

# Gupta

ESTIMATE

GSTN: 09AHWPG0559P1ZE

AUTHORISED DEALER

## AUTOMOBILES



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 9451211105

No. **1940**

Date 06-06-24

Name Rampreet

Add. CEP56 AN 5750

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Vishor			1400	
	HIL			600	
	FR Wincs (R)			250	
	Handle			600	
	FR Fendas			1400	
	Tanki			8500	
	Side Pannel (R)			200	
	Lens (R)			250	
	Fork Allignment			600	
	mirror - (R)			250	
	Labour charge			000	
				/	
			<b>TOTAL</b>	<b>15,400/-</b>	

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.	Rampreet, 9838646513
2	Vehicle No. / वाहन संख्या	UP05-6 AN 5750
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/853780
4	Period of Insurance / बीमा अवधि	05-07-2025 - 04-07-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-06-2026 10:00 Am
6	Place of Accident / दुर्घटना का स्थान	Kubersthan
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Amit Kumar UP5720160010305
8	Estimated Loss / अनुमानित हानि	15,400/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरा गाड़ी मेरा बेटा अमित कुमार शर्मा (Dubbly) गाड़ी ठीकर था रहा था कि रास्ते में सामने से एक सियार रोड़ क्रॉस करके बागा तब तक उससे मेरी गाड़ी उससे लड़ गयी और बाया तरफ रोड़ खाई से गाड़ी गिर गयी जहां छोटी-छोटी पत्थर रोड़ बनाने
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 padrauna 9125197148

वाले गिरे थे जिससे गाड़ी का टंकी हब गयी गिरने से कच्चा और भी पार्ट्स डैमज हो गया —

Date / दिनांक : 06-06-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

रामप्रीत



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Amit Kumar  
(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 : UP57201600/0305  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 12-06-2036  
(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 : 01-06-2026 10:00 AM  
(b) Place : Kuberkhan  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : वसु धरुल 215 गरीय गड 911014  
(e) If any third party was responsible for this accident give the name and address : \_\_\_\_\_

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : विश्व. म/र. लिनस (R)  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : ग्रुपुल ऑटोमोबिले पार्क

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

10. THEFT

- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : \_\_\_\_\_ MIA  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Policy Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_

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 06-06-2008

Signature of the insured \_\_\_\_\_

रामप्रीत

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 ..... राह प्रती .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number enters into any transaction specified in rule 114B**

1. Full name and address of the declarant Rampreet
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 6/6/2026  
Place : Puducherry

Rampreet  
Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.



GOVERNMENT OF UTTAR PRADESH  
Transport Department PADRAUNA(KUSHI NAGAR)  
FORM 23

https://vahan.parivahan.gov.in/vahan/



CERTIFICATE OF REGISTRATION

Registration No : UP56AN5750  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : SHUBHAM AUTO MOBILES, GAUNARIYA BABU, MAHARAJGANJ, . . 187-273303  
Owner Name : RAMPREET  
Full Address: (Permanent) : VILL - KATYA, POST - KATHKUIYAN, PS - KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303  
Full Address: (Temporary) : VILL - KATYA, POST - KATHKUIYAN, PS - KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303  
Fitness Up To : 08-Aug-2036  
Registration Date : 09-Aug-2021  
Purpose For Printing RC : TO  
Son/wife/daughter of : VIKAU

Detailed Description :  
Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No :  
Type of Body : SOLO WITH PILLION  
No of Cylinders : 1  
Engine No : HA11ESM9B14720  
Horse Power(BHP) : 7.91  
Maker's Classification : HF DELUXE (SELF-DRUM-C  
AST)  
Seating Cap(in all) : 2  
Sleeper Cap : 0  
Colour : TECHNO BLUE METALLIC  
Owner Criteria :  
Vehicle Purchase : Fully Built  
Owner Serial No : 2  
Link Vehicle No :  
Norms : BHARAT STAGE VI  
Rear HSRP No :  
Month/Year of Manuf. : 02/2021  
Chassis No : MBLHAW14XM9B15116  
Fuel : PETROL  
Cubic Capacity : 97.20  
Wheel base : 1235  
Standing Cap : 0  
Unladen Wt (kgs) : 112  
Laden/GVWt (kgs) : 242  
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 w.e.f. .

Purchase dt : 08-Jul-2021  
OTT Date : 08-Jul-2021  
Vehicle is Govt/ Pvt : PRIVATE  
Date of Approval : 17-Aug-2023  
Sale Amt : 61910/-  
Amount/Rept No : 6191 / UP56D21070000941  
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion Details  
Previous Owner : SANKUNTALA DEVI  
Old State : Uttar Pradesh  
Transfer Date : 17-Aug-2023  
Previous RegNo : UP56AN5750  
Entry Date : 04-Aug-2023  
Conversion Date :

This certificate is valid from 09-Aug-2021 to 08-Aug-2036

Date : 18-Aug-2023 11:04:58

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 18-Aug-2023

P 3354352

# Program Proposal Two-Wheeler Package Contract - Bundled



ARN No. INCP00453730

Motorsathi Care Private Limited  
 B Doss Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RAMPREET	1974-01-01	8601098540	Vikau	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
NILE E20	UP56AN5750	HA11ESM9B14720	MBLHAW14XM9B15116	2021-08-09	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
34500.00	NA	0.00	0.00	0.00	34500.00	
Place of Regn	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1289.04	
Address			City / District	Pin Code	State	
Vill - Katya, Post - Kathkuiyan, Ps - Kubernthan, 274303				274303	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
AMIT KUMAR	Male	26 Years	SON	2025-07-05 12:24	Midnight of 2026-07-04	

Section A, VRC: 588.86 TCR: 447.81 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1036.67

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 213.87 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 38.50 Total with GST(D): 252.37

**Total(Section A+B+C+D) Offered Price After Discount: 1289**

Package Period Covered	2025-07-05 To 2026-07-04	2026-07-05 To 2027-07-04	2027-07-05 To 2028-07-04	2028-07-05 To 2029-07-04	2029-07-05 To 2030-07-04
ADV	34500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2026-05-18 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**DRIVER:** Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or MotorSathi App

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941050643 email id: [info@motorsathi.com](mailto:info@motorsathi.com)



**IMPORTANT NOTICE:** The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

# Received with Thanks Rs 1289.04 ON 2025-07-05 from Mr./Ms. RAMPREET against the ARN No. INCP00453730  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: B Doss Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20160010305

Issue Date 18-06-2019 Validity (NT) 12-06-2026

Validity (TR)



*Signature*

Name: AMIT KUMAR

Date of Birth: 01-01-1993 Blood Group:

Son/Daughter/Wife of: RAJPREET PRASAD

Organ Donor:  N

Date of First Issue (18-06-2019)

Address:  
VILL-KATEYA POST-KATHWARA.P.S.-RUBESSTHAN  
PADRAUNA, RUSHINAGAR 274303

DL No: UP57 20160010305

PN/ISSUE/2019



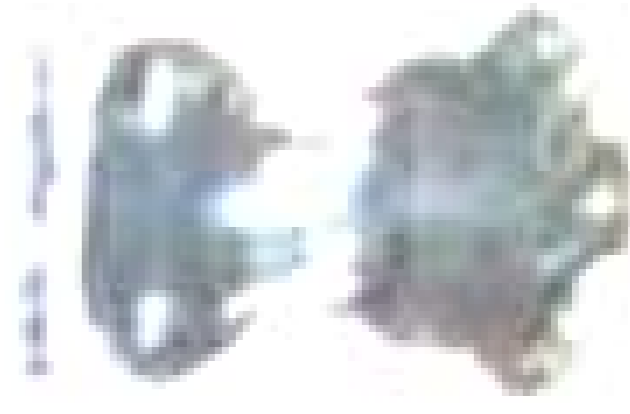
Medical Certificate Regd Number

Hazardous Vehicle  Hill Vehicle

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category Number	Subj	Subj	Subj	Subj
Auto	MC20	SPS	18-06-2019	11				
Auto	MC20							

Emergency Contact Number





भारत सरकार

Government of India



रामप्रीत

Ramprateet

जन्म तिथि / DOB : 01/01/1974

पुरुष / Male

6952 9499 4211



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: S/O: विक्राज, कटया,  
कुशीनगर, काठ कुइयां, उत्तर प्रदेश,  
274303

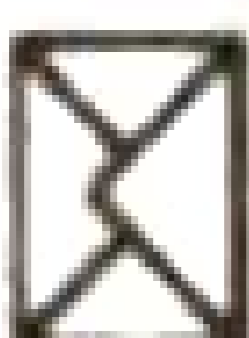
Address: S/O: Vikau, Katya, Kushinagar,  
Kath Kuyian, Uttar Pradesh, 274303

6952 9499 4211



1947

1800 300 1947



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