

Gupta

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No. **1977**

Date **20-06-2021**

Name **Sushil Pratap mall**

Add. **Upst 035233**

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Silencer Assy			7000	
	Silencer Cover			750	
	Kaichi ✓			800	
	Swing arm			1000	
	R.R. Corp			1400	
	Handle			600	
	R.R. Foot rest (R)			350	
	Visor			1250	
	Panel Inner			480	
	Foot pipe (2)			2400	
	Handle - T			1000	
	RR. Winks (L)			250	
	Fuel Tank			6500	
	FR. Winks (L)			250	
	Rear soulder - R			1200	
	Labour charge			1000	
	TOTAL			28230/-	

Authorised Signatory

वा सूचना पत्र .

Spot / Final surveyor. / नीचे
युक्त करने की व्यवस्था करें

mall
Pratap 9451421

233

1/2021/65061

025 - 11-12-2021

026 4:3

Bawali chawal

mall
shree 790548.

262
श्री श्री सुधा

श्री श्री एक बुलेट

जाड़ी कागज तय

N/A

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.	mall Sushill Pratap 9451421030
2	Vehicle No. / वाहन संख्या	UP57CB5233
3	Policy No. / पालिसी संख्या	252400/3/2021/65061
4	Period of Insurance / बीमा अवधि	12-12-2025 — 11-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-06-2026 4:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Bawali chawal
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	mall Sudhanshu 7905487655
8	Estimated Loss / अनुमानित हानि	26230/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरा गाड़ी मेरा बेटा Sudhansu mall देव गांव जा रहे थे किसी काम से तो रास्ते में एक बुलेट वाला पिछे Silencer पर टक्कर मार दिया और गाड़ी काया तस्क गिर कर क्षतिग्रस्त हो गया।
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 91251971

सुशील प्रताप मल्ल

Signature of Insured / बीमाधारक के

Date / दिनांक : 20-06-2026
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. 252400/31/2026/65861

Tel. No. _____

Period of Insurance 11-12-2026

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 : Sushil pratap Mall
 (b) Address for correspondence : _____
 (c) Telephone : 9459421038

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>H A 11 F 6 5 H L 1 9 7 0 7 4</u> Chassis No. <u>M B L H A W 4 7 4 5 H L 1 7</u> <u>022</u>	Registration No. <u>UP 57CB 5233</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? 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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Sudhanshu Mall
 (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 License Number: UPST20050000755
 (h) Issuing Authority: _____
 (i) Date of Expiry: 05.12.2015
 (j) Was the license 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: 17-06-2016 2:30 PM
 (b) Place: Baweli chawli
 (c) Speed of vehicle at the time of accident: _____
 (d) Give a short description of the accident: व्यक्ति से एक बूलेर वाहन पिके से Silvers
 (e) If any third party was responsible for this accident give the name and address: पर तकरार नार रिण और गलती कारण तकरार कर हाकिम सिल्वर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Silvers Assy, Silver Cars
 (b) Estimated cost of repairs: _____
 (c) When and where can the damaged vehicle be inspected: Geeta Automobile padrauna

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 Policy 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 20-06-2002

Signature of the insured सुदीप प्रताप शर्मा

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 सुशील प्रताप मल्ल

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



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

Policy details table including Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, and Insured State.

INSURED MOTOR VEHICLE DETAILS and INSURED DECLARED VALUE (IDV) table. Includes Make (HERO), Model & Variant (HERO SPLENDOR PLUS E1), Registration No (NEW), Year of Manufacture (2025), Engine-Chassis No, Cubic Capacity, Seating Capacity, Type of Body, Type of Fuel, RTO Location, Vehicle, Electrical Accessories, Non-Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, and Geographical Area.

Schedule Of Premium (Amount in Rs.) table. Divided into OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -I), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub-Total Add-on Coverages, Net own Damage Premium (A), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, and Krishi Kalyan Cess@0.50%.

Nominee and Payment Details table. Includes Nominee Name, Cheque No./Transaction No., Bank Name, Amount, Payment Method, POS ID, and POS Name.

Important notices and conditions. Includes: '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.', '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.', '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 12-DEC-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 luggage) (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. 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.', 'Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury Such amount is necessary to meet their 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.', '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.', '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 : 922137SMD
Approved On : 12-DEC-25
Place : MRI
Printed On : 12-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57CB5233
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 14-Dec-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . , 189-274304
Owner Name : SUSHIL PRATAP MALL Son/wife/daughter of : NAGENDRA MALL
Full Address: (Permanent) : VILL-DEWAGAON, POST-NEBUA RAIGANJ, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274802
Full Address: (Temporary) : VILL-DEWAGAON, POST-NEBUA RAIGANJ, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274802
Fitness UpTo : 13-Dec-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 : AA2147211931 Rear HSRP No : AA1047587654
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
No of Cylinders : 1 Chassis No : MBLHAW474SHL17827
Engine No : HA11F6SHL19784 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235 RS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : MATT GREY Laden/GV Wt (kgs) : 243
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. .

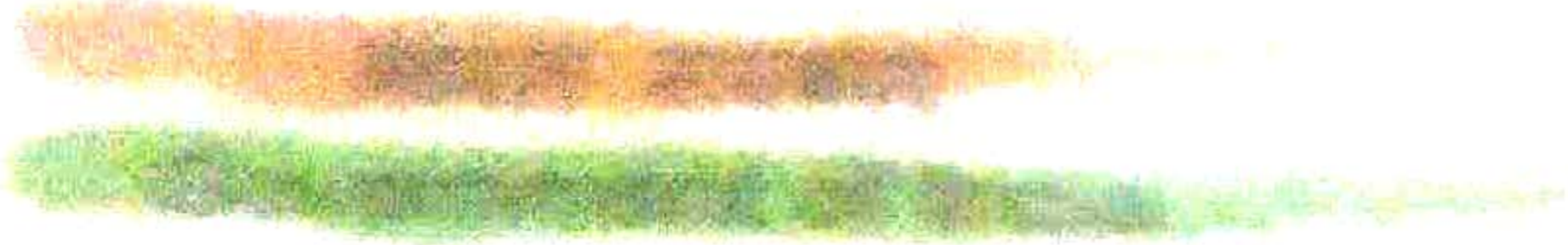
Purchase dt : 11-Dec-2025 Sale Amt : 74999/-
OTT Date : 11-Dec-2025 Amount/Rcpt No : 7500 / UP57D25120001434
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 29-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

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





सुनील प्रकाश शर्मा
 Sunil Prakash Sharma
 जन तिथि DOB 01/12/1987
 लिंग GENDER MALE

जनित तिथि Date of Birth 01/12/1987

2874 0792 6800

UID : 9110 2726 5541 3053

मेरा आधार, मेरी पहचान



श्री
 S.C. सुनील शर्मा सुनील प्रकाश शर्मा सुनील प्रकाश शर्मा
 सुनील प्रकाश शर्मा
 पिन कोड - 24502

Address
 S.C. Neeraj Mal. Post Neeraj Rai Gani
 Thana Neeraj Neeraj, Dewanganj

Language
 Jan Prakash 24502



2874 0792 6800

UID : 9110 2726 5541 3053

आयकर विभाग
INCOME TAX DEPARTMENT

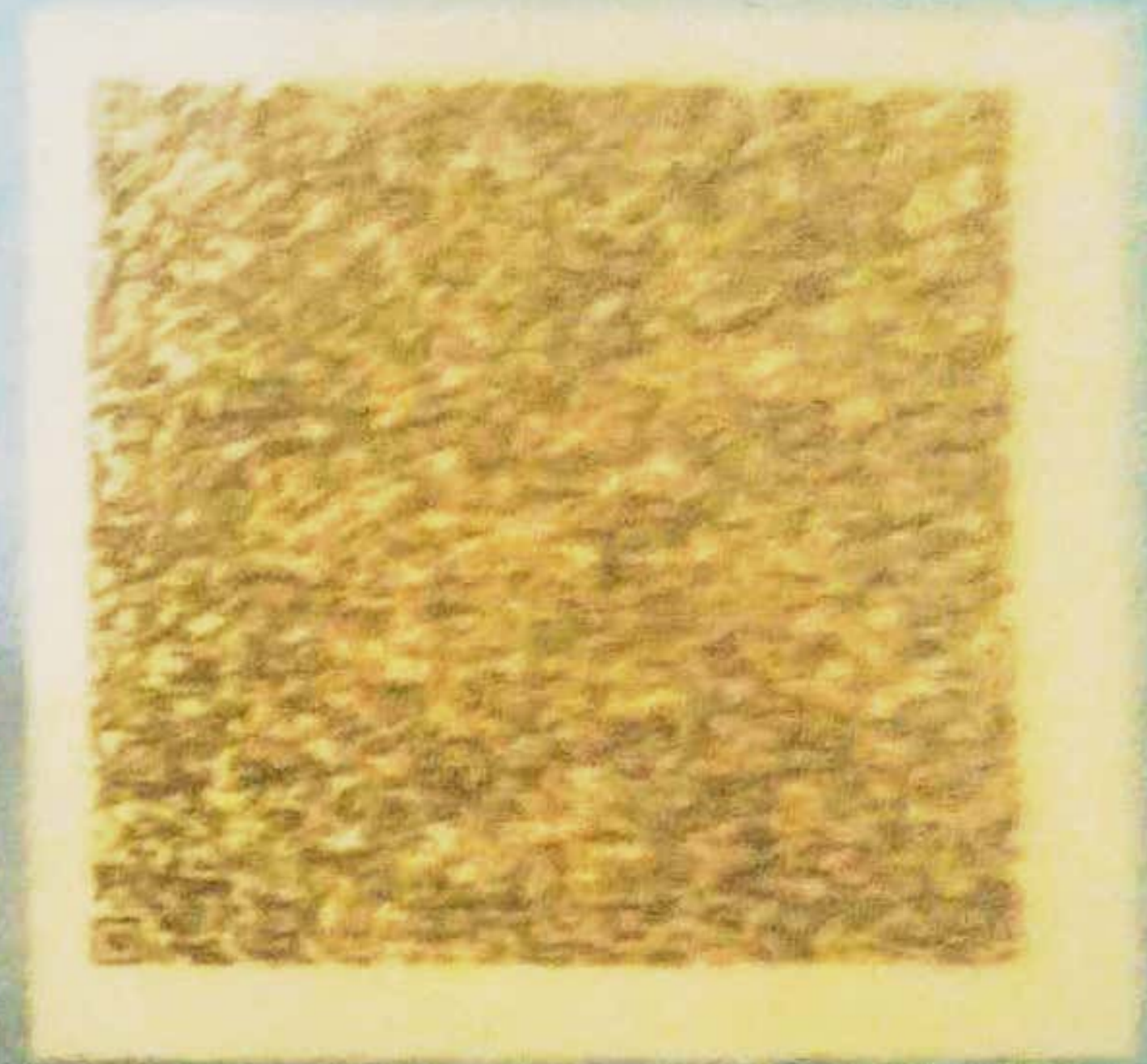


भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



GJJPM2607B



नाम / Name

SUSHIL PRATAP MALL

पिता का नाम / Father's Name

NAGENDRA MALL

जन्म तिथि / Date of Birth

01/12/1981

सुशील प्रताप मल्ल

हस्ताक्षर / Signature

