

Gupta

AUTOMOBILES

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **1934**

Date 04-06-26

Name EMUDDIN ANSARI

Add. UP57CA 0130

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs. P.
	Vishor			1400
	Vishor Dmg			800
	N/S			600
	N/L			3500
	meets			7000
	Tank Covs Complete (L)			2800
	No. stand			300
	Handle			700
	Locks (L)			250
	Labours charge			800
				/
			TOTAL	18,150/-

Authorised Signatory

... Party LOSS / वृत्तीय पक्ष हानि / 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.	ENUDDIN ANSARI #860637094
2 Vehicle No. / वाहन संख्या	UP57CA 0130
3 Policy No. / पालिसी संख्या	252400/311 2026/46380
4 Period of Insurance / बीमा अवधि	10-10-2025 - 17-10-2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	31-05-2026 4:00 PM
6 Place of Accident / दुर्घटना का स्थान	Pipra
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ASIMUDDIN ANSARI #065996283
8 Estimated Loss / अनुमानित हानि	10.15/-
9. Cause of Accident / दुर्घटना का कारण:	मेवा गड़ी मेवा भारिया लेबर वगैरे को करीश/ झा रहा था तो एक बर्षे वाला लकड़ मर (या) भार गड़ी काया लकड़ गिर कर उभोज 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.	9125197143 Gupta Automobile Pachraua

Ainuddin Ansari

Date / दिनांक : 04-06-2026
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.H. No. 7037, A-25/25, Asaf Ali Road, New Delhi - 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____ Certificate/Policy No. 33440/31/2026/46380
 Tel. No. _____ Period of Insurance 18.10.2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name EMUDDIN AMORI
 (b) Address for correspondence _____
 (c) Telephone 7860637094

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. Chassis No. <u>JA07A159K05650</u> <u>103AJAW57450K03792</u>	Registration No. <u>UP57CA0190</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? _____

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



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 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. 252400/31/2026/46380

Tel. No. _____

Period of Insurance 17-10-2026

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 : EMUDDIN ANSARI
 (b) Address for correspondence : _____
 (c) Telephone : 7860637094

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JA07A159K05650</u> Chassis No. <u>MB1JAW57459K037A2</u>	Registration No. <u>UP57CA0130</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? _____

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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ajimuiddin Qureshi
(b) Age : _____
(c) Address : _____
(d) Is the Driver
1. Owner : _____
2. paid driver? : _____
 3. Owner's relative or friend? : relative (Brother)
(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 : UP 572013000 6404
(h) Issuing Authority : _____
(i) Date of Expiry : 30-05-2033
(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 : 31-05-2025 4:00 P.M
(b) Place : Pipra
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : दो गाड़ों के बीच टक्कर मारने के कारण हादसा हुआ
(e) If any third party was responsible for this accident give the name and address : दोनों गाड़ी वाले ही हादसे के कारण हैं

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : visor, rear glass etc
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Geetla 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 : MI
(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 : _____

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 04-06-2002

Signature of the insured Ainuddin Ansari

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/-

Ainuddin Ansari

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 : UP57CA0130 Registration Date : 22-Oct-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 : ENUDDIN ANSARI Son/wife/daughter of : SOBARATI ANSARI
 Full Address: (Permanent) : VILL-LILA DHAR CHHAPRA, POST-PIPPRA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-LILA DHAR CHHAPRA, POST-PIPPRA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305
 Fitness Up To : 21-Oct-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 : AA2140319132 Rear HSRP No : AA2138242304
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLJAW574S9K03742
 Engine No : JAD7A1S9K05650 Fuel : PETROL(E20)
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : GUAMOUR X 125 DISC Wheel base : 1267
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 127
 Colour : MAT METLK SILVER ME Laden/GV Wt (kgs) : 257
 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 IDFC FIRST BANK LTD PADRAUNA, Kushinagar, Uttar Pradesh-274304 w.e.f. 22-Oct-2025.

Purchase dt : 18-Oct-2025 Sale Amt : 92186/-
 OTT Date : 18-Oct-2025 Amount/Rcpt No : 9219 / UP57D25100066186
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 22-Oct-2025 to 21-Oct-2040

Date : 19-Dec-2025 10:51:00

Signature of Registering Authority :
 Date : 19-Dec-2025

Taxation Particulars Advance Registration Mark Fee Details

Q 6301655

UNION OF INDIA Driving Licence

UP NT

UP57 20130006484



जारी करने की तिथि
Date of Issue
31/05/2013

वैधता की तिथि
Validity
30/05/2033



जन्म तिथि
Date of Birth
01/05/1985

Blood Group
UNKNOWN

AJIMUDDIN ANSARI

पुत्र / पुत्री / पति / पत्नी / Son / Daughter / Wife of

USMOHAMMAD

UP57 20130006484

UP01132304RS



LMV
31/05/2013



MCWG
31/05/2013



UP

Form / Rule 16(2)

पता / Address

R/O- LILADHAR CHHAPRA
PIPPA BAZAR, NEBUA NAURANGIYA
KUSHINAGAR

(Handwritten signature)

Holder's Signature

(Handwritten signature)
जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



भारत सरकार
Government of India



Aadhaar no. issued: 07/01/2016



ऐनुद्दीन अंसारी

Enuddin Ansari

जन्म तिथि/DOB: 01/01/2005

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग नव्यापन (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).**

6885 2442 8767

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



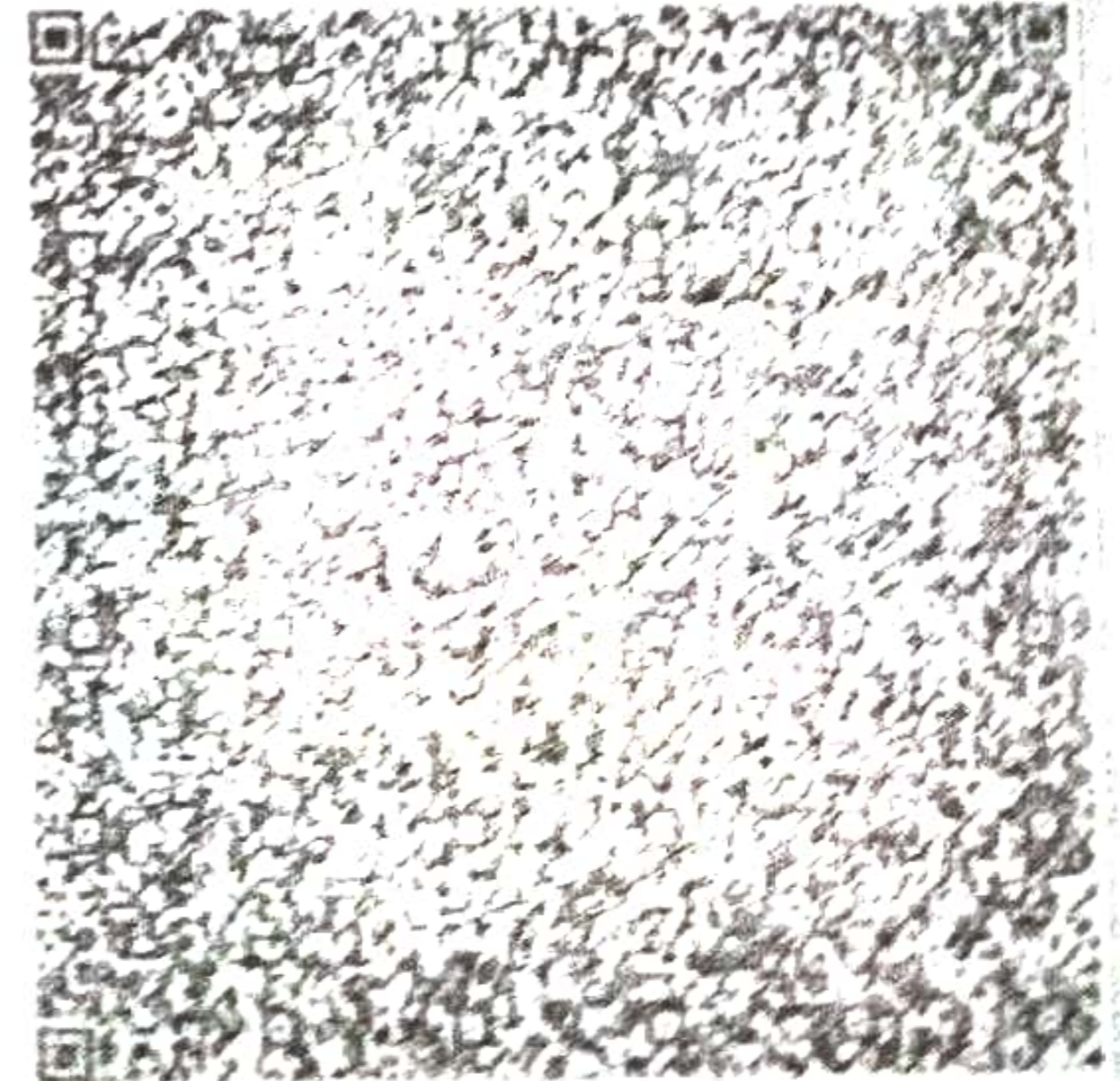
Details as on: 07/09/2025

पता:

आत्मज: सोबराती अंसारी, लीला धार छपरा, पिपरा बाजार,
कुशीनगर,
उत्तर प्रदेश - 274305.

Address:

S/O: Sobarati Ansari, Lila Dhar Chhapra, PO: Pipra
Bazar, DIST: Kushinagar,
Uttar Pradesh - 274305



6885 2442 8767

VID : 9197 1845 6787 7404

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in

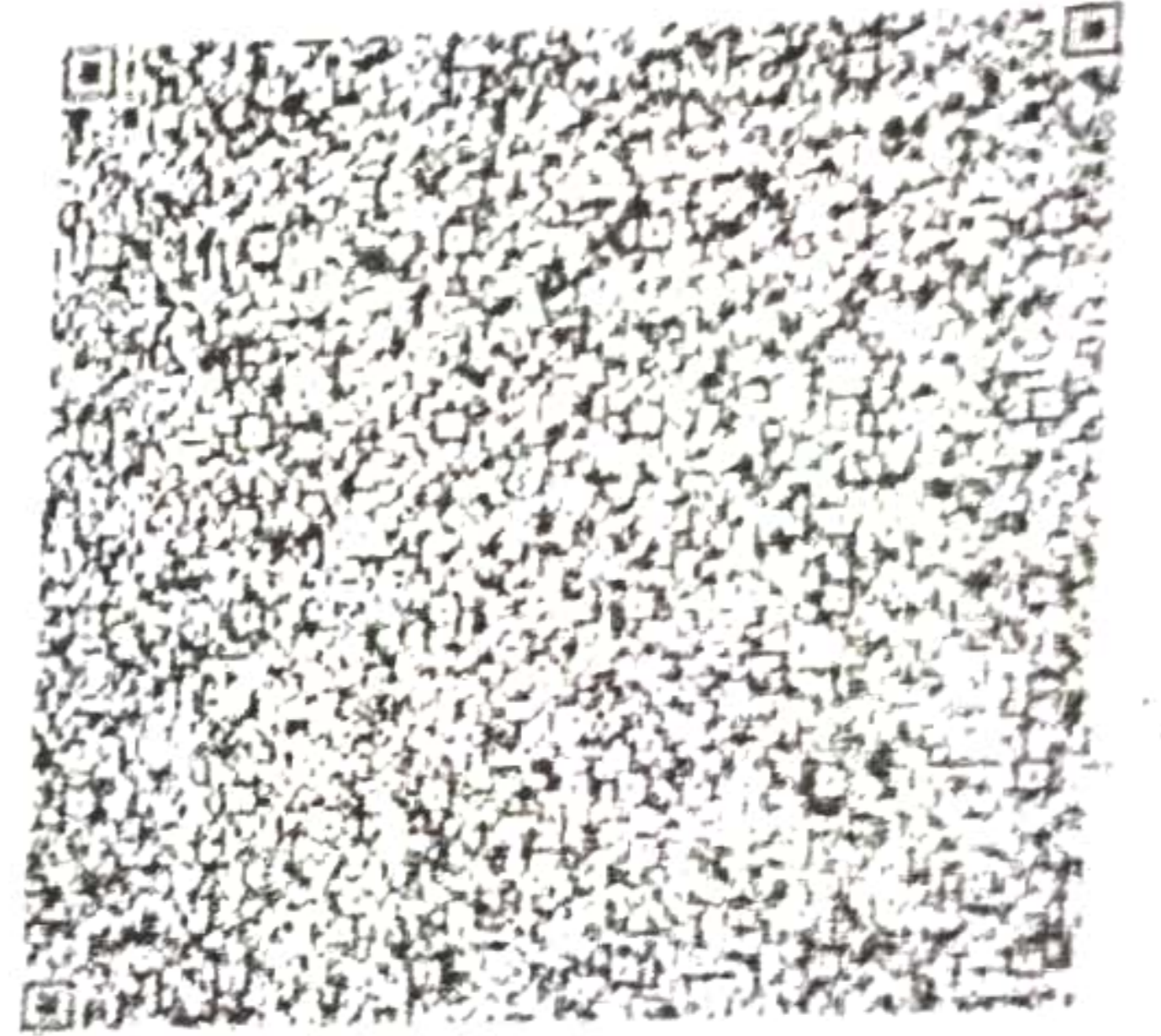
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FOPPA3423D



नाम / Name
ENUDDIN ANSARI

पिता का नाम / Father's Name
SOBARATI ANSARI

जन्म की तारीख /
Date of Birth
01/01/2005

Enuddin Ansari
हस्ताक्षर / Signature

23032024