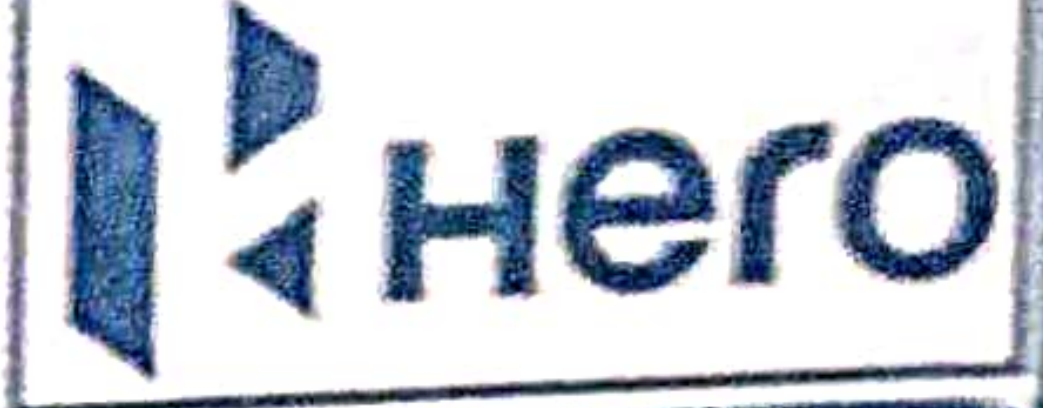


Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

AUTOMOBILES

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

No.

6944

Date

15/12/22

Name

mahendra Singh

Add.

UP57B07875

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
①	Catchi			1080/-	
②	Handb			500/-	
③	Leguod			680/-	
④	w/s			410/-	
⑤	visor			1250/-	
⑥	liver ②			105/-	
⑦	chassis Repair			2000/-	
	Labour charge			600/-	
			TOTAL	6625/-	

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.	Mahendra Singh 9451742712
2	Vehicle No. / वाहन संख्या	UP57B07875
3	Policy No. / पालिसी संख्या	M.3/2025/7001/0/46575/417514
4	Period of Insurance / बीमा अवधि	19/03/2025 to 18/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/12/2025, 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Matha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mahendra Singh, UP5720090000 6638
8	Estimated Loss / अनुमानित हानि	6625/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी बाईक लेकर सुमरीली से घर आ रहे थे। तभी हाट में मास अचानक मिछे से रूम बाईक वाला लक्कर मार दिया तो बाईक मेरी दाहिने साईड मिछे से जमेज 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

Date / दिनांक : 15/12/25
हस्ताक्षर

सहेज सिंह
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. 178/2025/7002/0/46575/41

Tel. No. _____

Period of Insurance 19/03/2025 to 18/03/2026 ⁷⁵¹⁴
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 : Mahendra Singh
(b) Address for correspondence : _____
(c) Telephone : 945174*2712

2. THE INSURED VEHICLE

Make & Year <u>Hero/2024</u>	Engine No. <u>MA11E LPHM 77487</u> Chassis No. <u>MBLHAW265PHM2662</u>	Registration No. <u>UP57 BD</u> <u>7075</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 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 : Mohindra Singh
 (b) Age :
 (c) Address : Rushnagar
 (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 :
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP5720080006638
 (h) Issuing Authority :
 (i) Date of Expiry : 24/05/2020
 (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 : 13/12/2025, 3:00 P.M
 (b) Place : Muf
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मैं अपनी कार में लेमर घर जा रहा था तभी अचानक
 (e) If any third party was responsible for this accident give the name and address : मिस्टर सी राम ठाकुर ठाकुर मालविका सो ठाकुर भो
ठाकुर साई गिरनेसे
सिपहौरा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Back
 (b) Estimated cost of repairs : 6625/-
 (c) When and where can the damaged vehicle be inspected : crupta automobile Padoauna

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 : N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N/A
(b) If yes, give full details : _____

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? : N/A
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

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? : N/A
(g) When? : _____
(h) Which Police Station? : _____
(i) C.R. diary Number : _____

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 15/12/25 200

Signature of the insured महेन्द्र सिंह

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 *सहेन्दु सिंह*
Occupation
Address
.....
.....

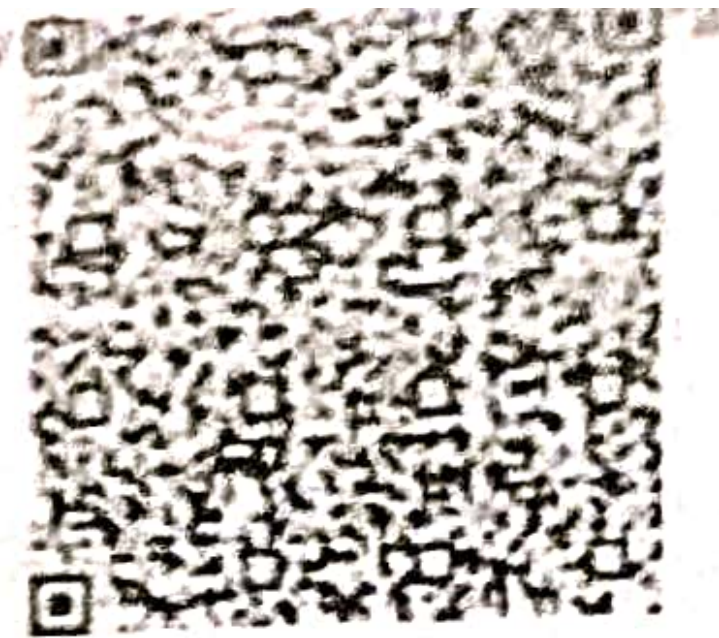
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BQ7875
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : MAHENDRA SINGH
 Full Address: (Permanent) : SHIV SAGAR COLONY, PADRAUNA, PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : SHIV SAGAR COLONY, PADRAUNA, PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 18-Mar-2039
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2096537255
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E1PHM77487
 Horse Power(BHP) : 7.91
 Maker's Classification : PASSION+ I3S (DRS)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : Black Heavy Grey
 Other Criteria :
 Vehicle Purchase As : Fullv Built

Registration Date : 19-Mar-2024
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SHOBHA SINGH
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2095538425
 Month/Year of Manuf. : 12/2023
 Chassis No : MBLHAW265PHM26962
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 115
 Laden/GV Wt (kgs) : 245
 AC Fitted : NO

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-Mar-2024
 OTT Date : 18-Mar-2024
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 15-Apr-2024
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Sale Amt : 77891/-
 Amount/Rcpt No : 7790 / UP57D24030002820
 Tax Exempted or Not : NOT EXEMPTED
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 19-Mar-2024 to 18-Mar-2039

Date : 15-Apr-2024 15:33:18
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 15-Apr-2024
 A.R.T.O. A
 Kushinagar

P 7222727

DL No: UP57 20090006638

Invalid Carriage (Regn Numbers)
Hazardous Validity
Hill Validity

Emergency Contact Number

UP57 KUSHINAGAR

Licensing Authority

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCWG	UP57	21-07-2009	NT				
LMV	UP57	21-07-2009	NT				
MVSD							

Indian Union Driving Licence

Issued by Uttar Pradesh

UP57 20090006638

Issue Date 25-05-2023

Validity (NT) 24-05-2028

Validity (TR)

Holder's Signature

Date of First Issue (21-07-2009)

MAHENDRA SINGH

05-05-1968

SHOBHA SINGH

CHHAWANI POKHARA PADRAUNA

PADRAUNA 274304

Blood Group

Organ Donor: N

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MAHENDRA SINGH

SHOBHA SINGH

05/05/1968

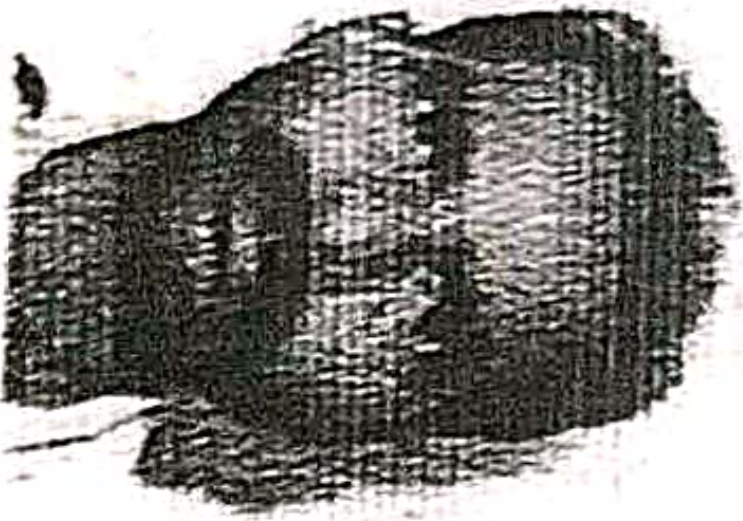
Permanent Account Number

AURPS8441E



हस्ताक्षर

Signature



महेंद्र सिंह
Mahender Singh
जन्म तिथि/DOB: 05/06/1968
पुरुष/ MALE

Issue Date: 23/07/2019



2511 4759 9949

VID : 9128 9234 3302 6079

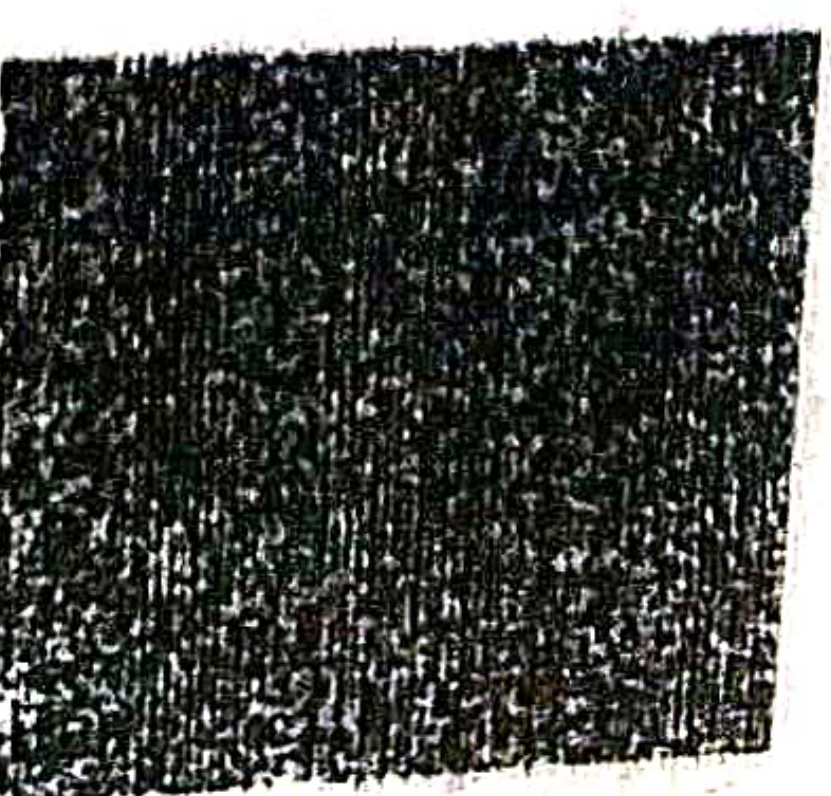
भोरा आशार, भोरी पहचान



पता:
S/O शीवा सिंह, शिव सागर कॉलोनी अफ्रीकी पोखरा,
पडराना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

S/O Shobha Singh, SHIV SAGAR COLONEY
CHHONIE PACHHRA, Padrauna,
Kushinagar,
Uttar Pradesh - 274304



2511 4759 9949

VID : 9128 9234 3302 6079



help@uidai.gov.in



www.uidai.gov.in