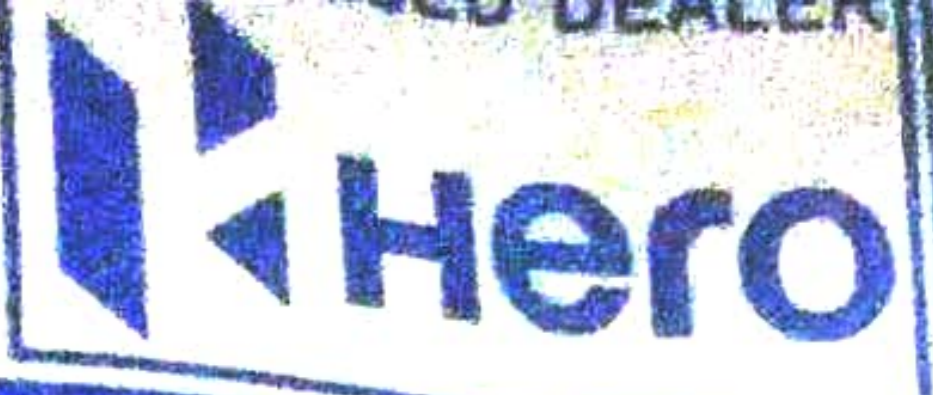


# Gupta

## AUTOMOBILES



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

No. **1944**

Date 08-06-11

Name

Kailash Gupta

Add.

Cep 57 CA 8989

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Vishor			1250	
	H/L			3800	
	H/S			480	
	Crane			350	
	guns			480	
	Key set			1000	
	mets			3800	
	Fendar			1000	
	Handle			600	
	Handle T			1000	
	Fork pipe - (2)			2400	
	Levs (2)			200	
	Break 409 - (2)			400	
	<del>Fork</del>			8500	
	Tank			1200	
	DISK plate			1000	
	Color change.				
			<b>TOTAL</b>	<b>28460</b>	

Authorised Signatory

Total Amount = 28,460/-

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.	Ballesh Gupta 9226436116
2	Vehicle No. / वाहन संख्या	UP57CA 3969
3	Policy No. / पालिसी संख्या	252400/31/2026/50296
4	Period of Insurance / बीमा अवधि	23-10-2025 - 22-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/06/2026, 02.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Twapatti Mahuawa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajay Kumar Gupta
8	Estimated Loss / अनुमानित हानि	20,460/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी लड़का अजय कुमार गुप्ता पेपर देने जा रहा था तभी अचानक तुर्कपट्टी महुवा के पास एक मोड़ पर एक ट्रैक्टर वाले ने अचानक अपना ट्रैक्टर मोड़ दिया उसी से मेरी कार चकरा कर बायें तरफ 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 / फ़ोन नं.	9125197148 Gupta automobile Padegama

Date / दिनांक : 08-06-2026  
हस्ताक्षर

बालेश गुप्ता  
Signature of Insured / बीमाधारक के

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 .....



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. 252400/31/2021/50296

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

Period of Insurance 22-10-2021  
 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 Kailash Gupta  
 (b) Address for correspondence \_\_\_\_\_  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>50079259 P07074</u> Chassis No. <u>MBLJA057459 P01321</u>	Registration No. <u>UP57 CA3969</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  
 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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Asay Kumar Gupta  
 (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 : MH4020240039634  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 30-03-2044  
 (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 : 05-06-2026 01:00 P.M  
 (b) Place : Turpalli  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : एक मोटर पर एक ड्रेक्टर वाले ने अचानक मोटर ड्रेक्टर मोड़ दिया उससे से मोटर कारक वकई कर चीके तक गिरे से गैर ड्रग  
 (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 : NRW, H/R, w/s etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gurpre Autozobilepadrang

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 : \_\_\_\_\_

~~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 08-06-2002

Signature of the insured केलाश गुप्ता

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA3969 Registration Date : 28-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 : KAILASH GUPTA Son/wife/daughter of : RAMSEVAK GUPTA  
 Full Address: (Permanent) : VILL-GOND TOLA- M AHUAWA BUZURG, POST-MAHUAWA BUZURG, THANA-TURKPATTI, KUSHINAGAR, UTTAR PRADESH-274302  
 Full Address: (Temporary) : VILL-GOND TOLA- M AHUAWA BUZURG, POST-MAHUAWA BUZURG, THANA-TURKPATTI, KUSHINAGAR-UTTAR PRADESH-274302  
 Fitness UpTo : 27-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 : AA2144475475 Rear HSRP No : AA2144976710  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLJAW514S9F01321  
 Engine No : JA07AZS9F07074 Fuel : PETROL  
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 123  
 Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 253  
 Other Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Buft

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 : 23-Oct-2025 Sale Amt : 82305/-  
 OTT Date : 23-Oct-2025 Amount/Rcpt No : 8231 / UP57D25100010072  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 03-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 28-Oct-2025 to 27-Oct-2040

Date : 23-Dec-2025 13:39:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature : **A.R.T.O. (A)**  
 Registering Authority  
 Date : 23-Dec-2025  
**Kushinagar (U.P.)**

6303801



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: INTRN24

Page No:

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

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)		
Policy No	252400/31/2026/50296	Policy Issued On	23-OCT-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/252400/31/2026/10617141616 & 23-OCT-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 13-11 ON 23-10-2025 TO MIDNIGHT OF 22-10-2026
Insured Name	KAILASH GUPTA (GSTIN )	Policy Period (LIABILITY)	FROM 13-11 ON 23-10-2025 TO MIDNIGHT OF 22-10-2026
Insured Address	C/O. RAMSEVAK GUPTA, R/O VILL-GOND TOLA MAHUAWA BUZURG POSTA M/ BHUAWA BUZURG, THANA - FURKAPATTI KUSHINAGAR, KUSHINAGAR, PADRAUNA, KUSHINAGAR, NA, 0	Lead/Broker No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	78191
Model & Variant	HERO SUPER SPENDOR DSS XTECH	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	78191
Engine / Chassis No	IA07AZS9F07074 - MBLJAW514S9F01321	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1310.48	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	196.48	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)	4047
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	78
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%	4775
Add-On Coverages	0	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	196		
Net own Damage Premium(A)			

Nominee Details		Cheque No./Transaction No.		Bank Name		Financer Branch		Amount	
Nominee Name		Cheque No./Transaction No.		Bank Name		Financer Branch		Amount	4775
Payment Method		Financer Name	Cash	POS PAN NO/Aadhar No	NA				
Financer Type		POS ID	NA						
POS Name	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 on 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 or on demand from the policy issuing office.

Warranty 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.

We hereby certify that the policy to which this 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 23-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 MV 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 (7) 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 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) 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 (1) of the policy. Damage to third party property is Rs. 2 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. 25% preceding two consecutive years, 35% preceding three consecutive years, 45% preceding four consecutive years, 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is not in force 90 days of the previous policy.

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 : VAB/252400  
Approved On : 23-OCT-25  
Place : MHT  
Printed On : 08-NOV-25

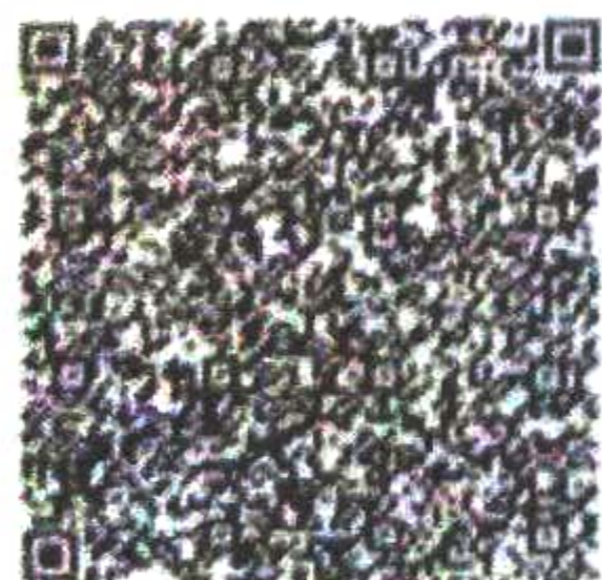
For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature



## Driving License

**NAME** : AJAY KUMAR GUPTA  
**License No.** : MH48 20240039634  
**Authorization to Drive** : MCWG  
**Date of Issue** : 2024-12-15  
**DOB** : 2004-03-31  
**S/W/D** : KAILASH GUPTA  
**BLOOD GROUP** : Unknown  
**Date of Expiry** : 2044-03-30  
**Permanent Address** : Survey No 284, Guddu  
Chawl, Pelhar Road, Near  
Shiv Mandir, Dongarpada,  
Pelhar Vasai East , Vasai  
Palghar Maharashtra,  
401208  
**Present Address** : Survey No 284, Guddu  
Chawl, Pelhar Road, Near  
Shiv Mandir, Dongarpada,  
Pelhar Vasai East , Vasai  
Palghar Maharashtra,  
401208



Tap to Zoom



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



नाम / Name

KAILASH GUPTA

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

CYYPG8058A

पिता का नाम / Father's Name  
RAMSEVAK GUPTA

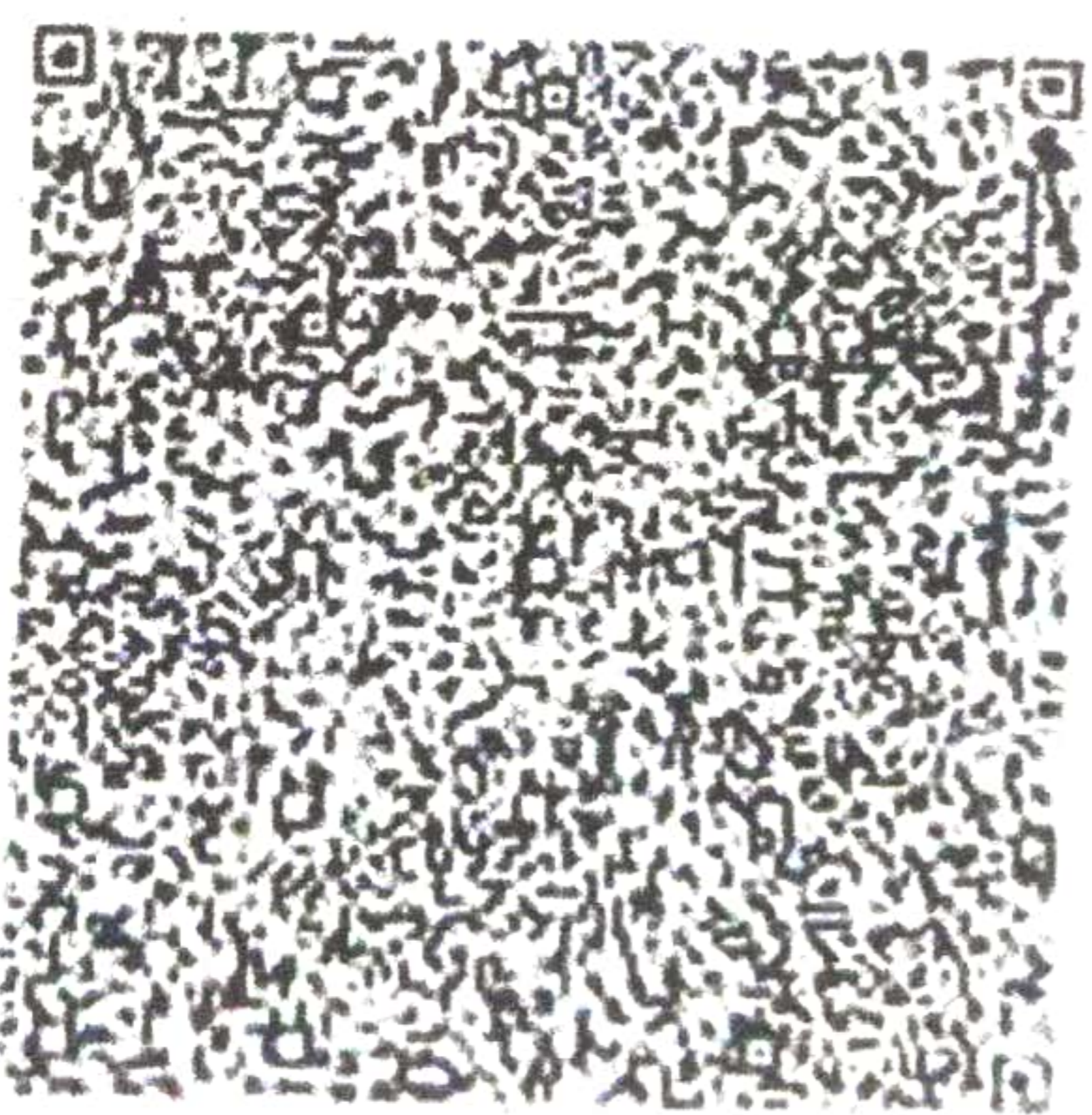
कलश गुप्त

09052019

जन्म की तारीख  
Date of Birth

01/01/1982

हस्ताक्षर / Signature



1800 300 1947  
1947

help@uidai.gov.in

www.uidai.gov.in

3005 7765 1839

274302

श्रीमती सुविधा, कुशीनगर, उत्तर प्रदेश

श्रीमती सुविधा, महावा बुजुर्ग

श्रीमती सुविधा, महावा बुजुर्ग, महाराजगुप्त

Address: S/O. Ramsevak Gupta, gond lola  
mahuwa buzurg, Mahuwa Buzurg,  
Mahuwa Buzurg, Kushinagar, Uttar  
Pradesh, 274302



Unique Identification Authority of India

आधार - भारत सरकार का आधिकारिक पहचान प्रणाली

आधार - भारत सरकार का आधिकारिक पहचान प्रणाली

3005 7765 1839



Government of India

भारत सरकार

श्रीमती सुविधा

Kalash Gupta

जन्म तिथि / DOB : 01/01/1982

पुरुष / Male

