

Gupta

AUTOMOBILES

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **1926** Date 02/06/26

Name Purnit Kumar Mishra

Add. UP5709 6003

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT
				Rs. P.
	Vision			1050/-
	H/L			3800/-
	w/s			410/-
	Csrome			250/-
	Handle			510/-
	Mishra - ②			280/-
	Fender			1270/-
	Labour charge			900/-
			TOTAL	8470/-

Authorised Signatory

दावा सूचना पत्र.

Spot / Final surveyor. /
नेयुक्त करने की व्यवस्था

Purnit Kumar Mishra 700770

6003

01/31/2026/53256

025 to 27/10/20

2026, 02.30

UP57202000115

Purnit Kumar Mishra

8470/-

कि लेकर बाजा

लेज रफ्तार

कावे लाईड गिज

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

01/11

9125197148

Gupta automobile Pac

Date / दिनांक : 02/06/2026
हस्ताक्षर

Signature of Insured / बीम

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.	Puneet kumar Mishra 7007769579
2	Vehicle No. / वाहन संख्या	UP57CA6003
3	Policy No. / पालिसी संख्या	252400/31/2026/53256
4	Period of Insurance / बीमा अवधि	28/10/2025 to 27/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/06/2026, 02.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kashipur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720200011530 Puneet kumar Mishra
8	Estimated Loss / अनुमानित हानि	8470/-
09.	Cause of Accident / दुर्घटना का कारण:	अपनी बाईक लेकर बाजार से घर आते वक़्त अन्यायक से एक बाईक तेज रफ़्तार से कोशा हुआ उसी से मेरी बाईक चुरा कर बायें हाईड गिरने से उमेज़ 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.	9125197148 Gupta automobile Padmauna

Date / दिनांक : 02/06/2026
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. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/53256

Tel. No. _____

Period of Insurance 20/10/2025 to 24/10/2026

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 : Purnid Kumar Mishra
(b) Address for correspondence : _____
(c) Telephone : 7007769579

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JA07AZS9G00191</u> Chassis No. <u>MBLJAW529S9G06882</u>	Registration No. <u>UP57CA 6003</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 : Purneet kumar Mishra
(b) Age :
(c) Address : Kushinagar Padma
(d) Is the Driver :
1. Owner :
2. paid driver? : owner
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 : UP5720200011530
(h) Issuing Authority :
(i) Date of Expiry : 13/10/2030
(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 : 02/06/2026, 02.30 P.m.
(b) Place : kashin
(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 : बाईक काले से इकरा कर बाये साईड गिरने से डेमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side
(b) Estimated cost of repairs : 8470/-
(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 :
(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 _____

p/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. _____

p/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 _____

p/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 02/06/26 200

Signature of the insured _____

Yate 27/12/26

Discharge Number

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 or future arising directly indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 1000/-

Witness
Name _____
Signature _____
Address _____

Signature _____
Occupation _____
Address _____

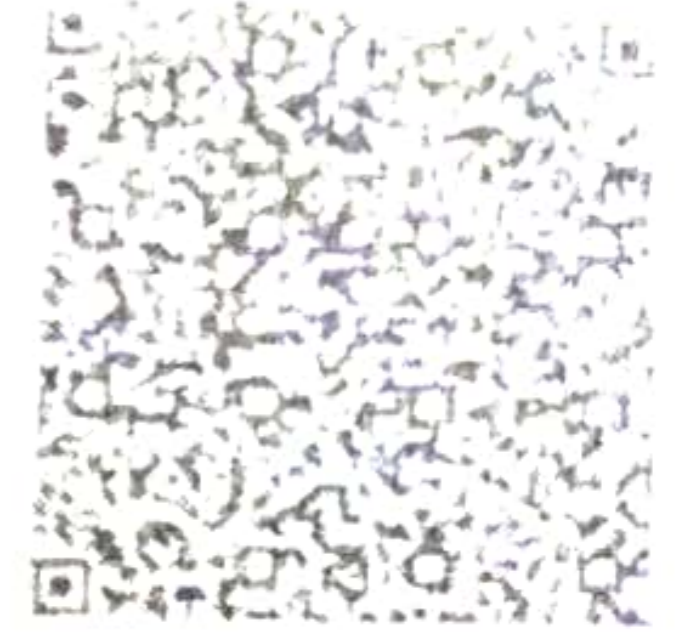
Bank Account Number _____
Name of the Bank _____

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA6003
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : PUNIT KUMAR MISHRA
 Full Address: (Permanent) : VILL-MISHRAULI, POST-KUSHINAGAR, THANA-KASIA, KUSHINAGAR, UTTAR PRADESH-274402
 Full Address: (Temporary) : VILL-MISHRAULI, POST-KUSHINAGAR, THANA-KASIA, KUSHINAGAR-UTTAR PRADESH-274402
 Fitness UpTo : 30-Oct-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2142587249
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07AZS9G08191
 Horse Power(BHP) : 10.72
 Maker's Classification : SUPER SPLENDOR XTEC D
 Seating Cap(In all) : 2
 Sleeper Cap : 0
 Colour : GLOSSY BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 31-Oct-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAMCHANDRA MISHRA
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2141824770
 Month/Year of Manuf. : 07/2025
 Chassis No : MBLJAW529S9G06882
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1263
 Standing Cap : 0
 Unladen Wt (kgs) : 122
 Laden/GV Wt (kgs) : 252
 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. 28-Oct-2025.

Purchase dt : 28-Oct-2025
 Sale Amt : 78618/-
 OTT Date : 28-Oct-2025
 Amount/Rcpt No : 7862 / UP57D25100012167
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-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 31-Oct-2025 to 30-Oct-2040

Date : 02-Apr-2026 13:56:07
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 02-Apr-2026
 M.P.T.O. (M)
 Kushi Nagar (U.P.)

Q 8338405



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PG202425
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	28-OCT-25
Policy No	25240031202653256	Proposal No. & Date	R/25240031/2026/37522 & 28-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13:51 ON 28/10/2025 TO MIDNIGHT OF 27/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13:51 ON 28/10/2025 TO MIDNIGHT OF 27/10/2026
Insured Name	PUNIT KUMAR MISHRA (GSTIN:)		
Insured Address	C/O RAMCHANDRA MISHRA, VILL-MISHRAULI POST -KUSHINAGAR, THANA - KASIA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR T. NA.		Lead /Breakin No Insured State
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	74687
Model & Variant	HERO SUPER SPLENDOR DRS XTECH	Electrical /accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74687
Engine -Chassis No	JA07AZS9G08191 - MBLJAW529S9G06882	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1251.75	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	1251.75	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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IM1 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4039
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	1064	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	1064	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4767
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Contested Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs (0)(IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	188	5. Subject to Endorsements IMT.7,10,28.	

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch
POS Name	POS ID	NA	POS PAN No/Aadhar No
Amount	4767		

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 O/C 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.

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 hereon to set his/hers hands at 252400 on 28-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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) 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 these 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 45%, 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

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, 1988.

* This insurance excludes all pre existing damages

Approved By : 1595255MAD

Approved On : 28-OCT-25

Place : MRT

Printed On : 08-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager

Indian Union Driving Licence
 Issued by Uttar Pradesh

UPS7 20200011530

Issue Date 14-10-2020 Validity (NT) 13-10-2030

Validity(TRY) _____



Holder's Signature

Organ Donor: N

Date of First Issue (14-10-2020)

Name: PUNEET KUMAR MISHRA
 Date of Birth: 31-12-1978 Blood Group:
 Son/Daughter/Wife of: RAMCHANDRA MISHRA

Address:
 VILL - MISHRAULI POST - KUSHINAGAR PS
 KASYA Kasya, Kushinagar, UP 274402

DL No: UPS7 20200011530

UP DL 000001001037

Invalid Carriage (Regn Numbers):

Hazardous Validity: _____ Hill Validity: _____



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MVSD	MCW6 LMV	UPS7	14-10-2020	NT			

Emergency Contact Number

Licensing Authority
 UPS7 KUSHINAGAR


भारत सरकार
 Government of India




पुनीत कुमार मिश्र
 Punit Kumar Mishra
 जन्म तिथि / DOB : 31/12/1975
 पुरुष / Male

3390 0025 2730





आधार - आम आदमी का अधिकार


आधार
 Unique Identification Authority of India

पता:
 S/O: रामचंद्र मिश्र, कुशीनगर,
 मिश्रौली, नरकटिया खुर्द, कुशीनगर,
 कसिया, उत्तर प्रदेश, 274402

Address:
 S/O: Ramchandra Mishra,
 KUSHINAGAR, MISHRAULI
 Markatia Khurd, Kushinagar,
 Kasia, Uttar Pradesh, 274402

3390 0025 2730

 1947
 help@uidai.gov.in

www.uidai.gov.in

आयकर विभागा

INCOME TAX DEPARTMENT



भारत सरकार

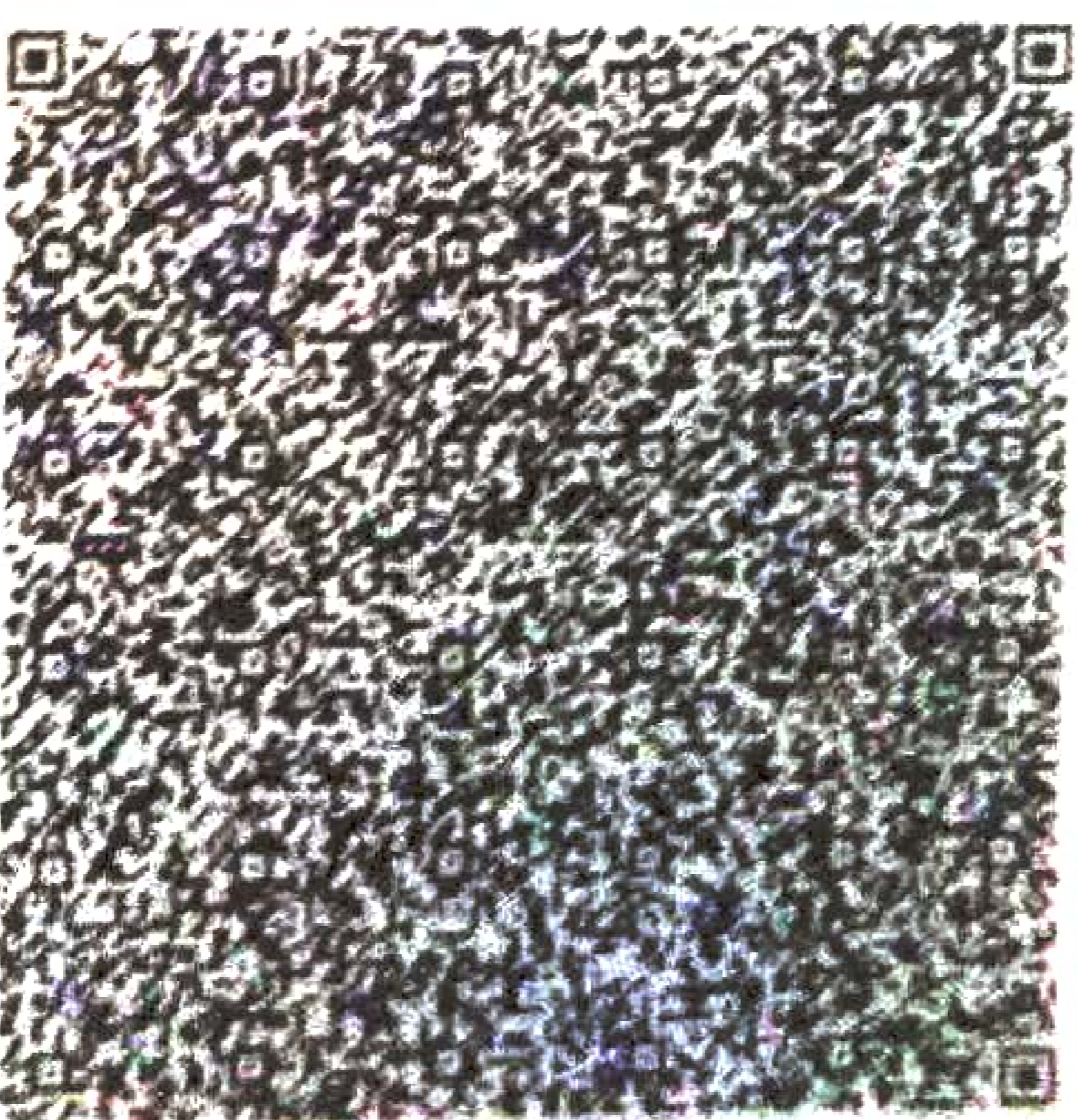
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

ARGPM0052K



नाम / Name

PUNIT KUMAR MISHRA

पिता का नाम / Father's Name

RANCHANDRA MISHRA

जन्म की तारीख /

Date of Birth

31/12/1975

पुनित कुमार मिश्रा

स्थायी / Signature

2806202