

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No.

1956

Date 11-06-20

Name

Sarvagel Yadav

Add.

UP57BZ 0203

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Tanki			6500	
	Vishoo			1200	
	meets			3200	
	meets Drive			480	
	M/L			3600	
	M/L stay			300	
	Fork pipe - (2)			2400	
	Front Fenders			1480	
	Handle			600	
	Handle-T			1000	
	Front Rim			4500	
	Tyre			1800	
	Chassis Repair			2000	
	Mirror - (R)			250	
	Labour charge			1200	
	<b>TOTAL</b>			<b>31,110/-</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.	Sarvajeet Yadav 8726506715
2	Vehicle No. / वाहन संख्या	UP5702 0203
3	Policy No. / पालिसी संख्या	252400/81/2026/32376
4	Period of Insurance / बीमा अवधि	11-08-2025 - 10-08-2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05-06-2026 05:00 P.M
6	Place of Accident / दुर्घटना का स्थान	कोहरगढ़ी पुल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jayprakash Singh 8726506715
8	Estimated Loss / अनुमानित हानि	32110/-
09.	Cause of Accident / दुर्घटना का कारण :	मैरा गाड़ी मैरा लोक जयप्रकाश सिंह गाड़ी लेकर गये थे कोहरगढ़ी पुल के पास गाड़ी खड़ा किया था कि वहां एक पिकप वाला सामने से लक्कर मार दिया और गाड़ी दाया तरफ गिर कर टर्न ले गया -
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.	9125197118 Gupta Automobile padraunq

Date / दिनांक :  
हस्ताक्षर

Sarvajeet Yadav  
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 Samrajit Vaalar  
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. 252400/31/2026/32376

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

Period of Insurance 10-08-2026

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 : Sarvjeet Yadav  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11P03SHFA1540</u> Chassis No. <u>MBLFAW330SHFA6</u> <u>979</u>	Registration No. <u>UP57BZ0203</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? yes  
 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 : \_\_\_\_\_

MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Toupral Singh  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : Friends  
 (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 : UP 57 2021 0010563  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 10-07-2037  
 (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 : 05-06-2021 05:00 PM  
 (b) Place : कोटा रोड  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : घर के पास जाते वक़्त जी जी के फ़िरक  
 (e) If any third party was responsible for this accident give the name and address : दीदी वक़्त मलू देवी जी वक़्त गलत जाय  
कोटा रोड कोटा जिला

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Towen, Vitr, Rim etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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 \_\_\_\_\_ 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? \_\_\_\_\_
- (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 11-06-2002

Signature of the insured Sameer Jodh  
Xadab

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



CERTIFICATE OF REGISTRATION

Registration No : UP57BZ0203  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304  
 Owner Name : SARVAJEET YADAV  
 Full Address: (Permanent) : VILL-NARKU CHHAPRA, POST-MATHIA BUZURG, THANA-KHADDA, KUSHINAGAR, UTTAR PRADESH-274802  
 Full Address: (Temporary) : VILL-NARKU CHHAPRA, POST-MATHIA BUZURG, THANA-KHADDA, KUSHINAGAR- UTTAR PRADESH-274802  
 Fitness Up To : 12-Aug-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2132849215  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11FBSHFA1548  
 Horse Power(BHP) : 8.17  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : Black Heavy Grey  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 13-Aug-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : SHIVAKANT YADAV  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA1043834183  
 Month/Year of Manuf. : 06/2025  
 Chassis No : MBLHAW338SHF46979  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (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 : 11-Aug-2025  
 OTT Date : 11-Aug-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 20-Aug-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 86601/-  
 Amount/Rcpt No : 8661 / UP57D25080001304  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 13-Aug-2025 to 12-Aug-2040

Date : 11-Sep-2025 15:33:54  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 11-Sep-2025

Q 5136341



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Field Name, Value, Field Name, Value. Includes details like Policy Issued On (11-AUG-25), Proposal No. & Date (RJ252400/31/2026/24803 & 11-AUG-2025), Policy Period (OWN DAMAGE) (FROM 16/08/2025 TO MIDNIGHT OF 16/08/2026), and Insured State (UTTAR PRADESH).

Table with 4 columns: Section Name, Amount, Section Name, Amount. Divided into OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes items like Basic Third Party Liability, Compulsory PA Cover Premium, and Net Liability Premium (B) totaling 4058.

Table with 4 columns: Section Name, Amount, Section Name, Amount. Includes SERVICE TAX (0), STAMP DUTY (0.00), Swachh Bharat Cess (0.50%), and Gross Premium Paid (4758).

Table with 5 columns: Name, Age, Relation, Bank Name, Amount. Lists payment details for the policy premium.

Notes and conditions section containing 5 numbered points regarding policy issuance, stamp duty, deductibles, and endorsemments.

Additional terms and conditions regarding the policy, including clauses on warranties, exclusions, and the insured's obligations.



Approved By: 6545245MD, Approved On: 11-AUG-25, Place: MRT, Printed On: 11-AUG-25

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

यह बीमा पालिसी, गाड़ी का फुल बीमा (OD) एक साल का तथा थर्ड पार्टी बीमा पाँच साल के लिए ही मान्य है।



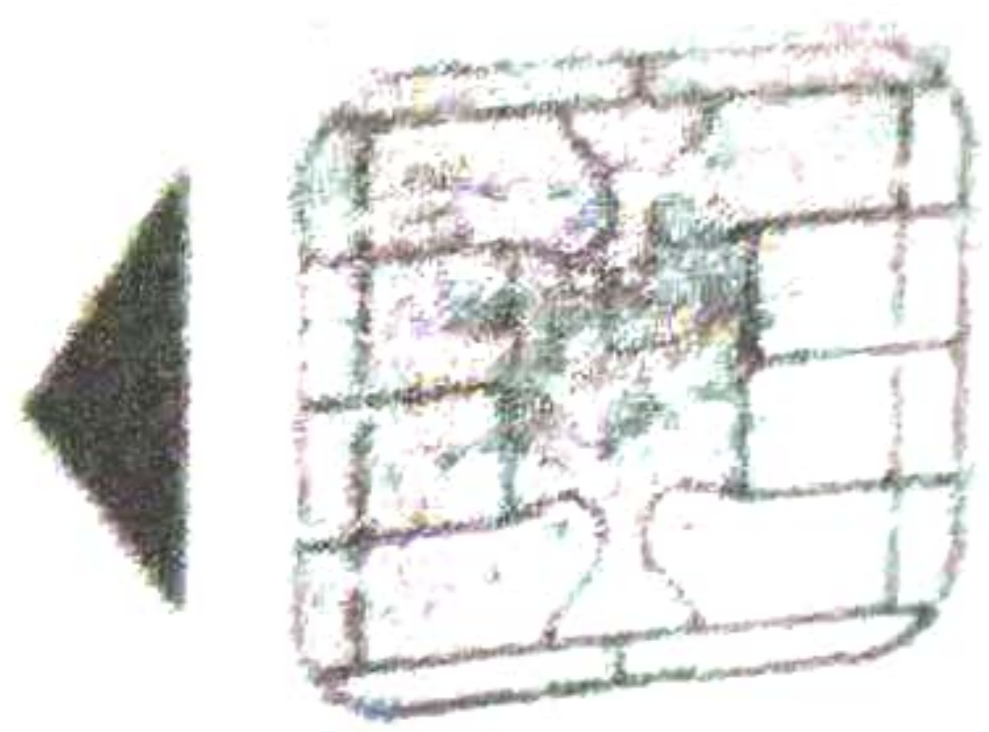
# Indian Union Driving Licence Issued by Uttar Pradesh

**UP57 20210010563**

Issue Date: 10-09-2021    Validity (NT): 10-07-2037    Validity (TR): \_\_\_\_\_



(10-09-2021)



Holder's Signature

Name: **JAYPRAKASH SINGH**  
 Date of Birth: 11-07-1997    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **RAGHUNATH SINGH**

Organ Donor: **N**

Date of First Issue

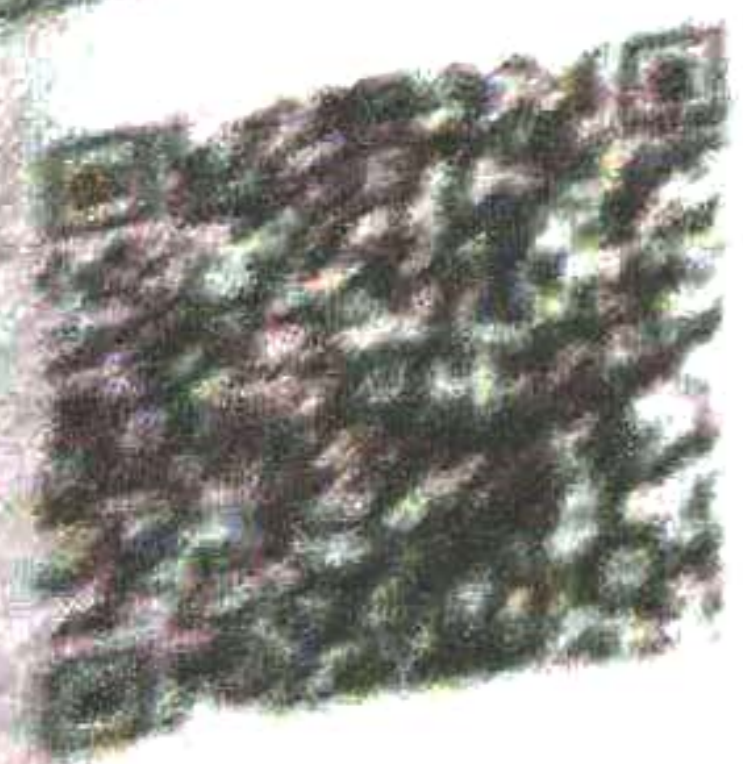
Address:  
**VILL- BANWARI CHHAPARA POST- BARWA  
 RATANPUR PS KHADDA  
 PADRAUNA, KUSHINAGAR, UP 274802**

**DL No: UP57 20210010563**

UPDL000008322578

Invalid Carriage (Regn Numbers): \_\_\_\_\_

Hazardous Validity: \_\_\_\_\_    Hill Validity: \_\_\_\_\_



Class of Vehicle	Code	Issued By	Date of Issue	Veh. Catag.	Badge Number	Badge Issued Date	Badge Issued By
<b>F</b>	<b>MCBS</b>	<b>UP57</b>	<b>10-09-2021</b>	<b>NI</b>			
<b>F</b>	<b>LMV</b>	<b>UP57</b>	<b>10-09-2021</b>	<b>NI</b>			

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 16(2)

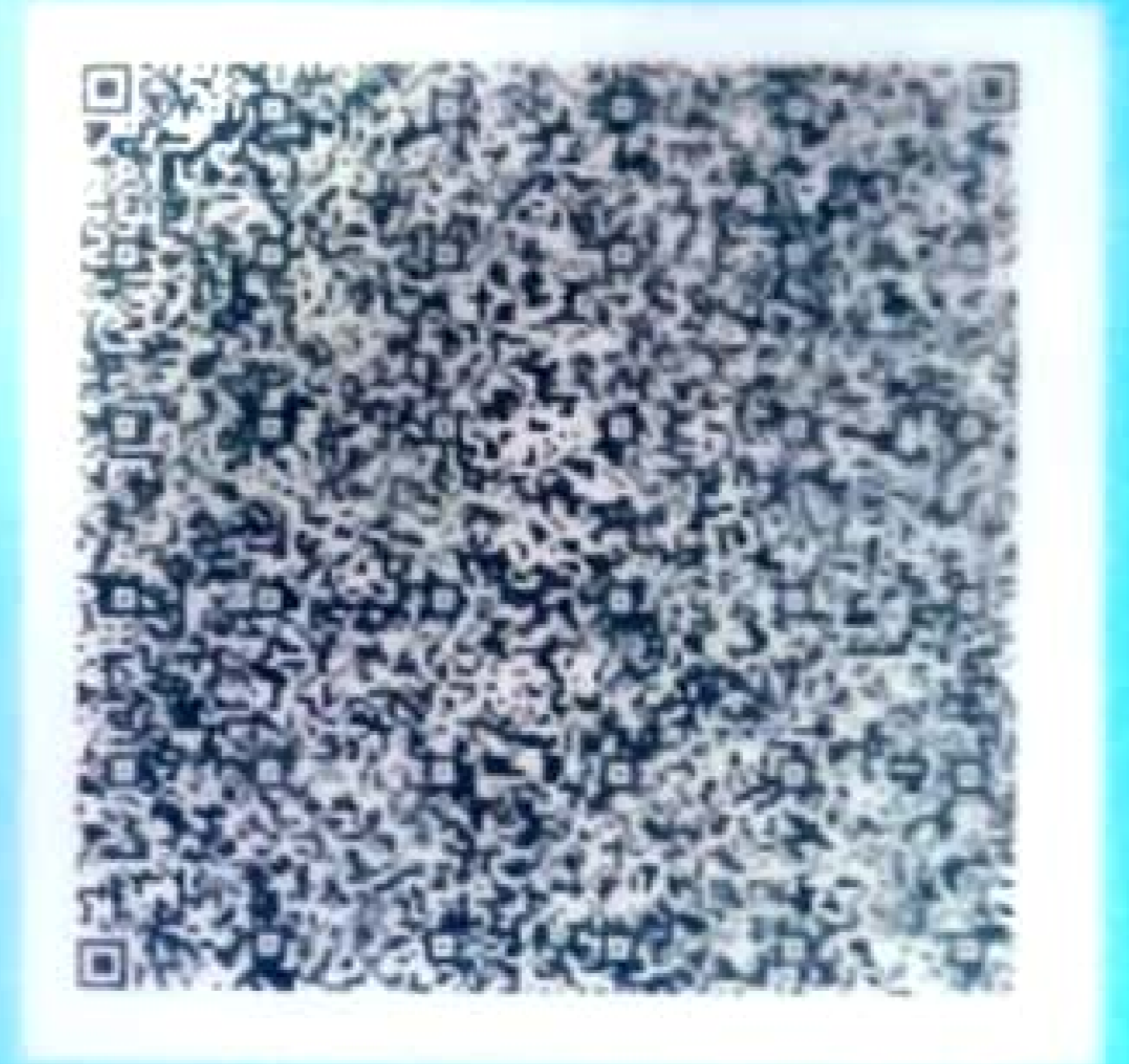
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
**BABPY4402N**



नाम / Name  
SARVAJEET YADAV

पिता का नाम / Father's Name  
SHIVAKANT YADAV

जन्म की तारीख /  
Date of Birth  
10/07/1997

  
हस्ताक्षर / Signature

30032019



भारत सरकार

Government of India

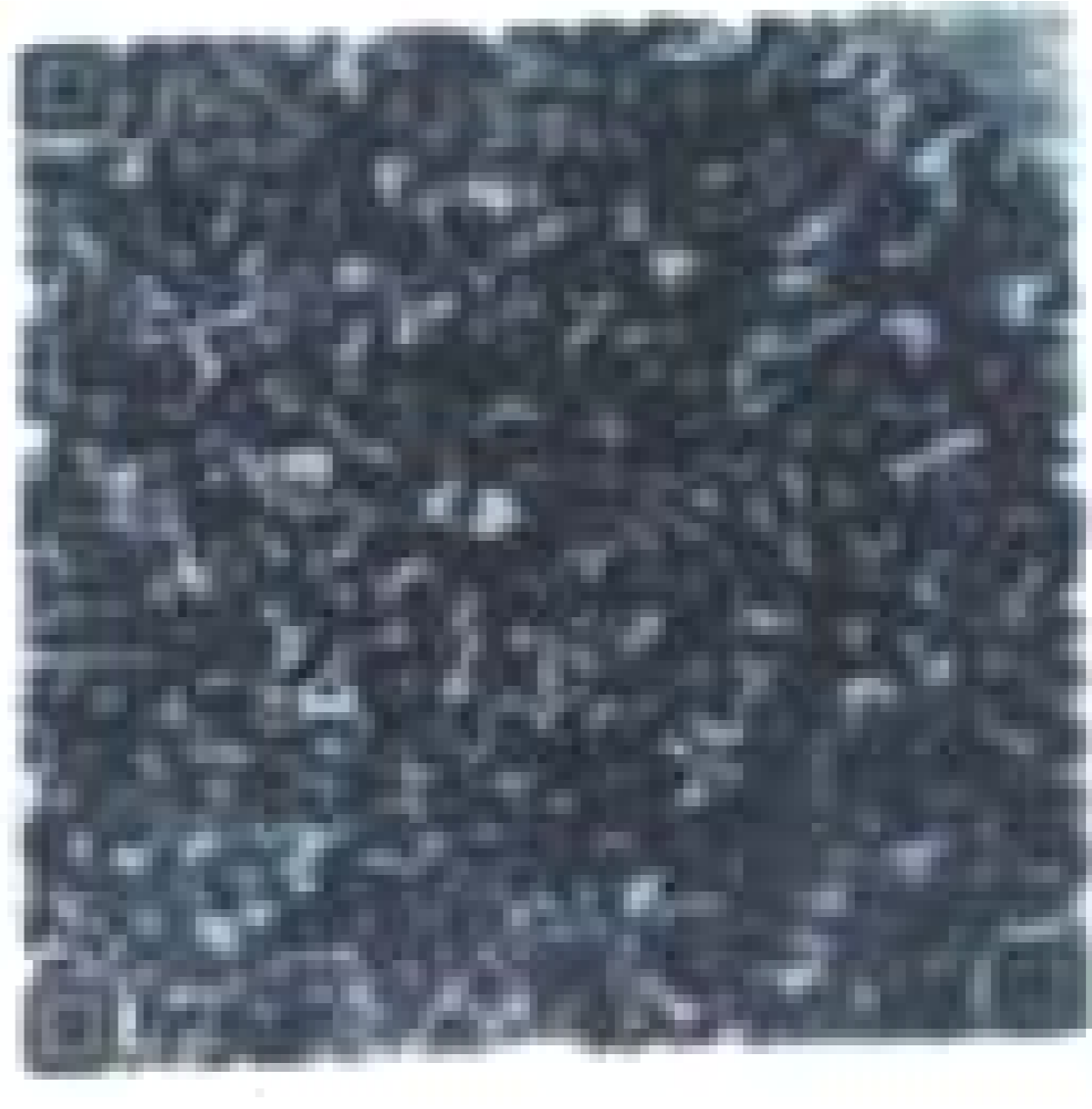


सर्वजीत यादव

Sarvajeet Yadav

जन्म तिथि/DOB: 10/07/1997

पुरुष/ MALE



4637 9051 0611

VID: 9119 4705 6432 6412

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान अधिकरण

Unique Identification Authority of India

पता:

आत्मज: शिवकांत यादव, नरकु छपरा, खड्डा, मथिया  
बुजुर्ग, कुशीनगर,  
उत्तर प्रदेश - 274802

Address:

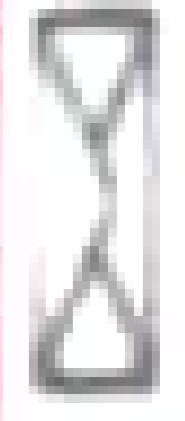
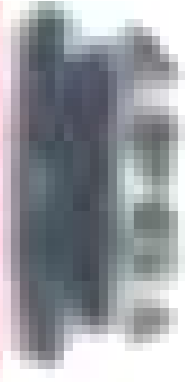
S/O: Shivakant Yadav, NARKU  
CHHAPRA, KHADDA, Mathia Buzurg,  
Kushinagar,  
Uttar Pradesh - 274802



QR Code with Photograph

4637 9051 0611

VID : 9119 4705 6432 6412



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