFC FIRST BANK LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 12-Sep-2025.

Purchase dt : 12-Sep-2025 Sale Amt : 86601/-
 OTT Date : 12-Sep-2025 Amount/Rcpt No : 8661 / UP57D25090001283
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-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 21-Sep-2025 to 20-Sep-2040

Date : 29-Dec-2025 17:09:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 KUSHI NAGAR (U.P.)
 Date : 29-Dec-2025

Q 6239095



The Oriental Insurance Company Ltd. Policy Schedule

Report ID : POBR0928

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, 01214063578 (GSTIN: 09AAACT0627RAZU)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2026-36266), Agent/Broker Code (BA0000155144), Agent/Broker Name (ABHINAV BHATI), Insured Name (ARMAN), Insured Address (C/O MUNNA, R/O VILL-SEMARA HARDO POST-KATHKIYAN, THANA-KUBERSTHAN KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA, 0).

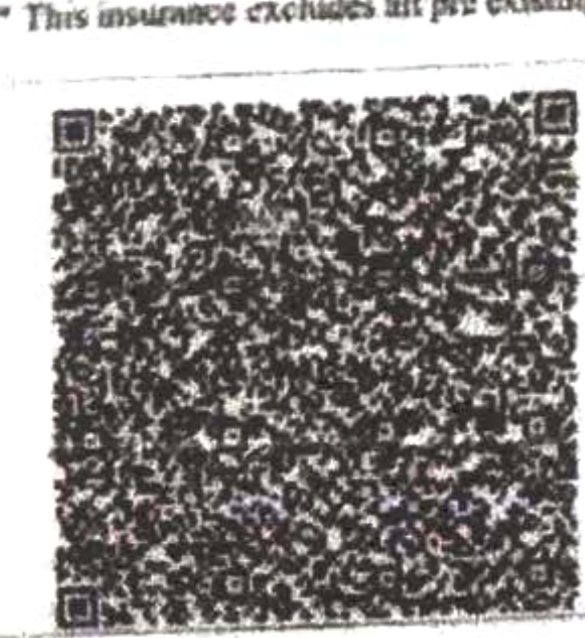
INSURED MOTOR VEHICLE DETAILS table with columns: Make (HERO MOTOCORP), Model & Variant (HERO SPLENDOR PLUS XTECH E20), Registration No (NEW), Year Of Manufacture (2025), Engine - Chassis No (HA11FBSHG43317 - MBLHAW33XSHGB1696), Cubic Capacity (100), Seating Capacity (1+1), Type Of Body (SOLO), Type Of Fuel (PETROL), RTO Location, Vehicle (R2974), Electrical Accessories (0), Non Electrical Accessories (0), Total IDV (R2974), TMF CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area.

Schedule Of Premium (Amount in Rs.) table with columns: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-totals for Deductibles, Add-on Coverages, and Net own Damage Premium(A) of 209.

Table with Nominee Details, Payment Details, and Financer Type information. Financer Name: IDFC FIRST BANK LTD, Financer Branch: GORAKHPUR.

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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.

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 trails (7) Any Purpose in connection with motor trade.



Approved By : UNIV@252400
Approved On : 13-SEP-25
Place : MKT
Printed On : 13-SEP-25



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20240009505

Issue Date: 11-05-2024
 Validity (NT): 31-12-2025
 Validity (TP):



31-05-2024

Holder's Signature

Blood Group:

Organ Donor: **N**

Date of First Issue

Name: **SALIM**
 Date of Birth: 01-01-2004
 Son/Daughter/Wife of: **MUBINAK**
 Address:
Abargwalya Samara Haridwar Rudhinagar
Uttar Pradesh 274303

DL No: **UP57 20240009505**

Invalid Carriage (Rغن Numbers):


Hazardous Vehicle? Hill Vehicle?



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category Number	Badge Number	Badge Number	Badge Number	Badge Number
Motor Vehicle	UP57	UP57	11-05-2024	NT				
Motor Vehicle	UP57	UP57	11-05-2024	NT				

Emergency Contact Number

Download Date: 22/04/2023



भारतीय प्रजासत्ताक
भारत सरकार

अरुण
Arman
जन्म तिथि / DOB: 01/01/2004
पुंस / MALE

Issue Date: 12/09/2023

4131 4477 9500

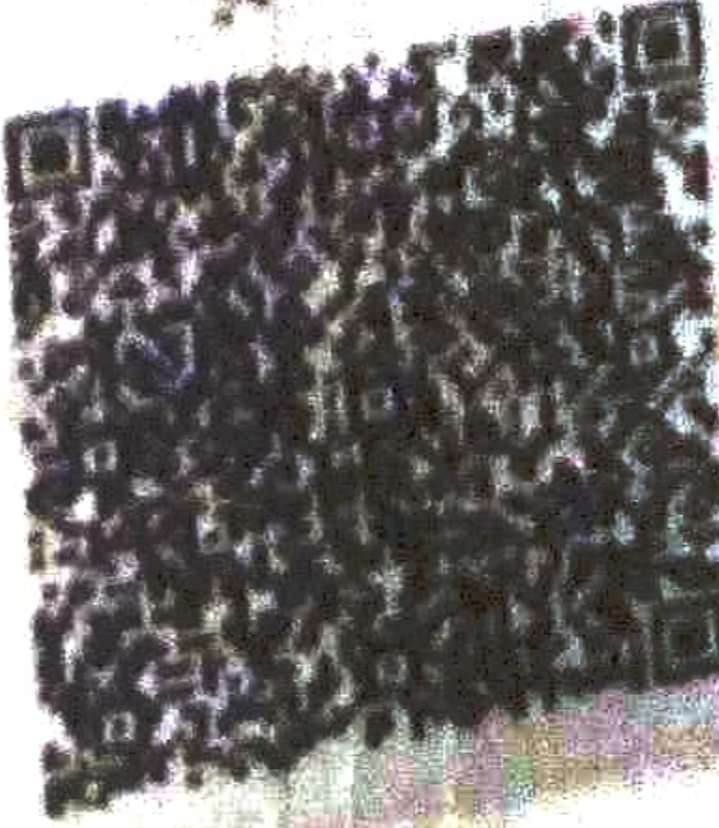
सेरा आथर, सेरी पहवान

भारतीय प्रजासत्ताक
भारत सरकार

पता:
S/O: मुना, सेमरा हार्दो, कुशीनगर, उत्तर प्रदेश
274303

Address:
S/O: Munna, Semara Hardeo, Kushinagar,
Uttar Pradesh - 274303

4131 4477 9500



P.O. Box No. 1047
Kushinagar-274303

STANDARD FORM

NO. 1

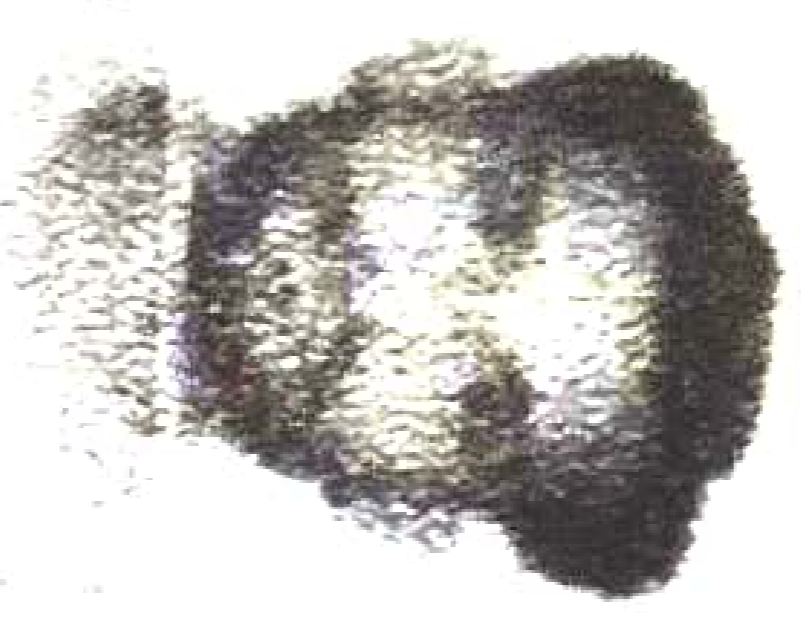


UNIT STATES

INDIAN INDIAN



GOVT OFFICE



ARMY

MUNNA

OFFICE

EXIPA4314Q

ARRM N

