

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTOMOBILES

AUTHORISED DEALER



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

No. **1968**

Date 17/6/26

Name Bidyasagar

Add. UP57CB0249

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	28051			1050/-	
	H/L			595/-	
	Led Light			980/-	
	Fender			1450/-	
	Handle			500/-	
	Handle			980/-	
	Indicator - (R)			200/-	
	Indicator - (L)			200/-	
	Fork pipe			2300/-	
	Tail Light			410/-	
	Rear fender			1080/-	
	Key set			1050/-	
	Seat Cover - (R)			520/-	
	Seat Cover - (L)			520/-	
	Centre			200/-	
	H/L stand			240/-	
	Disk plate			1250/-	
	Labour charge			900/-	
				1	
			TOTAL	14505/-	

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.	Bidyasagar, 9794564629
2	Vehicle No. / वाहन संख्या	UP57CB2249
3	Policy No. / पालिसी संख्या	252400/31/2026/60272
4	Period of Insurance / बीमा अवधि	18/11/2025 to 17/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/06/2026, 09.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kaptanganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720230007350 9119861149, Rajan Yadav
8	Estimated Loss / अनुमानित हानि	14505/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश भतीजा राजन यादव आईक लेकर कप्तानगंज से घर आ रहा था तभी आगे चल रहे एक गाड़ी वाले ने अचानक से ब्रेक लगा दिया जिससे मेरी आईक उसी गाड़ी से जा टकराई और पिछे से एक आईक वाले ने धक्का मार दिया जिससे मेरी आईक धागे साहब गिरने से क्षतिग्रस्त 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

विद्यासागर यादव

Signature of Insured / बीमाधारक के

Date / दिनांक :
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. 252400/31/2026/60272
 Tel. No. _____ Period of Insurance 10/11/25 to 17/11/26
 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 : Bidyasagar
 (b) Address for correspondence : _____
 (c) Telephone : 9794564629

2. THE INSURED VEHICLE

Make & Year <u>Hesio/2025</u>	Engine No. <u>HA11FG39L02117</u> Chassis No. <u>MBLHAW52C39L01724</u>	Registration No. <u>UP57CB</u> <u>2249'</u>
----------------------------------	--	---

(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

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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajam Yadav
(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 : UP5720230007350
(h) Issuing Authority : _____
(i) Date of Expiry : 18/08/2038
(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 : 15/06/2020, 09.00 P.M.
(b) Place : Kapton Gomj
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : आगे चल रहे गाड़ी वाले ने अचानक से ब्रेक लगा दिया उसी से मेरी गाड़ी चकरा गई और
(e) If any third party was responsible for this accident give the name and address : पिछे से एक बाईक वाले ने चक्कर मार किया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end, side & Rear
(b) Estimated cost of repairs : 14505/-
(c) When and where can the damaged vehicle be inspected : Greeta automobile Padsayana

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 : _____

~~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 17/06/2026

Signature of the insured विद्ययाश्री ०१२ थाका

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 *विदुश्यामि*
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 : **UP57CB2249** Registration Date : 21-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 : BIDYASAGAR Son/wife/daughter of : MURLIDHAR
 Full Address: (Permanent) : BABHANAULI BASAHIYA URF KAPTANGANJ, POST-KAPTANGANJ, THANA-KAPTANGANJ, KUSHINAGAR, UTTAR PRADESH-274301
 Full Address: (Temporary) : BABHANAULI BASAHIYA URF KAPTANGANJ, POST-KAPTANGANJ, THANA-KAPTANGANJ, KUSHINAGAR-UTTAR PRADESH-274301
 Fitness UpTo : 20-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	Rear HSRP No	: AA2144984309
Front HSRP No	: AA1047459137	Month/Year of Manuf.	: 11/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW526S9L01724
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F6S9L02117	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ XTEC (DSS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 113
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 243
Colour	: BLACK TORNADO 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 w.e.f. .

Purchase dt	: 18-Nov-2025	Sale Amt	: 81024/-
OTT Date	: 18-Nov-2025	Amount/Rcpt No	: 8103 / UP57D25110006983
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 27-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 21-Nov-2025 to 20-Nov-2040

Date : 09-May-2026 13:08:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 09-May-2026

A 9110. (A)
Murphy

Q 8298266



भारत सरकार
Government of India



बिदयासागर
Bidyasagar
जन्म तिथि / DOB : 22/08/1971
पुरुष / Male



7158 5966 2217

आधार - आम आदमी का अधिकार



भारत सरकार का विशिष्ट अधिकार
Unique Identification Authority of India

पता:
आत्मज: मुरलीधर, बभनौली, बसहिया
उर्फ कप्तान गंज, कप्तानगंज,
कुशीनगर, हाटा, उत्तर प्रदेश,
274301

Address:
S/O: Murlidhar, babhanauli,
Basahiya Urf Kaptan Ganj,
Captainganj, Kushinagar, Hata,
Uttar Pradesh, 274301

7158 5966 2217

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No: 1

Version: 02, 14/08/2019
Last Modified On: 13/02/2024
Product: Top-up Policy

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01211063570, (GSTIN: 09AAACT0627R4ZU)	
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)
Policy No	252400/31/2026/60272
Agent/Broker Code	BA0000155144
Agent/Broker Name	ABHINAV BHATJ
Insured Name	BIDYASAGAR (GSTIN:)
Insured Address	C/O MURLIDHAR, BABHANAULI BASAHIYA URF KAPTANGANJ, POST & TILANA, KAPTANGANJ, PADRAUNA, KUSHINAGAR, NA.
Lead Breakin No	
Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS	
Make	HERO MOTOCORP
Model & Variant	HERO SPLENDOR PLUS XTECH E20
Registration No	NEW
Year Of Manufacture	2025
Engine -Chassis No	HA11F6S9L02117 - MBLHAW526S9L01724
Cubic Capacity	100
Seating Capacity	1+1
Type Of Body	SOLO
Type Of Fuel	PETROL
RTO Location	
Vehicle	74355
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	74355
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	INDIA
INSURED DECLARED VALUE (IDV) (in Rs.)	

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1246.19	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1246.19	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-16)	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)	4038
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	726
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1059	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	1059	Krishni Kalyan Cess@0.50%	4764
Add-On Coverages		Gross Premium Paid	
NH Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	187		
Net own Damage Premium(A)			

- Note:
1. Policy Issuance is the subject to the calculation of charges
 2. Consolidated Stamp Duty paid via Challan No.
 3. The Policy is subject to a compulsory Deductible of Rs. 6000 (IMT-22)
 4. Voluntary excess Rs.00
 5. Subject to Endorsements IMT.7.10.28

Nominee Name	Age	Relation	Amount
			4764

POS Name: NA, 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 A.M.L. policy is available in all our operating offices as well as company's website.

The motor insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and O/C endorsements mentioned herein above which are available on company's website.

The motor insurance is void on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (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.

[We hereby certify that the policy to which the 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 hereunto set his/her hands at 252400 on 18-NOV-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 MV 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

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 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 (1988) under Section II-1 (i) 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 preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding five consecutive years 45% preceding ten consecutive years 50% NCB on OD premium No Claim Bonus will be allowed provided the policy is renewed within 90 days of the previous policy.

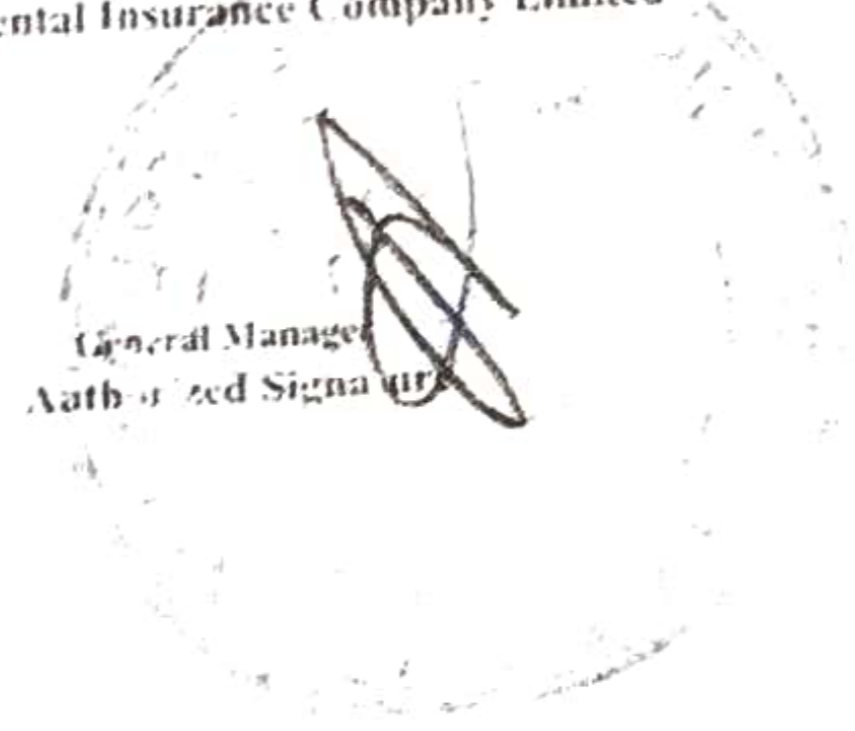
[We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988]

* This insurance excludes all pre-existing damages



Approved By : 9221378MD
Approved On : 18-NOV-25
Place : MRT
Printed On : 18-NOV-25

For and on behalf of
The Oriental Insurance Company Limited



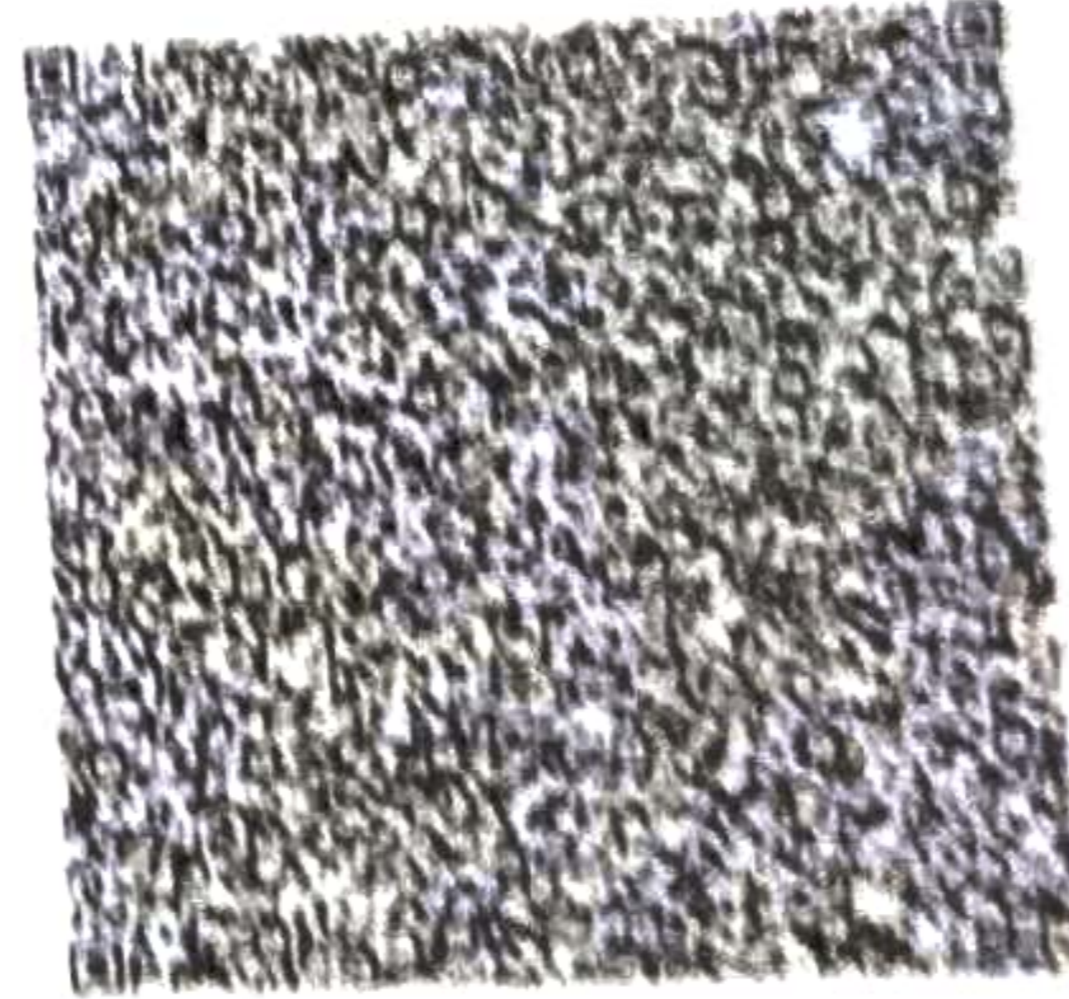
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IWZPB1573C



नाम / Name

BIDYASAGAR

पिता का नाम / Father's Name

MURLIDHAR

जन्म तिथि / Date of Birth

22/08/1971

A PAN Application Digitally Signed, Card Not Valid unless Physically Signed

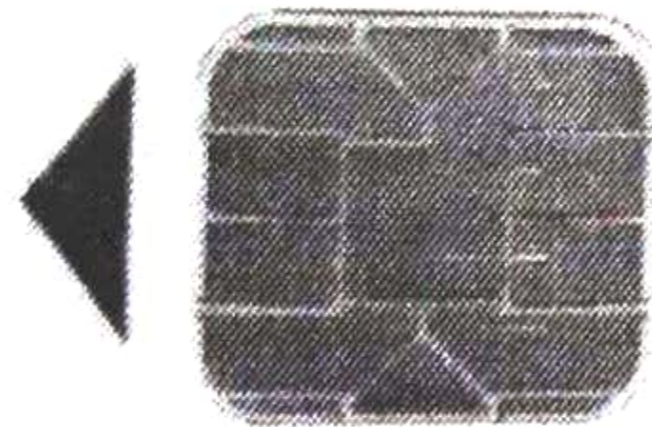
02096



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP57 20230007350



Issue Date 20-05-2023 Validity (NT) 18-08-2038 Validity (TR)* _____



(20-05-2023)

Holder's Signature

Name: **RAJAN YADAV**
 Date of Birth: **19-08-1998** Blood Group: **B+ VE** Organ Donor: **N**
 Son/Daughter/Wife of: **RAKESH KUMAR YADAV**
 Address:
 basahiya urf kaptanganj Indarpur
 Kushinagar Uttar Pradesh 274301

Date of First Issue

DL No: **UP57 20230007350**

UPDL000010743197



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	20-05-2023	NT			
	LMV	UP57	20-05-2023	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR