

Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES



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

No.

1974

Date 20/6/26

Name

Bhimod Jaiswal

Add.

UP57BH0737

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT	
				Rs.	P.
	Fuel Tank labour			6000/-	
				200/-	
TOTAL				6200/-	

TOTAL

6200/-

Authorised Signatory

रावा सूचना पत्र .

Spot / Final surveyor
भयुक्त करने की व्यव

Jaiswal, 738

H0737

21/7002/0/465

6 to 13/04/2

126, 04.0

& chauck

P572009030

v kumar J

गाईक लेकर

ऊहीला तार

गया ! और

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.	Ajmal Jaiswal, 7388875067
2	Vehicle No. / वाहन संख्या	UP57BH0737
3	Policy No. / पालिसी संख्या	MS/2026/7002/0/46575/572181
4	Period of Insurance / बीमा अवधि	14/04/26 to 13/04/27
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/06/2026, 04:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Subhas chaurak
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720090302771 Ajmal kumar Jaiswal
8	Estimated Loss / अनुमानित हानि	6800/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बाइक लेकर सुभाष चौक पर था था बगल से एक बाइक वाला कहीं लात लेकर आ रहा था उसी से मेरी टैंक पर रगड़ आ गया। और गाड़ी बाया तरफ गिर कर डैमेज 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.	9125197148 Gupta automobile Padrauna

Signature of Insured / बीमाधारक के

Date / दिनांक : 20/6/2026
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. 19/2026/3001/0/46575/540161

Tel. No. _____

Period of Insurance 14/4/22 to 13/4/27
 Claim No. _____

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

I. INSURED

(a) Name Paramod Jaiswal
 (b) Address for correspondence _____
 (c) Telephone 7388875067

2. THE INSURED VEHICLE

Make & Year <u>Hesio/2022</u>	Engine No. <u>HAIIEDNHG143367</u> Chassis No. <u>MBLHAW12XNHG100266</u>	Registration No. <u>UP57BH</u> <u>6737</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 : Pramed Kumar Jaiswal
(b) Age :
(c) Address : Kushi Nagar
(d) Is the Driver :
1. Owner : 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 : UP5720090302771
(h) Issuing Authority :
(i) Date of Expiry : 10/04/2030
(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 : 16/06/2026, 04.00 P.M.
(b) Place : Subhash chaurak
(c) Speed of vehicle at the time of accident
(d) Give a short description of the accident : एक काले ने करीबे तार से टंकी पर खड़ा
(e) If any third party was responsible for this accident give the name and address : मार दिया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Side
(b) Estimated cost of repairs : 6000/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Road, Ramon.

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

~~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.

Date 26/6/2026 200

Signature of the insured

[Handwritten signature]

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 *[Handwritten 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 : UP57BH0737 Registration Date : 28-Jul-2022
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . .
 Owner Name : PRAMOD JAISWAL Son/wife/daughter of : NAGU PRASAD
 Full Address: (Permanent) : MAIN ROAD SAHABGANJ, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR,
 UTTAR PRADESH-274304
 Full Address: (Temporary) : MAIN ROAD SAHABGANJ, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-
 UTTAR PRADESH-274304
 Fitness UpTo : 27-Jul-2037 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : RAJAT JAISWAL
 Relationship with the : Son Norms : BHARAT STAGE VI
 Nominee :
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2058140748
 Front HSRP No : AA2058797007 Month/Year of Manuf. : 07/2022
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW12XNHG08266
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11EDNHG43367 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1236
 Maker's Classification : SPLENDOR+ BLACK AND A Wheel base :
 CCENTSS : AC Fitted : 0
 Seating Cap(in all) : 2 Standing Cap : 112
 Sleeper Cap : 0 Unladen Wt (kgs) : 242
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : NG
 Other Criteria : AC Fitted : NG
 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)
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- 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 : 22-Jul-2022
 OTT Date : 22-Jul-2022
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 04-Aug-2022

Sale Amt : 71668/-
 Amount/Rcpt No : 7167 / UP57D22070002717
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 28-Jul-2022 to 27-Jul-2037

Signature of Registering Authority
 Date : 23-Aug-2022

Date : 23-Aug-2022 10:05:16
 Taxation Particulars / Advance Registration Mark Fee Details

N 3922049

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/572181

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
PRAMOD JAISWAL	1968-04-10	7388875067	NAGU PRASAD	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SILVER	UP57BH0737	HA11EDNHG43367	MBLHAW12XNHG08266	2022	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
45500.00	NA	0.00	0.00	0.00	45500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
PADRAUNA (KUSHINAGAR)	Solo			2	1656.53	
Address			City / District	Pin Code	State	
MAIN ROAD SAHABGANJ			PADRAUNA (KUSHINAGAR)	274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RAJAT JAISWAL	Male	27 Years	SON	2026-04-14 17:16	Midnight of 2027-04-13	

Section A, VRC: 746.16 TCR: 590.59 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1336.75
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total with GST(D): 319.78
 Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D, Drive Assure: 271.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.78 Total with GST(D): 319.78
Total(Section A+C+D) Offered Price After Discount: 1657

Package Period Covered	2026-04-14 To 2027-04-13	2027-04-14 To 2028-04-13	2028-04-14 To 2029-04-13	2029-04-14 To 2030-04-13	2030-04-14 To 2031-04-13
ADV	45500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-07-27 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

#: Received with Thanks Rs 1656.53 ON 2026-04-14 from Mr./Ms. PRAMOD JAISWAL against the ARN No. INCP00572181
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India





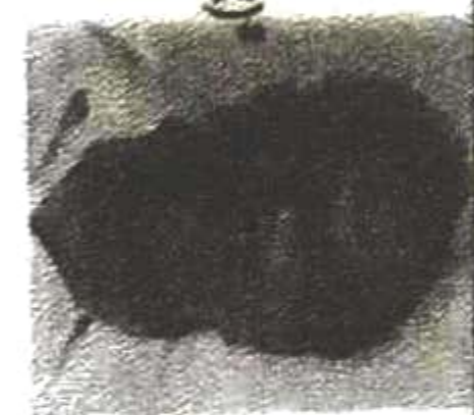
Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20090302771



Issue Date 28-07-2023 Validity (NT) 10-04-2030 Validity (TR) _____



Holder's Signature

Name: PRAMOD KUMAR JAISWAL

Date of Birth: 11-04-1970 Blood Group: _____

Son/Daughter/Wife of: NATHU PRASAD JAISWAL

Organ Donor: N

Address:

SAHABGANJ DAKSHINI PADRAUNA
PADRAUNA, KUSHINAGAR 274304

(03-04-2009)

Date of First Issue

DL No: UP57 20090302771

UPDL 0000/14/03/09



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
Car	MCWG	UP57	03-04-2009	MT			
Light Motor Vehicle	LMV	UP57	03-04-2009	MT			
Motor Vehicle	MVSD						

Emergency Contact Number _____

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

Issue Date: 27/10/2013



भारत सरकार
Government of India



प्रमोद कुमार जायसवाल
Pramod Kumar Jaiswal
जन्म तिथि / DOB : 10/04/1968
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



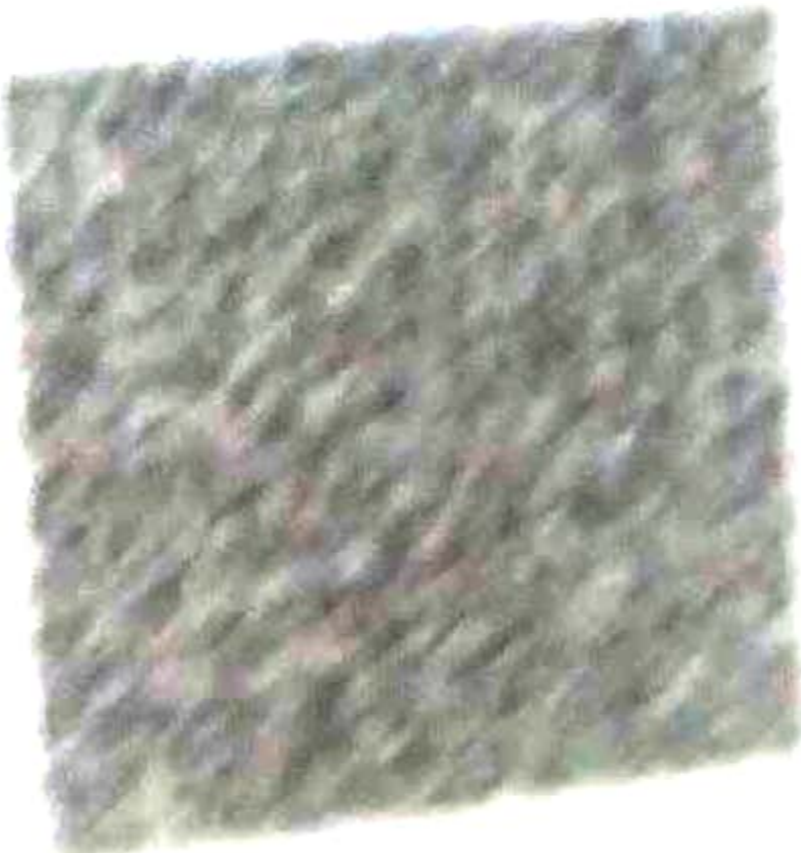
8100 8586 3841

मेरा आधार, मेरी पहचान

Print Date: 26/09/2013



एक राष्ट्र एक आवाज
एक ही आवाज एक ही राष्ट्र
एक ही राष्ट्र एक ही आवाज
Address: C/O Nagendra Prasad Mishra,
South, Padmauna Kumbhagar, 11th Cross,
274304



8100 8586 3841



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

PRAMOD KUMAR JAISWAL

NAGOO PRASAD

10/04/1968

RETURN ACCOUNT NUMBER

ARIPJ0954D

प्रमोद कुमार जासवाल

Signature

भारत सरकार

GOVT. OF INDIA



27072011