

# Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



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

No.

1955

Date 11/06/26

Name

Asiyam

Add.

UP53FJ7661

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	Visor			950/-	
②	Head Light			595/-	
③	Indicator-(RH)			220/-	
④	Front Fender			1450/-	
⑤	Handle			510/-	
⑥	Fuel Tank			6600/-	
⑦	Leg Guard			695/-	
⑧	Labour charge			800/-	
			<b>TOTAL</b>	11820/-	

Authorized 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.	Asyam , 7232927661
2	Vehicle No. / वाहन संख्या	UP53FJ7661
3	Policy No. / पालिसी संख्या	252400/31/2026/23281
4	Period of Insurance / बीमा अवधि	17/06/2025 to 16/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/06/2026, 05.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Katkuin Ghola
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Asyam, UP5320250021721
8	Estimated Loss / अनुमानित हानि	11820/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बाईक लेकर घर से कटकुईया की तरफ जा रहा था तभी अचानक से एक बाईक वाले ने सामने से छक्कर मार दिया जिससे मे बाईक दाये तरफ गिरने से क्षतिग्रत 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 Padraun

Date / दिनांक : 11/06/2026  
हस्ताक्षर

अमित  
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. 252400/31/2026/23281

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

Period of Insurance 17/6/25 to 16/6/26

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 : Asiyom  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 017232927661

2. THE INSURED VEHICLE

Make & Year <u>Hesto/2025</u>	Engine No. <u>HA11FGSHD50094</u> Chassis No. <u>MBLHAW473SHD59411</u>	Registration No. <u>UP53FJ</u> <u>7661</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? \_\_\_\_\_  
 (d) If a Motor Cycle/scooter No  
 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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Asiyam  
 (b) Age : \_\_\_\_\_  
 (c) Address : 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 : UP5320250021721  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 09/07/2043  
 (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 : 10/06/2026, 05.00 P.m.  
 (b) Place : Katkiya Dhol  
 (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 : बाईक वाले ने सामने से शक्कर मार दिया दाहिने साईड गिरने से क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Side.  
 (b) Estimated cost of repairs : 11020/-  
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Padgaon.

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? : \_\_\_\_\_

N/A

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 11/6/2026 200

Signature of the insured अर्चना

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 ..... *3112/10* .....  
Occupation .....  
Address .....  
.....  
.....

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

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FJ7661 Registration Date : 19-Jun-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 : ARYAN Son/wife/daughter of : KALICHARAN  
 Full Address: (Permanent) : VILL-MIRZAPUR TOLA SAHUKOL, POST--MIRZAPUR, THANA-KHORABHAR, GORAKHPUR, UTTAR PRADESH-273016  
 Full Address: (Temporary) : VILL-MIRZAPUR TOLA SAHUKOL, POST--MIRZAPUR, THANA-KHORABHAR, GORAKHPUR-UTTAR PRADESH-273016  
 Fitness UpTo : 18-Jun-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 : AA1043240477 Rear HSRP No : AA1043058694  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025  
 No of Cylinders : 1 Chassis No : MBLHAW473SHD59411  
 Engine No : HA11F6SHD50094 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+BLACK&ACCEN Wheel base : 1235  
 T I3S(DRS)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK AND ACCENT 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 HDFC FIRST BANK LTD, PADRAUNA, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 18-Jun-2025.

Purchase dt : 17-Jun-2025 Sale Amt : 80116/-  
 OTT Date : 17-Jun-2025 Amount/Rcpt No : 8012 / UP53D25060005709  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 11-Sep-2025

Other State/Transfer/Conversion/Reassign Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 19-Jun-2025 to 18-Jun-2040

Date : 12-Sep-2025 14:22:46  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 कर/पंजीयन अधिकारी  
 मोटर वाहन विभाग  
 गोरखपुर  
 12-Sep-2025

Q 4567490

12-09-2025



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGIR0928

Page No: 1

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

DIVISIONAL OFFICE, 146 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214963570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHIBLERS (5 Years))	Policy Issued On	17-JUN-25
Policy No	252400/31/2026/23281	Proposal No. & Date	R/252400/31/2026/16038 & 17-JUN-2025
Agent/Broker Code	RA00B0155144	Policy Period (OWN DAMAGE)	FROM 15:06 ON 17/06/2025 TO MIDNIGHT OF 16/06/2030
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 15:06 ON 17/06/2025 TO MIDNIGHT OF 16/06/2030
Insured Name	ARYAN (GSTIN: )	Lead/Breakin No	/
Insured Address	C/O KALUCHARAN, VILL-MIRZAPUR TOLA SAHUKOL POST-MIRZAPUR, THANA-KHORABHAR, GORAKHPUR, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	76110	
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20	Electrical Accessories	0	
Registration No	NEW	Non Electrical Accessories	0	
Year Of Manufacture	2025	Total IDV	76110	
Engine/Chassis No	HA11F6SHD50094 - MBLHAW473SHD59411	TMF CONTRACT NO		
Cubic Capacity	100	Policy Type	Zone B - Rest of India	
Seating Capacity	1 - 1	Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1275.6	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1199.6	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-CR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4156
AAI Membership (IMT-8)	0	GST	748
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
S&P Discount	1085	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1085	Krisak Kalyan Cess@0.50%	0
Add-On Coverages		Gross/Premium Paid	4904
Nil Depreciation	190	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub-Total Add-on Coverages	190	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	305	5. Subject to Endorsements IMT,7,10,28,	

Insurer Details:	Insured Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	HDFC BANK LIMITED	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
Amount	4904		

1. In the event of a claim under the policy exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our agencies, offices as well as company's website.

2. The insured under the policy is subject to conditions, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

3. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.

4. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.

5. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.

6. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.

7. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.

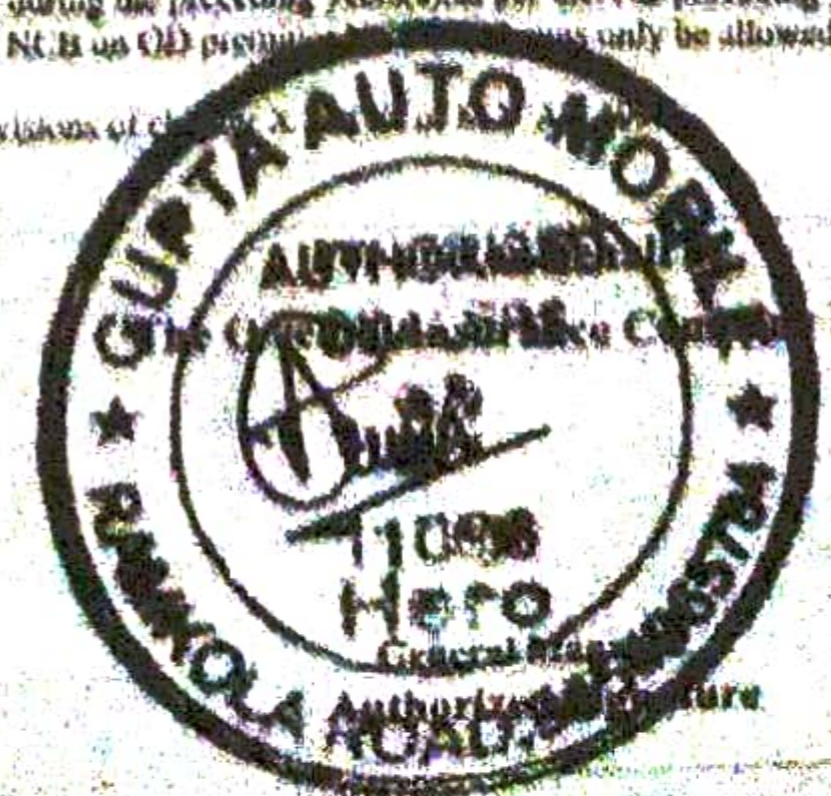
8. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.

9. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.

10. The insured shall indemnify the company at its own cost in the event of a claim for refund of premium exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five.



Approved By: 18952397413  
Approved On: 17-JUN-25  
Place: MBT  
Printed On: 17-JUN-25



यह नीमा कालिंदी, गाड़ी का फुल बीमा  
का तथा यह पार्टी बीमा

Central  
Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP53 20250021721

Issue Date 07-07-2025  
Validity (NT) 09-07-2043

Validity (TR)\*



Holder's Signature

Name: ARYAN

Date of Birth: 10-07-2003

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

KALICHARAN

Address:

SAHUKOL URF MIRZAPUR MIRZAPUR BAZAR  
MIRZAPUR SAHJANWA GORAKHPUR UTTAR  
PRADESH 273016

Date of First Issue  
07-07-2025



Aadhaar No. Issued: 27/01/2016



आर्यान

Anyan

जन्म तिथि / DOB : 10/07/2003

पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
 ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
**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 XML).**

9543 3021 7976

मेरा आधार, मेरी पहचान



GOVERNMENT OF INDIA



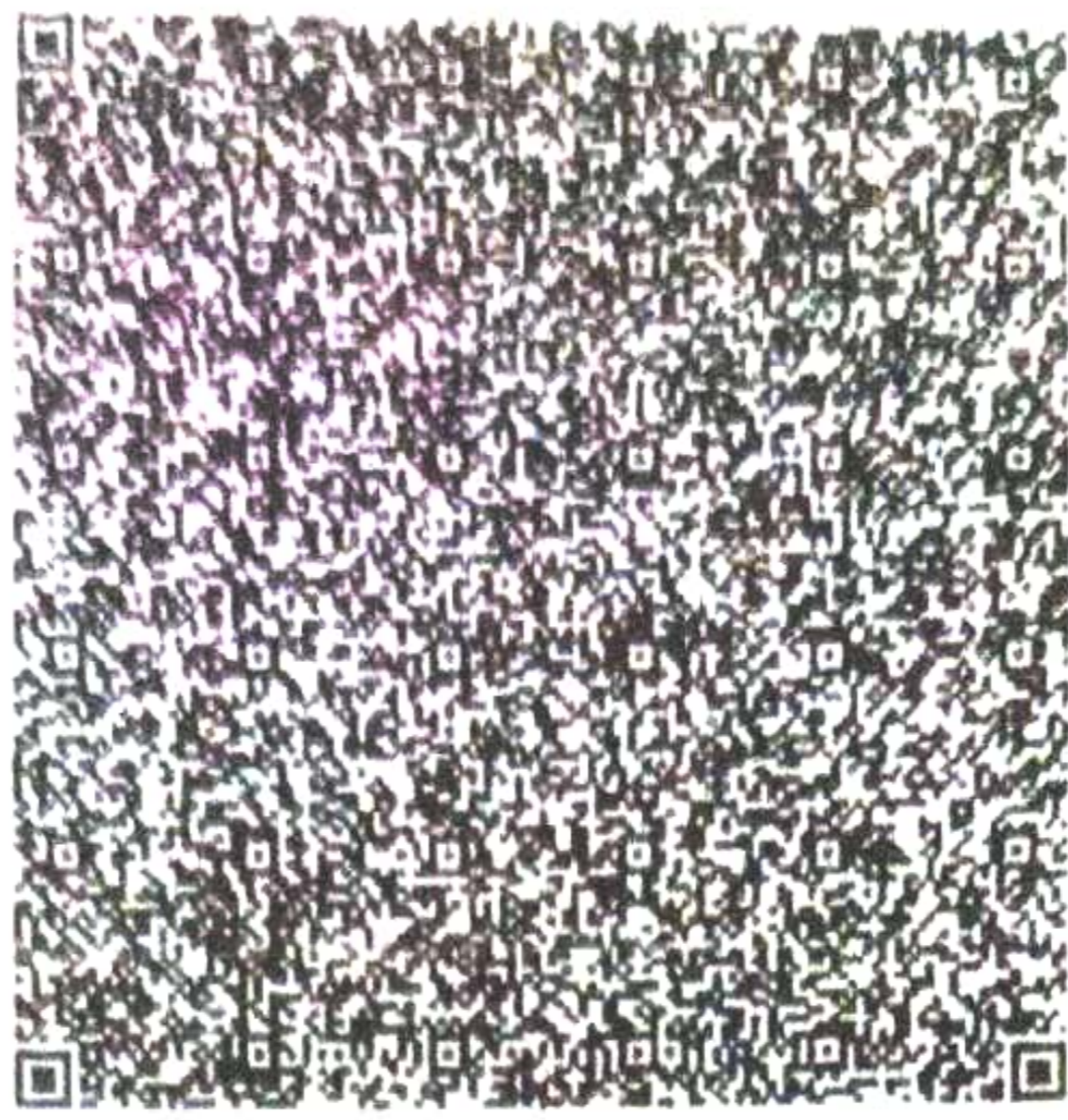
भारतीय विधि पहचान अधिकरण

Unique Identification Authority of India



पता: आत्मज: कालीचरण, माहूकोल उर्फ मिर्जापुर,  
 मिर्जापुर, गोरखपुर, उत्तर प्रदेश, 273016  
 Address: S/O: Kalicharan, sahlukol urf  
 mirzapur, Mirzapur, PO:Mirzapur Bazar,  
 DIST:Gorakhpur, Uttar Pradesh, 273016

Details as on 06/07/2025



1947



help@uidai.gov.in



www.uidai.gov.in

सूचना विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

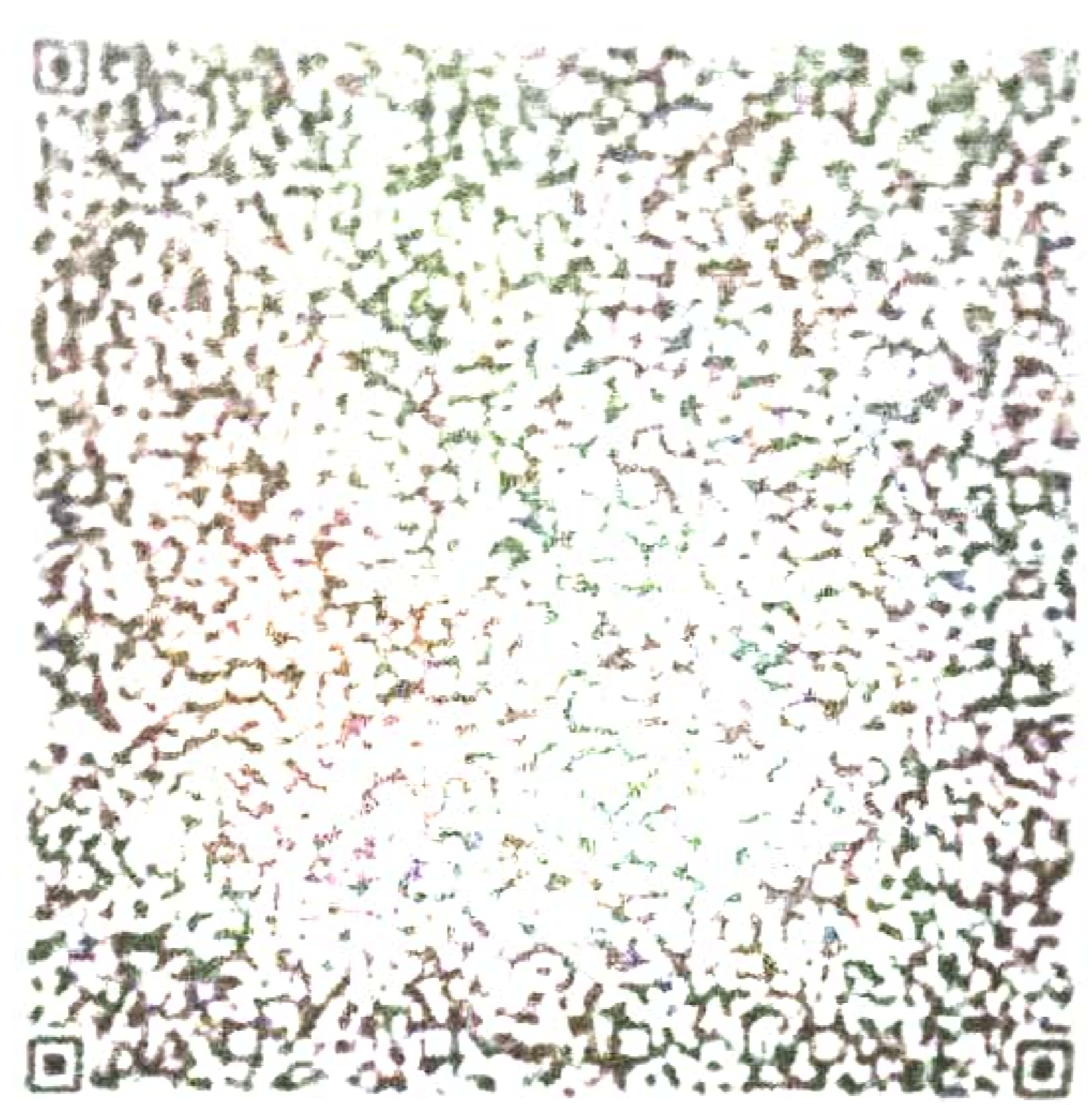


नाम  
KALICHARAN

पिता का नाम / Father's Name  
KALICHARAN

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card  
EHOPA9582G



10/07/2022

समिति

हस्ताक्षर / Signature

21568

**DL No: UP53 20250021721**




**UPDL531000035054**




**Invalid Carriage (Regn Numbers)<sup>#</sup>**

**Hazardous Validity<sup>#</sup>**

**Hill Validity<sup>#</sup>**

<b>Class of Vehicle</b>	<b>Code</b>	<b>Issued By</b>	<b>Date of Issue</b>	<b>Vehicle Category</b>	<b>Badge Number<sup>#</sup></b>	<b>Badge Issued Date<sup>#</sup></b>	<b>Badge Issued By<sup>#</sup></b>
	<b>MCWG</b>	<b>UP53</b>	<b>07-07-2025</b>	<b>NT</b>			
	<b>LMV</b>	<b>UP53</b>	<b>07-07-2025</b>	<b>NT</b>			
							
<b>MVSD</b>							

**Emergency Contact Number**

 **Licensing Authority**  
**UP53 GORAKHPUR**