

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

1910

Date 25-05-26

Name

Gamha

Add.

UP57BL4000

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Vishor			1250	
	HJE			800	
	Vishor Inner			400	
	Fender			1400	
	melts			1450	
	melts Pur			300	
	Tanki			7800	
	R.R. Grip			1200	
	Seat Cover Both			1400	
	Centre			350	
	Side pannel			750	
	Fork pipe (2)			2400	
	Handle			600	
	Handle - T			1000	
	leg end			875	
	levs - (R)			200	
	labour charge e.			1200	
			TOTAL	23,295/-	

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.	Gamba 8528240355
2	Vehicle No. / वाहन संख्या	UP57 BL 4080
3	Policy No. / पालिसी संख्या	ms/2026/17001/0/46575/570977
4	Period of Insurance / बीमा अवधि	15-03-2026 - 04-03-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-05-2026 9:30 AM
6	Place of Accident / दुर्घटना का स्थान	Sistan Kothilwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gamba Yadav
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर जा रहे थे तो रास्ते में सामने अचानक ब्राग कर जाकर सा गया जिससे गाड़ी बकर ले गयी और गाड़ी पुलिस के कार्र पर गिर गया बरक जिससे लंकी के राज्य कोर्ट की पार्टी होने ले 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 : 25-05-2026
हस्ताक्षर

गम्हा यादव
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. MS/2026/7001/0/42575/

Tel. No. _____

Period of Insurance _____

Claim No. 04-03-2027

570977

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 _____
- (b) Address for correspondence _____
- (c) Telephone _____

Grama

052029035

2. THE INSURED VEHICLE

Make & Year <u>2023</u>	Engine No. <u>HAI16SPHA02602</u> Chassis No. <u>M3LHAW149PHA027</u> <u>22</u>	Registration No. <u>UP57BL4080</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 : Geamha yadan
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver : Owner
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : _____
 (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 : UP572013007149
 (h) Issuing Authority : _____
 (i) Date of Expiry : 12-06-2023
 (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 : 20-05-2026 9:30AM.
 (b) Place : Sikhan Kothilwa
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : गाड़ी के सामने इप्लान्त जायाल का
 (e) If any third party was responsible for this accident give the name and address : गयाल जिसे गाड़ी ठकर ले गयी और गाड़ी फाँटने के कारन पर फर गयी -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : V-shock, N/e, v-shock, Ins etc.
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gurgaon Automobiles Padrana

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? : _____

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 Policy 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 25-5-2006 200 2026

Signature of the insured जयदेव चव्हाण

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 ..*सि.ए. पांडे*.....
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

336



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



Registration No : UP57BL4080 Registration Date : 04-May-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASHI ROAD, PADRAUNA, ...
 Owner Name : GAMHA S/wife/daughter of : KAMLA
 Full Address: (Permanent) : VILL-CHIRAIHAWA, POST-MACHI KOTHILWA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-CHIRAIHAWA, POST-MACHI KOTHILWA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Fitness Up To : 03-May-2038
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Relationship with the Nominee : Spouse
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2075905487
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11ESPFA02682
 Horse Power(BHP) : 7.91
 Maker's Classification : HFDELUXE(SLF-DR-CST)SS
 Seating Cap(In all) : 2
 Sleeper Cap : 0
 Colour : Grey Black
 Other Criteria :
 Vehicle Purchase As : Fully Built

Owner Serial No : 1
 Vehicle No : GUDDI DEVI
 Nominee Name : BHARAT STAGE VI
 Noms :
 HSRP No : AA2077514186
 Month/Year of Manuf. : 01/2023
 Classis No : MBLHAW149PHA02722
 Fuel : PETROL
 Cible Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GVWt (kgs) : 242
 AC Fitted : NO

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. 02-May-2023.

Purchase dt : 02-May-2023
 OTT Date : 02-May-2023
 Vehicle Is Govt/ Pvt. : PRIVATE
 Date of Approval : 30-May-2023
 Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :
 This certificate is valid from 04-May-2023 to 03-May-2038

Date : 10-Jul-2023 18:02:18

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.
 Signature of Registering Authority
 Date : 10-Jul-2023

P 3348743

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/570977

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	
GAMHA	1973-01-01	9766274731	S/O KAMLA	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP57BL4080	HA11ESPFA02682	MBLHAW149PHA02722	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
45000.00	NA	0.00	0.00	0.00	45000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
PADRAUNA (KUSHINAGAR)	Solo		---	2	1414.49	
Address			City / District	Pin Code	State	
CHIRAIHAWA MAGHI KOTHILWA KUSHINAGAR			PADRAUNA (KUSHINAGAR)	274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
GUDDI DEVI	Female	30 Years	WIFE	2026-03-05 15:25	Midnight of 2027-03-04	

Section A, VRC: 692.78 TCR: 424.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A) 1117.58**
 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: **251.62** AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 45.29 **Total with GST(D): 296.91**
Total(Section A+C+D) Offered Price After Discount: 1414

Package Period Covered	2026-03-05 To 2027-03-04	2027-03-05 To 2028-03-04	2028-03-05 To 2029-03-04	2029-03-05 To 2030-03-04	2030-03-05 To 2031-03-04
ADV	45000	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 VALID UPTO 2028-05-01 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

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 Company's 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 1414.48 ON 2026-03-05 from Mr./Ms. GAMHA against the ARN No. INCP00570977
 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



भारत सरकार
Government of India

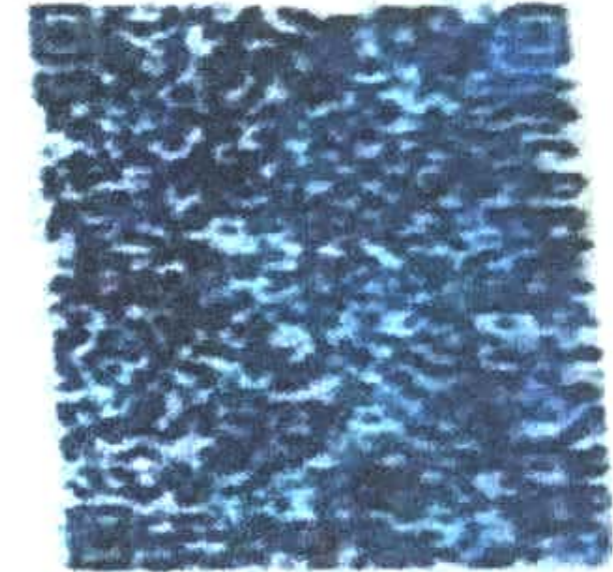


गम्हा

Gamha

जन्म तिथि/ DOB: 01/01/1973

पुरुष / MALE



9114 7537 8656

मेरा आधार, मेरी पहचान



एनयूआई
Unique Identification Authority of India

पता:
अस्पत: काला, चिराहवा, मगही
कोशीवा, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Kamla, Chirahawa, Mag
Kothawa, Kushinagar,
Uttar Pradesh - 274304

9114 7537 8656



help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



नाम / Name

GAMHA

पिता का नाम / Father's Name

KAMILA

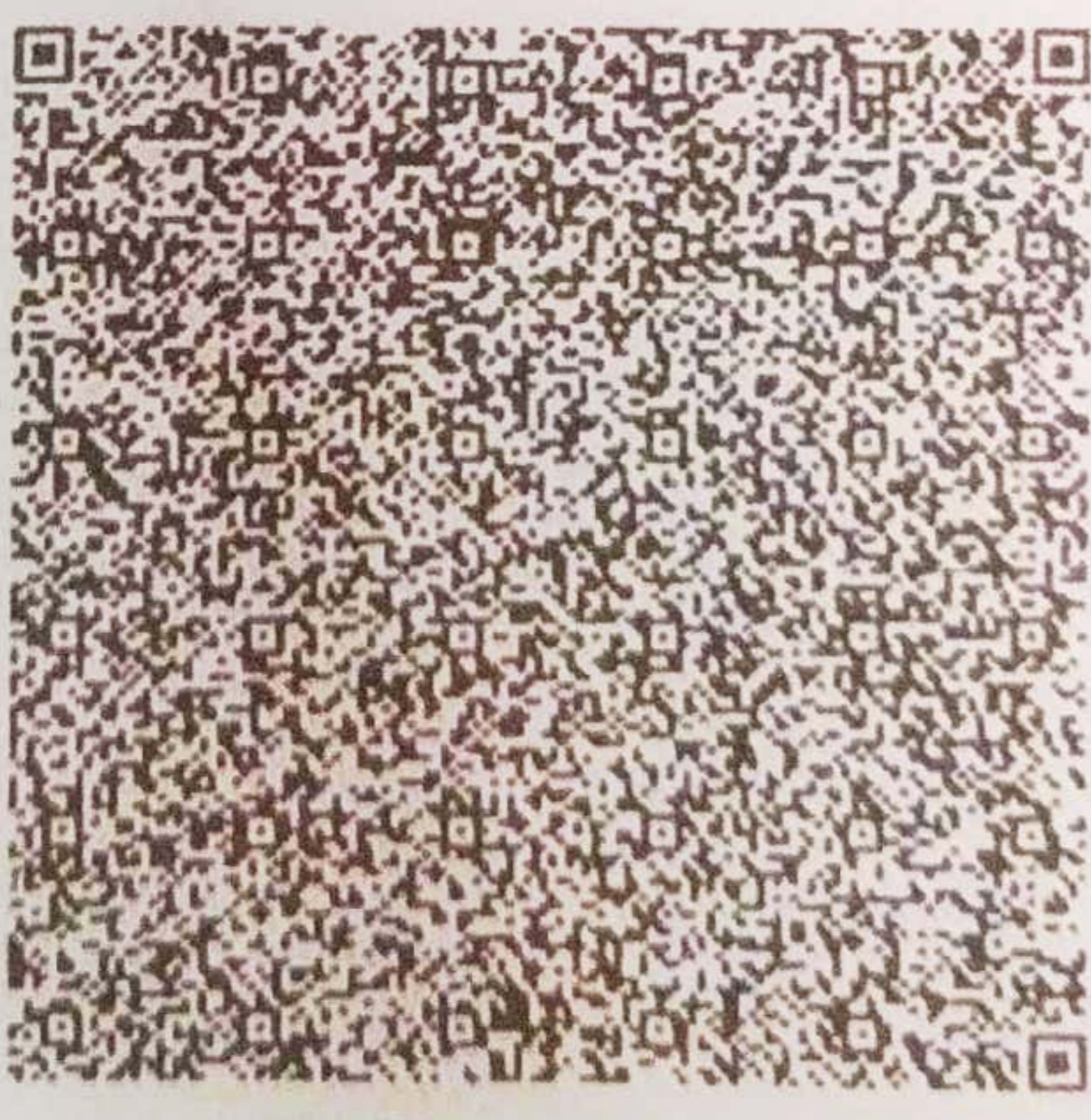
जन्म की तारीख /

Date of Birth

01/01/1973

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EYWP G5999A



20092025

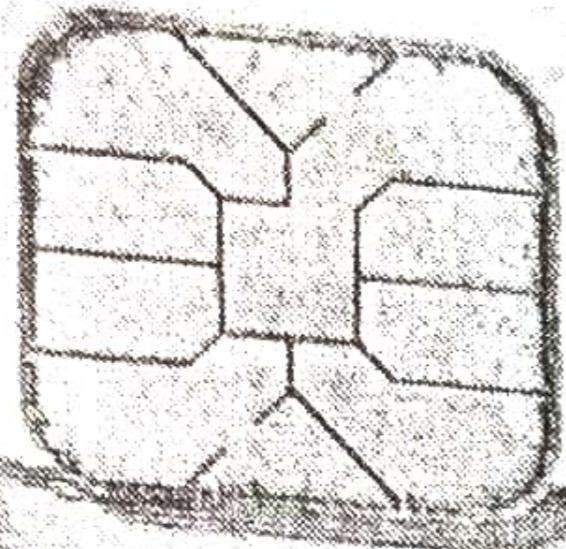
शिवी शर्मा

हस्ताक्षर / Signature

UNION OF INDIA Driving Licence

UP NT

UP57 20130007149



जारी करने की तिथि
Date of Issue
13/06/2013

NT

वैधता / Validity
12/06/2033



जन्म तिथि
Date of Birth
01/01/1983

Blood Group
UNKNOWN



नाम / Name

GAMHA YADAV

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

KAMLA YADAV

UP57 20130007149

UP00189235RS



LMV
13/06/2013



MCWG
13/06/2013



UP

7 Rule 16(2)

पता /
R/O- CHIRAIHAWA
MAHI KOTHILAWA, PADRAUNA
KUSHINAGAR

Holder's Signature

जारीकर्ता / Issuing Authority Sign
KUSHINAGAR