

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

Gupta**AUTOMOBILES**

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

No. **3096**Date 19/05/26

Name

Suheb Akhtar

Add.

UP57BN3553

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	4.805			1065/-	
	Indicator (1)			100/-	
	Leg Guard			650/-	
	Front Fender			1170/-	
	Fuel Tank			8600/-	
	Rear Grip			1080/-	
	Seat Cover - (1)			510/-	
	Labour charge			800/-	
			TOTAL	12055/-	

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.	Subeh Akhtar, 7860297559
2	Vehicle No. / वाहन संख्या	UP57BN3553
3	Policy No. / पालिसी संख्या	198/2025/7001/0/46575/441648
4	Period of Insurance / बीमा अवधि	22/5/2025 to 21/5/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/05/2026, 06.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kasia Road Chhawani Padma
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mahab Alam, UP5720120018027
8	Estimated Loss / अनुमानित हानि	12055/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे चाचा के बड़े महताब आलम कसथा से पड़ोना की तरफ जा रहे थे अचानक से एक बईक वाले ने अपनी बईक मोड़ दिया जिससे मेरी बईक उसीक बईक से टकरा कर बायें साईड 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.

सुहेब अख्तर

Date / दिनांक : 19/05/2026
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. M3/2025/7001/0/46535/241648
 Tel No _____ Period of Insurance 22/5/25 to 21/5/26
 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 Suhel Akhtar
 (b) Address for correspondence _____
 (c) Telephone 7060297559

2. THE INSURED VEHICLE

Make & Year <u>Hyundai/2023</u>	Engine No. <u>FA11E7PHK14418</u> Chassis No. <u>MBLHAWR26PHK04346</u>	Registration No. <u>UP57BN</u> <u>3553</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? _____
 (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 _____
- pld

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Mahtab Alam
(b) Age :
(c) Address : Kushinagar Padrauna
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment : Relative.
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : No
(h) Issuing Authority : UP5720120018027
(i) Date of Expiry : 11/12/2032
(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 : 15/05/2026, 06.30 P.m.
(b) Place : Kasia Road Chhaurani Padrauna
(c) Speed of vehicle at the time of accident
(d) Give a short description of the accident
(e) If any third party was responsible for this accident give the name and address : एक बार्सिक वाले से टकरा कर बायें साईड गिरने से क्षतिग्रस्त हो गया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side.
(b) Estimated cost of repairs : 12055/-
(c) When and where can the damaged vehicle be inspected : Greeta 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 : N/A
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :

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 सुदेश शर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23

https://vahan.parivahan.gov.in/vahan/v... Paper...



CERTIFICATE OF REGISTRATION

Registration No	: UP57BN3553	Registration Date	: 20-Oct-2023
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304	Son/wife/daughter of	: MUSTFA
Owner Name	: SUHEB AKHTAR		
Full Address: (Permanent)	: VILL-NAUKA TOLA TULSI NAGAR, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304		
Full Address: (Temporary)	: VILL-NAUKA TOLA TULSI NAGAR, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304	Owner Serial No	: 1
Fitness Up To	: 19-Oct-2038	Link Vehicle No	:
Detailed Description		Norms	: BHARAT STAGE VI
Class of Vehicle	: M-CYCLE/SCOOTER	Rear HSRP No	: AA2082196179
Ownership	: INDIVIDUAL	Month/Year of Manuf.	: 10/2023
Maker's Name	: HERO MOTOCORP LTD	Chassis No	: MBLHAW226PHK04346
Front HSRP No	: AA2080213713	Fuel	: PETROL
Type of Body	: SOLO WITH PILLION	Cubic Capacity	: 97.20
No of Cylinders	: 1	Wheel base	: 1236
Engine No	: HA11E7PHK14418	Standing Cap	: 0
Horse Power(BHP)	: 7.91	Unladen Wt (kgs)	: 111
Maker's Classification	: SPLENDOR+ I3S (DRS)	Laden/GV Wt (kgs)	: 241
Seating Cap(in all)	: 2	AC Fitted	: NO
Sleeper Cap	: 0		
Colour	: MATT GREY		
Other Criteria	:		
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 L & T FINANCE LTD GORAKHPUR, GORAKHPUR, . . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 19-Oct-2023.

Purchase dt	: 19-Oct-2023	Sale Amt	: 77926/-
OTT Date	: 19-Oct-2023	Amount/Rcpt No	: 7793 / UP57D23100001498
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 06-Nov-2023		

Other State/Transfer/Conversion Details

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

This certificate is valid from 20-Oct-2023 to 19-Oct-2038

Date: 05-Dec-2023 10:50:56

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 05-Dec-2023

5627301

Government of Uttar Pradesh Government of Uttar Pradesh
Government of Uttar Pradesh Government of Uttar Pradesh

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/441648

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SUHEB AKHTAR	2001-02-05	7860297559		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ZX		HA11E7PHK14418	MBLHAW226PHK04346	2023		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
58000.00	NA	0.00	0.00	0.00	58000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1382.96	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
AYAN	Male	17 Years	BROTHER	2025-05-22 00:00	Midnight of 2026-05-21	

Section A, VRC: 587.40 TCR: 273.76 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) **Total with GST(A)** 1050.20
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 **Sub Total:** 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B):** 0.00 **GST (CGST @9% + SGST @9%) (B):** 0.00 **Total with GST(B):** 0.00
 Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 **GST (CGST @9% + SGST @9%):** 0.00 **Total MS Services with GST(C):** 0.00
 Section D, Drive Assure: **282.00** AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 50.76 **Total with GST(D):** 332.76
Total(Section A+B+C+D) Offered Price After Discount: 1383

Package Period Covered	2025-05-22 To 2026-05-21	2026-05-22 To 2027-05-21	2027-05-22 To 2028-05-21	2028-05-22 To 2029-05-21	2029-05-22 To 2030-05-21
ADV	58000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No :7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Received with Thanks Rs 1382.96 ON 2025-05-22 from Mr./Ms. SUHEB AKHTAR
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

DL No: UP57 20120018027

UPDL571000034021



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	12-12-2012	NT			
	LMV	UP57	12-12-2012	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



Indian Union Driving Licence Issued by Uttar Pradesh

UP

UP57 20120018027

Issue Date	Validity (NT)	Validity (TR)*
20-11-2025	11-12-2032	



Holder's Signature

Name:

MAHTAB ALAM

Date of Birth: **16-03-1983**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

AVID ALI

Address:

**LAXMIPUR KUBERSTHAN KUSHINAGAR
274303**

Date of First Issue
12-12-2012



भारत सरकार
Government of India



Aadhaar no. issued: 13/11/2013



सुहेब अख्तर
Suheb Akhtar
जन्म तिथि/DOB: 05/02/2001
पुरुष/ MALE

8774 4444 2230

मेरा आधार, मेरी पहचान

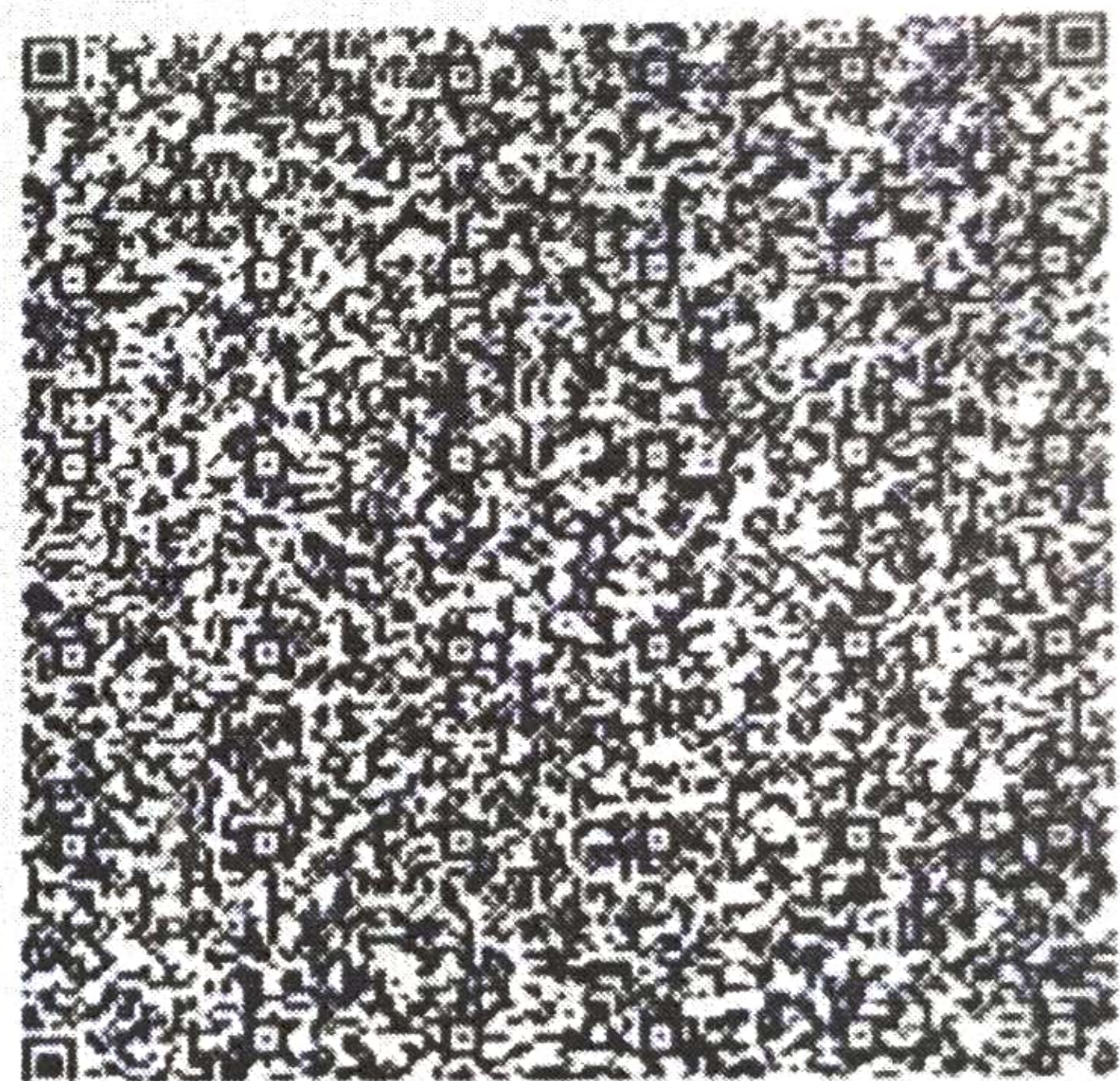


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: मुस्तफा अख्तर, नौकाटोला तुलसीनगर वॉर्ड न-03,
पडरौना, पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
C/O: Mustafa Akhtar, naukatola tulsinagar
ward no-03, Padrauna, PO: Padrauna, DIST:
Kushinagar,
Uttar Pradesh - 274304



8774 4444 2230

VID : 9142 7810 0975 3595



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

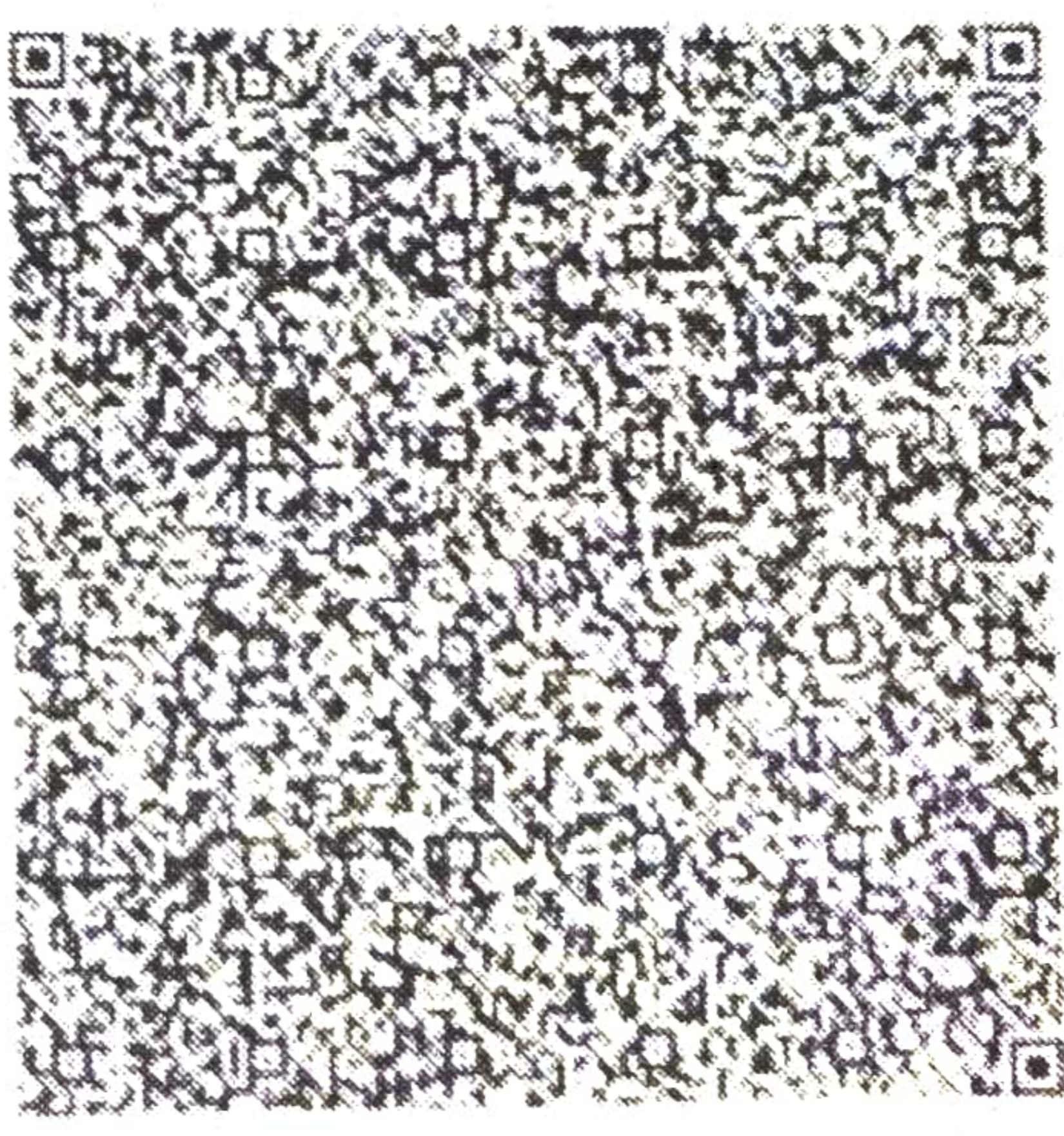
GOVT. OF INDIA



स्थायी वेतन श्रेणी कार्ड

Permanent Account Number Card

OFDPS0420G



नाम / Name

SUHEB AKHTAR

पिता का नाम / Father's Name

MUSTAFA

जन्म की तारीख /

Date of Birth

05/02/2001

सुहेब अख्तर

हस्ताक्षर / Signature

01092023