

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **1908**

Date 25/5/2026

Name Shukwllab Ali

Add. UP57CA7791

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Handle			510/-	
	Front V.805			400/-	
	Front Fender			1250/-	
	Side Panel-(RH)			850/-	
	Side Sound Horns Front			310/-	
	Set Sound (RH)			490/-	
	Side Sound Horns (RH)			250/-	
	Side Sound Garnish (RH)			410/-	
	Labour charge			600/-	
			TOTAL	5070/-	

Authorised Signatory

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

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

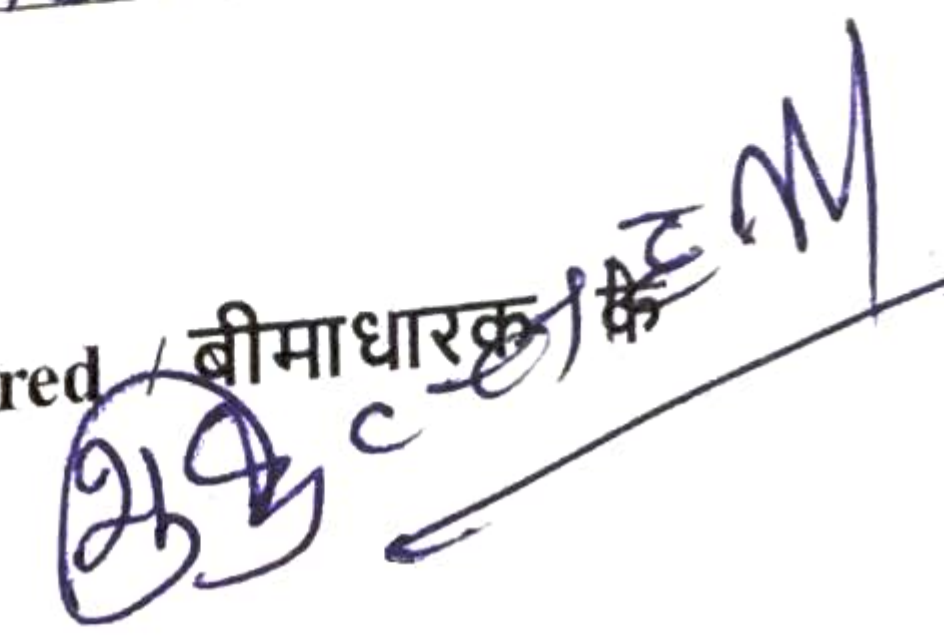
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Shukrullah Ali, 9936475459
2	Vehicle No. / वाहन संख्या	UP57CA7791
3	Policy No. / पालिसी संख्या	252400/31/2026/53785
4	Period of Insurance / बीमा अवधि	29/10/2025 to 28/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/05/2025, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Lakhuo Lakhuo Khadda.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shukrullah Ali, UP5720130005715
8	Estimated Loss / अनुमानित हानि	5070/-
09.	Cause of Accident / दुर्घटना का कारण : अपनी बाईक लेकर किसी काम से जा रहा था अचानक बाईक के सामने जानवर आ गया उसी को बचाने हुये सामने से आ रही बाईक से टकरा कर दाहिने साईड गिरने से मेरी बाईक 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 Padsauna

Date / दिनांक : 25/05/2025
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. 252400/31/2026/53785

Tel. No. _____

Period of Insurance 29/10/25 to 29/10/26

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 : Shukrullah Ali
 (b) Address for correspondence : _____
 (c) Telephone : 9936475459

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JA07A0SGG03173</u> Chassis No. <u>MBLJAU057SGG07966</u>	Registration No. <u>UP57CA</u> <u>7791</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?
 (d) If a Motor Cycle/scooter No
 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 : NO
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Shukrullah Ali
(b) Age :
(c) Address : Kushinagar Padma
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend?
(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 : UP5720130005715
(h) Issuing Authority :
(i) Date of Expiry : 01/12/2034
(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 : 21/5/2026, 05.00 P.m.
(b) Place : Lakhua Lakhue Khadda
(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 : बानवर को बचते हुये सामने से आ रही बस से टकरा कर दाहिने बाईस टायर से बस में डेमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Side.
(b) Estimated cost of repairs : 5070/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padma

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 : NA
(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 : _____ ~~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? : ~~N/A~~
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

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? : ~~N/A~~
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

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 25/05/2026²⁰⁰

Signature of the insured

21/5/2026
[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/-

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

Signature

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



Registration No : UP57CA7791
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : SHUKRULLAH ALI
 Full Address: (Permanent) : VILL-HOUSE NO-7 BASDILA POST-KHADDA KALAN, , KUSHINAGAR, UTTAR PRADESH-274802
 Full Address: (Temporary) : VILL-HOUSE NO-7 BASDILA, POST-KHADDA KALAN, , KUSHINAGAR-UTTAR PRADESH-274802

Registration Date : 05-Nov-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAFIQUE

Fitness Up To : 04-Nov-2040

Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2142587297
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07A0SGG03173
 Horse Power(BHP) : 11.39
 Maker's Classification : XTREME 125 R ABS SINGLE SEAT
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built

Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2141824818
 Month/Year of Manuf. : 07/2025
 Chassis No : MBLJAU057SGG07966
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1319
 Standing Cap : 0
 Unladen Wt (kgs) : 137
 Laden/GV Wt (kgs) : 267
 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-Nov-2025.

Purchase dt : 29-Oct-2025
 OTI Date : 29-Oct-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 14-Dec-2025

Sale Amt : 95739/-
 Amount/Rcpt No : 9574 / UP57D25110001755
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 05-Nov-2025 to 04-Nov-2040

Date : 06-Jan-2026 15:49:45

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority :
 Date : 06-Jan-2026
 Kushinagar (U.P.)

Q 6239446

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BOLPA6347A



नाम / Name
SHUKRULLAH ALI

पिता का नाम / Father's Name
RAFIQUE

जन्म की तारीख /
Date of Birth
02/12/1974

शुक्रुल्लाह अली

08072022

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed

Union Driving Licence
Issued by Uttar Pradesh

UP57 20130005715

Issue Date: 29-11-2024
Validity (NT): 01-12-2034



SHUKRULLAH ALI

Name: SHUKRULLAH ALI
Date of Birth: 02-12-1974
Blood Group: RAHQUE

Son/Daughter/Wife of: RAHQUE

Address:

R/O- BASDILA KHADDA
BASDILAKUSHINAGAR 274002



Holder's Signature

Organ Donor: N

Date of First Issue: 15-05-2013

DL No: UP57/20130005715

UPDL0000-10/10/15A



Invalid Carriage (Regn Numbers)²

Hazardous Validity² Hill Validity²

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ²	Badge Issued Date ²	Badge Issued By ²
Car	MCWG	UP57	15-05-2013	NT			
LMV	LMV	UP57	15-05-2013	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार



शुक्रुल्लाह अली

Shukrullah Ali

जन्म तिथि / DOB : 02/12/1974

पुरुष / MALE

8933 6219 4650

VID : 9141 7660 6104 5484

Aadhaar no. issued: 23/11/2014

अभिलेख

अभिलेख अंशिका का अभिलेख

ESTIMATE

GSTN : 09AHWP0569P1ZE

AUTHORISED DEALER

Download Date: 30/11/2020



भारत

भारत सरकार
भारत सरकार



पता: द्वारा: रफीक, मकान सं० 7, बसडिवा, खड्डा, खड्डा कलां, राज
बाजार खड्डा, कुशीनगर,
उत्तर प्रदेश - 274802

Address

C/O: Rafique, House No 7,, Basadla, Khadda, VTC: Khadda
Kalan, PO: Raja Bazar Khadda, Sub District: Padrauna,
District: Kushnagar, State: Uttar Pradesh, PIN Code: 274802.

8933 6219 4650

VID : 9141 7660 6104 5484



1947



help@uidai.gov.in



www.uidai.gov.in

