

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **1906**

Date 23-05-20

Name Reenu Devi

Add. Upst CA 2006

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Vishor			1250	
	Front Winker	①		250	
	Handle			600	
	Handle - II			1000	
	Front Fender			1420	
	Legard			675	
	Rear Winker	①		250	
	Leve - ①			250	
	Vishor Pump			400	
	H/C			600	
	Labour Charge			800	
	Fork Alignment			600	
			<b>TOTAL</b>	<b>7905/-</b>	

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.	Renu Devi 6306063443
2	Vehicle No. / वाहन संख्या	UP57CA2886
3	Policy No. / पालिसी संख्या	252400/31/2025/18336
4	Period of Insurance / बीमा अवधि	20-10-2025 - 19-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/5/2026, 09.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Baripull
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9839281783 Abhishek patel
8	Estimated Loss / अनुमानित हानि	79,85/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी बहन का लड़का अभिषेक पटेल घर से दुकान पर जा रहे थे तभी एक साइकल वाला अचानक सामने आ गया उसी से टकरा कर मेरी बहन 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 Padma

Date / दिनांक : 23-05-2026  
हस्ताक्षर

रू देवी  
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/HO 336  
 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

1. INSURED

(a) Name : Renu Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 6306063443

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11P89HH50673</u> Chassis No. <u>MB2HAW963SHH49662</u>	Registration No. <u>UP57CA2006</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 trailor attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Abhishek Patel  
(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 : UP57 2025 0005246  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 19-03-2024  
(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 : 20-05-2026 @ 9:00 am  
(b) Place : Banipull  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : Car cycle driver hit by car  
(e) If any third party was responsible for this accident give the name and address : Car driver name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Wipers, front wiper (C) handle handle  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padraua

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 : \_\_\_\_\_

~~MIA~~

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. : \_\_\_\_\_

~~MIA~~

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 : \_\_\_\_\_

~~MIA~~

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 23-05- 200 28

Signature of the insured

रेनुका

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 ..... *2020A*  
Occupation .....  
Address .....  
.....  
.....  
Bank Account Number .....  
Name of the Bank .....



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID PGIR0928

Page No 1

The Document is Digitally Signed  
By: S/O THE ORIENTAL INSURANCE COMPANY LIMITED  
Date: Mon, Nov 18, 2024 10:32:44 IST  
Reason: Signing Policy

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT,.....01214063570... (GSTIN: 09AAACT0627R4ZU)	Policy Issued On	20-OCT-25
Policy No	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Proposal No. & Date	R/252400/31/2026/106006879/1 & 20-OCT-2025
Agent/Broker Code	252400/31/2026/48336	Policy Period (OWN DAMAGE)	FROM 15-17 ON 20/10/2025 TO MIDNIGHT OF 19/10/2026
Agent/Broker Name	BA000155141	Policy Period (LIABILITY)	FROM 15-17 ON 20/10/2025 TO MIDNIGHT OF 19/10/2030
Insured Name	ABHINAV BHATT	Lead/Breakin No	
Insured Address	RUNU DEVI (GSTIN: )	Insured State	UTTAR PRADESH
Insured Address	CO RAMBHAGAL ROH NO-251 SHAMPUR HATWA POST-SAKHOPAR, THANA-KASYA KUSHINAGAR, KUSHINAGAR, PADMAUNA ( KUSHINAGAR ), , NA,0		

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	74083
Model & Variant	HERO SPLENDOR PLUS X FECTLE20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74083
Engine-Chassis No	HAT1F6SH150673 - MBLHAW468SH1149608	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1241.63	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	185.63	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
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%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4037
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	726
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	0	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	4763
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub-Total Add-on Coverages	186	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IM1,7,10,28.	

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4763
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch	DELHI	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA	

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 [www.orientalinsurance.org](http://www.orientalinsurance.org) in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (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.

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 authorised by and on behalf of the company has hereunto set his/his hands at 252400 on 20-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 "AVOIDANCE 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 0.

**No Claim bonus:** The insured is entitled to 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 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

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, 1988.

\* This insurance excludes all pre-existing damages.

For and on behalf of  
The Oriental Insurance Company Limited

Approved By : VASU 252400  
Approved On : 20-OCT-25  
Place : MUM  
Printed On : 10-NOV-25

General Manager  
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	UP57CA2880	Registration Date	26 Oct 2025
Description of Vehicle	M CYCLE/SCOOTER	Purpose For Printing RC	NEW
Dealer's Name & Address	GURTA AUTOMOBILES KASIYA ROAD, PADRAUNA		189-274304
Owner Name	RAM BHAGAT	Son/wife/daughter of	RAMBHAGAT
Full Address: (Permanent)	H NO 251 SHAMPUR HATWA, POST-SAKHOPAR, THANA-KASYA, KUSHINAGAR, UTTAR PRADESH-274402		
Full Address: (Temporary)	H NO 251 SHAMPUR HATWA, POST-SAKHOPAR, THANA-KASYA, KUSHINAGAR, UTTAR PRADESH-274402		
Fitness Up To	25 Oct 2040	Owner Serial No	1
Detailed Description		Link Vehicle No	
Class of Vehicle	M CYCLE/SCOOTER	Norms	BHARAT STAGE VI
Ownership	INDIVIDUAL	Rear HSRP No	AA2141829153
Maker's Name	HERO MOTOCORP LTD	Month/Year of Manuf.	08/2025
Front HSRP No	AA2142495605	Chassis No	MBLHAW468SHH49568
Type of Body	SEAT WITH PILLION	Fuel	PETROL
No of Cylinders	1	Cubic Capacity	97.20
Engine No	CA11F66SHH50673	Wheel base	1235
Horse Power(BHP)	6.17	Standing Cap	0
Maker's Classification	SPLENDOR+ XTEC (DRS)	Unladen Wt (kgs)	113
Seating Cap(in all)	2	Laden/GV Wt (kgs)	243
Sleeper Cap	0	AC Fitted	NO
Colour	BLACK TORNADO GREY		
Other Criteria			
Vehicle Purchase As	Flag 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. 26-Oct-2025.	Sale Amt	77982/-
Purchase dt	Amount/Rcpt No	7799 / UP57D25100008989
OTT Date	Tax Exempted or Not	NOT EXEMPTED
Vehicle is Govt./ Pvt.		
Date of Approval		
Other State/Transfer/Conversion/Reassign Details	Previous RegNo	
Previous Owner	Entry Date	
Old State	Conversion Date	
Transfer Date		
This certificate is valid from 26-Oct-2025 to 25-Oct-2040		

**A.R.T.O. (A)**  
Kushinagar (U.P.)  
Registering Authority  
Date : 26-Feb-2026

Date: 26-Feb-2026 16:54:51  
Taxation Particulars / Advance Registration Mark Fee Details

7706512



# Indian Union Driving Licence Issued by Uttar Pradesh



**UP57 20250005146**



Issue Date      Validity (NT)      Validity (TR)\*  
19-03-2025      19-03-2041

Holder's Signature

Name:

**ABHISHEK PATEL**

Date of Birth:

**20-03-2001**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

**LALBABU**

Address:

**-- KARAMAINI PREMVLIYA ANDHYA KASYA  
KUSHINAGAR UTTAR PRADESH 274402**

Date of First Issue 19-03-2025

**DL No: UP57 20250005146**

**UPDL571000007588**



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	19-03-2025	NT			
	LMV	UP57	19-03-2025	NT			
	MVSD						

Emergency Contact Number

**Licensing Authority  
UP57 KUSHINAGAR**

Form 7 Rule 16(2)



भारत सरकार  
Government of India



नाम देवी

Ronu Devi

जन्म तिथि / DOB 18/03/1987

लिंग / Gender



4458 4210 4567

आधार - आम आदमी का अधिकार

Unique Identification Authority of India

पता/Address: रामबाग, 251,  
शहोपर, शहोपर,  
कोटा, उत्तर प्रदेश

Address: W/O: Ramchagan, 251, shahpur  
nahwa shahpur, Sahpur, Kushinagar,  
Kotwa, Uttar Pradesh, 214402

4458 4210 4567



help@uidai.gov.in



www.uidai.gov.in

