

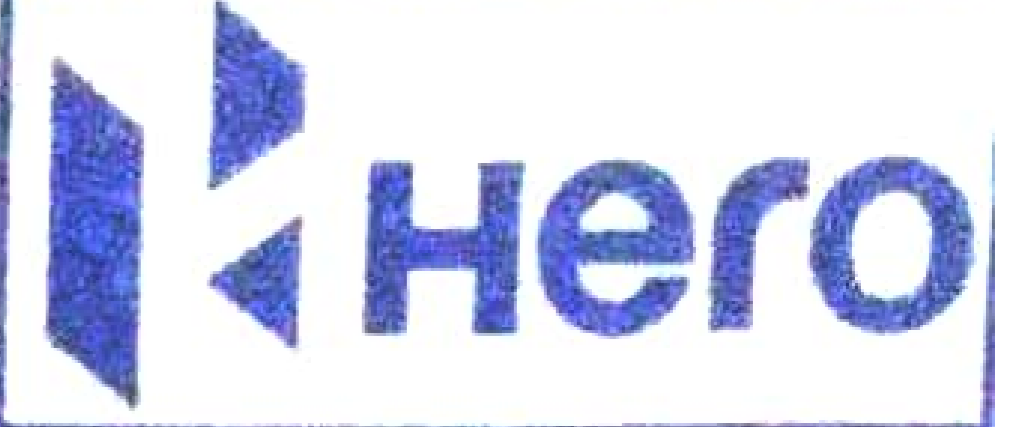
# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **1916**

Date **29-05-20**

Name **Santosh**

Add. **UPS KA 4069**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Vishor			1250	
	M/K			800	
	Handle			800	
	Handle-T			1000	
	Fork pipe (2)			2400	
	Fender			1400	
	Front wheel			4500	
	leguard			700	
	Indicator (L)			250	
	led light			1000	
	mirror (R)			250	
	labour charge			1000	
				✓	
			<b>TOTAL</b>	<b>15,030</b>	<b>0</b>

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.	Santosh 7388386877
2	Vehicle No. / वाहन संख्या	UP 57 CA 4069
3	Policy No. / पालिसी संख्या	252400/31/2026/50050
4	Period of Insurance / बीमा अवधि	22-10-2025 — 21-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/05/2026 , 01.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Godariya Bazar Nahar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	6306965822 Manish Kumar
8	Estimated Loss / अनुमानित हानि	15,030/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे चान्चा का लड़का मनीष कुमार तमकुही से घर की तरफ आ रहा था तभी अचानक से एक कुत्ता बर्रिक के सामने आ गया उसी को बचाते हुये मेरी बर्रिक एक फुल से जा टकराई जिससे मेरी बर्रिक 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 Padmaura

संतोष पाल

Date / दिनांक : 29/05/2026  
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. Bt. Office Address \_\_\_\_\_

Certificate/Policy No. 252400/31/2020/50050

Tel. No. \_\_\_\_\_

Period of Insurance 21-10-2020  
 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 Santosh  
 (a) Name \_\_\_\_\_  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone 73 8038 68 77

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11F684H15729</u> Chassis No. <u>MBL71A046354H077</u> <u>24</u>	Registration No. <u>UP57CA4069</u>
----------------------------	--	---------------------------------------

(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

MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Manish Kumar  
 (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 : UP572025 0016 863  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 11-06-2027  
 (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 : 27-05-2026 07:00 P.M  
 (b) Place : Godariya Bazar Nahar  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : कारक के चालते वकत जाने के वकत सेती कत  
 (e) If any third party was responsible for this accident give the name and address : अचानक दुर्घ गति एक युवक ले जात वकत

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : विश, H/C, Handle, Mandor + etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile parwana

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 \_\_\_\_\_ ~~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? \_\_\_\_\_ ~~N/A~~  
(c) Was accident reported to Police? If not, Why? : \_\_\_\_\_  
(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? \_\_\_\_\_  
(g) When? \_\_\_\_\_  
(h) Which Police 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 29.05.2002

Signature of the insured \_\_\_\_\_

संतोष घाल

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 ..... *संतोष पाल* .....  
Occupation .....  
Address .....  
.....  
.....

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



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



Registration No : UP57CA4069
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 28-Oct-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : SANTOSH
Son/wife/daughter of : SUKHRAJ
Full Address: (Permanent) : VILL- GODARIA, POST- GODARIA, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274303
Full Address: (Temporary) : VILL- GODARIA, POST- GODARIA, THANA- BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274303
Fitness UpTo : 27-Oct-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Ownership : INDIVIDUAL
Nominee Name : MUNNI DEVI
Relationship with the : Spouse
Nominee Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Rear HSRP No : AA2138242766
Front HSRP No : AA2140319594
Month/Year of Manuf. : 08/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW463S4H07724
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11F6S4H15729
Cubic Capacity : 97.20
Horse Power(BHP) : 8.17
Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC (DRS)
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 113
Sleepar Cap : 0
Laden/GV Wt (kgs) : 243
Colour : BLACK TORNADO GREY
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 4 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, BASANT LOK BASANT VIHAR, BASANT LOK BASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 22-Oct-2025.

Purchase dt : 22-Oct-2025
Sale Amt : 77982/-
OTT Date : 22-Oct-2025
Amount/Rcpt No : 7799 / UP57D25100010169
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 18-Dec-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

This certificate is valid from 28-Oct-2025 to 27-Oct-2040

Date : 20-Dec-2025 10:14:24

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 20-Dec-2025



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, 01214063570 (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	22-OCT-25
Policy No	252400/31/2026/50050	Proposal No. & Date	R/252400/31/2026/106150580/11 & 22-OCT-2025
Agent/Broker Code	HA0000155144	Policy Period (OWN DAMAGE)	FROM 19:59 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 19:59 ON 22/10/2025 TO MIDNIGHT OF 21/10/2030
Insured Name	SANTOSH (GSTIN: )	Lead /Breakin No	
Insured Address	C/O SUKHARAJ, R/O VILL & POST-GODARIA, THANA-BISHUNPURA KUSHINAGAR, KUSHINAGAR,,PADRAUNA ( KUSHINAGAR ), , NA,0	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	74083
Model & Variant	HERO SPLENDOR PLUS XT&EHC E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74083
Engine -Chassis No	HA11F6S4H115729 - MBLHAW463S4H107724	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			

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	0	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	0.00
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	4763
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	
Add-On Coverages	0	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	186		
Net own Damage Premium(A)			
Nominee Name		Age	1
Payment Method		Relation	
Financer Name	HERO FINCORP LTD	Bank Name	
POS ID	NA	Financer Branch	DELHI
POS Name	NA	POS PAN NO/Aadhar No	NA

- Note:
1. Policy Issuance 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.

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 in or on demand 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 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.

I/We hereby certify that the policy to which this 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/have herein to set his/their hands at 252400 on 22-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 M.V 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

g) 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 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 1998. 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 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/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

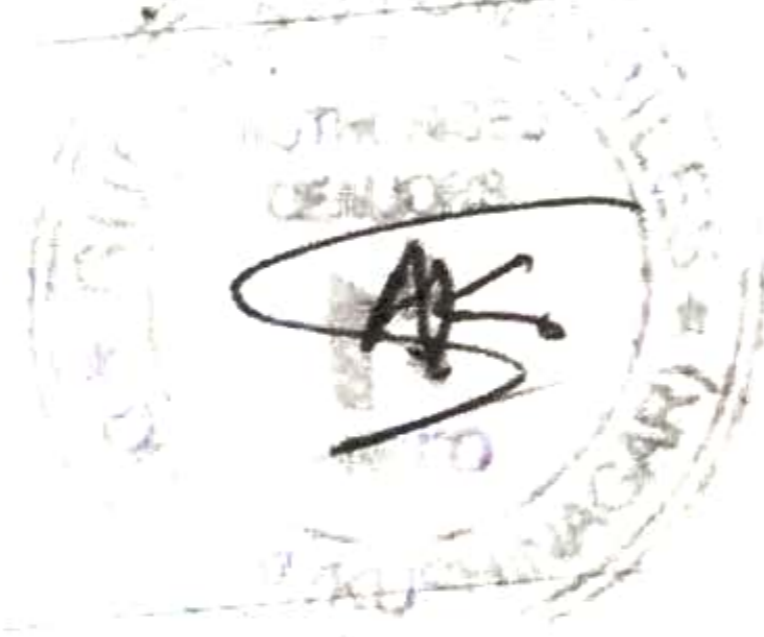
I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1998.

\* This insurance excludes all pre existing damages

For and on behalf of  
The Oriental Insurance Company Limited



Approved By : VAIS@252400  
Approved On : 22-OCT-25  
Place : MRT  
Printed On : 22-OCT-25



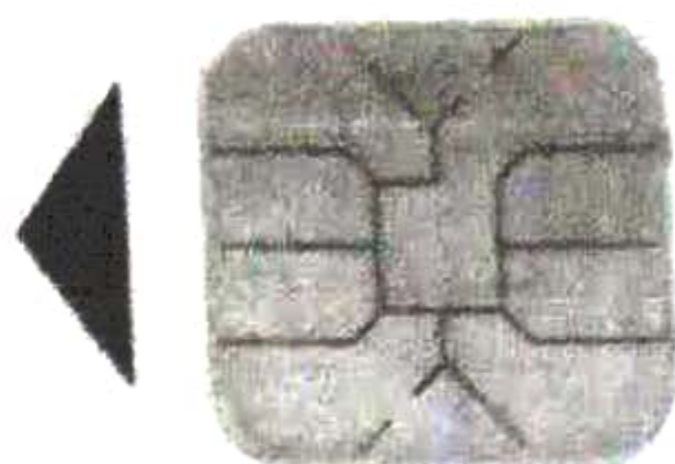
General Manager  
Authorized Signature



**Indian Union Driving Licence  
Issued by Uttar Pradesh**

UP

**UP57 20250016863**



Issue Date    Validity (NT)    Validity(TR)  
10-09-2025    11-06-2047



Holder's Signature

Name:

**MANISH KUMAR**

Date of Birth: **12-06-2007**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

**DVARIKA KUSHWAHA**

Address:

**GODARIYA KATH KUIYAN GODARIA TAMBUHI  
RAJ KUSHNAGAR UTTAR PRADESH 274303**

Date of First Issue **10-09-2025**

**DL No: UP57 20250016863**

**UPDL571000027010**



Invalid Carriage (Regn Numbers)<sup>\*</sup>

Hazardous Validity<sup>\*</sup>    Hill Validity<sup>\*</sup>

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>*</sup>	Badge Issued Date <sup>*</sup>	Badge Issued By <sup>*</sup>
	MCWG	UP57	10-09-2025	NT			
	LMV	UP57	10-09-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

**Licensing Authority  
UP57 KUSHNAGAR**



भारत सरकार  
GOVERNMENT OF INDIA



संतोष पाल  
Santosh Pal  
जन्म तिथि / DOB: 01/01/1983  
पुरुष / MALE



3269 8434 2537

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



Download Date: 16/01/2021

S/O: सुखराज, गोदारिया, कठ कुइया, कुशीनगर, उत्त  
प्रदेश, 274303

Address:  
S/O: Sukharaj, Godaria, Kath Kuiyan,  
Kushinagar, Uttar Pradesh, 274303



3269 8434 2537



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SANTOSH PAL

SUKHARAJ

01/01/1983

Permanent Account Number

CHVPP4890H

संतोष पाल

Signature



13062013