

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



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

No. **1964**Date 16-06-20

Name

Alok Kumar shahi

Add.

LP57CB3096

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Front Fender			1400	
	Visor			1250	
	Visor Dms			400	
	meets Dms			400	
	H/c			3500	
	leg and			675	
	Fork pipe			2400	
	Seat cover (1)			900	
	Levs (1)			250	
	H/c story			300	
	Levs charge			800	
	Side panel (1)			1000	
				/	
			<b>TOTAL</b>	<b>14075</b>	

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.	Alok Kumar Shahi 7668511313
2	Vehicle No. / वाहन संख्या	UP57CB3896
3	Policy No. / पालिसी संख्या	252400/31/2026/64013
4	Period of Insurance / बीमा अवधि	30-11-2025 - 29-11-2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-06-2026 6:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Mirganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Alok Kumar Shahi 7668511313
8	Estimated Loss / अनुमानित हानि	14075/-
9.	Cause of Accident / दुर्घटना का कारण : गाड़ी ऑफिस से घर जाते समय रास्ते में मोड़ पर मोड़ते कबल बागै से एक बच्ची वाला भा गया जिससे गाड़ी टक्कर हो गयी और कारा तरफ गाड़ी गिर कर झिज हो गयी -	
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.	Gupta Automobile padraung 9125197148

Alok Shahi

Date / दिनांक : 16-06-2026  
हस्ताक्षर

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 O No. 7637, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

See the Office Address

Certificate/Policy No. 252400/81/2926/64 013

To be

Period of Insurance 29-11-2026  
 Claim No.

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

1. INSURED  
 Name Alok Kumar Shukla  
 Address for correspondence  
 Telephone

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. (Chassis No.) <u>JA07A169L14000</u> <u>MBLJA457457L10189</u>	Registration No. <u>UP57CB3896</u>
----------------------------	--	---------------------------------------

- 3a) Was the vehicle in proper working condition? yes
- 3b) For what purpose was the vehicle being used at the time of accident? personal use
- 3c) Was driver licensed? yes
- 3d) If a license is produced:
  - 1) Was a valid one attached? yes
  - 2) Was a yellow filed certificate?

3. EXCLUDED RISK, NON-INSURABLE (COMMERCIAL VEHICLE)

- The following questions need be answered in commercial vehicles only:
- 3a) Registered gross weight
  - 3b) Excess weight
  - 3c) Weight of goods carried and location
  - 3d) Nature of goods
  - 3e) Nature of goods carried
  - 3f) Was the vehicle fitted with
  - 3g) If any, type of device, was fitted attached?
  - 3h) Number of passengers carried
  - 3i) Excess passengers carried

~~NIA~~

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Alok Kumar shahi  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (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 : \_\_\_\_\_  
 (f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_  
 (g) Driving Licence Number : UP5720170000025  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 01-01-2037  
 (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 : 13-06-2026 6:30 P.M  
 (b) Place : meer nag  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मिटर पर मोटरो वक्त सामने से US (22) आकर  
 (e) If any third party was responsible for this accident give the name and address : दकान मीC दिना मीC. राडी शेनोC अ. मीC

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Fender, V8H, M/C etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraung

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? : MIA

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 Police 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 16-06- 20028

Signature of the insured \_\_\_\_\_

Abk shahi

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 ..... *Alok Shahu* .....  
Occupation .....  
Address .....  
.....  
.....

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



भारत सरकार  
GOVERNMENT OF INDIA



आलोक कुमार शाही

Alok Kumar Shahi

जन्म तिथि / DOB: 02/03/1993

पुरुष / MALE

8662 9100 8048



मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

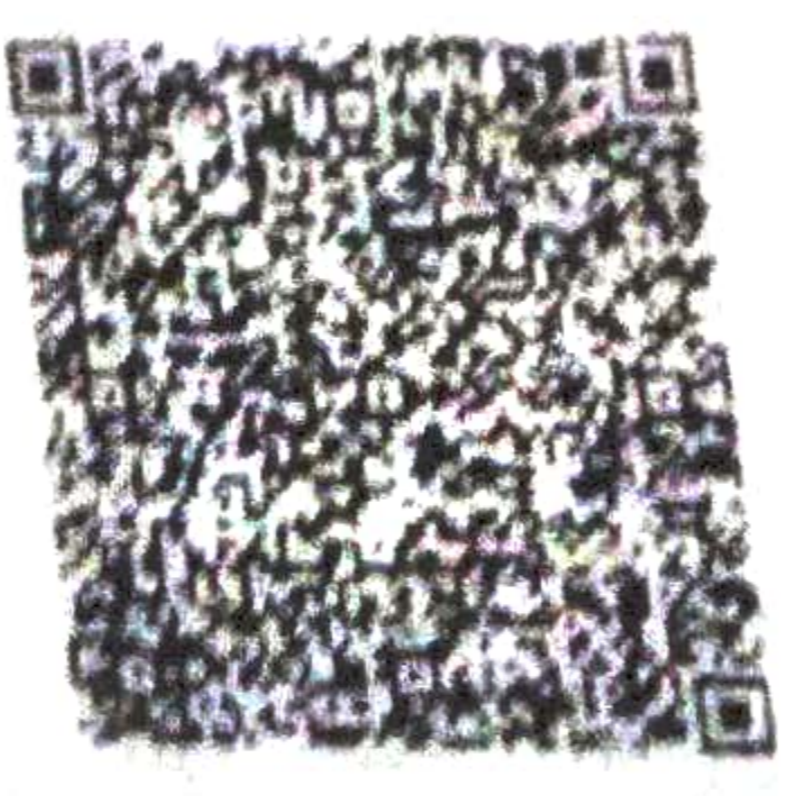


श्री अरविंद शाही, सूर्य मंदिर के पास, तुर्कपट्टी,  
महुआवा, कुशीनगर, उत्तर प्रदेश, 274302

Address: Shri Arvind Shahi, near surya

S/O: Shri Arvind Shahi, near surya  
mandir, Turkpatti, Mahuawa, Kushinagar,  
Uttar Pradesh, 274302

8662 9100 8048



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

ALOK KUMAR SHAHI

ARVIND SHAHI

02/03/1993

Permanent Account Number

FCLPS2274A

Alok Shahi

Signature

भारत सरकार

GOVT. OF INDIA



02/03/1993

UP57 20170000025

UP03315558RS

LMV  
02/01/2017

वर्तमान / Address  
VILL-MAHUAWA BUJURG  
PO-MAHUAWA BUJURG PS-TURK PATTI  
KUSHINAGAR

Holder's Signature

संस्थान / Issuing Authority Sign  
KUSHINAGAR



Form 7 Rule 16(2)

UNION OF INDIA Driving Licence

UP57 20170000025



नाम / Name

**ALOK KUMAR SHAHI**

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

ARVIND SHAHI

जारी करने की तिथि  
Date of Issue  
02/01/2017

जन्म तिथि  
Date of Birth  
02/03/1993

वैधता तिथि  
Validity  
01/01/2037

Blood Group  
UNKNOWN





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



Registration No : UP57CB3896 Registration Date : 30-Nov-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 : ALOK KUMAR SHAHI Son/wife/daughter of : SHRI ARVIND SHAHI  
 Full Address: (Permanent) : VILL-SURYA MANDIR TURKPATTI, POST -MAHUAWA BUZURG, THANA -TURKPATTI,  
 KUSHINAGAR, UTTAR PRADESH-274302  
 Full Address: (Temporary) : VILL-SURYA MANDIR TURKPATTI, POST -MAHUAWA BUZURG, THANA -TURKPATTI,  
 KUSHINAGAR-UTTAR PRADESH-274302  
 Fitness UpTo : 29-Nov-2040 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 : AA2147216571 Rear HSRP No : AA2143880044  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025  
 No of Cylinders : 1 Chassis No : MBLJAW574S9L10189  
 Engine No : JA07A1S9L14080 Fuel : PETROL(E20)  
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70  
 Maker's Classification : GLAMOUR X 125 DISC Wheel base : 1267  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 127  
 Colour : MAT METLK SILVER ME Laden/GV Wt (kgs) : 257  
 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	: 30-Nov-2025	Sale Amt	: 92186/-
OTT Date	: 30-Nov-2025	Amount/Rcpt No	: 9219 / UP57D25110009068
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 22-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 30-Nov-2025 to 29-Nov-2040

Date : 11-May-2026 17:07:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 11-May-2026

**A.R.T.O. (A)**  
**KUSHINAGAR (U.P.)**

**Q 8298792**