

ESTIMATE



C BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Vindhyachal Yadav

INVOICE NO. :

ADD= Bantasia Ghur

PAYMENT BY :

CEIDIT

Date 18/12/2025

MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL

COLOUR

FRAME NO.

ENGINE NO.

VEHICLE NO

Super XTEC

BLACK

01416

01862

UP52 CH 2833

PARTICULAR

QTY.

RATE (RS)

TOTAL AMOUNT(RS)

	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	Visor	1		920
2	Headlight	1		3500
3	Fenders	1		1180
4	Indicators	1		165
5	Legguard	1		375
6	Mirror	1		140
7	Handle	1		500
8	Fuel Tank	1		8500
9	Lives	1		95
10	Socket Repair	1		350
11	Labour charge	1		500
12	Wind Screen	1		370
13	Come	1		195
14				
15				
16				
17				
18				
19				
20				

TOTAL

16790

& conditions apply-





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/2025/7001/0/46575/421064
 Period of Insurance 18/04/2025 - 17/04/2026
 Claim No. _____

Tel. 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 : Vidhyachal Yadav
 (b) Address for correspondence : vill- Bantariya Pot PS - Bhore
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTORCYCLE</u> <u>2024</u>	Engine No. <u>01862</u> Chassis No. <u>01416</u>	Registration No. <u>UP52CA2833</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 : Dharmendra Yadav
 (b) Age :
 (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 : UP52 201900 12494
 (h) Issuing Authority : 01/03/2023
 (i) Date of Expiry : 29/02/2028
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : N/A
 (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 : 18/12/2025 4:10 PM
 (b) Place : Baglauchhat
 (c) Speed of vehicle at the time of accident : 20-30 km/hr
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address : कुछ काम से जा रहे थे वी बघौचघाट
 (a) Full details of damage : Front Right
 (b) Estimated cost of repairs : 16790
 (c) When and where can the damaged vehicle be inspected : B.K Automobiles

पेट्रोल पम्प के पास सामने से एक वाहन वाले ने आ कर टकराकर भाट दिया जिससे मेरा गाडी उससे टकरा कर क्षतिग्रस्त हो गई

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? :

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.	Vindhyachal Yadav
2	Vehicle No. / वाहन संख्या	UP52CA 2833
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46515/421064
4	Period of Insurance / बीमा अवधि	18/04/2025 - 17/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/12/2025 Time = 4:10pm
6	Place of Accident / दुर्घटना का स्थान	Baghaudighat
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dharmendra Yadav UP52 2019 0012444
8	Estimated Loss / अनुमानित हानि	16790
09.	Cause of Accident / दुर्घटना का कारण :	मेरा मित मेरा गाडी लेकर बघौचघाट कुद काम से जा रहे थे। बघौचघाट पेट्रोल पम्प के पास सामने से एक बाइक वाले ने आ कर टक्कर मार दिया। जिससे मेरा गाडी उससे टक्करा 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 : 18/12/2025
हस्ताक्षर

विन्ध्याचल यादव
Signature of Insured / बीमाधारक के

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? : _____
(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? : _____
(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 19/12/2025

Signature of the insured विन्दिहाचल यादव

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200 _____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP52 CA2833 insured under Policy No. MSI/2025/1021/0/46575/421
of 064
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. 16790

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature विन्द्याचल यादव
Occupation
Address
.....

Bank Account Number
Name of the Bank