

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

Date 11-06-26

Name

1954

Mausildar Anan

Add.

Up57BA3262

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Vishor			1200	
	H/L			3800	
	bt/s - Wind screen			480	
	chrome			350	
	Front Fendar			1480	
	Fork pipe (2)			2400	
	Handle			600	
	Handle - T			1000	
	Leve - (R)			200	
	Silencer cover			750	
	Tank covs.			2800	
	Front Both Wires			500	
	Mirror - (R)			250	
	labour charge			800	
			TOTAL	16,610/-	

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.	Hausildar Ansan 9956239463
2	Vehicle No. / वाहन संख्या	UP57093262
3	Policy No. / पालिसी संख्या	ms/2021/7001/0/46575/571601
4	Period of Insurance / बीमा अवधि	26-03-2021 - 25-03-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07-06-2026 6:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Jansi Nagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720040299311 Hoshildar Ansan
8	Estimated Loss / अनुमानित हानि	16.610/-
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लेकर जा रहे थे मार्केट करने जा रहे थे कि आगे जा रहे गाड़ी वाला ब्रेक लगा दिया। अचानक तब तब फ्री गाड़ी उसके गाड़ी में जाकराया और ठीक हो 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 / फोन नं.	9125197148 Gupta Automobile padrama

Date / दिनांक : 11-06-2026
हस्ताक्षर

होशीमसुई अक्षर
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. MS/2026/7001/0/46575

Tel. No. _____

Period of Insurance _____

Claim No. 25-03-2027

571001

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 : Hausildar Anan
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2021</u>	Engine No. <u>JA066W0HC 22114</u> Chassis No. <u>M3LJAW195MHC16</u> <u>412</u>	Registration No. <u>UP57BA3282</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 : _____

MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Hosildar Anant
(b) Age : _____
(c) Address : _____
(d) Is the Driver
1. Owner : _____
2. paid driver? : Owner
3. Owner's relative or friend? : _____
(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 : UP5720090299311
(h) Issuing Authority : _____
(i) Date of Expiry : 02-12-2030
(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 : 07-06-2028 6:00 P.M
(b) Place : Janki Nagar
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : आगे जा रहे गाड़ी वाला अचानक तब तब
(e) If any third party was responsible for this accident give the name and address : मेरी गाड़ी अकेले गाड़ी में जा लकराया और डैमेज हो गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Vehicle. M/E, Chrome, etc
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Cyprus Automobile padraone

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 : N/A
(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 : _____

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 _____

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 हरीश चंद्र शर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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



Registration No : UP57BA3262 Registration Date : 06-Apr-2021
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -
Owner Name : HAUSILDAR ANSARI Son/wife/daughter of : MANAUVAR ANSARI
Full Address: (Permanent) : VILL-SOHNARIYA, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR, UTTAR
PRADESH-274304
Full Address: (Temporary) : VILL-SOHNARIYA, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR-UTTAR
PRADESH-274304

Fitness UpTo : 05-Apr-2036 Tax UpTo : One Time
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 : AA2031181059 Rear HSRP No : AA2031901307
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2021
No of Cylinders : 1 Chassis No : MBLJAW145MHC16412
Engine No : JA06EWMHC22114 Fuel : PETROL
Horse Power(BHP) : 9.02 Cubic Capacity : 113.20
Maker's Classification : PASSION PRO (DRUM-SELF Wheel base : 1270
-CAST)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 117
Colour : SPORT RED Laden/GV Wt (kgs) : 247
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 w.e.f. .

Purchase dt : 25-Mar-2021 Sale Amt : 67425/-
OTT Date : 25-Mar-2021 Amount/Rcpt No : 6743 / UP57D21030003103
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 06-Apr-2021

Other State/Transfer/Conversion Details

Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 06-Apr-2021 to 05-Apr-2036

A.R.T.O. (A)
KUSHI NAGAR

Signature of Registering Authority
Date : 29-Jul-2021

Date : 29-Jul-2021 12:50:12
Taxation Particulars / Advance Registration Mark Fee Details

M 0812546

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2026/7001/O/46575/571681

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
HAUSILDAR ANSARI	1970-01-01	9956239463	S/O MANAUVAR ANSARI	Hero Motocorp	PASSION	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
Passion Pro FI DRUM SELF CAST	UP57BA3262	JA06EWMHC22114	MBLJAW145MHC16412	2021-04-06	113	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
38500.00	NA	0.00	0.00	0.00	38500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
PADRAUNA (KUSHINAGAR)	Solo		---	2	1920.99	
Address			City / District	Pin Code	State	
SOHNARIYA POST -DUMMARBHAR			PADRAUNA (KUSHINAGAR)	274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
WAHIDA KHATOON	Female	45 Years	WIFE	2026-03-26 12:52	Midnight of 2027-03-25	

Section A, VRC: 708.67 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 708.67

Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 Sub Total: 770.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 138.60
Total with GST(B): 908.60

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 257.39 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 46.33 Total with GST(D): 303.72

Total(Section A+C+D) Offered Price After Discount: 1921

Package Period Covered	2026-03-26 To 2027-03-25	2027-03-26 To 2028-03-25	2028-03-26 To 2029-03-25	2029-03-26 To 2030-03-25	2030-03-26 To 2031-03-25
ADV	38500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*The vehicle covered in this contract have a valid TP coverage from 2026-03-26 until 2027-03-25.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pacc Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

#: Received with Thanks Rs 1920.99 ON 2026-03-26 from Mr./Ms. HAUSILDAR ANSARI against the ARN No. INCP00571681
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

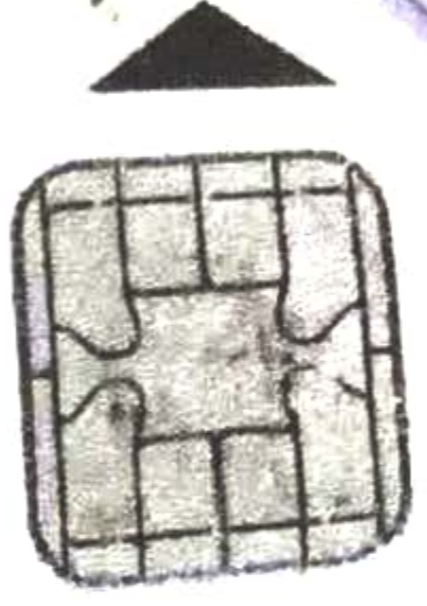


Indian Union Driving Licence
 Issued by Uttar Pradesh



UP57 20040299311

Issue Date 22-08-2022 Validity (NT) 02-12-2030 Validity (TR) _____



Name: HOSHILDAR ANSARI

Date of Birth: 03-12-1970 Blood Group: _____

Son/Daughter/Wife of: MANIKUNVAR ANSARI

Address:

SOHANARIY A DUMMARBHAR
 PADRAUNA, KUSHINAGAR 274304



Holder's Signature

Organ Donor: N

Date of First Issue (14-01-2004)

DL No: UP57 20040299311

UP DL 0000000000-17296



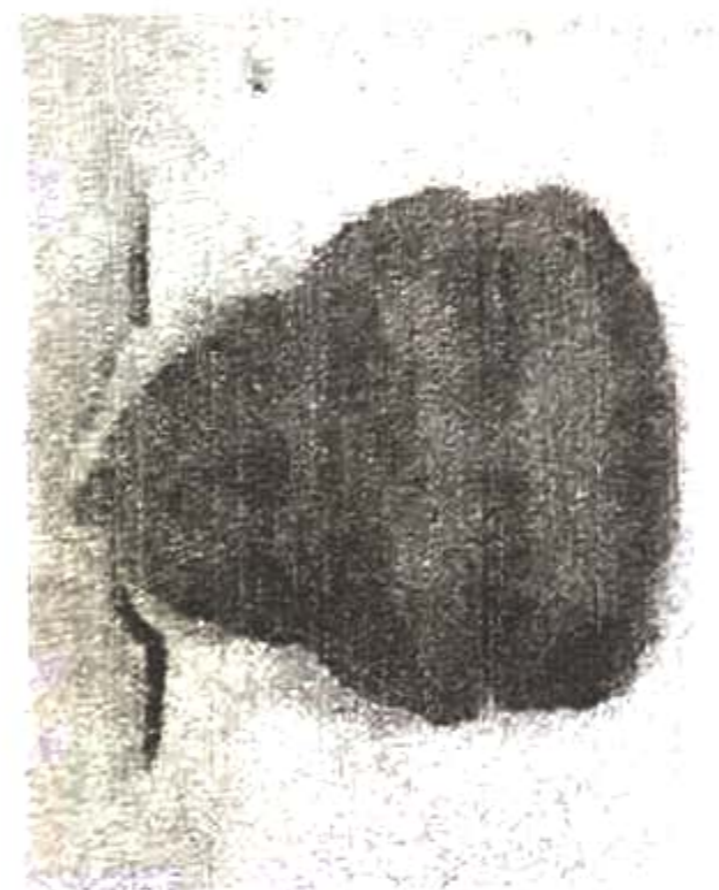
Invalid Carriage (Regn Numbers)
 Hazardous Validity
 Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
Auto	MCWG	UP57	14-01-2004	NT			
Light	LNV	UP57	14-01-2004	NT			
Motor	MVSD						

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR

भारत सरकार
GOVERNMENT OF INDIA



हौसिलदार अंसानी
Hausildar Ansan
जन्म तिथि/ DOB: 01/01/1970
पुंलिंग / MALE



2663 9608 1977

मेरा आधार, मेरी पहचान

भारतीय प्रमाणिकृत पत्राचार प्रणाली
INDIAN POSTAL AUTHORITY OF INDIA

पता:
श्री लमज: सनडवर अंसानी,
मोहनरिया पो कुशीनगर,
मोहनरिया, कुशीनगर,
उत्तर प्रदेश - 274304
Address:
S/O Manauar Ansan, samsarya post
dummatlar, Sahasra
Kushinagar,
Uttar Pradesh - 274304

2663 9608 1977

MEERA AADHAAR, MERI PEHACHAN

आपका विगत

INCOME TAX DEPARTMENT

HOSHILADAR ANSARI

MANABBAR

07/12/1970

Permanent Account Number

ASAPAS035D

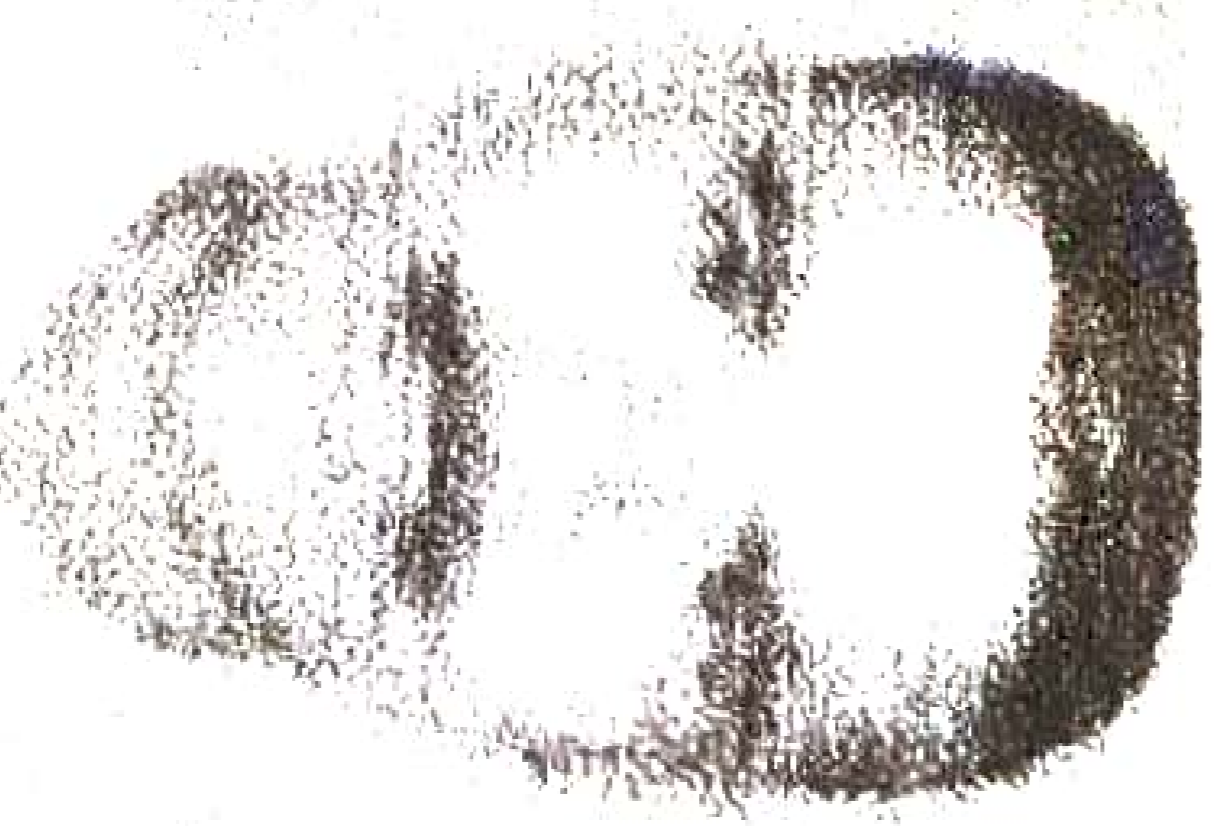
एन.डी.ए. & क.अ.अ.

Signature



भारत सरकार

GOVT. OF INDIA



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