

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

1903Date 22/5/26

Name

Thakur Yadav

Add.

UP57BZ6322

S.NO.

PARTICULARS

QTY.

RATE

AMOUNT

Rs.

P.

①

Handle

550/-

②

Visor

1000/-

③

Leg Guard

650/-

④

Tomki

6000/-

⑤

missos - (R)

100/-

⑥

Labour charge

600/-

TOTAL**9065/-**

Authorized 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.	Thakur Yadav, 7379071457
2	Vehicle No. / वाहन संख्या	UP57BZ6322
3	Policy No. / पालिसी संख्या	252400/31/2026/41511
4	Period of Insurance / बीमा अवधि	09/10/25 to 08/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/5/2026, 11.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Mamchachhapur,
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720140005617 9918298285, Vinod Yadav
8	Estimated Loss / अनुमानित हानि	9065/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे साले जी विनोद यादव घर से पड़रौना जा रहे थे तभी एक गाड़ी वाले ने सामने के दाहिने साइड से तेजागाड़ी पर टक्कर मार दिया जिससे बड़ी तेरी दाहिने साइड गिरने से 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 : 22/5/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
ठाकुर यादव



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. 252400/31/2026/41511

Tel. No. _____

Period of Insurance 9/10/25 to 8/10/26

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 : Thakur Yadav
(b) Address for correspondence : _____
(c) Telephone : 737901457

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAI1FBHJ58364</u> Chassis No. <u>MBLHAW3358HJ57</u> <u>536</u>	Registration No. <u>UP57BZ</u> <u>6322</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 : Vinod Yadav
(b) Age : _____
(c) Address : Kushinagar
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720140005617
(h) Issuing Authority : _____
(i) Date of Expiry : 21/3/2024
(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 : 20/5/24, 11:00 A.M.
(b) Place : monchhaichhapar.
(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 : गाड़ी वाले ने कार्ड के छकाए गए बिना

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Side & front
(b) Estimated cost of repairs : 9065/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Repair

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

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 22/5/26 200

Signature of the insured

राजू दास

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ6322 **Registration Date** : 10-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 : THAKUR YADAV **Son/wife/daughter of** : SIRAJHAN
Full Address: (Permanent) : VILL-BAL CHAND CHHAPRA, POST-SISWA GOITI, THANA-JATAHA BAZAR, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-BAL CHAND CHHAPRA, POST-SISWA GOITI, THANA-JATAHA BAZAR, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 09-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 : AA2133086775 **Rear HSRP No** : AA2133719945
Type of Body : SOLO WITH PILLION **Month/Year of Manuf.** : 09/2025
No of Cylinders : 1 **Chassis No** : MBLHAW335SHJ57536
Engine No : HA11FBSHJ58364 **Fuel** : PETROL
Horse Power(BHP) : 8.17 **Cubic Capacity** : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S) **Wheel base** : 1235
Seating Cap(in all) : 2 **Standing Cap** : 0
Sleeper Cap : 0 **Unladen Wt (kgs)** : 112
Colour : MAT GUN MET 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 w.e.f. .

Purchase dt : 09-Oct-2025 **Sale Amt** : 80517/-
OTT Date : 09-Oct-2025 **Amount/Rcpt No** : 8052 / UP57D25100002291
Vehicle is Govt./ Pvt. : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED
Date of Approval : 13-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 10-Oct-2025 to 09-Oct-2040

Date : 16-Dec-2025 14:38:42

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 16-Dec-2025
 KUSHINAGAR

Q 6218995

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, 01214063578 (GSTIN: 09AAACT0627R4ZU)

Policy No	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	09-OCT-25
No	252400/31/2026/41511	Proposal No. & Date	R/252400/31/2026/33131 & 09-OCT-25
Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:25 ON 09/10/2025 TO MIDNIGHT OF 08/10/2026
Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:25 ON 09/10/2025 TO MIDNIGHT OF 08/10/2030
Insured Name	THAKUR YADAV (GSTIN:)	Lead / Breakin No	/
Insured Address	C/O SIRAJHAN, VILL-BAL CHAND CHHAPRA POST-SISWA GORTI, THANA-JATAHA BAZAR, PADRAUNA (KUSHINAGAR), N.A.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	76491	
Model & Variant	SPLENDOR + RTSC 2.0	Electrical Accessories	0	
Registration No	NEW	Non Electrical Accessories	0	
Year Of Manufacture	2025	Total IDV	76491	
Engine - Chassis No	HA11FB88364 - MBLHAW335SH257536	TMF CONTRACT NO		
Cubic Capacity	97.2	Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1	Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1281.99	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extra (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
Deductions		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductions (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-18)	0	Total Premium (A+B)	4043
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1090	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1090	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4771
NIL Depreciation			
Returns to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium (A)	192		

- Note:
1. Policy Insurance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT, 7, 10, 28,

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

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs 1 lac, 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 as demanded 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 the 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 09-OCT-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 "A VOIDANCE 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

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, 1998.

* This insurance excludes all pre existing damages

Approved By : 6995258MD
Approved On : 09-OCT-25
Place : MRT
Printed On : 08-NOV-25

For and on behalf of
The Oriental Insurance Company Limited



Indian Union Driving Licence
Issued by Uttar Pradesh

UPS7 20140005617



Issue Date: 30-11-2022
Validity (NT): 21-03-2034
Validity (TR): 29-11-2027



Holder's Signature

(22-03-2014)

Name: VINOD YADAV
Date of Birth: 10-10-1989
Blood Group: Organ Donor: N
Son/Daughter/Wife of: KAMTA YADAV

Address:
VILL - BABUR/A HARPUR PO - BABUR/A HARPUR
PS - PADRAUNA KUSHINAGAR 274304

Date of First Issue

DL No: UPS7 20140005617

UPDL 0000-1005379



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	MCWG	UPS7	22-03-2014	NT			
LNV	LNV	UPS7	22-03-2014	NT			
TRANS	TRANS	UPS7	30-11-2022	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UPS7 KUSHINAGAR

Aadhaar no. issued: 22/03/2015



भारत सरकार
Government of India



रंजित यादव
Ranjit Yadav
जन्म तिथि/DOB: 01/01/1965
पुरुष/ MALE

आधार पुरचान का प्रमाण है, नागरिकता या वसतिनिधि का नहीं।
इसका उपयोग सरकार (ऑनलाइन प्रमाणिकरण, या तबूजोर योज/ ऑनलाइन एकराजपुल की रकमि) के साथ बिना ऑफो एनिर।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4932 1289 5050

भारत आरार, भारी परचान

Details as on: 06/01/2025



भारत सरकार
Unique Identification Authority of India



पता:
भारत, बिहार, भाग नं. 97, बिहार नं. 714304
पिन कोड - 714304
Address:
S/O: Sujan, Bal Chand Chhapra, PO: Sisoni Ghat,
DIST: Kishanganj,
Uttar Pradesh - 714304



4932 1289 5050

VID : 9193 8901 3340 0475



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સાવચરક વિભાગ
INCOME TAX DEPARTMENT



ભારત સરકાર
GOVT. OF INDIA



વ્યાજી સેવા સંસ્થા સર્કલ

Permanent Account Number Card

BLVPY7825G

THAKUR YADAV



પિતા ના નામ / Father's Name
SIRAJHAN

જન્મ તારીખ / Date of Birth

01/01/1985

સહી / Signature

સહી / Signature

24576