



Jobs Total

Parts Total	0.00	2,360.00
Labour Total		25,481.00
SGST (Parts) 9%		2,360.00
CGST (Parts) 9%		1,943.47
SGST (Labour) 9%		1,943.47
CGST (Labour) 9%		180.00
Total		27,841.00

Rupees in Words: Twenty Seven Thousand Eight Hundred Fourty One Only

Authorised Signatory

1. Terms Cash

2. Prices & statutory levies prevailing at the time of delivery shall be charged

3. Vehicles in this workshop are handled/driven and kept at owner's risk.

4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery

5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.

6. Actual amount may vary from estimate

7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date

8. All disputes subject to jurisdiction of BAREILLY Jurisdiction Only

17032 - Main W/S

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.	Sushula Gangwar 9761293141
2	Vehicle No. / वाहन संख्या	UP25EQ3444
3	Policy No. / पालिसी संख्या	252400/31/2026/65036
4	Period of Insurance / बीमा अवधि	07/12/2025 To 06/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/03/2026 08:00 PM
6	Place of Accident / दुर्घटना का स्थान	Bareilly
7	Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Devesh Kumar, UP25201600 27981, 9761293141
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	मेरी स्कूटी लेकर मेरी पति घर से दूसरे घर जा रही थी कि रास्ते में केजा रोड एयरपार्स के पार्स स्कूटी के सामने कुत्ता आ गया। जिससे धुंयान के चक्कर में जाड़ी अचानक ही गिर गई और क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosara Auto Workshop Jootita T, Point Pilibhit Bypass Road Bareilly 7302090222

Date / दिनांक : 09/03/2026  
हस्ताक्षर सुशीला गंगवार

सुशीला गंगवार  
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. 252400/31/2026/65036

Tel. No. \_\_\_\_\_

Period of Insurance \_\_\_\_\_  
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 : Sushela Gangwar  
(b) Address for correspondence : 121, Sant Nagar Air Force Gate Bareilly  
(c) Telephone : 9761293141

2. THE INSURED VEHICLE

Make & Year <u>Hero Motocorp 2025</u>	Engine No. <u>EC001S6L07453</u> Chassis No. <u>MBLC EW111S6L03281</u>	Registration No. <u>UP25EQ 3444</u>
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- (a) Was the vehicle in proper working condition?  
(b) For what purpose was the vehicle being used at the time of accident?  
(c) Was trailer attached?  
(d) If a Motor Cycle/scooter  
1. Was a side-car attached  
2. Was a pillion rider carried

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 : Devesh Kumar  
(b) Age : 33  
(c) Address : Rathnandanpur Nawabganj Bareilly  
(d) Is the Driver  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
3. Owner's relative or friend? : Relative (Husband)  
(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 : UP2520160027981  
(h) Issuing Authority : Indian Union Driving Licence  
(i) Date of Expiry : 25/02/2036  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any : \_\_\_\_\_  
(l) Has he been involved in any accident before?: NO  
(m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 09/03/2026 , 08:00 Pm  
(b) Place : Bareilly  
(c) Speed of vehicle at the time of accident : 150  
(d) Give a short description of the accident : गाड़ी के सामने दुल्हा आ गया जिसे रोकने  
(e) If any third party was responsible for this accident give the name and address : के चक्कर में गाड़ी हातिवस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : \_\_\_\_\_  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : \_\_\_\_\_

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? : 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? : \_\_\_\_\_  
(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 11/03 2016

Signature of the insured सुशीला गंगावार

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 .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

DTDPG1586E



नाम / Name

SUSHEELA GANGWAR

पिता का नाम / Father's Name

MOHAN LAL GANGWAR

जन्म की तारीख /

Date of Birth

10/10/1993

हस्ताक्षर / Signature

06012622



भारत सरकार

Download Date: 04/05/2023

Issue Date: 26/11/2014



सुशीला गंगवार

Susheela Gangwar

जन्म तिथि / DOB: 10/10/1993

महिना / FEMALE

5963 5640 2209

मेरा आधार, मेरी पहचान



आधार

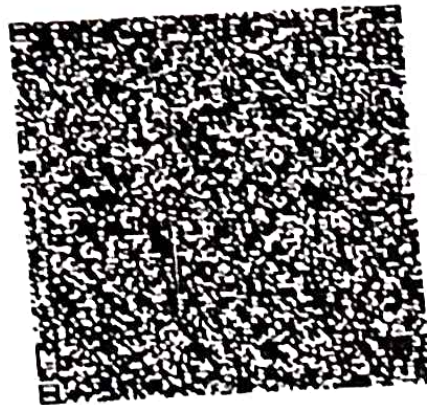
पता:  
द्वारा: देवेश कुमार, 121 संत नगर एर फोर्स गेट, बरेली,  
बरेली,  
उत्तर प्रदेश - 243122

Address:

C/O: Devesh Kumar, 121 Sant Nagar Air  
Force gate, Bareilly, Bareilly, Uttar  
Pradesh - 243122

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA



5963 5640 2209



1947  
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



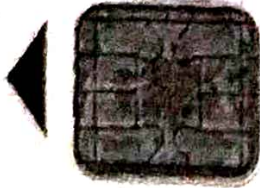
P.O. Box No. 1947,  
Bengaluru-560 001



**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**



**UP25 20160027981**



Issue Date: 15-04-2019    Validity (NT): 25-12-2036    Validity (TR): \_\_\_\_\_



*[Signature]*  
 Signature

Date of First Issue (26-12-2016)

Name: **DEVESH KUMAR**  
 Date of Birth: 20-07-1993    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **MAHESH KUMAR**  
 Address:  
**RATNANANDPUR NAWABGANJ**  
**BAREILLY 262406**

**DL No: UP25 20160027981**

UPDL000000080359



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	UP25	26-12-2016	NT			
	LMV	UP25	26-12-2016	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
 Licensing Authority  
**UP25 BAREILLY**

# GOVERNMENT OF UTTAR PRADESH

Transport Department  
BAREILLY, Uttar Pradesh



RECEIPT/APPL No: UP25D25120001743/UP25120857340113  
 Vehicle Class: M-Cycle/Scooter  
 Received From: SUSHEELA GANGWAR  
 Receipt date: 08-Dec-2025  
 Chassis No: MBLCEW111S6L03281  
 FinancerName: L&T FINANCE LIMITED  
 Bank Ref No: CHV4738677  
 Remarks: ONLINE-PAYMENT

Vehicle No: UP25EQ3444  
 Sale Amount: 110990/-  
 Transaction Id: UPY2512082680174

Particular	Amount	Rebate/Wai	Fine/Penalt	Total
New Registration (RTO Side)	0		0	0
Hypothecation Addition	500		0	500
MV Tax(07-Dec-2025 to One Time)	11099	11099	0	0

GRAND TOTAL (in Rs): 500/- (FIVE HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).  
 ( Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority. In case of disapproval, vehicle registration number shall not be valid. )

WASIT ALI  
MOSARAM AUTO WORLD PRIVATE LIMITED

Customer Copy

# GOVERNMENT OF UTTAR PRADESH

Transport Department  
BAREILLY, Uttar Pradesh



RECEIPT/APPL No: UP25D25120001743/UP25120857340113  
 Vehicle Class: M-Cycle/Scooter  
 Received From: SUSHEELA GANGWAR  
 Receipt date: 08-Dec-2025  
 Chassis No: MBLCEW111S6L03281  
 FinancerName: L&T FINANCE LIMITED  
 Bank Ref No: CHV4738677  
 Remarks: ONLINE-PAYMENT

Vehicle No: UP25EQ3444  
 Sale Amount: 110990/-  
 Transaction Id: UPY2512082680174

Particular	Amount	Rebate/Wai	Fine/Penalt	Total
New Registration (RTO Side)	0		0	0
Hypothecation Addition	500		0	500
MV Tax(07-Dec-2025 to One Time)	11099	11099	0	0

GRAND TOTAL (in Rs): 500/- (FIVE HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).