WORK APPROVAL

PARAMOUNT SERVICES

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Claim Number	Insured Name	Workshop Name
250011/31/2026/00036388	PHAGGU	SHUBHAM AUTOMOBILES

Vehicle Number	**UP56BE015**	**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	HEAD LIGHT	REPLACE	0	0
3	WIND SCREEN	REPLACE	0	0
4	FR CROM	REPLACE	0	0
5	MUFFLER COVER	REPLACE	0	0
6	LEVER RHS	REPLACE	0	0
7	LABOUR		350	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