

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **1951**

Date 09-06-20

Name Krishna Yadav

Add. UPST CA 6570

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Front Rim			4000	
	H/L			3800	
	Visor			1600	
	Visor Pins			600	
	meets			3600	
	H/L stem			400	
	Front fender			1450	
	Handle			600	
	Fork pipe (2)			2400	
	Handle - T			1000	
	Cequad			700	
	T-plate			800	
	Chassis Repair			2000	
	Front links (1)			250	
	Labour charge			1200	
			TOTAL	25,200/-	

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.	Krishna Yadav 9839567202
2	Vehicle No. / वाहन संख्या	UP57 CA 6578
3	Policy No. / पालिसी संख्या	252900/31/2026/52 4/3
4	Period of Insurance / बीमा अवधि	28-10-2025 — 25-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-05-2026 6:30 P.M
6	Place of Accident / दुर्घटना का स्थान	पुसावा रोड (पुड़ी-चौक)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shatrudhan 9325172678
8	Estimated Loss / अनुमानित हानि	25,200/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरा गाड़ी मेरा भाई Shatrudhan चला रहा था और मैं पिछे बैठा था शाम के समय में बाजार करने वापस आ रहा था कि रास्ते में सामने स्यामक निकलाया आ गयी उससे बचने के चक्कर में गाड़ी बगल के सार्ड में घुस गयी और तकरार गाड़ी जिससे गाड़ी
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 9125197194

पूरी तरह डैमेज ही गयी मैं Shatrudhan को हल्की चोट भायालीकीय छोटे भाई को काँफी ज्यादा चोट आई थी जो पिछे बैठा था जो हस्पिटल में भर्ती था इन्फिरमिटी क्लेम करने में समय लगा।

Date / दिनांक :

हस्ताक्षर 09-06-2026

Signature of Insured / बीमाधारक के

KRISHNA



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. 252400/31/2026/52413

Tel. No. _____

Period of Insurance 25-10-2026
 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
- (b) Address for correspondence
- (c) Telephone

Koisa Yadav
9889567202

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAI1P85HF49052</u> Chassis No. <u>MBLHAW33X5HFC 73</u> <u>14</u>	Registration No. <u>UP57 CA 6570</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

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shatrughan
(b) Age : _____
(c) Address : _____
(d) Is the Driver
1. Owner : _____
2. paid driver? : _____
 3. Owner's relative or friend? : Brother
(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 : UP5320125991700
(h) Issuing Authority : _____
(i) Date of Expiry : 27-03-2032
(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 : 17-05-2026 6:30 PM
(b) Place : पर्यटन
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : नीच से गयी ठोके वलने के
(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 : Front, Rim, V. Str, V. Str, Bumper
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Groupa Automobile padraua

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? : MIA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

N/A

9. WITNESSES

- (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 Police 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 09-06-2002

Signature of the insured Kaishna

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. 1000/-

Witness
Name
Signature
Address

Signature .. *KSNA*
Occupation
Address

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
 Policy Schedule

Report ID: PGTR024

Page No: 1

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Years)	Policy Issued On	26-OCT-25
Policy No	J52400/31/2026/52413	Proposal No. & Date	R/252400/31/2026/36995 & 26-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:14 ON 26/10/2025 TO MIDNIGHT OF 25/10/2025
Agent/Broker Name	ADHINAV BHATI	Policy Period (LIABILITY)	FROM 16:14 ON 26/10/2025 TO MIDNIGHT OF 25/10/2025
Insured Name	KRISHNA YADAV (GSTIN:)	Load/Breakin No	
Insured Address	C/O RAMVRIKSH VILL-DHAUBARA POST-PADARI PIPARPAI II THANA-PADRAUNA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR CORP	Vehicle	76491
Model & Variant	SPLENDOR X EBC 2.0	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine - Chassis No	HA111BSHP40052 - MBLHAWJ3XSHFC7314	TMF CONTRACT NO	
Cubic Capacity	97.7	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
RTO Location		Type Of Fuel	PETROL

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	385
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 3 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1281.99	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-4-R36B3	0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	1851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4043
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1090	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1090	Kristi Kalyan Cess@0.50%	6
Add-On Coverages		Gross Premium Paid	4771
NH. Depreciation			
Return to Invoice	0		
Key Lock/Immobiliser	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Not own Damage Premium(A)	192		

Nominee Details	Nominee Name	Age	Relation
Payment Details	Payment Method	Cheque No./Transaction No	Bank Name
POS Name	NA	POS ID	NA
		POS PAN No/Aadhar No	NA
		Amount	4771

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 insured 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.

Warranted that in case of dishonour of premium cheques 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 in 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 hereunto set his/her hands at 252400 on 26-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 baggage) (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 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.

Limit 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. 7 Lakhs. P.A. cover under section III for owner Driver is RS.

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) last per the The preceding year 20% per pending free consecutive years 75% preceding three consecutive years 85% preceding five consecutive years 90% of Net B 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 chapters X and XI of M.V. Act, 1988.

* This insurance covers all pre-existing damages.

Approved By: 6095258M13
 Approved On: 26-OCT-25
 Place: MBT
 Printed On: 09-NOV-25



For and on behalf of
 The Oriental Insurance Company Limited
 General Manager
 Authorized Signature

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



Registration No : UP57CA6578 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 : KRISHNA YADAV Son/wife/daughter of : RAMVRIKSH
Full Address: (Permanent) : VILL-DHAUHARA, POST-PADARI PIPARPATTI, THANA-PADRAUNA, KUSHINAGAR
UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-DHAUHARA, POST-PADARI PIPARPATTI, THANA-PADRAUNA, KUSHINAGAR
UTTAR PRADESH-274304
Fitness Up To : 31-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 Rear HSRP No : AA2138242774
Front HSRP No : AA2140319602 Month/Year of Manuf. : 06/2025
Type of Body : SOLO WITH RILLION Chassis No : MBLHAW33XSHFC7314
No of Cylinders : 1 Fuel : PETROL
Engine No : HA11FBSHF49002 Cubic Capacity : 97.20
Horse Power(BHP) : 8.17 Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR
Seating Cap(In all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : Black Heavy Grey 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. 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 : 26-Oct-2025
OTT Date : 26-Oct-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 29-Dec-2025

Sale Amt : 80517/-
Amount/Rcpt No : 8052 / UP57D2511000
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

Previous Owner
Old State

Previous RegNo
Entry Date
Conversion Date

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

Signature of Registering Authority
Date

Date: 18/11/2025 18:08:28

For details / Advance Registration Mark Fee details

1164929

0569P1ZE

कृष्णा यादव
Krishna Yadav
जन्म तिथि / DOB : 01/01/2006
पुरुष / Male

Issue Date : 31/05/2015

4397 2984 8146

मेरा आधार, मेरी पहचान

पता: आत्मज: रामवृक्ष, धौरहरा अवादकरी,
पडरी पिपरपटी, कुशीनगर, उत्तर प्रदेश,
274304

Address: S/O: Ramvriksh, dhaurihara
avadkari, Padari Piparpati, Kushinagar,
Uttar Pradesh, 274304

Print Date : 16/07/2023

4397 2984 8146

1947 help@uidai.gov.in www.uidai.gov.in

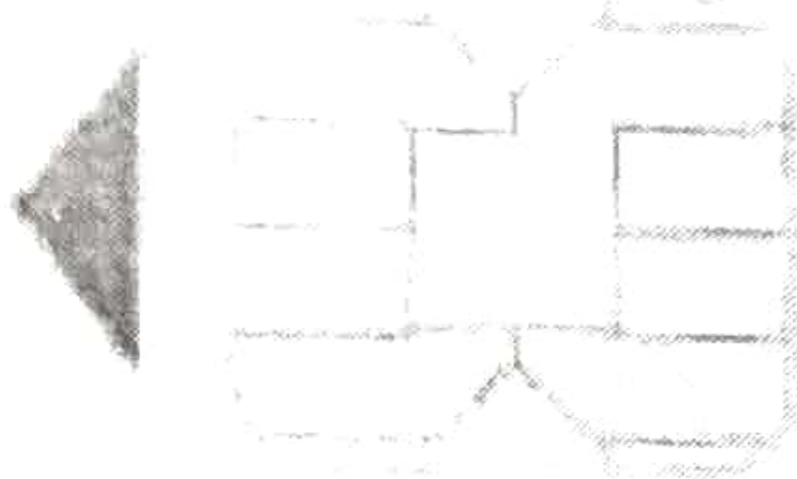
4669P1ZE



Indian Union Driving Licence Issued by Uttar Pradesh



UP53 20125931700



Issue Date	Validity (NT)	Validity (TR)*
09-06-2023	27-03-2032	08-06-2028



(28-01-2012)

Holder's Signature

Name: **SHATRUDHAN**

Date of Birth: **01-01-1993** Blood Group: Organ Donor: **N**

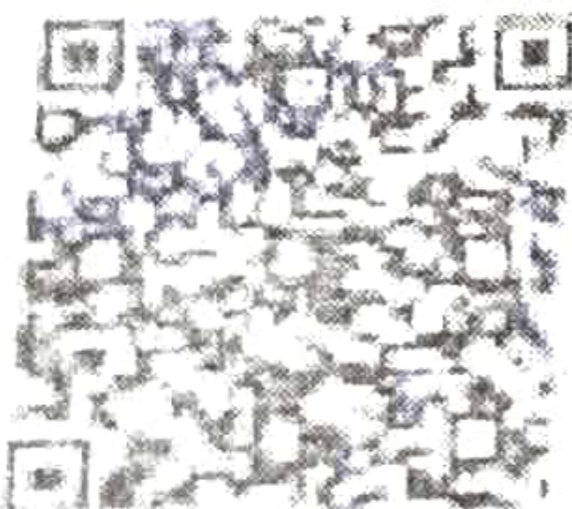
Son/Daughter/Wife of: **NAND LAL YADAV**

Address:
**VILL- DHAURHRA PO- PADARI PIPARPATI
 ADRAUNA PADRAUNA, KUSHINAGAR 274304**

Date of First Issue

DL No: **UP53 20125931700**

UPDL 0040 1108 8038



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*
	MCWG	UP53	28-03-2012	NI			
	LMV	UP53	28-03-2012	NI			
	TRANS	UP53	22-06-2018	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



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 and enters into any transaction specified in rule 114B

1. Full name and address of the declarant _____
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 : _____

Place : _____

Koiska
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.