

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **1918**

Date 21-06-26

Name Vishal Varma

Add. UP57034 1907

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Side Pannel - (6)			2800	
	Vishor			1400	
	Vishor Inner			600	
	Leve Vishor			800	
	Leve - (1)			200	
	mirror - (1)			250	
	Lower Pannel (1)			2400	
	Flaw's Pannel (1)			650	
	Front Pender			1850	
	Centre			2900	
	Wind Screen			580	
	Handle			200	
	H/L			4500/-	
	Labour charge			900/-	
			TOTAL	19,020/-	

Authorised Signatory

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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.	Vishal Varma 6388647039
2	Vehicle No. / वाहन संख्या	UP57BY 8907
3	Policy No. / पालिसी संख्या	252900/31/2026/30336
4	Period of Insurance / बीमा अवधि	30/07/2025 - 29-07-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25-05-2026 7:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Laxmikanj Station Road.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Raju Gupta 8874447274
8	Estimated Loss / अनुमानित हानि	19,020/-
09.	Cause of Accident / दुर्घटना का कारण : मेरा गाड़ी मेरे पड़ोसी के पास लगे जा रहे थे वो रास्ते में रोड़ पर बलू गिरा था रात के समय बलू न दिखने के वजह से गाड़ी स्कीप हो गयी और गाड़ी अगों तरफ गिर कर क्षतिग्रस्त हो गयी	
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.	Gupta Automobile padraun 9125197148

Date / दिनांक : 01.06.24
हस्ताक्षर

Signature of Insured / बीमाधारक के
विशाल वर्मा

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 *विशाल वर्मा*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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. 252400/31/2026/30336

Tel No. _____

Period of Insurance 29-07-2026
 Claim No. _____

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 : Vishal Varma
 (b) Address for correspondence : _____
 (c) Telephone : 6300647039

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>E'CD 00156007046</u> Chassis No. <u>MALCOM 04056F07309</u>	Registration No. <u>UP57BY 2907</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 : _____
- all A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Raju Gupta
(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 : UP572014000H220
(h) Issuing Authority : _____
(i) Date of Expiry : 03-03-2034
(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 : 25-05-2026 7:00 P.M
(b) Place : Coaxi leany station road
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : रात के समय गाड़ी न दिनों के वजह से
(e) If any third party was responsible for this accident give the name and address : गाड़ी चलाते वही और गाड़ी चलाते वही और
किसी के कारण से

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Side panel - (1), Vistro. lens. (1) etc
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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 : MIA
(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 _____

~~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 Police 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 01-06-2002

Signature of the insured Arjun Singh



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BY8907 Registration Date : 31-Jul-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 : VISHAL VARMA Son/wife/daughter of : SHAMBHU SHARAN
 Full Address: (Permanent) : VILL-LAKSHAMIGANJ PURAINI, POST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306
 Full Address: (Temporary) : VILL-LAKSHAMIGANJ PURAINI, POST-LAXMIGANJ, THANA-RAMKOLA, KUSHINAGAR- UTTAR PRADESH-274306
 Fitness UpTo : 30-Jul-2040 Owner Serial No : 1
 Detailed Description : Link Vehicle No :
 Class of Vehicle : M-CYCLE/SCOOTER Norms : Not Available
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2113222094 Rear HSRP No : AA2116226523
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 0 Chassis No : MBLCEW040S6F07309
 Engine No : ECD001S6F07846 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 124
 Colour : BLACK Laden/GV Wt (kgs) : 274
 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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 31-Jul-2025.

Purchase dt : 30-Jul-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 11-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-Jul-2025 to 30-Jul-2040

Date : 30-Aug-2025 16:27:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-Aug-2025

Q 5078938



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928
Page No : 1

This Document is Digitally Signed
Signed By: THE ORIENTAL INSURANCE COMPANY LIMITED
Date: Mon, Dec 1, 2025 16:28:35 BY
Reason: Signing Policy for ODL

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-21214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(3 Years))	Policy Issued On	30-JUL-25
Policy No	252400/31/2026/30336	Proposal No. & Date	R/252400/31/2026/22825 & 30-JUL-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 12:19 ON 30/07/2025 TO MIDNIGHT OF 29/07/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PVT LTD	Policy Period (LIABILITY)	FROM 12:19 ON 30/07/2025 TO MIDNIGHT OF 29/07/2030
Insured Name	VISHAL VARMA (GSTIN:)		
Insured Address	C/O SHAMBHU SHARAN, VILL-LAKSHMIGANJ PURAINI, POST- LAXMIGANJ, THANA- RAMKOLA, PADRAUNA (KUSHINAGAR), NA,		

INSURED MOTOR VEHICLE DETAILS		Lead/Breakin No	/
Make	HERO	Insured State	UTTAR PRADESH
Model & Variant	VIDA V2 PLUS	INSURED DECLARED VALUE (IDV) (In Rs.)	
Registration No	NEW	Vehicle	118750
Year Of Manufacture	2025	Electrical Accessories	0
Engine -Chassis No	ECD001S6F07846 - MBLCEW040S6F07309	Non Electrical Accessories	0
Cubic Capacity	6	Total IDV	118750
Seating Capacity	1 + 1	TMF CONTRACT NO	
Type Of Body	SOLO	Policy Type	Zone B - Rest of India
	Type Of Fuel BATTERY POWERED - ELECTRICAL	Geographical Area	INDIA
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1990.25	Basic Third Party Liability	3273
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	179.25	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (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%)	0
		PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3273
		Total Premium (A+B)	3749
		GST	674
		SERVICE TAX	0
		STAMPDUTY	0.00
		Swachh Bharat Cess@0.50%	0
		Krishi Kalyan Cess@0.50%	0
		Gross Premium Paid	4423
		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,	

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4423
POS Name	NA	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 Rs1lac, 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 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 authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 30-JUL-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 trails

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.

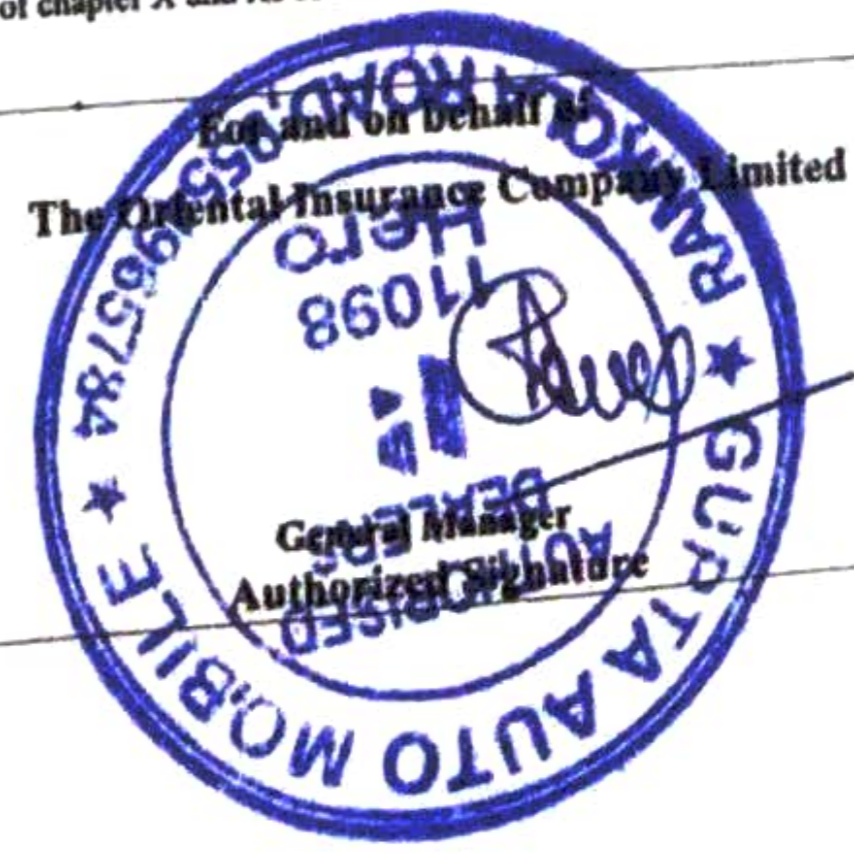
Limits of Liability Clause: Under section II-1 (i) of the policy -Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy -Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver 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/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 : 922137SMD
Approved On : 30-JUL-25
Place : MRT
Printed On : 01-DEC-25



UNION OF INDIA Driving Licence (UP) (NT)

UP57 20140004226




जारी करने की तिथि / Date of Issue: 04/03/2014

वैधता / Validity: 03/03/2034

जन्म तिथि / Date of Birth: 06/1992

Blood Group



नाम / Name: **RAJU GUPTA**

पिता/पति का नाम / Son/Daughter/Wife of: **HARILAL GUPTA**

DUPLICATE

Holder's Signature

VILL-TARKULAWA
PO-LAXMIGANJ, PS-RANKOLA
TARKULAWA, KUSHINAGAR 274308

UP

LMV
MCMG
04/03/2014 04/03/2014

UP57 20140004226

UP05104394RS

Form 7 (Rule 16(2))

KUSHINAGAR

Issuing Authority Sign

संयुक्त

पत्र

भारत

राज्य

INDIAN BANKING CORPORATION

GOVT. OF INDIA



व्यक्तिगत खाते धारक

Permanent Account Number Card

DBDPVS146M

पिन / No.

VISUAL VERVA

पत्र पर 200 / फ़ोन / नाम

SHAMBERU SHARMA

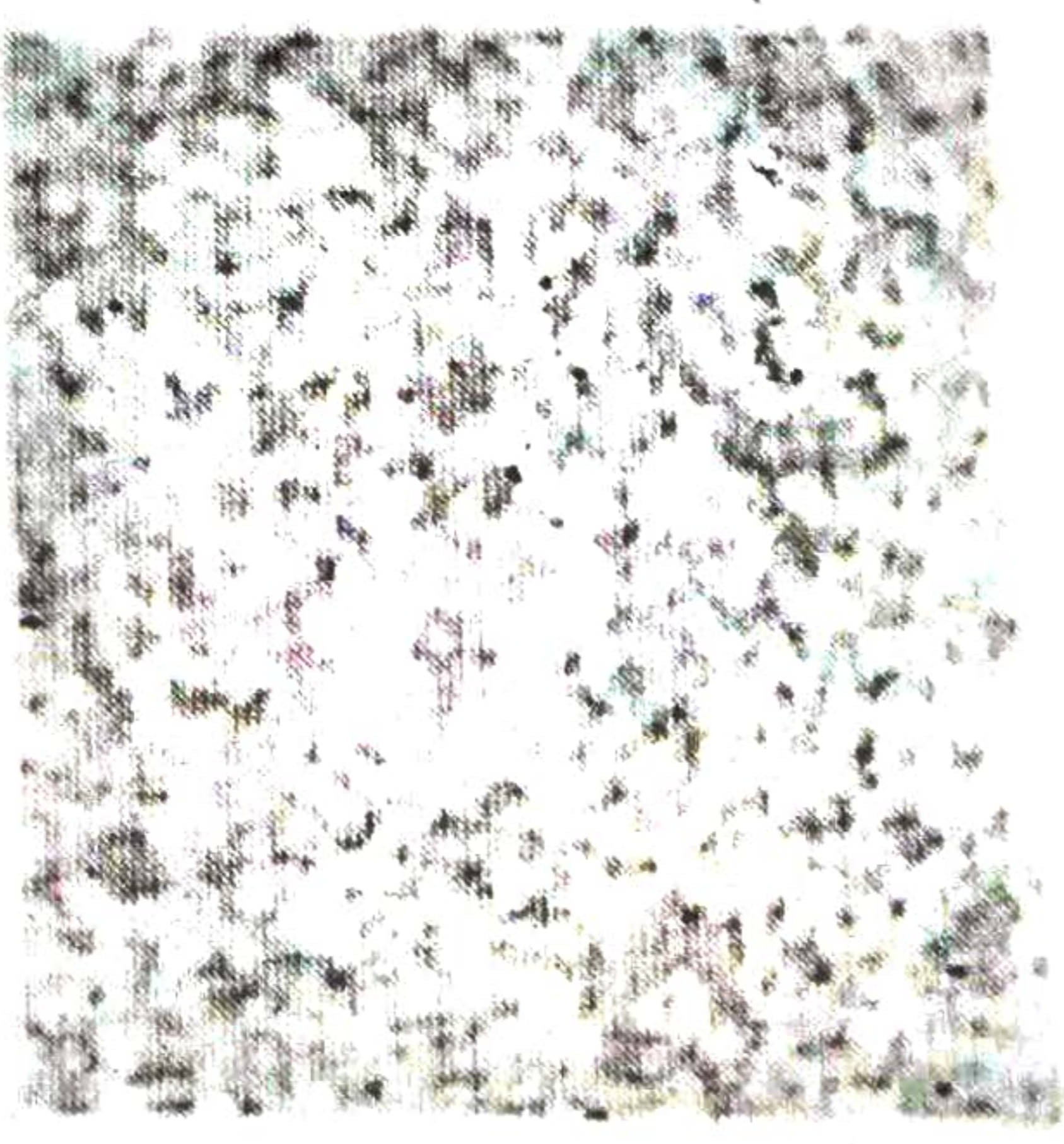
आज की तिथि

दिनांक

Date of Birth

01/01/1963

हस्ताक्षर / Signatures



Aadhaar no. issued: 04/06/2015

भारत सरकार
Government of India



विशाल वर्मा

Vishal Varma

जन्म तिथि/DOB: 01/01/1993

पुरुष/ MALE

3049 6903 7035

मेरा

मेरी पहचान

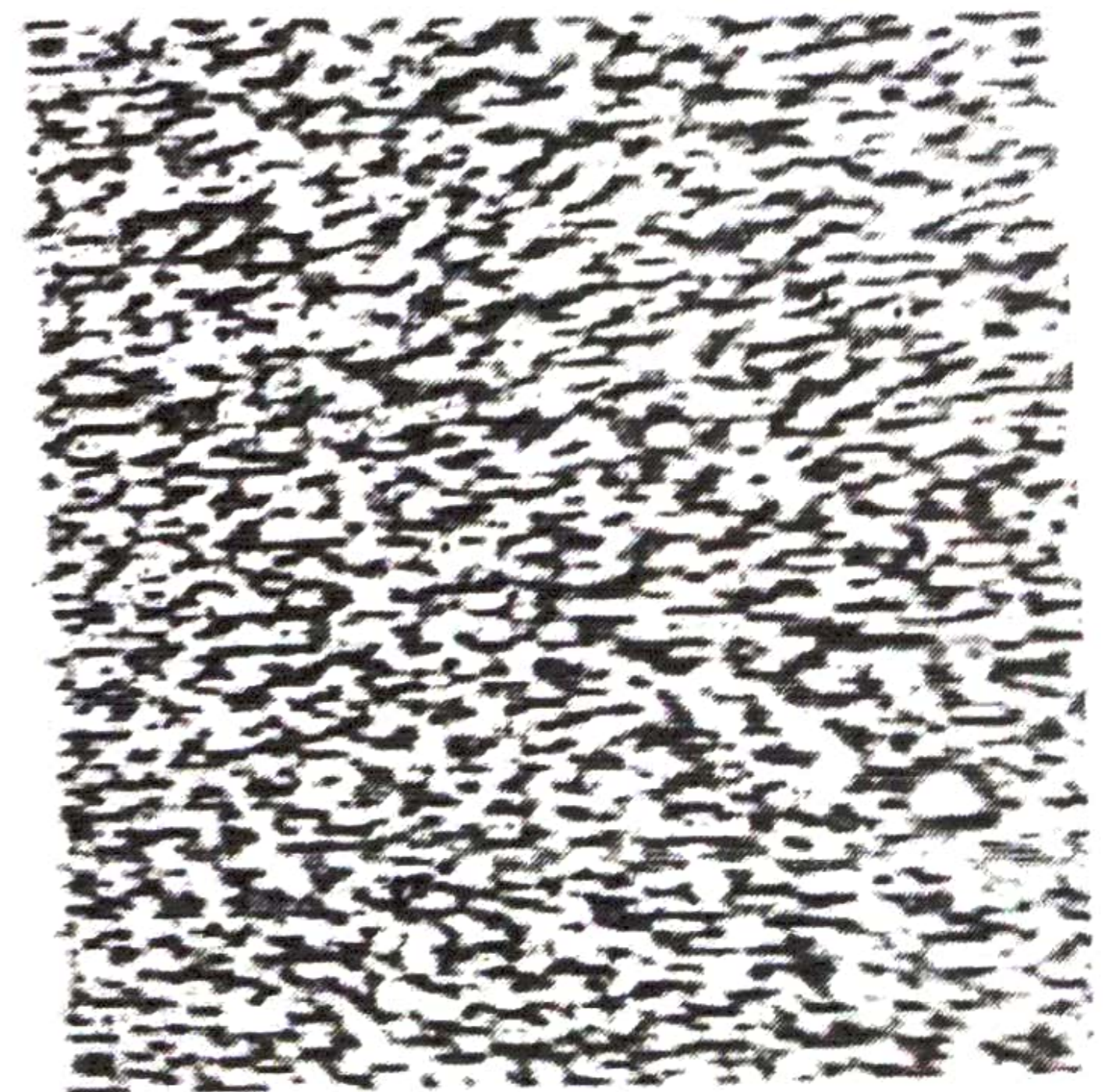
भारत सरकार
Unique Identification Authority of India



जन्म: 01/01/1993, नई दिल्ली, दिल्ली, कुर्नाल,
पिन कोड - 274306

Address:
S/O: Suresh Chandra Sharma, Lakshminagar, Purani, PO:
Lakshminagar, DIST: Kurunool,
Pincode - 274306

Details as on: 07/03/2026



3049 6903 7035

VID : 9190 9495 2667 1587

1947

help@uidai.gov.in

www.uidai.gov.in