



CBK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Ansh Kushwaha

INVOICE NO. :

ADD=

Date = 13/12/2025

PAYMENT BY :

CEIDIT

MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL

COLOUR

FRAME NO.

ENGINE NO.

VEHICLE NO

HF Deluxe - GREY STRIPE

01923

02174

UP52CF3019

PARTICULAR

QTY.

RATE (RS)

TOTAL AMOUNT(RS)

1

Visor

1

1080

2

Headlight

1

520

3

Fender

1

880

4

Indicator

1

220

5

Legguard

1

675

6

Socket Pipe

2x 1150

2300

7

Handle

1

500

8

Liver

1

95

9

Mirror

1

195

10

Labour charge

1

500

11

Rear Grip

1

1350

12

Side Pannal

1

540

13

Tail Pannal

1

490

14

15

16

17

18

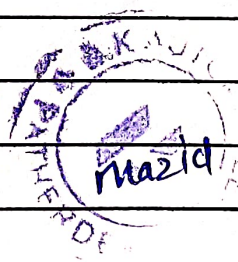
19

20

TOTAL

9445

&amp; conditions apply-



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.	Ansh kushwaha 8881630024
2	Vehicle No. / वाहन संख्या	UP52CF3019
3	Policy No. / पालिसी संख्या	252400/31/2026/10817
4	Period of Insurance / बीमा अवधि	06/05/2025- 05/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/12/2025 Time 2:00pm
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	Ashutosh Kumar kushwaha UP5220210001274
8	Estimated Loss / अनुमानित हानि	100000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा मित्र मेरा गाड़ी लेकर पथरदेवा बाजार कुछ काम से जा रहे थे। पथरदेवा में संजयी मण्डी के पास सामने से एक बाइक वाला ने आ कर टक्कर मार दिया जिससे मेरा गाड़ी उससे टक्कर कर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	B.K Automobiles Patherdewa (7275552909)

Date / दिनांक : 13/12/2025  
हस्ताक्षर

अंश कुशवाहा  
Signature of Insured / बीमाधारक के



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. 252400/31/2026/10817  
 Tel. No. \_\_\_\_\_ Period of Insurance 06/05/2025 - 05/05/2026  
 Claim No. \_\_\_\_\_

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 : Ansh Kushwaha  
 (b) Address for correspondence : Vill-Chigani Bhar, Mushrauli, Po-Pandeypur  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTORCORP</u> <u>2025</u>	Engine No. <u>02174</u> Chassis No. <u>01923</u>	Registration No. <u>UP52CF3019</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 : \_\_\_\_\_

NIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : [Redacted] Agstutosh kumar  
 (b) Age : [Redacted] Kushwaha  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver : \_\_\_\_\_  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : Friend  
 (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 : UP5220210001274  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 21/01/2021  
 (j) Was the licence temporary/permanent : Permanent 06/07/2038  
 (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 : 13/12/2025 2:00 PM  
 (b) Place : Patherdewa  
 (c) Speed of vehicle at the time of accident : 20-30 KPH  
 (d) Give a short description of the accident : मेरा मिल मेरा गाडी लेकर पथर देवा  
 (e) If any third party was responsible for this accident give the name and address : बापार कह काम ले जा रहे थे। पथर देवा मे  
सबकी मुण्डी के पास एक बाइक वाले ने सा कर टक्कर मार दिया। जिससे  
मेरा गाडी उससे टक्कर कर झटित्त हो गई।  
 (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? : \_\_\_\_\_

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? : NIA
- (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? : NIA
- (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 13/12/2025

Signature of the insured अंश कुशवाट