WORK APPROVAL

PARAMOUNT SERVICES

Generated **19th Dec 2025 15:40**

Claim Number	Insured Name	Workshop Name
250011/31/2026/00036358	SHIVAM SINGH	HIND AUTOMOBILES

Vehicle Number	**UP36X4360**	**Registration Date**	
Chassis Number		**Odometer reading**	
Vehicle Manufacturer		**Vehicle Model**	
Insurance Name	**The Oriental Insurance Co. Ltd.**	**HUB Name**	**SVC Ghaziabad**

PARTS ALLOWED

SNO.	PARTS PARTICULAR	REPLACE/REPAIR	LABOUR	PAINTING
1	FR VISOR	REPLACE	0	0
2	LABOUR		100	0

PARTS DISALLOWED

SNO.	PARTS PARTICULAR

Remarks In cashless claims, the bill is required in the name of the insurance company. In non-cashless claims, the bill is required in the name of the Customer.

Note: ** Re-inspection is mandatory along with salvage.

** Approval is subject to policy terms & conditions.

Approved By: Aditya **Approver Contact No:** 8858489375

For PARAMOUNT SERVICES