

ESTIMATE



(BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Radhe shyam Dubey

INVOICE NO. :

ADD=

Date = 17/12/2025

PAYMENT BY :

CEIDIT

DEORIA U.P.

MAGAMA HDI GENERAL INSURANCE CO.LTD

MODEL

COLOUR

FRAME NO.

ENGINE NO.

CLAIM NO. -

HF-DLX

Red

R15479

24679

UPS2A29967

PARTICULAR

QTY. RATE (RS)

TOTAL AMOUNT(RS)

1

Vibor

1080

2

Headlight

510

3

fender

890

4

Indicator

220

5

leg guard

675

6

Handle

400

7

Liver

95

8

labour charge

500

10

11

12

13

14

15

16

17

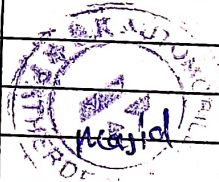
18

19

20

TOTAL

4370



& conditions apply-

सेवा में,
Oriental Insurance Co Ltd /
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.	Radheshyam Dubey
2	Vehicle No. / वाहन संख्या	UP 52 AZ 9967
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/426111
4	Period of Insurance / बीमा अवधि	15/04/2025 14/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/2025 Time 2:20pm
6	Place of Accident / दुर्घटना का स्थान	Baghaudighat
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Radheshyam Dube UP5219990026221
8	Estimated Loss / अनुमानित हानि	5000
09.	Cause of Accident / दुर्घटना का कारण:	मेरी अपनी गाड़ी लेकर बघौचघाट कुछ काम से जा रहा था। बघौचघाट में बाईक में साइने ले एव बाइक वाले ने आकर रोककर मार दिया। जिससे मेरा गति उससे रोकना का हकिगट एव 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 (721555 2909)

Date / दिनांक : 17/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के
राधेश्याम डूबे



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. MS/2025/1001/0/46575/4261
 11

Tel. No. _____

Period of Insurance 15/04/2025 - 14/04/2028
 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 : Radheshyam Dubey
 (b) Address for correspondence : VIII - Anawaliraman Po - Melahasthang
 (c) Telephone : PO

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTOCORP</u> <u>2019</u>	Engine No. <u>24679</u> Chassis No. <u>15479</u>	Registration No. <u>UP52AZ</u> <u>9967</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 : Radheshyam Dube
 (b) Age :
 (c) Address : Amwaliraman
 (d) Is the Driver :
 1. Owner : Owner
 2. paid driver?
 3. Owner's relative or 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 : UP52 19990026 221
 (h) Issuing Authority :
 (i) Date of Expiry : 21/12/2024 - 30/06/2030
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before? : N/A
 (m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 17/12/2025 Time 2:20 PM
 (b) Place : Baghauchghat
 (c) Speed of vehicle at the time of accident : 20-30 KPH
 (d) Give a short description of the accident : मैं अपनी गड़ी लेकर बधा विद्याट कुछ कारग
 (e) If any third party was responsible for this accident give the name and address : खोवा रहा था। बधा विद्याट मेन मार्केट मे।
 सामने से एक बाइक वाले ने टक्कर मार दिया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front
 (b) Estimated cost of repairs : 5000
 (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 : N/A
 (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? : N/A
- (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? : N/A
- (g) When? : _____
- (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 17/12/2025

Signature of the insured राजेश्वर दुबे