

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No. **519**

Date 05-06-2026

Name Sardar Kushwaha

Add. OPST CA 6564

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT
				Rs. P.
	Vishor			1200
	H/L			3800
	Front Fender			1480
	Lens - R			200
	Handle			800
	Handle - T			1000
	Legend			600
	Fuel Tank			6000
	No. stand			400
	mirror - (R)			250
	Inner panel			400
	Front wheel			4500
	Labor charge			1000

**TOTAL** 21,670

Authorised 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.	Sardar Kushwaha 9984239700
2	Vehicle No. / वाहन संख्या	UP57CA 6564
3	Policy No. / पालिसी संख्या	252400/31/2026/52813
4	Period of Insurance / बीमा अवधि	27-10-2025 — 26-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-05-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Basti
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sardar Kumar Kushwaha
8	Estimated Loss / अनुमानित हानि	21,670/-
9	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर बरत गये थे कि एक जगह गाड़ी पार्क किया था जहां बहुत सारी गाड़ियां खड़ा था वही मेरा भी गाड़ी Double Stand खड़ा था तब कुछ समय बाद एक मेलेरो वाला बंदूक चले मेरे गाड़ी में लकल मार दिया जिससे मेरी गाड़ी दुसरी गाड़ी के	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padrauna 9125197148

Legend पर गिर गया जिससे वजह से Tanki

व भागे का हिस्सा डैमेज हो गया

Date / दिनांक :

हस्ताक्षर

05-06-2026

सर्दार कुशवाहा

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. 252400/31/2026/52  
813

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

Period of Insurance \_\_\_\_\_  
 Claim No. 26-10-2026

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 : Sardar Kuchwaha  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9904239700

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11PBSHJ 33432</u> Chassis No. <u>MBLHAW386SHJ23</u> <u>729</u>	Registration No. <u>UP57CA6564</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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sardar Kumar Kushwaha  
(b) Age :  
(c) Address :  
(d) Is the Driver :  
1.  Owner :  
2.  paid driver? :  
3.  Owner's relative or friend? :  
(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 : CP5720140025721  
(h) Issuing Authority :  
(i) Date of Expiry : 25-12-2034  
(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 : 01-05-2026 5:00 P.M.  
(b) Place : Bashi  
(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 :  
एक कोल्गे वाला बस को रोड पर जाते में  
बस में हिरा मोर एसी काल वाली गाडी  
के लगाने के लिए कोल ड्राइंग के म-

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Vitr, H/L, fender 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 Policy 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 05-06-2002026

Signature of the insured रविंद्र कुमार

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 राजेश कुमार .....  
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 : UP57CA6564 Registration Date : 01-Nov-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 : SARDAR KUSHWAHA Son/wife/daughter of : ANIRUDH KUSHWAHA
Full Address: (Permanent) : VILL-DAHAWA, POST-TAULAHA WEST CHAMPARAN, , PASHCHIM CHAMPARAN, BIHAR-845404
Full Address: (Temporary) : VILL-JUNGLE KHIRKIA, POST-JUNGLE BELWA, THANA-, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 31-Oct-2040 Tax UpTo : One Time
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 : AA2140321691 Rear HSRP No : AA2141824263
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
No of Cylinders : 1 Chassis No : MBLHAW336SHJ33729
Engine No : HA11FBShj33431 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : NOBLE RED 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. : As Regd. :
Description 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. 29-Oct-2025.

Purchase dt : 29-Oct-2025 Sale Amt : 80517/-
OTT Date : 29-Oct-2025 Amount/Rcpt No : 8052 / UP57D25110000440
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 16-May-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Nov-2025 to 31-Oct-2040

Date : 21-May-2026 15:03:42
Taxation Particulars / Advance Registration Mark Fee Details

ARTO. (A)
Signature of Registering Authority
Kushinagar (UP)
Date: 21-May-2026

Q 9258140



This Document is Digitally Signed  
Signed By: THE ORIENTAL INSURANCE COMPANY LIMITED  
Date: Wed, Nov 5, 2025 12:34:34 IST  
Reason: Signing Policy for OCL

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	27-OCT-25
Policy No	252400/31/2026/52813	Proposal No.& Date	R/252400/31/2026/106354676/15 & 27-OCT-2025
Agent/Broker Code	BA0000135144	Policy Period (OWN DAMAGE)	FROM 13:30 ON 27/10/2025 TO MIDNIGHT OF 26/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13:30 ON 27/10/2025 TO MIDNIGHT OF 26/10/2030
Insured Name	SARDAR KUSHWAHA (GSTIN: )	Lead/Breakin No	/
Insured Address	C/O ANIRUDH KUSHWAHA, R/O VILL.-DAHAWA POST-TAULAHA WEST CHAMPARAN BIHAR A/P, JUNGLE KHIRKIA POST-JUNGLE BELWA KUSHINAGAR, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), NA,0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	76491
Model & Variant	SPLENDOR - XTEC 2.0	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine -Chassis No	HA11FBSHJ33431 - MBI HAW336SHJ33729	TMF CONTRACT NO	
Cubic Capacity	97.2	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	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	191.99	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)	4043
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	728
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	4771
Add-On Coverages	0	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	192		
Net own Damage Premium(A)			

Note:  
1. Policy Issuance is the subject to the realisation of cheques  
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
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	IDFC FIRST BANK LTD	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			Amount
			4771
			GORAKHPUR
			NA

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 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 27-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 MVA 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 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 their 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 0

**No Claims 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

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, 1988.

\* This insurance excludes all pre existing damages

Approved By : VAIS@252400

Approved On : 27-OCT-25

Place : MRT

Printed On : 05-NOV-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature

UNION OF INDIA **Driving Licence** (IN)

UP57 20140079721



26/12/2014

25/09/1993

25/12/2034

UNKNOWN



**SARDAR KUMAR KUSHWAHA**

ANIRUDH KUSHWAHA

UP57 20140079721


LMV MCWG

26/12/2014 26/12/2014

B/O: SARDAR PATEL NAGAR PADMALINA  
 PO+PS. PADMALINA  
 KUSHINAGAR 774304

*[Signature]*

Holder's Signature





भारत सरकार  
Government of India



सरदार कुमार कुशवाहा  
Saradar Kumar Kushawaha  
जन्म तिथि/DOB: 05/02/1988  
लिंग/ GENDER: MALE

Download Date: 02/03/2021

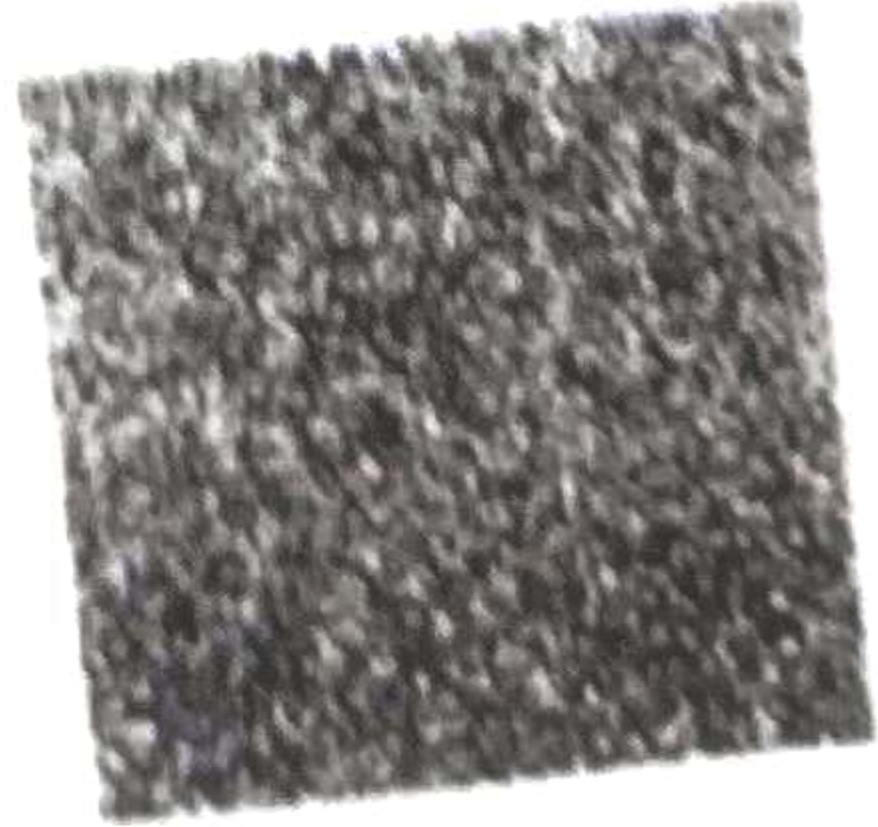


Issue Date: 23/06/2020

5173 1915 4890  
VID : 9169 9731 1057 7125  
भारत सरकार, भारत परधान



भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India



पत्नी: सरदार कुशवाहा, सरदार कुशवाहा, बिहार 845404  
Address: S/O Anirudh Kushwaha, Darbhanga Taluqa, West Champaran, Bihar 845404

5173 1915 4890  
VID : 9169 9731 1057 7125



1947



भारत सरकार

