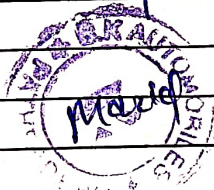


ESTIMATE					
			(BK AUTOMOBILES		
			PATHERDEWA DEORIA		
			DEORIA U.P.		
			GSTIN.09AQNPA2869A1ZY		
CUSTOMER NAME= <u>Vikash Gupta</u>			INVOICE NO. :		
ADD= <u>Date-16/11/2025</u>			PAYMENT BY : CEIDIT		
DEORIA U.P.			MAGAMA HDI GENERAL INSURANCE CO.LTD		
			CLAIM NO. -		
MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO	
<u>SP10</u>	<u>GREY</u>	<u>C5838</u>	<u>24608</u>	<u>UP52CJ1846</u>	
			QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	Vibor				1285
2	Headlight				525
3	Fender				1450
4	Indicator				220
5	Legguard				675
6	Mirror				140
7	Handle				500
8	Side cover				740
9	Tail Pannal				590
10	Grip				1150
11	Socket Pipe			2x	1150
12	Liver				95
13	Fuel Tank				6750
14	Labour Charge				100
15					
16					
17					
18					
19					
20					
				TOTAL	17120
<small>& conditions apply-</small>					



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.	Vikash Gupta
2	Vehicle No. / वाहन संख्या	UP52CJ 1846
3	Policy No. / पालिसी संख्या	110422523750033004
4	Period of Insurance / बीमा अवधि	14/10/25 to 13/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/11/2025 Time 12:45pm
6	Place of Accident / दुर्घटना का स्थान	Baghauchhat
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vikash Gupta UP52 202500 18718
8	Estimated Loss / अनुमानित हानि	16000
09.	Cause of Accident / दुर्घटना का कारण	मैं अपनी गाड़ी लेकर बघौचहाट, कुछ काम से जा रहा था। बघौचहाट में मार्केट में सामने से एक वाहन वाला आया जो मेरे सामने से आया और टक्कर मार दिया। जिससे मेरी गाड़ी उस टक्कर 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.	B.K. Automobiles (1215552909)

Date / दिनांक : 16/11/25
हस्ताक्षर

Vikash Gupta
Signature of Insured / बीमाधारक के

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
 (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? : NIA
 (c) Was accident reported to Police? If not, Why? : _____
 (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? : _____
 (g) When? : _____
 (h) Which Policy 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 16/11/2025

Signature of the insured Vikash Gupta

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vikash Gupta
 (b) Age :
 (c) Address : Mathauri PO - Jagdishpur
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Owner
 (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 : UP52 2025 0018 718
 (h) Issuing Authority : 08/10/2025
 (i) Date of Expiry : 31/12/2044
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before? : N/A
 (m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 16/11/2025 Time 12:45 pm
 (b) Place : Baghaudghat
 (c) Speed of vehicle at the time of accident : 20-30 KPH
 (d) Give a short description of the accident : मेरी सपनी गाड़ी लेकर बघौचघाट कुछ काम
 (e) If any third party was responsible for this accident give the name and address : मेरा बहादा बघौचघाट सेन मार्केट मे
 (f) DAMAGE TO INSURED VEHICLE : Front
 (a) Full details of damage : 16000
 (b) Estimated cost of repairs : 16000
 (c) When and where can the damaged vehicle be inspected : B.K. Automobiles

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? :



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. 110422323750033001

Tel. No. _____

Period of Insurance 14/10/2025 - 13/11/2026
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 Vikash Gupta
(b) Address for correspondence Vill - Mathauri PO - Jagdishpur
(c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTORCYCLE</u> <u>2025</u>	Engine No. <u>24605</u> Chassis No. <u>C5838</u>	Registration No. <u>UP52CT1846</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 N/A
1. Was a side-car attached N/A
2. Was a pillion rider carried N/A

III. 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

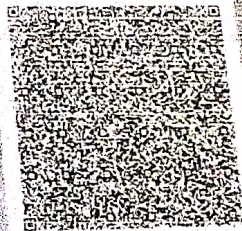
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EHVPG0161E



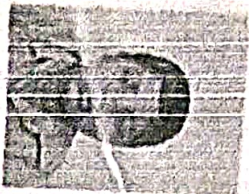
नाम / Name
VIKASH GUPTA

पिता का नाम / Father's Name
BIRENDRA GUPTA

जन्म की तारीख /
Date of Birth
01/01/2005

Vikash Gupta
हस्ताक्षर / Signature

19072023



भारत सरकार
Government of India

विकास गुप्ता
Vikash Gupta
संरम तिथि / DOB : 01/01/2005
पुरुष / Male

2823 8384 8407



आधार - आम आदमी का अधिकार



Union Education Authority of India

आमता बिंदु गुप्ता मधुबनी, भारत
जवाहरनगर, मधुबनी, मधुबनी
जवाहरनगर, बिहार, 841508
Address
S/O Vikash Gupta, Madhubani
Jawahar Nagar, Madhubani
Jawahar Nagar, Jharkhand, India
841508

2823 8384 8407

1800 342 1947

1800 342 1947



www.vikash.gov.in

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52CJ1846	Registration Date	: 15-Oct-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001	Son/wife/daughter of	: BIRENDRA GUPTA
Owner Name	: VIKASH GUPTA		
Full Address: (Permanent)	: VILL- MATHAULI PO- JAGDISHPUR, PS VIJAIPUR GOPALGANJ, , GOPALGANJ, BIHAR- 841508		
Full Address: (Temporary)	: VILL- PATHARDEWA, DEORIA, , DEORIA-UTTAR PRADESH-274404		
Fitness UpTo	: 14-Oct-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2133722049
Front HSRP No	: AA2134071754	Month/Year of Manuf.	: 06/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW47XSHFC5838
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F6SHF24605	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17		: 1235
Maker's Classification	: SPLENDOR+ 01 EDITION (D Wheel base RS)	Standing Cap	: 0
	: 2	Unladen Wt (kgs)	: 113
	: 0	Laden/GV Wt (kgs)	: 243
Seating Cap(in all)	: MATT GREY	AC Fitted	: NO
Sleeper Cap	:		
Colour	:		
Other Criteria	: Fully Built		
Vehicle Purchase As			
Additional Details			

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

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 : 15-Oct-2025
OTT Date :
Sale Amt :

Purchase dt : 15-Oct-2025
OTT Date

OTT Date : 15-Oct-2025
Vehicle is Gout (P) : 15-Oct-2025

Vehicle is Govt./ Pvt. : 15-Oct-20
Date of Approval : PRIVATE

Date of Approval : PRIVATE
Other State/T : 16-Oct-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner

Old State

Transfer Date

This certificate is valid from 15-Oct-2025 to 14-Oct-2040

Date : 10-Nov-2025 17:46:55

Taxation Particulars / Advance Registration Mark Fee Details

As Regd.

Weight(in kgs)

Sale Amt

Amount/Rcpt No

Tax Exempted or Not

Previous RegNo

Entry Date

Conversion Date

Signature of Registering Authority
Date: 10-Nov-2025

Date: 10-Nov-2025

Q 5352173



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20250018718



Issue Date Validity (NT) Validity (TR)*
08-10-2025 31-12-2044



Date of First Issue
08-10-2025

Name:

VIKASH GUPTA

Holder's Signature

Date of Birth: 01-01-2005

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: BIRENDRA GUPTA

Address:

KSILASHPURI LANE NO 05 CC ROAD DEORIA
UTTAR PRADESH 274001

DL No: UP52 20250018718

UPDL521000033942



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	MCWG	UP52	08-10-2025	NT			
LMV	LMV	UP52	08-10-2025	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA