

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **3098**

Date 20-05-20

Name

Sumanth Kumar Gond

Add.

CPS 7 CA 2174

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	P.
	Front Fender			1450	
	Front Viewor			1250	
	H/L			500	
	Leg pad			675	
	Fuel Tank			5500	
	Handle			800	
	Handle - T			1000	
	mirror - (C)			250	
	visor Bms			400	
	FR. Windows (R)			250	
	Side panel (R)			700	
	Chassis Neck Repair.			400	
	Rest Cover (R)			650	
	Fork pipe (2)			2400	
	labour charge			800	
				/	
			<b>TOTAL</b>	<b>16.825</b>	

Authorised Signature

दावा सूचना  
Spot / Fin  
नियुक्त कर  
Kumar  
72174  
131/2  
2025  
19-05  
Sarwa  
a Kum  
825/  
मेरा  
L मे  
गाड़ी  
कर  
N

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

Gupta Auto

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.	Sumant Kumar God 955439 84 78
2	Vehicle No. / वाहन संख्या	UP57CA2174
3	Policy No. / पालिसी संख्या	252400/21/2026/48720
4	Period of Insurance / बीमा अवधि	21-10-2025 - 20-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	<del>19-05-2026</del> 19-05-2026 1:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Barwa Sahad Poha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jitendra Kumar 911890 9532
8	Estimated Loss / अनुमानित हानि	16,825/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी मेरा भाई किसी काम से बाहर जा रहे थे गाड़ी लेकर तो रास्ते में मोड़ पर रुकते तब उनके वाला सामने से निकला तब मेरी गाड़ी उनके गाड़ी में जा लकड़ाया और गाड़ी दायां तरफ गिर कर डैमेज हो गया.
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.	Gupta Automobile Padvaaha 9125197148

मेरे भाई जिले-दू की किसी तरह का चोट नहीं आया।

Date / दिनांक : 20-05-2026  
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. 252400/31/2026/48720  
 Tel. No. \_\_\_\_\_ Period of Insurance 20-10-2026  
 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 Suman Kumar Goud  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone 9554398978

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11P6SHJ48618</u> Chassis No. <u>MBLHAW469SHJ45138</u>	Registration No. <u>UP57CA2174</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

DRIVER AT THE TIME OF ACCIDENT

(a) Name Jitendra Kumar  
 (b) Age \_\_\_\_\_  
 (c) Address \_\_\_\_\_  
 (d) Is the Driver  
 1 Owner \_\_\_\_\_  
 2 paid driver? \_\_\_\_\_  
 Owner's relative or friend? relative (brother)  
 (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 UP5720230009241  
 (h) Issuing Authority \_\_\_\_\_  
 (i) Date of Expiry 11-10-2023  
 (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 19-05-2026 1:00 PM  
 (b) Place Barwa Satad Tola  
 (c) Speed of vehicle at the time of accident \_\_\_\_\_  
 (d) Give a short description of the accident मोटर गाडी जिनेस 01151 कोले गेट लेट एत कि  
 (e) If any third party was responsible for this accident give the name and address दिलीप मिस्र जी कोले गेट लेट एत कि  
समज हो गाती - तयरी मया मरु  
गिर कल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage Worn, Life, Ceepant Fault etc  
 (b) Estimated cost of repairs \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected Groupa Automobiles parvaha

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? NIA

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 20-05-2002

Signature of the insured Suman

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Jitendra Kumar  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : Relative (Brother)  
 (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 : UPS 720230009241  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 11-10-2023  
 (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 : 19-05-2026 1:00 PM  
 (b) Place : Barwa Sahad Tola  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरा भाई जितेंद्र जी को एक बस लेता था कि  
दोनों में हादसा हुआ और बस टकरा गई।  
 (e) If any third party was responsible for this accident give the name and address : समज हो गया - तब ही सवाला पूछें

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Wind, fire, accident Damage etc.  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobiles Parnana

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

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 ..... *Suman* .....

Occupation .....

Address .....

.....

.....

Bank Account Number .....

Name of the Bank .....

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

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

INSURED POLICY (MOTORIZED TWO WHEELERS-(3 Years))

Policy Issued On 21-OCT-25

Proposal No. & Date R/252400/31/2026/16038 & 21-OCT-2025

Policy Period (OWN DAMAGE) FROM 12:28 ON 21/10/2025 TO MIDNIGHT OF 20/10/2026

Policy Period (LIABILITY) FROM 12:28 ON 21/10/2025 TO MIDNIGHT OF 20/10/2030

252400/31/2026/48720

13000403111

ADITHYAN BHATI

SOMANT KUMAR GOND (GSTIN: )

C/O CHHANGUR PRASAD GOUND, VILL - PIPRA JATAMPUR POST - PIPRA JATAMPUR, THANA - KUMBERSTHAN, VILL - PIPRA JATAMPUR POST - PIPRA JATAMPUR, THANA - KUMBERSTHAN, PADRAUNA, KUSHINAGAR, NA.

Lead/Breakin No Insured State

UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (in Rs.)

Table with columns for Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area, and Type Of Fuel.

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)

LIABILITY SECTION(B)

Table showing premium details for Own Damage and Liability sections, including items like Basic Third Party Liability, Compulsory PA Cover Premium, and Total Premium Paid.

- List of notes regarding policy terms, stamp duty, and endorsements.

Table for payment details including Cheque No./Transaction No., Bank Name, Amount, Financier Name, and POS ID.

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...

Approved By: 6595255MD
Approved On: 21-OCT-25
Place: MCI
Printed On: 21-OCT-25



Handwritten text in Hindi: '24 सेपा पालिसी, गाड़ी का फुल बीमा...'

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



Registration No : UP57CA2174 Registration Date : 25-Oct-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 : SUMANT KUMAR GOND Son/wife/daughter of : CHHANGUR PRASAD GOND  
 Full Address. (Permanent) : VILL-PIPRA JATAMPUR, POST-PIPRA JATAMPUR, THANA - KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303  
 Full Address (Temporary) : VILL-PIPRA JATAMPUR, POST-PIPRA JATAMPUR, THANA - KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303  
 Validity Up To : 24-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  
 Front HSRP No : AA2140321416 Rear HSRP No : AA2141823988  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW469SHJ45138  
 Engine No : HA11F6SHJ40618 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  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243  
 Other Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Bult

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 HERO FINCORP LIMITED

DELHI DELHI, ... New Delhi, Delhi-110057 w.e.f. 21-Oct-2025.

Purchase dt : 21-Oct-2025 Sale Amt : 77982/-  
 OTT Date : 21-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100008288  
 vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 22-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 25-Oct-2025 to 24-Oct-2040

31-Jan-2026 15:29:05  
 Taxation Particulars Advance Registration Mark Fee Details

Signature of Registering Authority  
 KUSHINAGAR (U.P.)  
 Date: 31-Jan-2026

Q 7653199



भारत सरकार  
Government of India

सुमंत  
Sumant  
जन्म तिथि / DOB : 23/09/1997  
पुरुष / Male



5142 1966 0565

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O: छागुर प्रसाद, पिपरा जतानपुर,  
कुशीनगर, पिपरा जतामपुर, उत्तर  
प्रदेश, 274303

Address:  
S/O: Chhangur Prasad, Pipra  
Jatanpur, Kushinagar, Pipra  
Jatampur, Uttar Pradesh, 274303

5142 1966 0565

1947  
1800 300 1947

help@uidai.gov.in

WWW  
www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

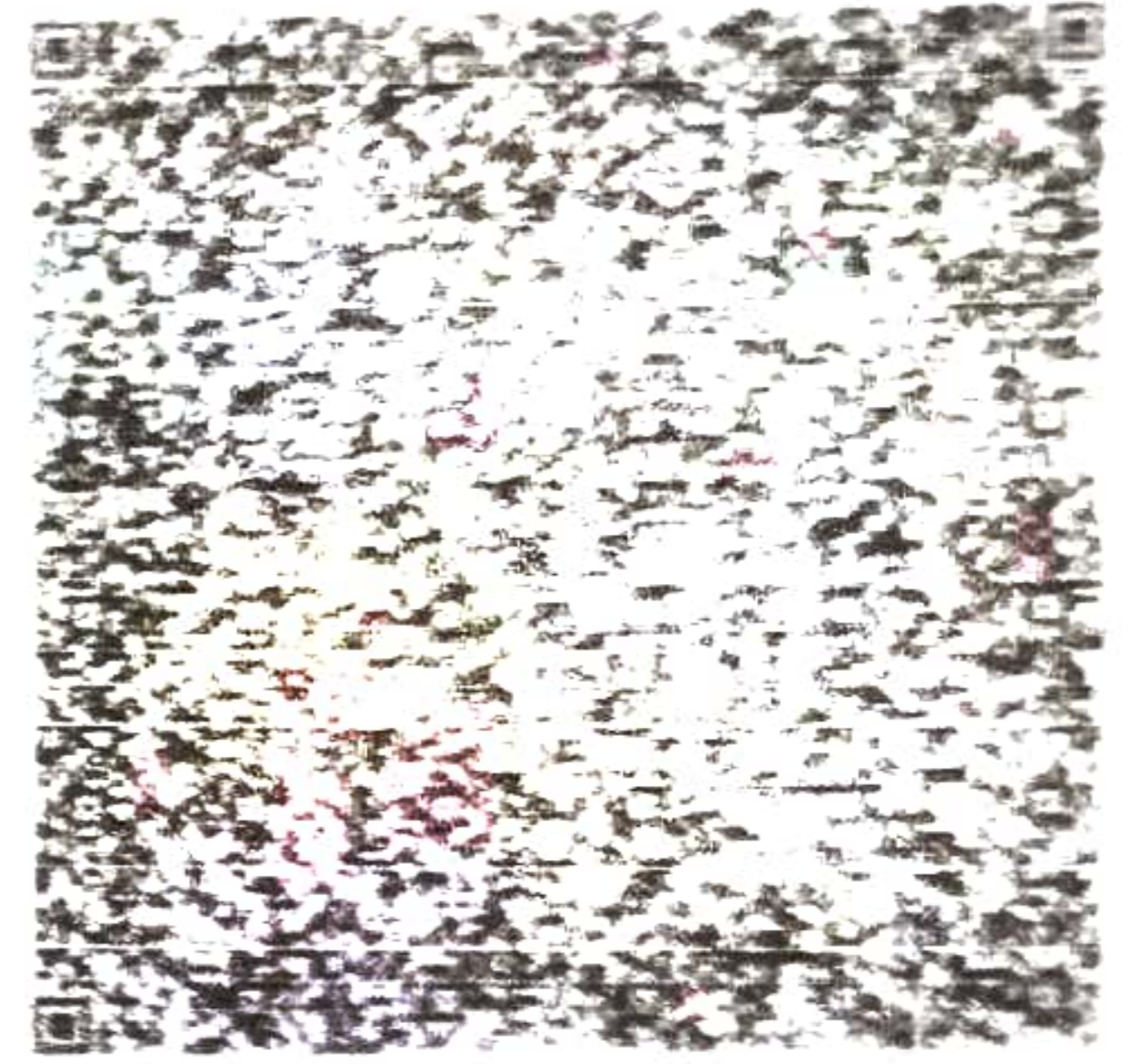


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

IRYPS0822K



नाम / Name  
SUMANT KUMAR GOND

पिता का नाम / Father's Name  
CHHANGUR PRASAD GOND

14092024

जन्म की तारीख /  
Date of Birth  
23/09/1997

Sumant  
हस्ताक्षर / Signature

