

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No.

1901

Date 21-05-20

Name

Suresh

Add.

CP 57 CA 2285

S.NO.

PARTICULARS

QTY.

RATE

AMOUNT

Rs.

P.

Wires

1250

H/L

3800

Victor Ins

420

H/L stay

300

meter

3800

Front Fender

1480

Handle

600

Handle - T

1000

Force pipe

2400

Cegard

675

Front both wipers

500

chassis Repair

2000

labour charge

1200

TOTAL

19405/-

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.	Suner 8318504048
2	Vehicle No. / वाहन संख्या	UP57 CA2205
3	Policy No. / पालिसी संख्या	252400/31/2026/48065
4	Period of Insurance / बीमा अवधि	20-10-2025 - 19-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-05-2026 - 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	बड़ी नहर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Santosh Kumar Paswan <del>9616435266</del> 9616435266
8	Estimated Loss / अनुमानित हानि	19,405/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरा गाड़ी मैरा साला किसी काम से करीक लेकर जा रहे थे बाकी में एक pulsar वाला सामने के हाथ से रस्स से रस्स मार दिया जोर गाड़ी क्षतिग्रस्त 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.	9125197148 Gupta Automobile padraua

Date / दिनांक : 21-05-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

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.	Suneer 8318504048
2	Vehicle No. / वाहन संख्या	UP57 CA2285
3	Policy No. / पालिसी संख्या	252400/31/2026/48065
4	Period of Insurance / बीमा अवधि	20-10-2025 - 19-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-05-2026 - 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	बड़ी नहर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Santosh Kumar Paswan <del>9-05-2026</del> 9616435266
8	Estimated Loss / अनुमानित हानि	19,485/-
09.	Cause of Accident / दुर्घटना का कारण :	मैरा गाड़ी मैरा साला किसी काम से कारक लेकर जा रहे थे बाइके में एक pulsar वाला सामने के हाथ सड़क से उभर कर दिखा और गाड़ी क्षतिग्रस्त 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.	9125197148 Gupta Automobile padraua

Date / दिनांक : 21-05-2026  
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. 252400/31/2026/48085  
 Tel. No. \_\_\_\_\_ Period of Insurance 19-10-2026  
 Claim No. \_\_\_\_\_

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

I. INSURED

(a) Name Suner  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone 8319584049

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11PQ59K07078</u> Chassis No. <u>MBLHAWA5559K57910</u>	Registration No. <u>UP57CA2205</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 \_\_\_\_\_

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Santosh Kumar Paswan
- (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 : CP57 2025 000 4132
- (h) Issuing Authority : 23-02-2025
- (i) Date of Expiry : \_\_\_\_\_
- (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 4:00 P.m
- (b) Place : Badi Nahar (Cannel)
- (c) Speed of vehicle at the time of accident : 40 km/h
- (d) Give a short description of the accident : 1st car hit 2nd car
- (e) If any third party was responsible for this accident give the name and address : 2nd car hit 1st car

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Wick, M/L, fuses etc
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile padvaune

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? : MIA

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

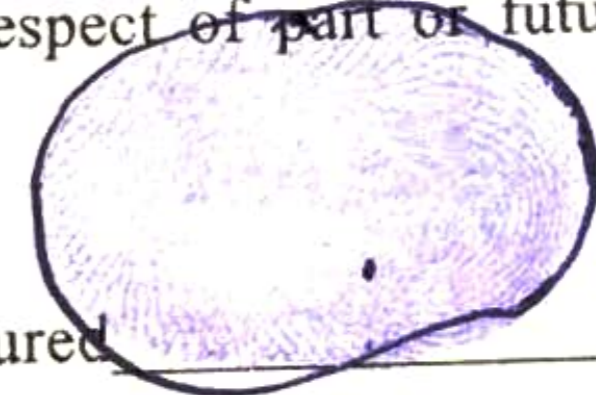
- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Police Station? : \_\_\_\_\_  
(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 21-05-2007

Signature of the insured



*[Handwritten signature]*

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office

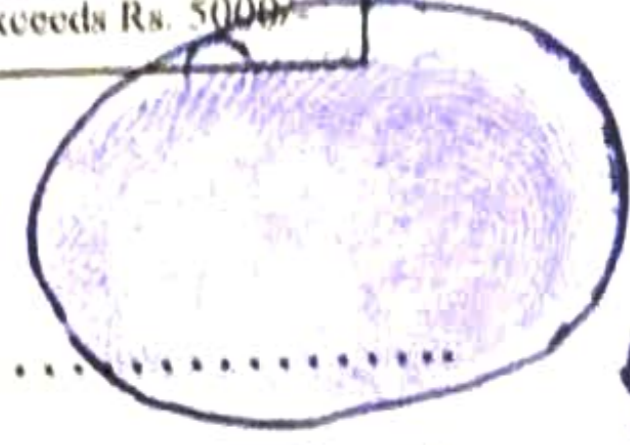


The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



Signature

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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



भारत सरकार  
Government of India



सुमेर  
Sumer  
जन्म तिथि / DOB : 02/02/1980  
पुरुष / Male



3778 9099 7291

आधार - आम आदमी का अधिकार



भारतीय आदर्श आधिकारण  
Unique Identification Authority of India

पता:  
S/O: प्रसाद, महुअवा, महुअवा,  
धीनुहुआ, लक्ष्मीगंज, कुशीनगर, उत्तर  
प्रदेश, 274306

Address:  
S/O: Prasad, mahuava, mahuava,  
Dhinuhua, Laxmiganj, Kushinagar,  
Uttar Pradesh, 274306

3778 9099 7291

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  
UOEPS9202C



नाम / Name  
SUMER

पिता का नाम / Father's Name  
PRASAD

जन्म की तारीख /  
Date of Birth  
02/02/1980

17012026

PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed



# Driving License

NAME : SANTOSH KUMAR  
PASWAN

License No. : UP57 20150004132

Authorization : MCWG  
to Drive

Date of Issue : 2015-02-24

DOB : 1989-09-16

S/W/D : SUDAMA PASWAN

BLOOD  
GROUP : Unknown

Date of Expiry : 2035-02-23

Permanent  
Address : VILL+PO-HARPUR  
MAFI, RAMKOLA,  
KUSHINAGAR

Present  
Address : VILL+PO-HARPUR  
MAFI, RAMKOLA,  
KUSHINAGAR

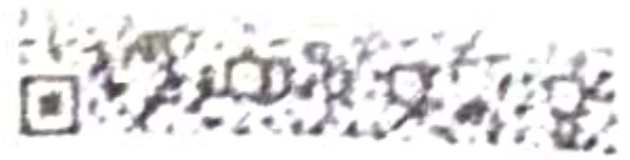


Tap to Zoom

GOVERNMENT OF UTTAR PRADESH

Tran

CERTIFICATE OF REGISTRATION



Registration No : UP57CA2285 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 : SUNER Son/wife/daughter of : PRASAD  
 Full Address: (Permanent) : VILL-MAHUAVA (KERWANIYA TOLA), PST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306  
 Full Address: (Temporary) : VILL-MAHUAVA (KERWANIYA TOLA), PST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274306  
 Fitness UpTo : 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 : AA2140319553 Rear HSRP No : AA2138242725  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLHAW455S9K57940  
 Engine No : HA11F2S9K07078 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE PRO Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK-RED STRIPE 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 HERO FINCORP LIMITED

DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 25-Oct-2025.  
 Purchase dt : 19-Oct-2025 Sale Amt : 66734/-  
 OTT Date : 19-Oct-2025 Amount/Rcpt No : 6674 / UP57D25100008391  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 05-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 25-Oct-2025 to 24-Oct-2040

Date : 23-Dec-2025 12:29:00  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 23-Dec-2025

2303763



