

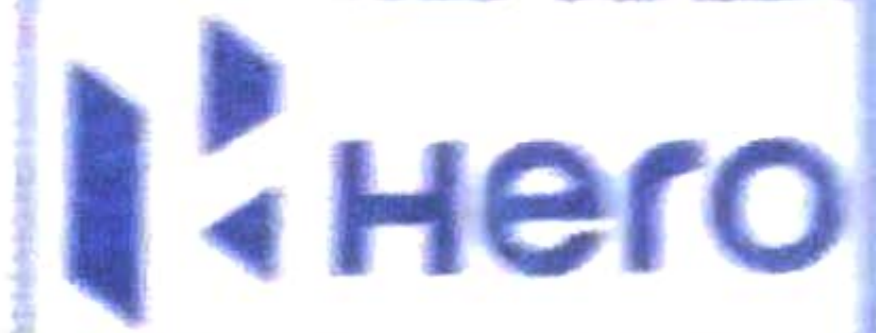
Gupta

ESTIMATE

GSTN: 09AHWPG0588P1ZE

AUTHORISED DEALER

AUTOMOBILES



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎: 05564245445, 9307236635

No. **1958** Date **12/06/26**
Name **Momaj Kumar Gupta**
Add. **UP57BY47331**

S.NO.	PARTICULARS	QTY	RATE	AMOUNT
①	Front fender	—	—	1560/-
②	Disk Plate	—	—	1250/-
③	Labour charge	—	—	600/-
			TOTAL	3410/-

Authorised Signatory

12 Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं. 915
Gupta or

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.	9415329113 Mamaj kumar Gupta
2	Vehicle No. / वाहन संख्या	UP57BY4331
3	Policy No. / पालिसी संख्या	252400/31/2026/23092
4	Period of Insurance / बीमा अवधि	16/06/2025 to 15/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/06/2026, 06.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Bawali chavak Padrauma UP5720130004828
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mamaj kumar Gupta
8	Estimated Loss / अनुमानित हानि	3410/-
09.	Cause of Accident / दुर्घटना का कारण : अपनी शूटी लेकर शाम के वक्त सब्जी खाने जा रहा था तभी एक कारक वाले ने सामने से डिस्टेंस पर टक्कर मार दिया जिससे शूटी का मोटरगार्ड और डिस्टेंस डैमेज 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 / फ़ोन नं.	9125194148 Gupta automobile Padrauma

Signature of Insured / बीमाधारक के

Date / दिनांक : 12/06/2026
हस्ताक्षर



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P. B. No. 7037, A-25/29, Azad Ali Road, New Delhi-110 002

1. MOTOR CLAIM FORM

Div. B. Office Address

Certificate/Policy No. 252400/21/2026/03092

Tel. No.

Period of Insurance 16/06/25 to 15/06/26
 Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name
- (b) Address for correspondence
- (c) Telephone

Mamraj Kumari Gupta
 9415328113

2. THE INSURED VEHICLE

Make & Year Hero 10/2025	Engine No. ECD00136A06685 Chassis No. MBLCEW05836A00005	Registration No. UP57BY 4331
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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
 - 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

1. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Morraj Kumar Gupta
 (b) Age: Padrauna Kushinagar
 (c) Address: Padrauna Kushinagar
 (d) Is the driver:
 1. Licensed?
 2. Licensed?
 3. Licensed?
 (e) If not licensed, have you been the holder of your employment? No
 (f) Was he under the influence of intoxication (alcohol or drugs)? No
 (g) Driving License Number: UP5720130004628
 (h) Issuing Authority: 25/04/2023
 (i) Date of expiry:
 (j) Was the license temporary/permanent?
 (k) Details of involvement/proprietorship, 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: 11/06/2022, 06:00 P.M.
 (b) Place: Bawalli chowk Padrauna
 (c) Direction of vehicle at the time of accident:
 (d) Cause & short description of the accident:
 (e) If any third party was responsible for this accident give the name and address:
सामने से बरिक् वाले ने टक्कर मार दिया
गैरी टक्की ड्रेज ले गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Front end side,
 (b) Estimated cost of repairs: 3410/-
 (c) Where and where can the damaged vehicle be repaired: 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?
PIA

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 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 12/06/2026 200

Signature of the insured राजेश कुमार शर्मा

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mamaj Kumar Gupta
(b) Age : _____
(c) Address : Padma Kushi Nagar.
(d) Is the Driver :
1. Owner : 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 : UP5720130004028
(h) Issuing Authority : _____
(i) Date of Expiry : 25/04/2033
(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 : 11/06/2022, 06:00 P.M.
(b) Place : Badli chaurak Padma
(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 : सामने से बाईक वाले ने टक्कर मार दिया मेरी रूखी डेमेज हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side.
(b) Estimated cost of repairs : 3410/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padma.

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

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

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY4331 Registration Date : 17-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 : MANOJ KUMAR GUPTA Son/wife/daughter of : VIKRAM GUPTA
 Full Address: (Permanent) : DEORIA PANDEY, DEORIA PANDEY, , KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : DEORIA PANDEY, DEORIA PANDEY, , KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 16-Jun-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2113222067 Rear HSRP No : AA21162226496
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 0 Chassis No : MBLCEW058S6A00005
 Engine No : ECD001S6A06685 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 LITE Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 114
 Colour : SPORTS RED GLOSSY Laden/GV Wt (kgs) : 264
 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 : 16-Jun-2025 Sale Amt : 105000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 17-Jun-2025 to 16-Jun-2040

Date : 30-Jun-2025 15:52:51

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T.O. (A)
 Date : 30-Jun-2025
Kushinagar (U.P.)

Q 3784907



The Oriental Insurance Company Ltd
Policy Schedule

Page No. 1

Page No. 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 5) OF THE CENTRAL MOTOR VEHICLES RULES, 1989

Form containing policy details: Policy Type (BUNDLED POLICY), Policy No (252400), Insured Name (MANOJ KUMAR GUPTA), Insured Address (C/O VIKRAM CH PLX), Insured State (UTTAR PRADESH), and Vehicle details (Model & Variant: YODAN 2.0, Year of Manufacture: 2025).

Schedule Of Premiums (Amount in Rs.)

Table with two main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Section A includes Vehicle, Electrical Accessories, and Basic Premium. Section B includes Basic Third Party Liability, Compulsory PA Cover Premium, and Legal Liability.

Table for Nominee Details and Payment Details. Includes fields for Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No, Bank Name, and Amount.

Financer Type: Cash, Financer Name: NA, Financer Branch: NA, POS Name: NA, POS ID: NA, POS PAN NO/Aadhar No: NA

In the event of a claim under the policy exceeding its declared limit or total premium exceeding 10%, the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, terms, exclusions, limitations, and other endorsements mentioned herein above which are available on company's website.

Claims is not admissible if driving license is found fake or is not valid whether or not on the knowledge of the insured.

IMPORTANT NOTICE: The insured is not liable if the vehicle is used for other purposes than as declared in this schedule. Any payment made by the company by reason of work done appearing in the certificate in order to comply with the provisions of the Act is recoverable from the insured.

Limitations as to use: Use only for social, domestic and pleasure purposes and for legal business. The Policy does not cover the use for (1) Hire or livery, (2) Carriage of goods, (3) other than samples or parcels by passenger.

Driver's Claims: This person including the insured, Provisional License holder, or any other person licensed at the time of the accident and who is seated in the vehicle at the time of the accident.

Liability Clause: The insured is liable for the third party claims under section 141 of the Motor Vehicle Act, 1988, subject to the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

Claims Intimation: If insured is entitled for cash claim, he must intimation to the company within 30 days from the date of the accident.

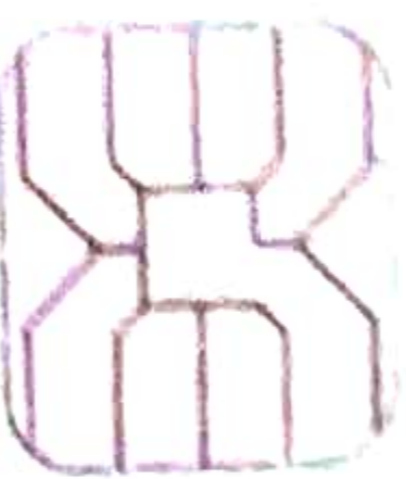
Approved By: [Signature], Approved On: [Date], Place: [City], Printed On: [Date]



UNION OF INDIA Driving Licence



UP57 20130004828



मार्गी सार्वे की तिथि
Date of Issue
26/04/2013

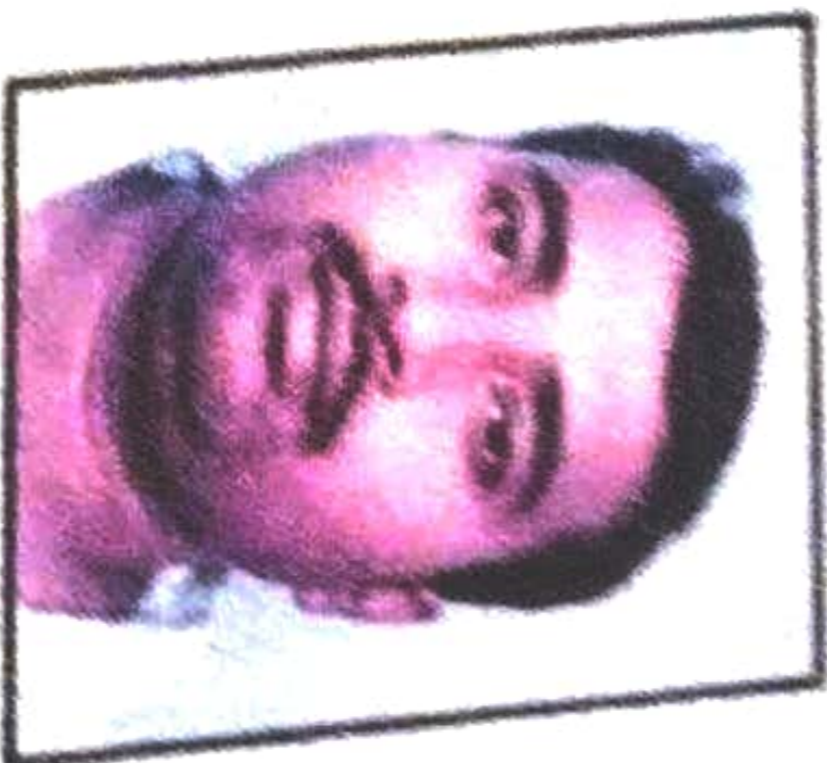
शुभदा Validity
25/04/2033

नाम / Name

MANOJ KUMAR GUPTA

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

VIKRAM GUPTA



UP57 20130004828



LMV
26/04/2013



MCWG
26/04/2013

पता / Address

R/O- DEORIA BANDAY
PADRAUNA
KUSHINAGAR

Holder's Signature

UP00122349R3



अधिकारी / Issuing Authority S
KUSHINAGAR



भारत सरकार

GOVERNMENT OF INDIA

भारत सरकार

Manoj Kumar Gupta

पिता / DOB: 07/09/1989

पुरुष / MALE

4966 6849 8013

मेरा आधार, मेरी पहचान



भारतीय पहचान प्रमाण प्रणाली
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: विक्रम गुप्ता,

देवरिया पण्डेय, कुशीनगर,

उत्तर प्रदेश - 274304

Address:
S/O: Vikram Gupta, Deoria
Pandey, Kushinagar,
Uttar Pradesh - 274304

4966 6849 8013

MEERA AADHAAR, MERI PEHACHAN

