

ESTIMATE

GSTN: 09AHWP0569P1ZE

AUTHORISED DEALER

Gupta

ESTIMATE

GSTN: 09AHWP0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

1943Date 08/06/22

Name

Dipesh Kumar Kushwahra

Add.

UP57BB6441

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Seat Cover - (R)			550/-	
②	Seat Cover - (L)			550/-	
③	Center			290/-	
④	Side Panel - (R)			780/-	
⑤	Leg Guard			680/-	
⑥	Rear Indicator - (R)			220/-	
⑦	Front Indicator - (R)			220/-	
⑧	Fuel Tank			6500/-	
⑨	Wires			1050/-	
⑩	Labour charge			1000/-	
TOTAL				11840/-	

Authorized Signatory

1. लेखा नं.

The Oriental Insurance Co Ltd

द्वि. ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

2. 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.	Dipesh kumar, 9838596368
2. Vehicle No. / वाहन संख्या	UP57BB6411
3. Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/452385
4. Period of Insurance / बीमा अवधि	30/6/2025 to 29/06/2026
5. Date of loss & Time / दुर्घटना का दिनांक & समय	06/06/2025, 06.00 P.M.
6. Place of Accident / दुर्घटना का स्थान	Padmauma
7. Name of the Driver, D.L. No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	UP5720140012415 Deepesh kumar kushwaha
8. Estimated Loss / अनुमानित हानि	11840/-
9. Cause of Accident / दुर्घटना का कारण: अपनी बाइक लेकर बाजार जा रहा था तभी एक बाइक वाले ने पीछे से टक्कर मार दिया मेरी बाइक दायां साइड गिरने से क्षतिग्रस्त हो गई।	
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 / फोन नं.	9125197148 Gupta automobile Padmauma

Date / दिनांक : 08/06/2025
हस्ताक्षर

Deepesh
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. MS/2025/7001/0/46575/450785
 Tel No _____ Period of Insurance 30/6/25 to 29/6/2026
 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 Dipesh Kumar Kushwaha
 (b) Address for correspondence _____
 (c) Telephone 9838598368

2. THE INSURED VEHICLE

Make & Year <u>Hero/2021</u>	Engine No. <u>HA11EYMHF68122</u> Chassis No. <u>MBLHAW127MHF03674</u>	Registration No. <u>UP57BB</u> <u>6441</u>
---------------------------------	--	--

- (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? _____
 (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 : Deepesh Kumar Kushwaha
(b) Age :
(c) Address : Padmauna Kushinagar
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720/40012415
(h) Issuing Authority :
(i) Date of Expiry : 27/06/2034
(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 : 06/06/2024, 06:00 P.M.
(b) Place : Padmauna
(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 : बाइक वाले ने पिछे से टक्कर मार दिया
कारो साईड गिरने से क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Rear & Side.
(b) Estimated cost of repairs : 11840/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padmauna.

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? :
PIA

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 Policy 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 08/06/26 200

Signature of the insured Deepak

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 at
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ 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. _____

For Signer
Company Stamp
When Issued
Issued On: 2000

Witness
Name
Signature
Address

Signature Deepak
Occupation
Address

Bank Account Number
Name of the Bank

FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BB6441 Registration Date : 07-Jul-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...
 Owner Name : DIPESH KUMAR Son/wife/daughter of : RAM BALI KUSHWAHA
 KUSHWAHA
 Full Address: (Permanent) : VILL-JUNGLE SUKHPURA, POST-PADRAUNNA, THANA-PADRAUNA, KUSHINAGAR,
 UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-JUNGLE SUKHPURA, POST-PADRAUNNA, THANA-PADRAUNA, KUSHINAGAR-
 UTTAR PRADESH-274304
 Fitness UpTo : 06-Jul-2036 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 : AA2040678251 Rear HSRP No : AA2039879249
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2021
 No of Cylinders : 1 Chassis No : MBLHAW127MHF89674
 Engine No : HA11EYMHF68122 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR +(13S-SELF-DR Wheel base : 1236
 UM-CAST)
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK-SILVER STR Laden/GV Wt (kgs) : 242
 Other Criteria : As 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 w.e.f. .

Purchase dt	: 30-Jun-2021	Sale Amt	: 64310/-
OTT Date	: 30-Jun-2021	Amount/Rcpt No	: 6431 / UP57D21070000438
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 07-Jul-2021
Other State/Transfer/Conversion Details		Previous RegNo	:
Previous Owner		Entry Date	:
Old State		Conversion Date	:
Transfer Date			

This certificate is valid from 07-Jul-2021 to 06-Jul-2036

Date : 09-Nov-2021 14:00:48

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 09-Nov-2021

N 464375

Uttar Pradesh Government
Uttar Pradesh Govt.

Program Proposal Two-Wheeler Package Contract - Bundled

NON-NEGOTIABLE

Package Contract No. MS-2025/7001/CF/46575/452385

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com



Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
DIPESH KUMAR KUSHWAHA	1993-11-10	9838596368		Hero	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
NA		HA11EYMHF68122	MBLHAW127MHF89674	07-07-2021	
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
0.95	NA	0.00	0.00	0.00	0.95
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	1291.24
Address					
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
PRIYANKA KUSHWAHA	Female	32 Years	WIFE	2025-06-30 00:00	Midnight of 2026-06-29

Section A, VRC: 328.14 TCR: 499.73 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 1009.60
 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: 238.67 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 42.96 Total with GST(D): 281.63
Total(Section A+B+C+D) Offered Price After Discount: 1291

Package Period Covered	2025-06-30 To 2026-06-29	2026-06-30 To 2027-06-29	2027-06-30 To 2028-06-29	2028-06-30 To 2029-06-29	2029-06-30 To 2030-06-29
ADV	0.95	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

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 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 Customer Care - Toll Free Phone No. 7941050643
 email id: cs@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 Meerut.

Received with Thanks Rs 1291.24 ON 2025-06-28 from Mr./Ms. DIPESH KUMAR KUSHWAHA
 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



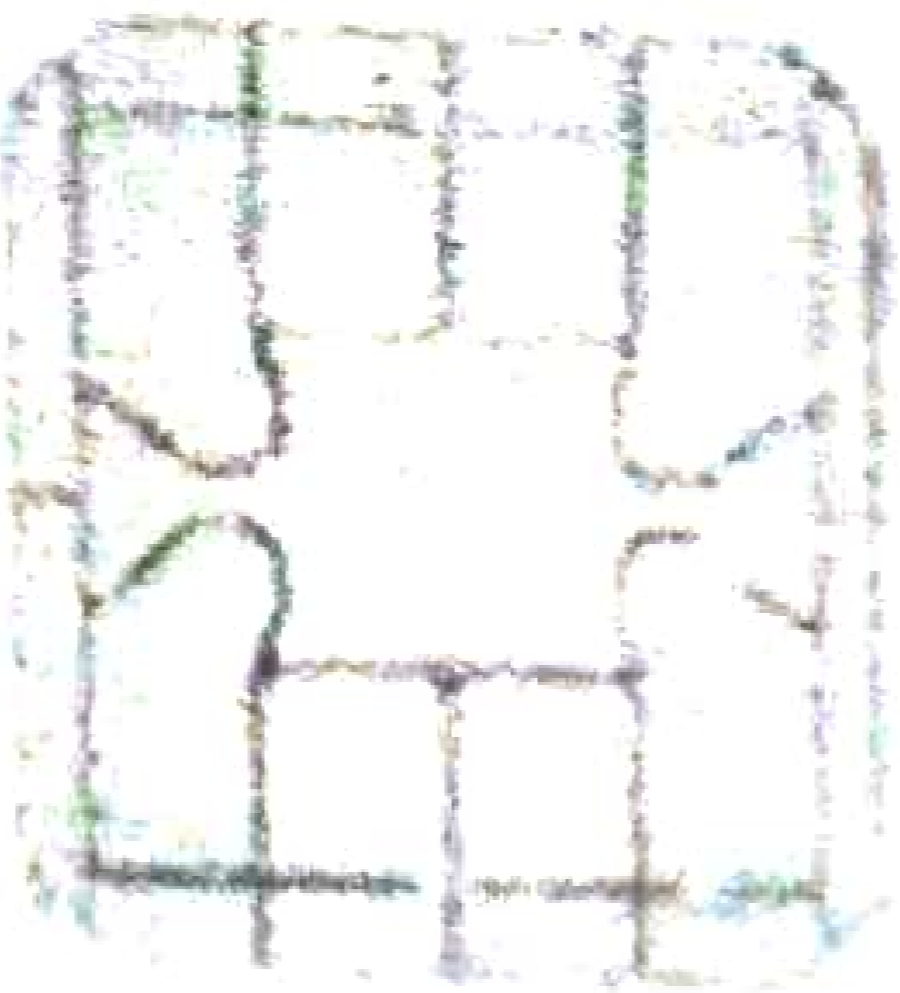
भारत गणराज्य

Indian Union Driving Licence

Issued by Uttar Pradesh



UP57 20140012415



Issue Date	Validity (NT)	Validity (TR)
28-06-2014	27-06-2034	



Holder's Signature

Name:

DEEPESH KUMAR KUSHAWAHA

N

Date Of

10-11-1993

Blood Group: UNKNOWN

Organ

Birth:

Donor:

Son/Daughter/Wife of:

RAMBALI KUSHAWAHA

Address:

VILL- LAUNGPURA SUKHPURA PO+PS-
PADRAUNA KUSHINAGAR 274304

DL No: UPS7 20140012415

Invalid Carriage (Regn Numbers)



Hazardous Validity Hill Validity

Class of Licensed	Code	Expiry Issued By	Date of Issue	Vehicle Category	Regn Number	Regn Number	Regn Number
1 MV	1 MV	UPS7	20/06/2014	NT			
MCMS	MCMS	UPS7	20/06/2014	NT			

Emergency Contact Number

Licensing Authority

ASST.RTO, MADRALUNA (KUSHINAGAR)

भारत सरकार, श्री परदेसी

8268 9050 5326

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 KAM).

आधार प्रमाण है, राष्ट्रियता या नागरिकता का प्रमाण नहीं।
आधार का उपयोग (ऑनलाइन प्रमाणिकरण, या ऑफलाइन KAM) के साथ ही किया जाना चाहिए।
आधार जन पहचान का प्रमाण है, नागरिकता या नागरिकता की तिथि का प्रमाण नहीं।



Aadhaar no. issued: 10/10/2014

श्रीधर कुमार कुशवाहा
नाम तिथि/DOB: 10/11/1993
पुरुष/MALE

भारत सरकार
Government of India



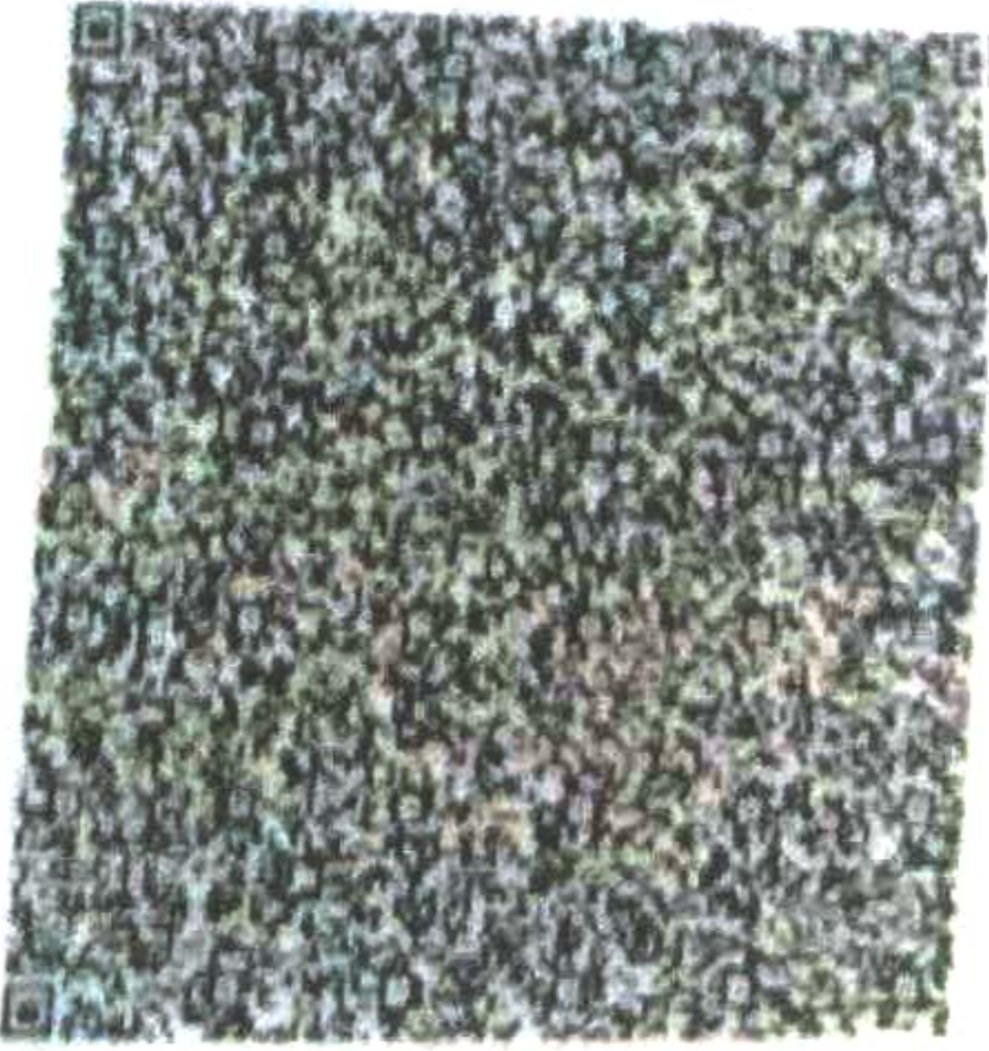
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O: रामबली कुशवाहा, जंगल सुखपुरा, पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Rambali Kushwaha, Jungle Sukhpura, PO:
Padrauna, DIST: Kushinagar,
Uttar Pradesh - 274304

Details as on: 24/02/2026



8268 9050 5326

VID : 9170 2646 2233 6215

1947

help@uidai.gov.in

www.uidai.gov.in