

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

Gupta**AUTOMOBILES**

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

No. **1957**Date **12-06-20**Name **Poonam**Add. **UP57BR0779**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	H/L			3800	
	Vishor			850/-	
	chrome			390/-	
	Uppers Pannel			2250/-	
	Lower Pannel			1250/-	
	FR. fenders			1410/-	
	Leve - (L)			105/-	
	Handle			850/-	
	Flows - (L) panel			870/-	
	Innet Pannel			700/-	
	mirror - (L)			550/-	
	Body Covr - (L)			2250/-	
	Colour Change			900/-	
			TOTAL	16,175/-	

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.	Poonam 6390295393
2	Vehicle No. / वाहन संख्या	UP57BR0779
3	Policy No. / पालिसी संख्या	ms/2026/7001/0/46575/37767
4	Period of Insurance / बीमा अवधि	00-04-2026 — 07-04-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/06/2026, 08.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Kushinagar.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9634612266 Sahdev Gupta
8	Estimated Loss / अनुमानित हानि	16.175/-
09.	Cause of Accident / दुर्घटना का कारण : मेश मामा सहदेव स्कूटी लेकर रिश्तेदार के यहां से अपने घर आ रहे थे तभी कुशीनगर पुल के निचे एक गाड़ी वाले ने दाहिने साईड से स्कूटी में चक्कर मार दिया मेरी स्कूटी बायें साईड गिरने से क्षतिग्रत हो गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197198 Gupta Automobile padraun

Date / दिनांक : 12-06-2026
हस्ताक्षर

पूनम
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/2026/7001/0/16575
 Tel. No. _____ Period of Insurance _____ 57176
 Claim No. 67.04.2027

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 : Poonam
 (b) Address for correspondence : _____
 (c) Telephone : 6390295393

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>FF16@WRAB03167</u> Chassis No. <u>M3L5FW509R4B02781</u>	Registration No. <u>UP57BR0779</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 : Saldev Gupta
- (b) Age : _____
- (c) Address : _____
- (d) Is the Driver _____
1. Owner _____
2. paid driver? _____
3. Owner's relative or friend? : relative
- (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 : UP5720250000172
- (h) Issuing Authority : _____
- (i) Date of Expiry : 19-06-2038
- (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 08:00 P.M
- (b) Place : Kuchinagar
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : कंपाउण्ड वाले के दाहिने साइड से कूड़ी में टकरा कर मार दिया कूड़ी वाले साइड
- (e) If any third party was responsible for this accident give the name and address : फिरने से ज़िम्मेदार नहीं था -

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : रिफ. HIC, CPR, लाइव रेकोर्ड
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile padvaara

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 : MIA
- (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 : _____

~~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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

~~MIA~~

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 : _____

~~MIA~~

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 12-06-2002

Signature of the insured - पूनम

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 पूनम
Occupation
Address
.....
.....

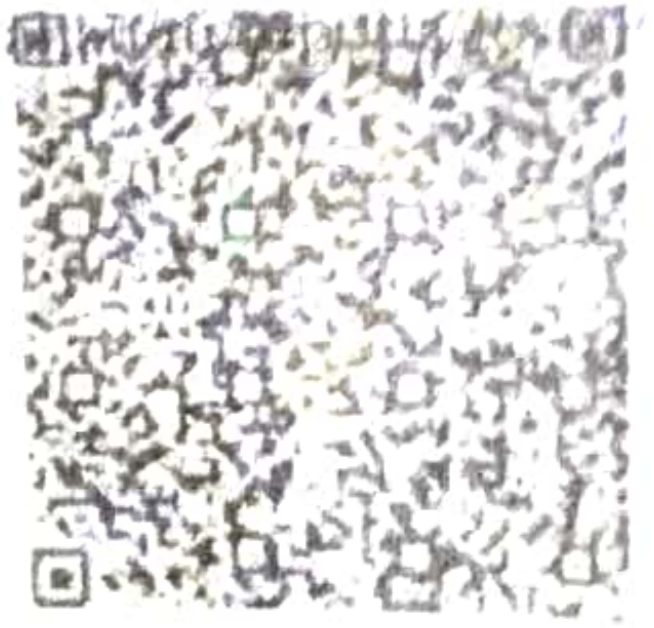
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BR0779 Registration Date : 09-Apr-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : POONAM Son/wife/daughter of : BRIJESH
Full Address: (Permanent) : VILL-TEJWALIA, POST-KUBERSTHAN, THANA-TURKPATTI, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-TEJWALIA, POST-KUBERSTHAN, THANA-TURKPATTI, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 08-Apr-2039 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 : AA2096517944 Rear HSRP No : AA2098664413
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2024
No of Cylinders : 1 Chassis No : MBLJFW589RGB02781
Engine No : JF16EWRGB03167 Fuel : PETROL
Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
Maker's Classification : PLEASURE + ZX+ Wheel base : 1238
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 103
Colour : MATT BLACK Laden/GV Wt (kgs) : 233
Owner Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 4 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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 : 08-Apr-2024 Sale Amt : 79163/-
OTT Date : 08-Apr-2024 Amount/Rcpt No : 7917 / UP57D24040001320
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 14-May-2024

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

This certificate is valid from 09-Apr-2024 to 08-Apr-2039

Date : 05-Jun-2024 16:40:50
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 05-Jun-2024

P 7633413

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No. MS/2026/7001 0/46575/571761

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact Us at
 Phone: 0129411050643
 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	
POONAM	1994-01-01	7897163675	W/O BRIJESH	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
PLEASURE XTEC YELLOW	UP57BR0779	JF16EWRGB03167	MBLJFW589RGB02781	2024	110	1W
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
54500.00	NA	0.00	0.00	0.00	54500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1257.93	
Address			City / District	Pin Code	State	
VII L-TEJWALIA, POST-KUBERSTHAN, THANA-TURKIPATLI, KUSHINAGAR, UTTAR PRADESH				274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
BRIJESH	Male	31 Years	HUSBAND	2026-04-08 12:47	Midnight of 2027-04-07	

Section A, VRC: 784.31 TCR: 450.17 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 312.68 Total with GST(A) 921.80
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00
 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: 284.86 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 51.27 Total with GST(D): 336.13

Total(Section A+C+D) Offered Price After Discount: 1258

Package Period Covered	2026-04-08 To 2027-04-07	2027-04-08 To 2028-04-07	2028-04-08 To 2029-04-07	2029-04-08 To 2030-04-07	2030-04-08 To 2031-04-07
ADV	54500	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 TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-04-07 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

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) Pace 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/- (one lakh). 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: 794105064, 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 1257.93 ON 2026-03-30 from Mr./Ms. POONAM against the ARN No. INCP00571761
 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

UP

UP57 20250000172

Issue Date: 03-01-2025
Validity (NT): 19-06-2038
Validity (TR):



Holder's Signature



Name: SAHDEV GUPTA
Date of Birth: 20-06-1998
Blood Group: AB+ VE
Organ Donor: N
Son/Daughter/Wife of: SONBHADRA GUPTA

Address:
MARKATIA BAZAR POST KURMAUTA MANJHARIA
KASIA KURMAUTA KASYA KUSHINAGAR UTTAR
PRADESH 274402

Date of First Issue: 03-01-2025

Scanned with QR Scanner

DL No: UP57 20250000172

UP57 20250000172



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	UP57	03-01-2025	NT				
LMV	UP57	03-01-2025	NT				
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 (Rule 161)

Scanned with QR Scanner



भारत सरकार

Government of India

पुनम

Poonam

जन्म तिथि / DOB : 01/01/1994

महिला / Female



7643 1842 3504

आधार - आम आदमी का अधिकार



भारत सरकार

आधार प्राधिकरण

Unique Identification Authority of India

पता:

अर्धांगिनी: बृजेश, तेजवलिया,
कुबेरस्थान, पडरौना, कुशीनगर,
पडरौना, उत्तर प्रदेश, 274304

Address:

W/O: Brijesh, tejwaliya,
kuberasthan, Padrauna,
Kushinagar, Padrauna, Uttar
Pradesh, 274304

7643 1842 3504



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EAPPP7727G

नाम / Name
POONAM

पिता का नाम / Father's Name
MAHENDRA GUPTA

जन्म की तारीख / Date of Birth
01/01/1994

पूनाम
हस्ताक्षर / Signature



22092017