

# Gupta

## AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **1919**

Date 01-06-26

Name Angum Asa

Add. UP57BZ.1438

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Rear Fendar			1000	
	Front Fendar			1400	
	Handle			600	
	Handle-T			1000	
	Fork pipe - (2)			2400	
	Vishor			1250	
	Winker (L)			250	
	Leguard			575	
	Rear Winker - both			500	
	Labour Charge			800	
				/	
			<b>TOTAL</b>	<b>9955/-</b>	

Authorised Signatory

दावा सूचना

Spot / Fin

नेयुक्त कर

Asa

₹ 1438

121/20

-2025

-2026

Bas

UDDIN

वेवा

रामने

मार

के हि

5-

41A

NIA

11 Third Party Loss / तृतीय पक्ष हान / FIR No.

12 Name of the Workshop Address & Contact

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.	Angum Ase 8429166392
2	Vehicle No. / वाहन संख्या	UP57BR1438
3	Policy No. / पालिसी संख्या	252400/31/2026/34594
4	Period of Insurance / बीमा अवधि	27-08-2025 - 26-08-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28-05-2026 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	Bashi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	TARABUDDIN 8429166392
8	Estimated Loss / अनुमानित हानि	9950/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गरी मेवा बेग तराबुद्दीन किराई काम से कार्रक लेकर जा रहे थे कि रास्ते में सामने से एक तेज कार्रक वाला मेरी कार्रक में टक्कर मार दिया और गाड़ी टकराया तक तक पीछे से एक और कार्रक वाला पीछे के हिस्से में मेरी गाड़ी में टक्कर मार दिया और गाड़ी Damage हो 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.	Egypte Automobile padraua 9125197198

Date / दिनांक : 01-06-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

अंजुमारा



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Tarabuddin  
(b) Age :  
(c) Address :  
(d) Is the Driver  
1. Owner  
2. paid driver?  
3.  Owner's relative or friend? : relative (son)  
(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 : UP5720260006012  
(h) Issuing Authority :  
(i) Date of Expiry : 10-12-2047  
(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 : 28-05-2026 8:20 P.M.  
(b) Place : TARABUDDIN  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : एडवांस वाला कार, HTL डिग्रा और  
(e) If any third party was responsible for this accident give the name and address : गाडी में पूरी लान्स पीके से एडवांस वाला कार  
काबल मल्ल (डी)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Rear Bumper, front Fender, handle etc  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile polraura

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 : \_\_\_\_\_

~~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? : \_\_\_\_\_  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_

~~N/A~~

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 01-06-2002 2026

Signature of the insured शिवशर्मा

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 .. *शिवमारा* .....

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 : UP57BZ1438 Registration Date : 29-Aug-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 : ANJUMARA Son/wife/daughter of : SARAJUL  
 Full Address: (Permanent) : VILL - JUNGLE SHAHPUR, POST - SINGHAPATTI, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL - JUNGLE SHAHPUR, POST - SINGHAPATTI, THANA -PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304  
 Fitness UpTo : 28-Aug-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2133139866 Rear HSRP No : AA2131515134  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
 No of Cylinders : 1 Chassis No : MBLHAW214SHC06499  
 Engine No : HA11E7SHC10875 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Red Black Laden/GV Wt (kgs) : 242  
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 27-Aug-2025.

Purchase dt : 27-Aug-2025 Sale Amt : 81601/-  
 OTT Date : 27-Aug-2025 Amount/Rcpt No : 8161 / UP57D25080002738  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 01-Sep-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Aug-2025 to 28-Aug-2040

Date : 08-Sep-2025 11:26:17

Signature of Registering Authority  
Date : 08-Sep-2025

Taxation Particulars / Advance Registration Mark Fee Details

Q 5079551



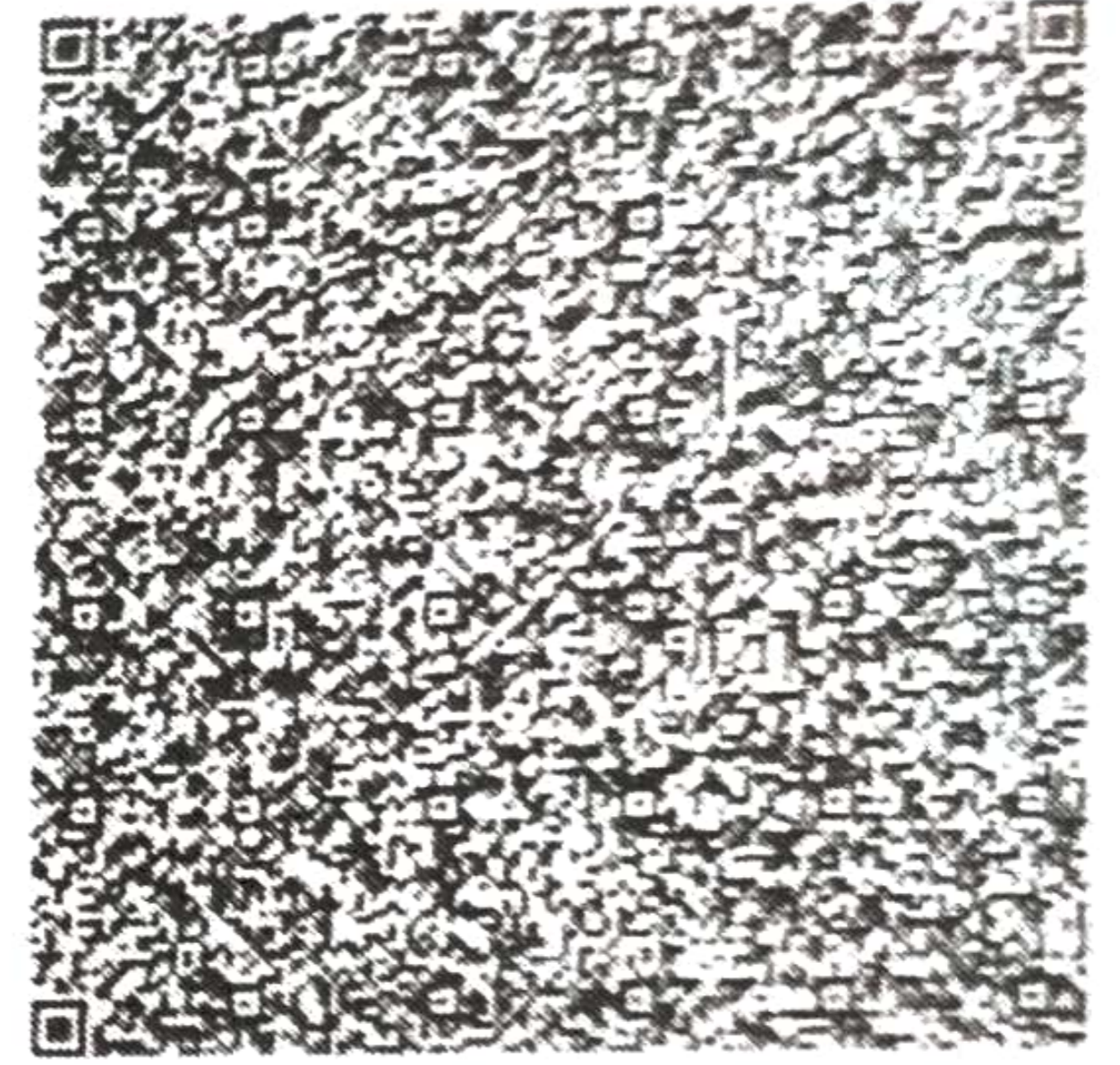
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
GHFPA7935A



नाम / Name

**ANJUMARA**

पिता का नाम / Father's Name

**MUSTAKIM MANSURI**

उम्र की तारीख / Date of Birth

**04/02/2002**

अंजुमारा

हस्ताक्षर / Signature

15334



भारत सरकार  
Government of India



Aadhaar no. issued: 30/10/2014



अंजुमारा  
Anjumara  
जन्म तिथि/DOB: 04/02/2002  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
**Aadhaar is proof of identity, not of citizenship**  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**5059 7385 7610**

मेरा आधार, मेरी पहचान



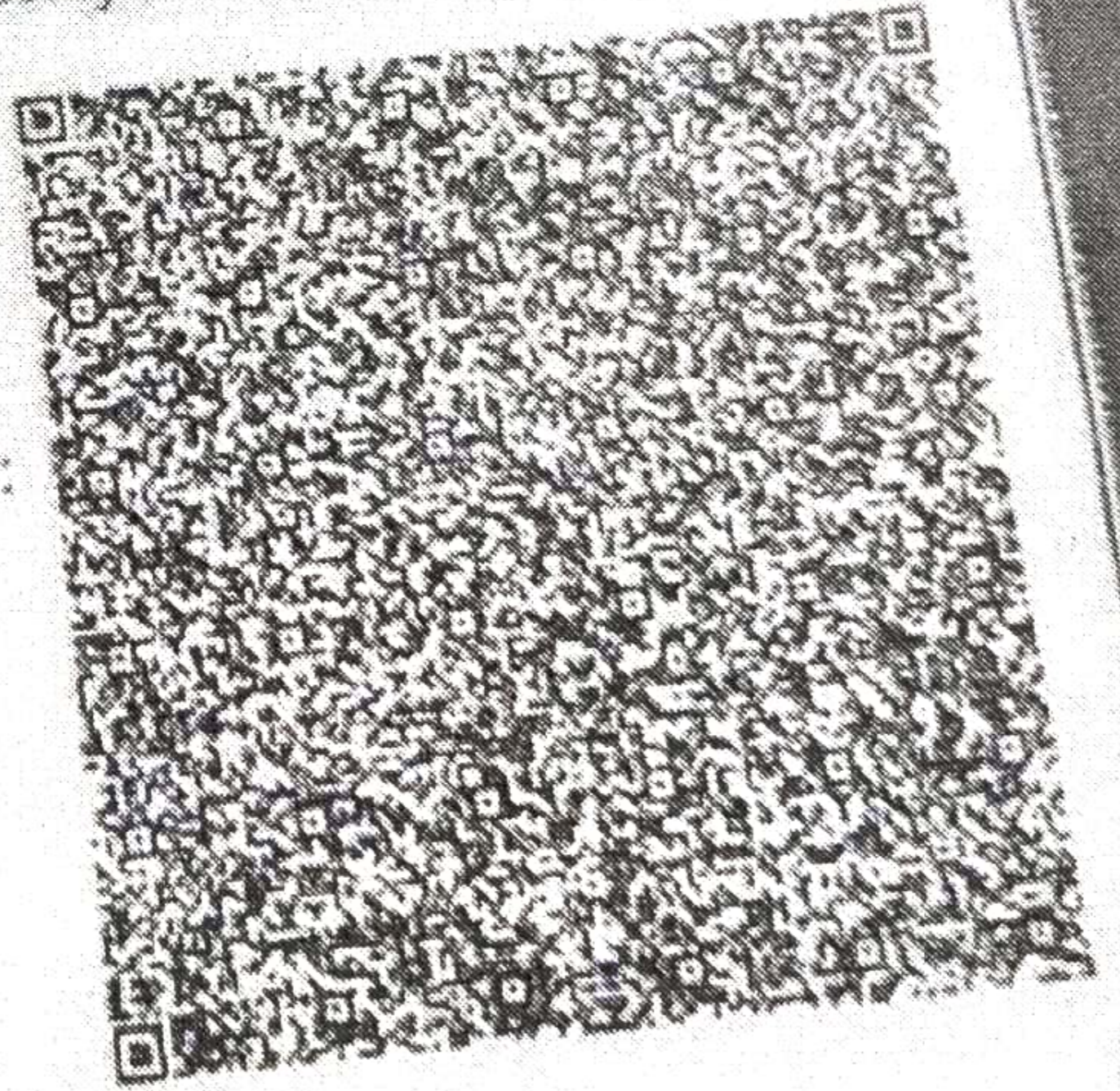
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 27/11/2026

पता:  
हरा: सरजुल, जंगल शाहपुर, सिंघा पट्टी, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
C/O: Sarajul, Jungle Shahpur, PO: Singha Patti, DIST:  
Kushinagar,  
Uttar Pradesh - 274304



**5059 7385 7610**  
VID : 9138 1949 2311 0349

1947

help@uidai.gov.in

www.uidai.gov.in



Indian Union Driving Licence  
Issued by Government of UTTAR PRADESH

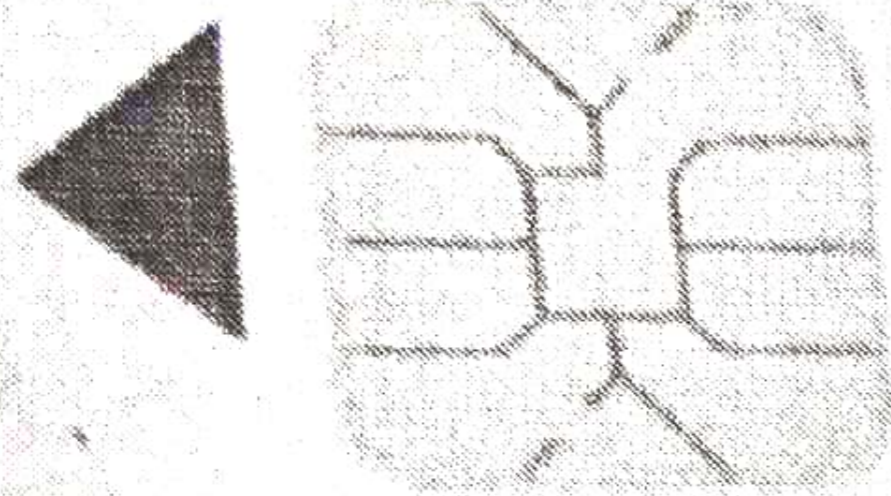


**UP57 20260006812**

Issue Date    Validity(NT)    Validity (TR)\*  
16-04-2026    10-12-2047    00-00-0000



Holder's Signature

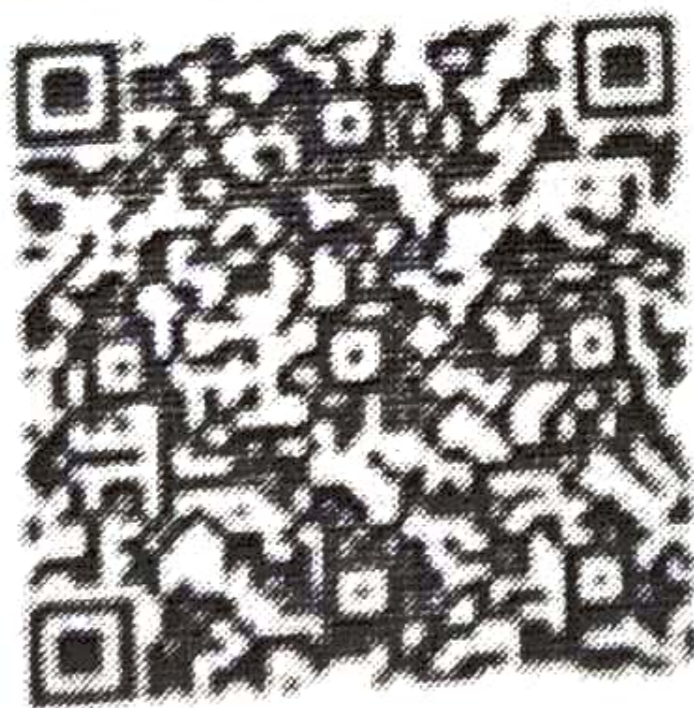


Name: **TARABUDDIN**  
Date of Birth: **11-12-2007**    Blood Group:  
Son/Daughter/Wife of: **SARAJUDDIN**    Organ Donor: **N**  
Address:  
**Singha Patti Jungle Shahpur Padrauna Kushinagar Uttar Pradesh 274304**

16-04-2026  
Date of First Issue

DL No : **UP57 20260006812**

**DLUP00416286**



Invalid Carriages (Regn. Numbers)\*

Hazardous Validity\*    Hill Validity\*  
00-00-0000    00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	16-04-2026	NT		00-00-0000	
	LMV	UP57	16-04-2026	NT			
			--				
			--				
			--				

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**Kushinagar**