


ESTIMATE									
				<b>( BK AUTOMOBILES</b> <b>PATHERDEWA DEORIA</b> DEORIA U.P.					
				GSTIN.09AQNPA2869A1ZY					
				INVOICE NO. :					
CUSTOMER NAME= Ratnesh Kumar Tiwari				PAYMENT BY : CEIDIT					
ADD=				MAGAMA HDI GENERAL INSURANCE CO.LTD					
Date= 11/12/2025				CLAIM NO. -					
MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO					
Super	BLACK-Silver	STR- 10251	15169	VP52 BN3293					
	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)					
1	Visor			820					
2	Headlight			560					
3	fender			1180					
4	Indicators			180					
5	Leg guard			375					
6	mirror			240					
7	wind screen			375					
8	Coome			185					
9	Handle			500					
10	Liver			85					
11	Labour charge			500					
12	Socket Repair			400					
13									
14									
15									
16									
17									
18									
19									
20									
			TOTAL			5400			
& conditions apply-									





### 3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ratnesh kumar Tiwari  
 (b) Age :  
 (c) Address :  
 (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 20200008553  
 (h) Issuing Authority : 17/08/2020  
 (i) Date of Expiry : 10/07/2031  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NIA  
 (l) Has he been involved in any accident before? : NIA  
 (m) Has he been charged by the policy? If so, Why? : NIA

### 4. OTHER INSURANCE

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

### 5. DETAILS OF ACCIDENT

(a) Date and Time : 11/12/2025 Time 3:10 PM  
 (b) Place : Patnerdewa  
 (c) Speed of vehicle at the time of accident : 20-30 KPH  
 (d) Give a short description of the accident : मे अपनी गाडी लेकर पथरदेवा के काज से जा रहे  
 (e) If any third party was responsible for this accident give the name and address : ये पथरदेवा मे सड़का भण्डे के पास साजन से एक बाजू वाले ने आकर टक्कर मार दिया जिससे मेरा गाडी उससे टक्करा  
 से एक बाजू वाले ने आकर टक्कर मार दिया जिससे मेरा गाडी उससे टक्करा  
 हतिग्रस्त हो गई।

### 6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front  
 (b) Estimated cost of repairs : 10000  
 (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 : NIA  
 (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. MS/2025/7001/0/46575/

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

Period of Insurance 11/04/2025

Claim No. -16/04/2026

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 : Ratnesh Kumar Tiwari  
(b) Address for correspondence : Vill-Sakatua Buzurg  
(c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOCORP</u> <u>2025</u>	Engine No. <u>15169</u> Chassis No. <u>10251</u>	Registration No. <u>UP52BN3393</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 NIA  
1. Was a side-car attached NIA  
2. Was a pillion rider carried NIA

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                | : | _____ |



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.	Ratnesh Kumar Tiwari 9517166929
2	Vehicle No. / वाहन संख्या	UP52BN3393
3	Policy No. / पालिसी संख्या	MS/2025/7601/0/46575/42915
4	Period of Insurance / बीमा अवधि	17/04/2025 - 16/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025 Time 3:10 PM
6	Place of Accident / दुर्घटना का स्थान	Patherdewa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ratnesh Kumar Tiwari
8	Estimated Loss / अनुमानित हानि	10000
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेकर पथरदेवा कुछ काम से जा रहा था। पथरदेवा में सब्जी मंडी के पास सामने से एक बाइक वाले ने आ कर टक्कर मार दिया। जिससे मेरा गाड़ी उससे टक्कर कर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	B.K Automobiles Patherdewa (7275552909)

Date / दिनांक : 11/12/2025  
हस्ताक्षर

Ratnesh Tiwari  
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? : \_\_\_\_\_  
 (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? : \_\_\_\_\_  
 (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 11/12/2005

Signature of the insured Ratnesh Tewari