

WORK APPROVAL



Generated : 14-05-2026

Claim Number	Insured Name	Workshop Name
CLM000202604150125	SHIVNARAYAN	MAS1

Vehicle Number	UP31CF2229	Registration Year	2024
Chassis Number	MBLHAW142RHD13945	Odometer reading	NIL
Vehicle Manufacturer		Vehicle Model	HF DELUXE
Insurance Name	The Oriental Insurance Company	HUB Name	NIL

S.NO	PARTS PARTICULAR	REPLACE/REPAIR	LABOUR	PAINTING
1	HEADLIGHT W/O BULB	Replace	0	0
2	FRONT VISOR	Replace	0	0
3	PANEL INNER	Replace	0	0
4	WINKER FR LEFT	Replace	0	0
5	MIRROR L	Replace	0	0
6	ACCIDENTAL LABOUR	Replace	200.00	0

S.NO	PARTS PARTICULAR
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Remarks **Approval subjected to policy term and condition, 64VB confirmation and NCB confirmation and pre-inspection or previous claim photographs.**

Note: ****Re-inspection is mandatory along with salvage.
** Approval is subject to policy terms & conditions**

Approved By: **Approver Contact No:**

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