WORK APPROVAL

PARAMOUNT SERVICES

Generated **31st Dec 2025 11:37**

Claim Number	Insured Name	Workshop Name
250011/31/2026/00036779	JAGDISH	GUPTA AUTOMOBILE

Vehicle Number	**UP57BX6557**	**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	LEG GARD	REPLACE	0	0
2	FR WINKER LHS	REPLACE	0	0
3	HANDLE PIPE	REPLACE	0	0
4	SIDE MIRROR RHS	REPLACE	0	0
5	VISOR	REPLACE	0	0
6	MUFFLER COVER	REPLACE	0	0
7	GEAR LEVER	REPLACE	0	0
8	TOL BOX COVERLHS	REPLACE		0
9	LABOUR		500	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