

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **1963**Date 16/06/26Name RafikAdd. UP 57 BZ 7243

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
①	बिगो			1065/-	
②	Head light			595/-	
③	Handle Bar			510/-	
④	Handle T			980/-	
⑤	Front Fender			1480/-	
⑥	Break Cam			380/-	
⑦	मिगलोज - ①			160/-	
⑧	Labour charge			800/-	
			TOTAL	5970/-	

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.	Rafik, 8933018663
2	Vehicle No. / वाहन संख्या	UP57BZ7243
3	Policy No. / पालिसी संख्या	252400/31/2026/42103
4	Period of Insurance / बीमा अवधि	11/10/2025 to 10/10/2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/06/2026, 03.50 P.M.
6	Place of Accident / दुर्घटना का स्थान	Maharajganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rafeek, UP5720190007443
8	Estimated Loss / अनुमानित हानि	5970/-
09.	Cause of Accident / दुर्घटना का कारण :	महाराजगंज से एक डिप्यार आते वकत एक बाइक वाले ने सामने से टक्कर मार किया बाइक दाये साईड गिरने से क्षतिग्रत 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 Padraung

रफ़ीक

Signature of Insured / बीमाधारक के

Date / दिनांक : 16/06/2026
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-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/42103

Tel. No. _____

Period of Insurance 11/10/25 to 10/10/26
 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
 (b) Address for correspondence
 (c) Telephone

Rafik

0933018663

2. THE INSURED VEHICLE

Make & Year <u>H290/2025</u>	Engine No. <u>H411F7GHFC0585</u> Chassis No. <u>MBLHAW405SHFJ6655</u>	Registration No. <u>UP57BZ</u> <u>7243</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

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rafeek
(b) Age :
(c) Address : Kushinagar
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720190007443
(h) Issuing Authority :
(i) Date of Expiry : 03/07/2039
(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 : 14/06/2026, 03.00 P.M.
(b) Place : Maheshwari Gomj
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : बाईक वाले ने सामने से टक्कर मार दिया
(e) If any third party was responsible for this accident give the name and address : वाचे साईड गिरने से कतिगत हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side.
(b) Estimated cost of repairs : 5970/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padmaura.

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

~~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.

स्तीक

Signature of the insured

Date 16/06/2026 200

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/-

20/1/11

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 : UP57BZ7243 Registration Date : 14-Oct-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 : RAFIK Son/wife/daughter of : JULLAH
 Full Address: (Permanent) : VILL- KHANU CHHAPRA, POST- KHANU CHHAPRA, THANA- NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274306
 Full Address: (Temporary) : VILL- KHANU CHHAPRA, POST- KHANU CHHAPRA, THANA- NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274306

Fitness UpTo : 13-Oct-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 Rear HSRP No : AA2134818824
 Front HSRP No : AA2133167001 Month/Year of Manuf. : 06/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW485SHFJ6655
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11F7SHFC8585 Cubic Capacity : 97.20
 Horse Power(BHP) : 8.17 Wheel base : 1235
 Maker's Classification : SPLENDOR+ (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 113
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 243
 Colour : Black Heavy Grey AC Fitted : NO
 Other Criteria :
 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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 11-Oct-2025.

Purchase dt : 11-Oct-2025 Sale Amt : 73764/-
 OTT Date : 11-Oct-2025 Amount/Rcpt No : 7377 / UP57D25100003376
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Jan-2026
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 14-Oct-2025 to 13-Oct-2040

Date : 08-Jan-2026 13:06:29

Taxation Particulars / Advance Registration Mark Fee Details

ARTO (A)
Kushinagar (U.P.)
 Signature of Registering Authority
 Date : 08-Jan-2026

Q 7169091



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No. 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)		
Policy No	252400/31/2026/42103	Policy Issued On	11-OCT-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/252400/31/2026/33660 & 11-OCT-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 18:26 ON 11/10/2025 TO MIDNIGHT OF 10/10/2026
Insured Name	RAFIK (GSTIN:)	Policy Period (LIABILITY)	FROM 18:26 ON 11/10/2025 TO MIDNIGHT OF 10/10/2030
Insured Address	C/O JULLAH, VILL & PO- KHANU CHHAPRA, PS- NEBUA NAURANGIA PADRAUNA, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA.		Lead / Breakin No / Insured State
			UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	70077
Engine -Chassis No	HA11F7SH/C8585 - MBLHAW485SH/J6655	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	Basic Third Party Liability	3851
Elec 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	1174.49	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	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4027
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	998	STAMP DUTY	0
SIP Discount	998	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	998	Krishi Kalyan Cess@0.50%	4751
Add-On Coverages	0	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	176		
Net own Damage Premium(A)			

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.

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4751
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs 1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website. www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 11-OCT-25

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 MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for : (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

Driver's Clause: Any person including the insured. 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 learner's license may also drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1998. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding four consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1998.

* This insurance excludes all pre existing damages

Approved By : 659525SMD
Approved On : 11-OCT-25
Place : MRI
Printed On : 05-NOV-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20190007443

Issue Date 04-07-2019 Validity (NT) 03-07-2039

Validity (TR)



Holder's Signature

Name: RAFAEK

Date of Birth: 03-1992 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: JILLAH

Address:

VILL-JHANNU CHHAPRA PADRAUNA
Padrauna, Kashi nagar, UP 274306

Date of First Issue (04-07-2019)

DL No: UP57 20190007443



Invalid Carriage (Regn Numbers)

Hazardous Validity Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Badge
Auto	MCWG	UP57	04-07-2019	NT			
Auto	LMV	UP57	04-07-2019	NT			
MVSO							

Emergency Contact Number

Licensing Authority
UP57 KASHI

सर्वोच्च न्यायालय
व्यक्तिगत विभाग



भारत सरकार
सरकार भारत



सर्वोच्च न्यायालय
व्यक्तिगत विभाग

CPVPR507AM

सर्वोच्च न्यायालय
व्यक्तिगत विभाग

सर्वोच्च न्यायालय
व्यक्तिगत विभाग

सर्वोच्च न्यायालय
व्यक्तिगत विभाग



1104017

Aadhaar no. issued: 22/12/2014



भारत सरकार
Government of India



राष्ट्रिय

प्रमाण

जन्म तिथि / DOB: 20/05/1992

पुरुष / Male

आधार पृष्ठान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।

इसका उपयोग सत्यापन (ऑनलाइन प्रमाणिकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9874 2844 8083



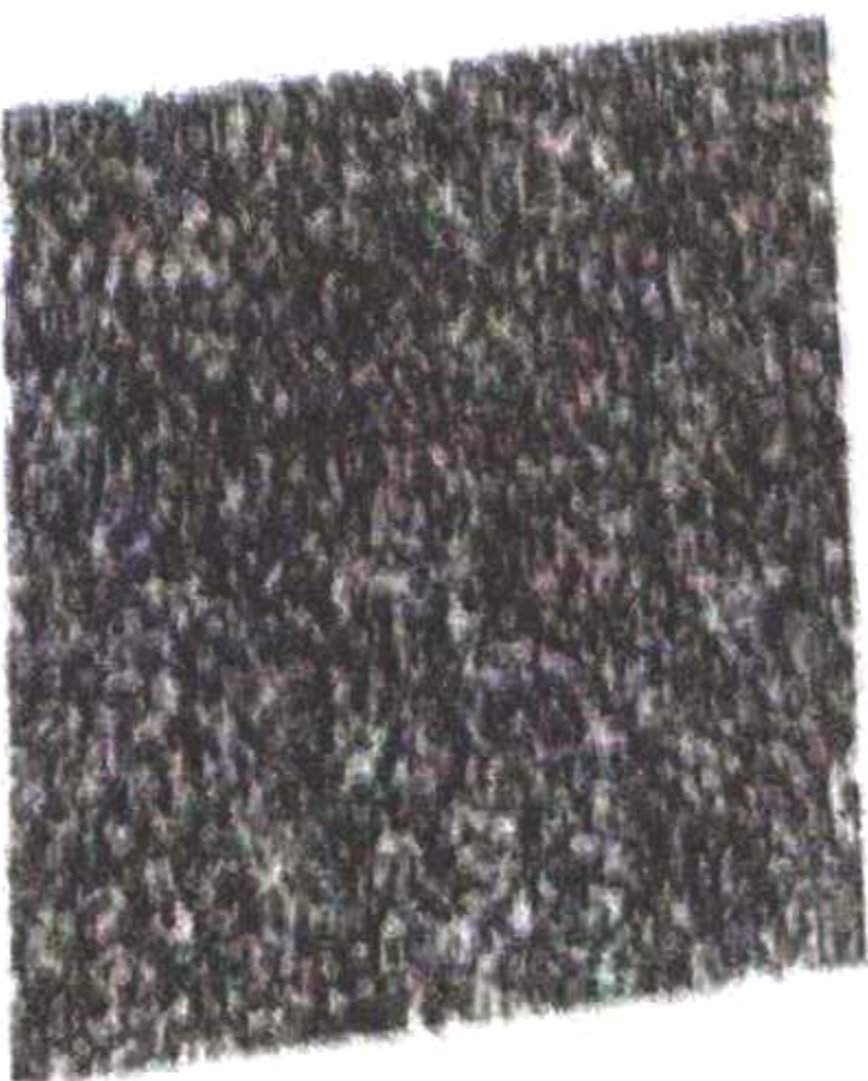
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: दारा: जुलाह, खानुचhapरा, खानु
कुशीनगर, उत्तर प्रदेश, 274306

Details as on 18/05/2025

Address: C/O: Jullah, Khanuchhapra, Khanu
Chhapra, PO:Khanu Chhapara,
DIST:Kushinagar, Uttar Pradesh, 274306



9874 2844 8083

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in