

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **1942**Date 09-06-26

Name

Vitendra

Add.

UP57CA9317

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	metts			1580	
	meets & Pins			400	
	Vishoo			1250	
	H/L			600	
	H/L Stay			250	
	Tanki			6000	
	Legard			700	
	Front Fendar			1480	
	No-stand			400	
	Handle			600	
	Handle - T			1000	
	Fork pipe - 2			2400	
	Chassis Repair			2500	
	T-plate.			800	
	LED			1000	
	Front Both blinker			500	
	Lock set			1000	
	Labour chery e			1200	
				/	
			<b>TOTAL</b>	23,740	/

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.	900 51 29 771 Vihendra 6306704805
2	Vehicle No. / वाहन संख्या	UP57CA 9317
3	Policy No. / पालिसी संख्या	252400/31/2026/55400
4	Period of Insurance / बीमा अवधि	03-11-2025 - 02-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04-06-2026 10:00 p.m
6	Place of Accident / दुर्घटना का स्थान	Lankar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vikash Kumar Gupta 6306704805
8	Estimated Loss / अनुमानित हानि	23,740/-
09.	Cause of Accident / दुर्घटना का कारण : मेरा गाड़ी मेरा अतीजा किली काम से यानी इमूटी से घर आ रहे थे रात के समय बसने में गाड़ी के सामने अचानक गिलगाय आ गयी जिससे गाड़ी टक्कर ली गयी और गाड़ी हवा तक गिर गयी रोड हाव्स में जब गाड़ी उठाया तो	
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 padraunq 9151971 48

काल से रोड के नीचे फलान बोने करण वृथा तक  
 फिर गिर गयी उठने से अंश पूर्ण तरह इमेज  
 Date / दिनांक : 04/06/2026  
 हस्ताक्षर

Signature of Insured / बीमाधारक के

04-06-2026



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. 252400/31/2026/55400

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

Period of Insurance 02-11-2026

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 V. Srinandra  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone 9005129771

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F6SH541479</u> Chassis No. <u>MBLHA04645H545502</u>	Registration No. <u>UP57CA9317</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 trailor attached? \_\_\_\_\_  
 (h) Number of passengers carried \_\_\_\_\_  
 (i) Number of Passenger permitted \_\_\_\_\_

HIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vikas Kumar Gupta  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : relative (Nephew)  
 (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 : UP512024000 8933  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 25.02.2046  
 (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 : 04.06.2026 10:00 P.M  
 (b) Place : Lamkan  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : गाड़ी के खामते नील गाड़ी गा गाड़ी जिल्ले  
 (e) If any third party was responsible for this accident give the name and address : गाड़ी चाली की गाड़ी भीर ~~का~~ काया ~~रकम~~ निरकार ~~→ dc.~~

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : metts, metts Ins, Tanki legand  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraung

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 : MIH  
 (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 \_\_\_\_\_ ~~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? : \_\_\_\_\_ ~~N/A~~
- (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? \_\_\_\_\_
- (f) Has theft been reported to Police? \_\_\_\_\_
- (g) When? \_\_\_\_\_
- (h) Which Police 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 09-08-2002

Signature of the insured बिरी चंद

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 .....  
Occupation .....  
Address .....  
.....  
.....

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

**FORM 23**  
**CERTIFICATE OF REGISTRATION**



Registration No : UP57CA9317      Registration Date : 10-Nov-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,  
 . 189-274403  
 Owner Name : VIRENDRA      Son/wife/daughter of : GYANI  
 Full Address: (Permanent) : VILL- BADAHARA DUBEY, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR,  
 UTTAR PRADESH-274302  
 Full Address: (Temporary) : VILL- BADAHARA DUBEY, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR-  
 UTTAR PRADESH-274302  
 Fitness Up To : 09-Nov-2040      Owner Serial No : 1  
**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Nominee Name : BACHIYA DEVI  
 Relationship with the : Spouse      Norms : BHARAT STAGE VI  
 Nominee  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2142496431      Rear HSRP No : AA2141829978  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1      Chassis No : MBLHAW464SHJ45502  
 Engine No : HA11F6SHJ41479      Fuel : PETROL  
 Horse Power(BHP) : 8.17      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS)      Wheel base : 1235  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY      Laden/GV Wt (kgs) : 243  
 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 HERO FINCORP LIMITED DELHI, BASANT LOK BASANT VIHAR, BASANT LOK BASANT VIHAR, . New Delhi, Delhi-110057 w.e.f. 03-Nov-2025.

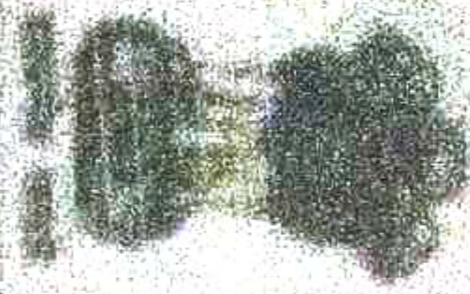
Purchase dt : 03-Nov-2025      Sale Amt : 77982/-  
 OTT Date : 03-Nov-2025      Amount/Rcpt No : 7799 / UP57D25110003557  
 Vehicle is Govt./Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 01-Dec-2025  
**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner :      Previous RegNo :  
 Old State :      Entry Date :  
 Transfer Date :      Conversion Date :

This certificate is valid from 10-Nov-2025 to 09-Nov-2040

Date : 09-Dec-2025 17:04:22

Taxation Particulars Advance Registration Mark Fee Details

Signature of Registering Authority :  
 Date : 09-Dec-2025 (A)  
 KUSHINAGAR (U.P.)



Indian Union Driving Licence  
Issued by Uttar Pradesh

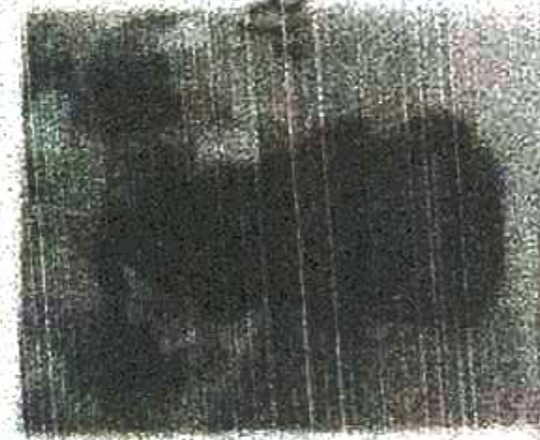
UP57 20240008933



Issue Date 22-05-2024

Validity (NT) 25-02-2046

Validity (TR)



Holder's Signature

(22-05-2024)

NAME: VIKASH KUMAR GUPTA

Date of Birth: 26-02-2006

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: UMESH GUPTA

Address:

House - 555, Khatkhat, P.O. Daudhwa Daudhwa  
Tehsil Khatkhat, District Meerut, Uttar Pradesh  
224302

Date of First Issue

UP57 20240008933

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
LMV	LMV	UP57	22-05-2024	NT			
MV50		UP57	22-05-2024	NT			

Emergency Contact Number

UP57 20240008933

Policy Schedule

Page No.

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MARKET, 01114063578, (GSTIN: 99AAACTR627B4Z1D)
BUNDLED POLICY (MOTORIZED TWO WHEELERS-15 Years)
Policy No: 252400/31/2025/55400
Policy Issued On: 03-NOV-25
Agent/Broker Code: HA0000155144
Proposal No. & Date: R/252400/31/2025/106663991.7 & 03-NOV-2025
Agent/Broker Name: ABHINAV BHATI
Policy Period (OWN DAMAGE): FROM 13:35 ON 03-11-2025 TO MIDNIGHT OF 02-11-2026
Insured Name: VIRENDAR (GSTIN: )
Policy Period (LIABILITY): FROM 13:35 ON 03-11-2025 TO MIDNIGHT OF 02-11-2030
Insured Address: C/O GYANI, R/O VILL BADAHARA DUBEY PO DUDHAH, PS BISHUNPURA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), N.A.0

INSURED MOTOR VEHICLE DETAILS
Make: HERO MOTORCORP
Model & Variant: HERO SPLENDOR PLUS XTRECH E20
Registration No: NEW
Year Of Manufacture: 2025
Engine - Chassis No: HA1118SHJ41479 - MBLHAW4645HJ45502
Cubic Capacity: 100
Seating Capacity: 1+1
Type Of Body: S.O.C.
Type Of Fuel: PETROL
RTO Location:
Vehicle: 74083
Electrical Accessories: 0
Non Electrical Accessories: 0
Total IDV: 74083
TMF CONTRACT NO:
Policy Type: Zone B - Rest of India
Geographical Area:

Table with columns: OWN DAMAGE SECTION(A), LIABILITY SECTION (B), and Schedule Of Premium (Amount in Rs.). Rows include Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extra (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AA1 Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverage, Net own Damage Premium(s).

Table with columns: Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financer Name, Financer Branch, POS Name, POS ID, POS PAN NO/Aadhar No.

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 dishonor 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 03-NOV-25
IMPORTANT NOTICE
This 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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials
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 the 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 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/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 in 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, 1998
\* This insurance excludes all pre-existing damages



Approved By: UNFV6252400
Approved On: 03-NOV-25
Place: MHT
Printed On: 03-NOV-25

Handwritten signature

For and on behalf of The Oriental Insurance Company Limited

General Manager Authorized Signature

Handwritten text in Hindi: 'यह पॉलिसी, गती का फुल कवरेज प्रदान करता है और यह सभी पार्ट को कवरेज देता है।'



भारत सरकार

Government of India



वीरेंद्र

Virender

जन्म तिथि / DOB : 01/10/1970  
पुरुष / Male

3843 1764 9864



आधार - आम आदमी का अधिकार



भारत सरकार  
Unique Identification Authority of India

पता: अरमज गौली, बडहरा दुबे,  
दुधौ, कुशीनगर, दुधई, उत्तर प्रदेश,  
274302

Address: S/O Gyani, Badhara Dubey,  
Dudhau, Kushinagar, Dudhau, Uttar Pradesh,  
274302

3843 1764 9864

1947  
1800 300 1947

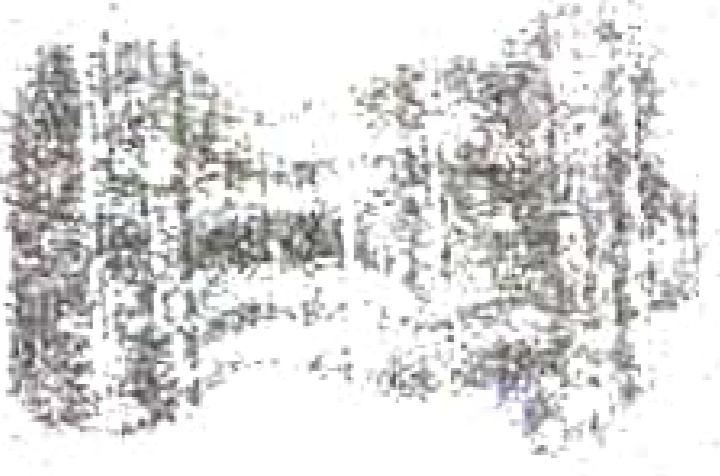
help@uidai.gov.in



www.uidai.gov.in

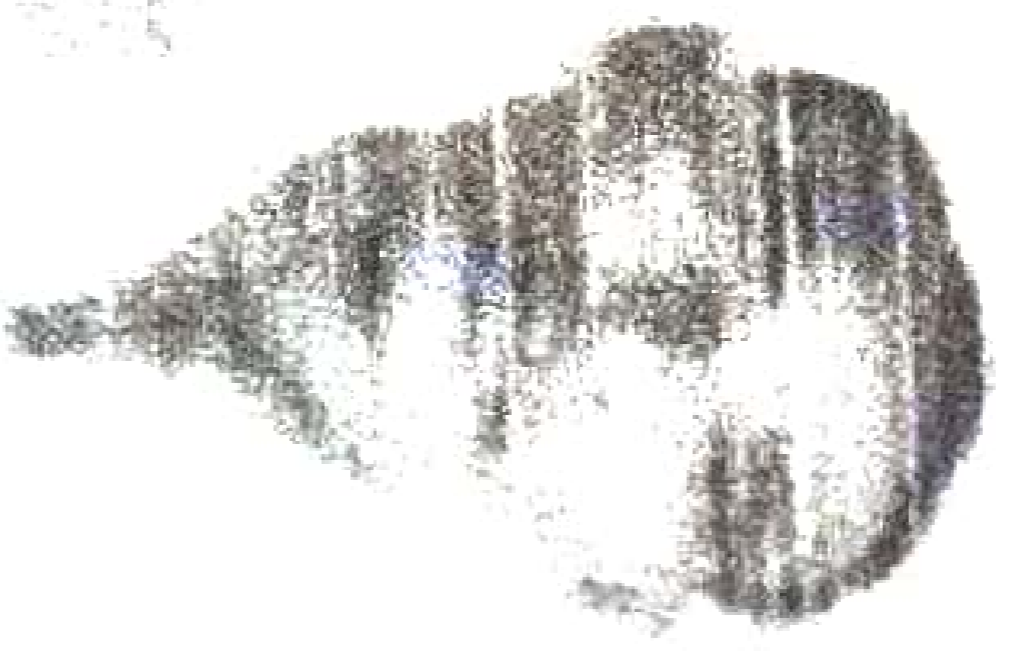
आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

DCYPV6218L

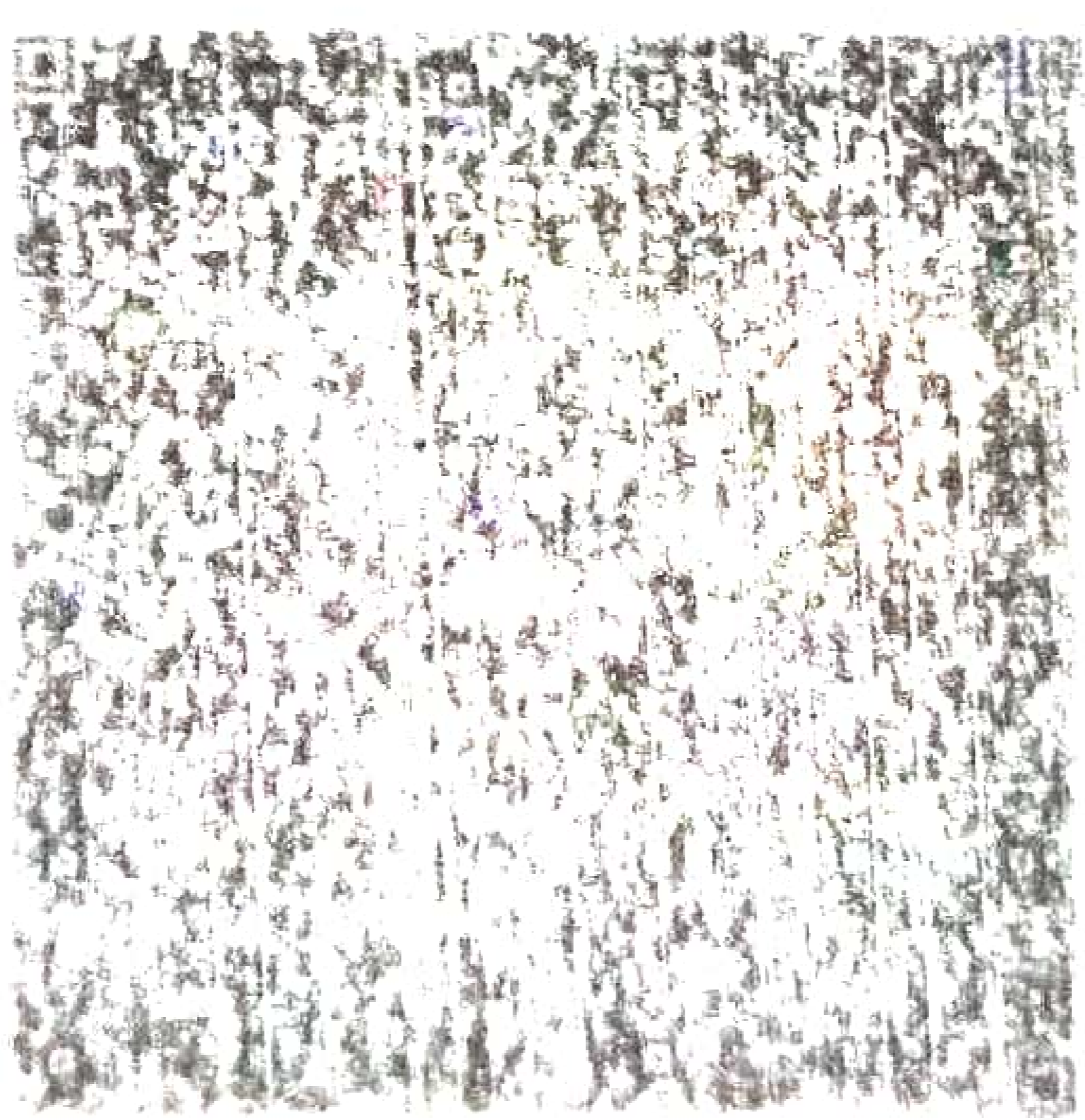
नाम / Name  
VIRENDAR

पिता का नाम / Father's Name  
GYANI

जन्म की तिथि /

Date of Birth

01/01/1970



01122025

▶ PAN Application Document Serial Card No.  
Valid unless Physically Signed