

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No. **1967**Date 17-06-20Name Sandeep GuptaAdd. CPS 7 CA 2003

| S.NO. | PARTICULARS | QTY. | RATE | AMOUNT | |
|-------|-----------------|------|--------------|--------|----|
| | | | | Rs. | P. |
| | Fork pipe - (2) | | | 2400 | |
| | Handle | | | 650 | |
| | Handle - T | | | 1000 | |
| | Front Fender | | | 1400 | |
| | Visor | | | 1200 | |
| | H/L | | | 3000 | |
| | Lens (R) | | | 200 | |
| | Legend | | | 750 | |
| | Front wheel | | | 4800 | |
| | chassis Repair | | | 2000 | |
| | Fuel Tank | | | 8400 | |
| | mirror (R) | | | 250 | |
| | leather charge | | | 800 | |
| | | | TOTAL | 27810 | |

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. | Sandeep Gupta 9838169759 |
| 2 | Vehicle No. / वाहन संख्या | UP57 CA 2083 |
| 3 | Policy No. / पालिसी संख्या | 25000131/2026 / 48697 |
| 4 | Period of Insurance / बीमा अवधि | 21-10-2025 — 20-10-2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 13/06/2026, 02.00 P.M. |
| 6 | Place of Accident / दुर्घटना का स्थान | Khadka Bazar |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Sunil Gupta UP57-20160017359 |
| 8 | Estimated Loss / अनुमानित हानि | 27.8/10/- |
| 9 | Cause of Accident / दुर्घटना का कारण : मेरा गाड़ी मेरा भाई सुनिल गुप्ता खड़ा बाजार करने गये व बापस आते समय गाड़ी के सामने अचानक एक बच्चा घर से निकला जिसको कार के चक्कर में गाड़ी स्थिर हो गई खामोश में एक पुलिसवाले से गाड़ी लड़ गयी और गाड़ी क्षतिग्रस्त हुई | |
| 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. | 9125197199 Gupta Automobile parl Vaur |

बिगर कर क्षतिग्रस्त हो गया —

- संदीप गुप्ता

Date / दिनांक : 17-06-2026
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.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252900/31/2020/48

Tel. No. _____

Period of Insurance 20-10-2020

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 : Sandeep Gupta
 (b) Address for correspondence : _____
 (c) Telephone : 9830169759

2. THE INSURED VEHICLE

| | | |
|----------------------------|---|---------------------------------------|
| Make & Year <u>2015</u> | Engine No. <u>H011F259K07323</u> Chassis No. <u>MBEHA0452591057724</u> | Registration No. <u>UP57CA2083</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? 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sunil Gupta
(b) Age :
(c) Address :
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend? : Brother
(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 : UP5720160017359
(h) Issuing Authority :
(i) Date of Expiry : 11-09-2036
(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 08:40PM
(b) Place : Khada Bazar
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : गाड़ी के चालक अचानक रुक गया था जो
(e) If any third party was responsible for this accident give the name and address : उसकी बचाने के बकर से रोड साइड दुर्घटना हो गई
जा लकड़ाई -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : चालू. नये. PA. Bumper handle etc
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : At Gupta Automobile padrang

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 : _____

~~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 Police 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 17-06-2026
200

Signature of the insured राजेश ठाकुर

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/-

संदीप गुप्ता

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : FOIR0928

Page No : 1

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

| | |
|--|---|
| DIVISIONAL OFFICE, 346 KHAIR NAGAR, OFF. FILMISTAN CINEMA MEEBUT, 8121003570, (GSTIN: 09AAACT0627R4Z1) | |
| Policy Type | BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years)) |
| Policy No | 25240031/2026/48697 |
| Agent/Broker Code | BA0000155144 |
| Agent/Broker Name | ABHINAV BHATI |
| Insured Name | SANDEEP GUPTA (GSTIN:) |
| Insured Address | C/O RAJBENDRA GUPTA, RAO VILL - RAMNAGAR (MISRAULI) POST - NAURANGIA, THANA - NEBUA NAURANGIA, VILL - RAMNAGAR (MISRAULI) POST - NAURANGIA, THANA - NEBUA NAURANGIA, PADRAUNA (KUSHINAGAR), N.A.9 |
| Land /Branch No | / |
| Insured State | UTTAR PRADESH |
| INSURED MOTOR VEHICLE DETAILS | |
| Make | HERO MOTOCORP |
| Model & Variant | HERO HF DELUXE FI |
| Registration No | NEW |
| Year Of Manufacture | 2025 |
| Engine -Chassis No | HA11F2S9K07323 - MBLHAW45X59K57724 |
| Cubic Capacity | 100 |
| Seating Capacity | 1 + 1 |
| Type Of Body | SOLO |
| Type Of Fuel | PETROL |
| RTO Location | |
| INSURED DECLARED VALUE (IDV) (In Rs.) | |
| Vehicle | 63398 |
| Electrical Accessories | 0 |
| Non Electrical Accessories | 0 |
| Total IDV | 63398 |
| TMF CONTRACT NO | |
| Policy Type | Zone B - Rest of India |
| Geographical Area | |

| OWN DAMAGE SECTION(A) | | LIABILITY SECTION (B) | |
|---|---------|---|------|
| Vehicle | 1062.55 | Basic Third Party Liability | 3851 |
| Elec Accessories | 0 | Compulsory PA Cover Premium | 0 |
| Non-Elec Accessories | 0 | PA Cover Per Person Of Rs (0) each (IMT-16) | 0 |
| Basic Premium | 158.55 | Legal Liability (WC)to driver (IMT-28) | 0 |
| Geographical Area Extn (IMT-1) | 0 | Legal Liability to Employees (IMT-29) | 0 |
| 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%) | NA |
| Deductibles | 0 | PA Fald Driver, Conductor, Cleaner-GR3483 | 0 |
| Voluntary Deductibles (IMT 22A) | 0 | Net Liability Premium (B) | 3851 |
| Anti- Theft Device (IMT-10) | 0 | Total Premium (A+B) | 4010 |
| AAI Membership (IMT-8) | 0 | GST | 722 |
| No Claim Bonus | 0 | SERVICE TAX | 0 |
| Discount for vehicle designed for handicapped | 0 | STAMPDUTY | 0.00 |
| SIP Discount | 0 | Swachh Bharat Cess@0.50% | 0 |
| Sub -Total Deductibles | 0 | Krishi Kalyan Cess@0.50% | 0 |
| ADD-ON COVERAGES | 0 | Great Premium Fald | 4732 |
| NIL Depreciation | 0 | Note: | |
| Return to Invoice | 0 | 1. Policy Insurance is the subject to the realization of cheque | |
| Key Replacement | 0 | 2. Consolidated Stamp Duty paid via Challan No | |
| Consumables | 0 | 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) | |
| Sub Total Add-on Coverages | 159 | 4. Voluntary excess Rs(0) | |
| Net own Damage Premium(A) | | 5. Subject to Endorsements IMT,7,10,28. | |

| | | | | | |
|-------------------|----------------|----------------------------|-----------------|----------------------|------|
| Nominee Details : | Nominee Name | Age | 1 | Relation | |
| Payment Details : | Payment Method | Cheque No./Transaction No. | Bank Name | Amount | 4732 |
| Financer Type | Financer Name | Cash | Financer Branch | POS PAN NO/Aadhar No | NA |
| POS Name | NA | POS ID | 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 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.

I/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/have herein to set his/their hands at 252400 on 21-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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

g) 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 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 (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 0

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 five 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, 1988.

* This insurance excludes all pre existing damages

Approved By : VAIS@252400

Approved On : 21-OCT-25

Place : MRT

Printed On : 08-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

यह वॉमा पालिती, गाड़ी का कुल बीमा
(OD) एक साल का तथा थर्ड पार्टी बीमा
पाँच साल के लिए ही मान्य है।

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA2083
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 25-Oct-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA. . . 189-274304
Owner Name : SANDEEP GUPTA Son/wife/daughter of : RAJENDRA GUPTA
Full Address: (Permanent) : VILL- RAMNAGAR (MISRAULI), POST- NAURANGIA, THANA- NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
Full Address: (Temporary) : VILL- RAMNAGAR (MISRAULI), POST- NAURANGIA, THANA- NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305

Fitness UpTo : 24-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
Front HSRP No : AA2142495534 Rear HSRP No : AA2141829082
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
No of Cylinders : 1 Chassis No : MBLHAW45XS9K57724
Engine No : HA11F2S9K07323 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE PRO Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK-RED STRIPE 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)

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 : 21-Oct-2025 Sale Amt : 66734/-
OTT Date : 21-Oct-2025 Amount/Rcpt No : 6674 / UP57D25100008199
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 09-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 25-Oct-2025 to 24-Oct-2040

Date : 31-Jan-2026 12:41:48
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 31 Jan-2026
Kushinagar

Q 7659137

GSTIN : 09AHWPG0569P1ZE

UNION OF INDIA Driving Licence



UP57 20160017359



जारी करने की तिथि
Date of Issue
12/09/2016

जन्म तिथि
Date of Birth
10/09/1995

वैधता / Validity
11/09/2036

Blood Group
UNKNOWN



नाम / Name

SUNIL GUPTA

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

RAJENDRA GUPTA

UP57 20160017359

UP04472035RS

 LMV
12/09/2016

 MCWG
12/09/2016

पता / Address
VILL-RAMNAGAR MISHRAULI
PO- NAURANGIYA, PS- NEBUA NAURANGIYA
KUSHINAGAR

Holder's Signature

Sunil Gupta

अधिकारी / Issuing Authority SIK

KUSHINAGAR



श्रीगणेशाय नमः



भारत सरकार
GOVT. OF INDIA

INCOME TAX DEPARTMENT



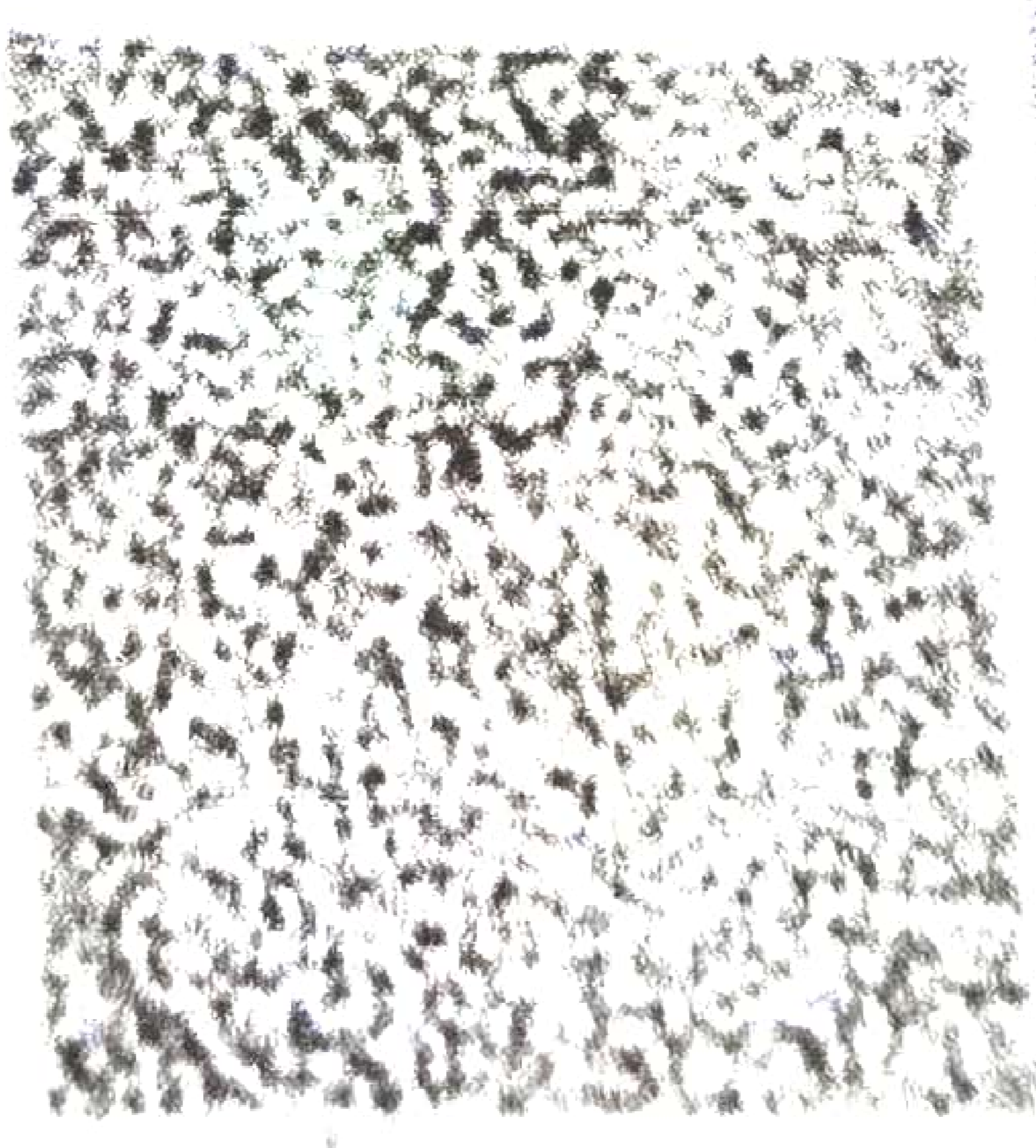
व्यक्तिगत आय कर विभाग

Permanent Account Number Card

EV/NPS7304F

नाम :
SANGEEV GUPTA

पता :
RAJENDRA GUPTA



आय कर विभाग
असतो
0120111003

व्यक्तिगत आय कर विभाग

100000

श्री अक्षर, श्री पर्याज

2186 2965 4826



Issue Date: 22/03/2015

श्री अक्षर
Sandeep Gupta
जन्म तिथि / DOB : 01/01/1988
पुरुष / Male



~~Government of India~~
~~Ministry of Information & Public Relations~~



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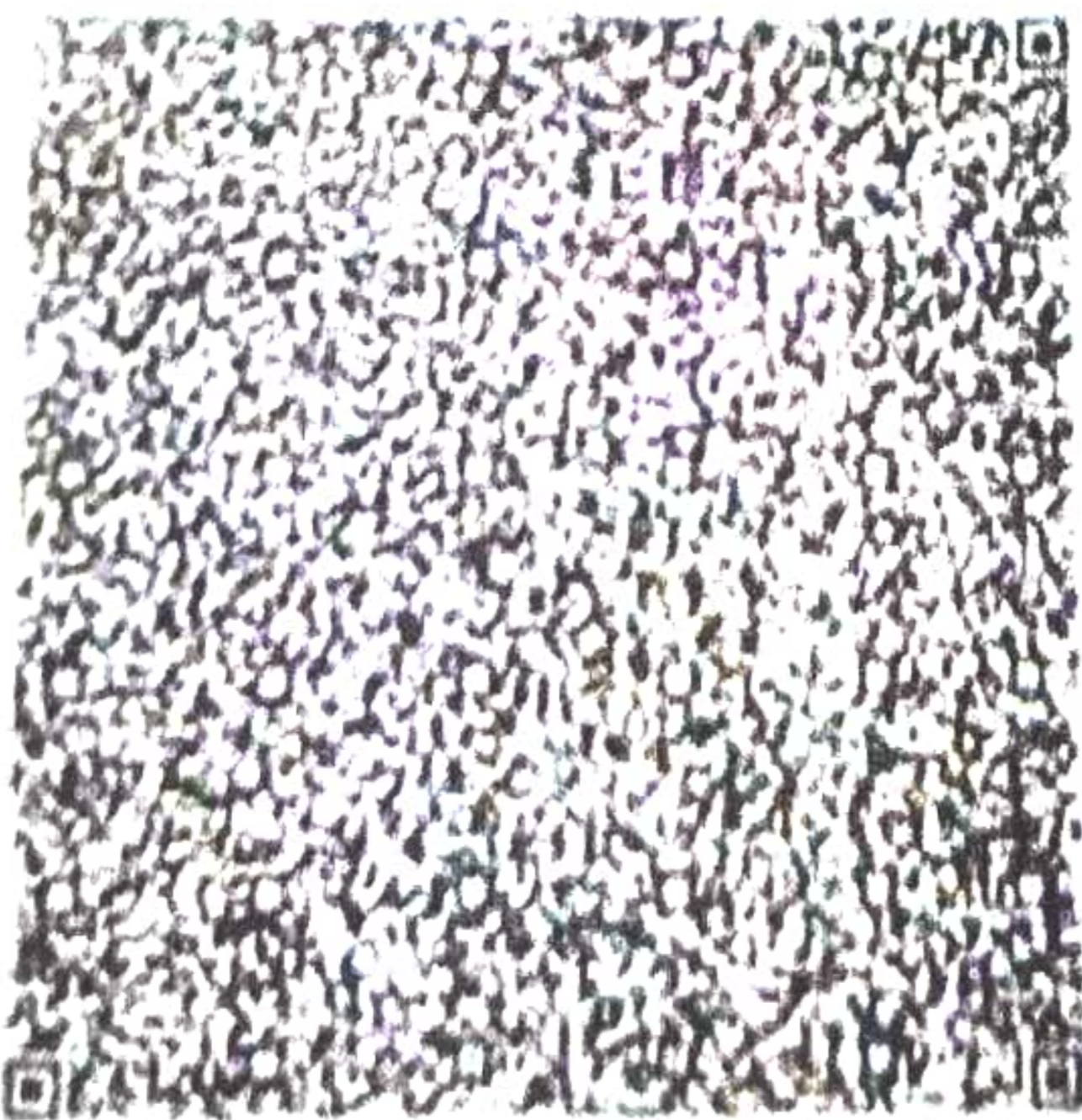
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2186 2965 4826



Print Date: 13/01/2015

पता अक्षर, श्री अक्षर, श्री अक्षर
श्री अक्षर, श्री अक्षर, श्री अक्षर, 274305
Address: S/O: Rajendra Gupta, Ramnagar
Misrauli, Naurangia, Kushinagar, Uttar
Pradesh, 274305



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