

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **1959**

Date 15/06/26

Name Dwarika

Add. UP57BZ1435

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Visor			1080/-	
②	Handle Bar			510/-	
③	Mirror - (R)			280/-	
④	Labour charge			300/-	
			TOTAL	2170/-	

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.	
2	Vehicle No. / वाहन संख्या	Dwarjika , 9795918632
3	Policy No. / पालिसी संख्या	UP578Z1435
4	Period of Insurance / बीमा अवधि	252400/31/2026/34572
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/08/25 to 26/8/26
6	Place of Accident / दुर्घटना का स्थान	13/06/2026, 08.30 A.M. Nagayimola
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pintu Verma, UP5720140019535
8	Estimated Loss / अनुमानित हानि	शून्य/-
09.	Cause of Accident / दुर्घटना का कारण:	मेश भाई पिन्टू वर्मा मन्दिर से वापस घर की तरफ आ रहा था तभी बकरी अचानक सामने आ गई उसी को बचाते हुये बाईक स्लीप हो कर दाहिने साईड गिरने से डेमेज 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 Padma

Date / दिनांक : 15/06/2026
हस्ताक्षर

- हाकीम/ वर्मा
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. 252400/31/2026/34572
 Tel. No. _____ Period of Insurance 27/8/25 to 26/8/26
 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 : Dwarka
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11FB5HG27133</u> Chassis No. <u>MBLHAW33X3HG26719</u>	Registration No. <u>UP57BT</u> <u>1435</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 trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- PIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pintu Verma
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No.
 (g) Driving Licence Number : UP5720140019535
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29/09/2034
 (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

08.30 A.M.

- (a) Date and Time : 13/08/2026, ~~13/08/2024~~
 (b) Place : Nagayimola
 (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 : बकरी को बचाने हुये कारिक दाये सार्ड गिरने से उभेज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
 (b) Estimated cost of repairs : 2170/-
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Road, Nagayimola.

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 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 15/06/2026 200

Signature of the insured FLA... ani

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 - *Fahimani*
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank

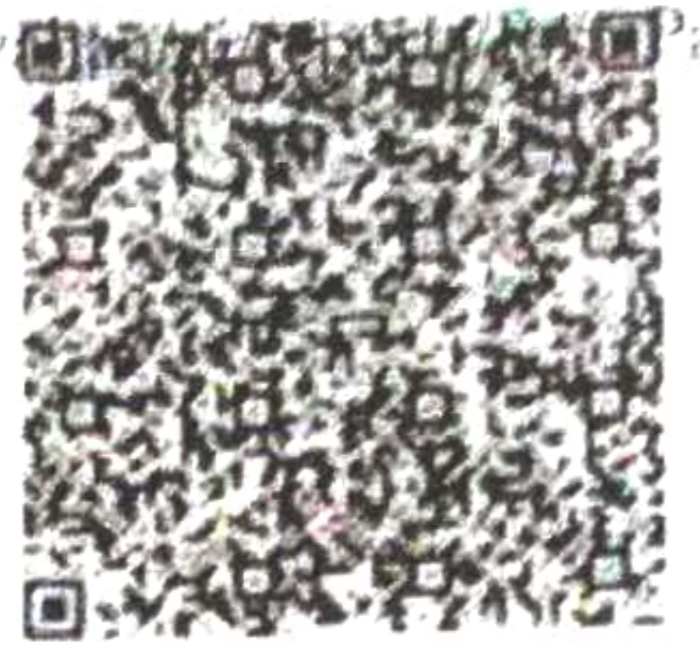


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ1435 Registration Date : 29-Aug-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 : DWARIKA Son/wife/daughter of : RAJENDRA
 Full Address: (Permanent) : VILL-BARAHRA, POST-DANDOPUR, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-BARAHRA, POST-DANDOPUR, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 28-Aug-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 : AA2133139890 Rear HSRP No : AA2131515158
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW33XSHG26719
 Engine No : HA11FBSHG27133 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 S)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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 : 27-Aug-2025 Sale Amt : 86601/-
 OTT Date : 27-Aug-2025 Amount/Rcpt No : 8661 / UP57D25080002735
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 07-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Aug-2025 to 28-Aug-2040

Date : 07-Jan-2026 14:39:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

A.R. JAYAL Date: 07-Jan-2026 Kushinagar (U.P.)

Q 6239628



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: OICP19028

Page No: 1

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)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	27-AUG-25
Policy No.	252400/31/2026/34872	Proposal No. & Date	R/252400/31/2026/26962 & 27-AUG-2025
Code Breaker Code	LCORR0009604	Policy Period (OWN DAMAGE)	FROM 13:30 ON 27/08/2025 TO MIDNIGHT OF 26/08/2026
Sales Broker Name	AUS POLICY BAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 13:30 ON 27/08/2025 TO MIDNIGHT OF 26/08/2026
Insured Name	DWARIKA (GSTIN:)	Lead / Breakin No	
Insured Address	C/O RAJENDRA, VILL-BARAIHRA POST-DANDOPUR THANA-PADRAUNA, PADRAUNA (KUSHINAGAR)	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOR CORP	Vehicle	82271	
Model & Variant	SPLINDOR - N1EC 2.0	Electrical Accessories	0	
Registration No.	NFW	Non Electrical Accessories	0	
Year of Manufacture	2025	Total IDV	82271	
Chassis No.	HA11FB5HG27133 MBLHAW33XSHG26719	TMF CONTRACT NO		
Engine Capacity	97.2	Policy Type	Zone B - Rest of India	
Engine Speed	17.1	Geographical Area	INDIA	
Engine Body	SOLO	Type Of Fuel	PETROL	
Body Location				

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1378.86	Basic Third Party Liability	3851
Electrical 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	1378.86	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
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%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	3851
Anti Theft Device (IMT-10)	0	Total Premium (A+B)	4058
VAT Membership (IMT-8)	0	GST	730
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
VAT Discount	1172	Swachh Bharat Cess@0.50%	0
Sub Total Deductibles	1172	Krishi Kalyan Cess@0.50%	4788
Add-On Coverages		Gross Premium Paid	
Nil Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	207		
Net Own Damage Premium (A)			

Source Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4788
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No

Note:
1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT.7.10.28.

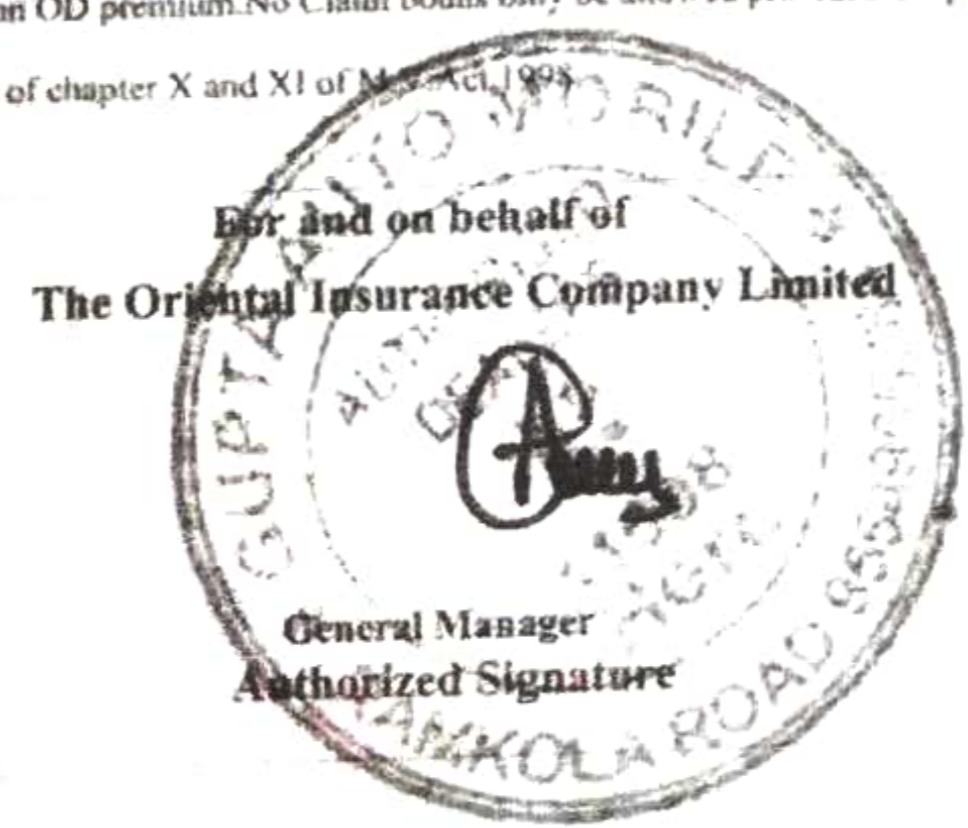
Important Notice:
The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Exclusions:
The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Use only for social domestic and pleasure purposes and the Insured's business.

Conditions:
The insured shall be liable under the policy and the policy shall be void ab initio (from inception) if the insured is found to be driving the vehicle under the policy is subject to the conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.



Approved By : 659525SMD
Approved On : 27-AUG-25
Place : MRT
Printed On : 27-AUG-25



यह बीमा पालिसी, गाड़ी का फुल बीमा
(00) एक साल का तथा सर्व पार्ट्स बीमा
के लिए ही मान्य है।

UNION OF INDIA Driving Licence

UP NT

UP57 20140019535



जारी करण की तिथि
Date of Issue
30/09/2014

वैधता / Validity
29/09/2034

जन्म तिथि
Date of Birth
18/04/1993

Blood Group
UNKNOWN



नाम / Name

PINTU VERMA

पिता/पति का नाम / Son/Daughter/Wife of

RAJENDRA VERMA

UP57 20140019535

UPD206186785



LMV
30/09/2014



MCWG
30/09/2014



UP

Form 7 Rule 16(2)

पता / Address
VILL-BADAHARA
PO-DANDOPUR, PS-PADRAUNA
KUSHINAGAR

Pintu Verma

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR

आयकर विभाग
INCOME TAX DEPARTMENT

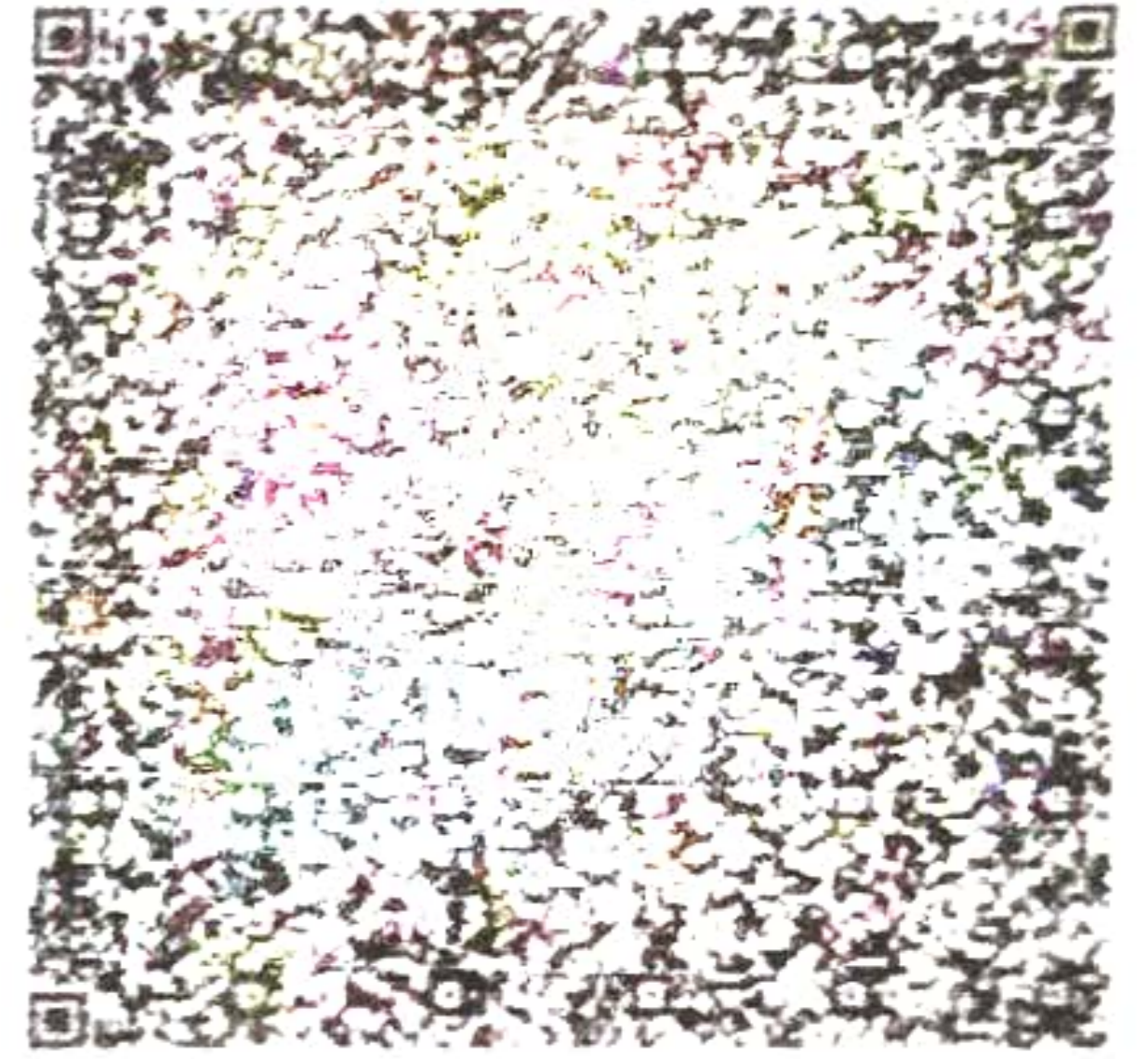


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AMWPV0281A



नाम / Name
DWARIKA

पिता का नाम / Father's Name
RAJENDRA

जन्म की तारीख /
Date of Birth
30/06/1994

द्वारिका वर्मा
हस्ताक्षर / Signature

24102021



भारत सरकार
GOVERNMENT OF INDIA

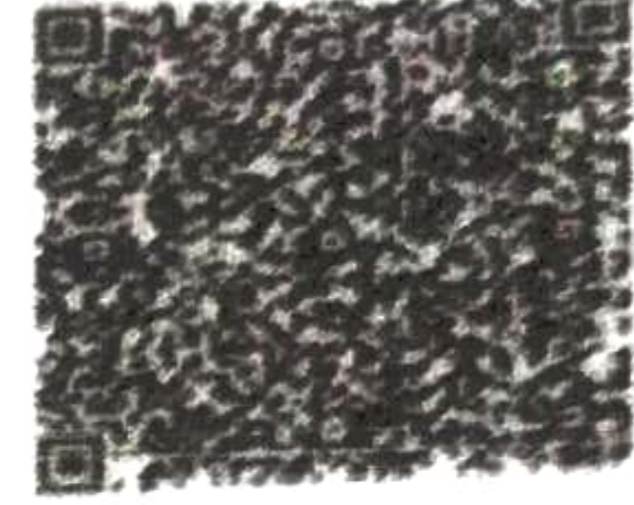


द्वारिका

Dwarika

जन्म तिथि/ DOB: 30/06/1994

पुरुष / MALE



5790 3860 1555

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: राजेंद्र, 123, बरहरा,
कुशीनगर,
उत्तर प्रदेश - 274304

Address:

S/O: Rajendra, 123, Barahra,
Kushinagar,
Uttar Pradesh - 274304

5790 3860 1555