

ESTIMATE



(BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Lalga Kumar Yadav

INVOICE NO.:

ADD=

Date - 22/12/2025

PAYMENT BY:

CEIDIT

MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL

COLOUR

FRAME NO.

ENGINE NO.

VEHICLE NO

SPL④

GREEN

C1111

CT70T

UP52CF2388

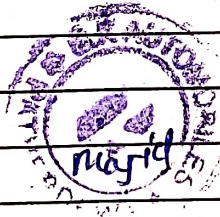
PARTICULAR

QTY.

RATE (RS)

TOTAL AMOUNT(RS)

	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	visor	1		1265
2	Headlight	1		510
3	fender	1		1450
4	Indicator	1		220
5	Leg guard	1		675
6	Fuel Tank	1		7365
7	Socket Pipe	2x	1150	2300
8	Handle	1		500
9	Mirror R-H	1		140
10	Cylinder Patti	1		500
11	Side Panel R-H	1		740
12	Miter Assy	1		1385
13	visor Panel	1		370
14	Labour charge	-		1000
15				
16				
17				
18				
19				
20				
			TOTAL	18420



Conditions apply-

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 Police 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 22/12/2025

Signature of the insured ललसायादव

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.	Lalca Kumar Yadav 7743969137
2	Vehicle No. / वाहन संख्या	UP 52 CF 2388
3	Policy No. / पालिसी संख्या	252400/31/2026/9664
4	Period of Insurance / बीमा अवधि	03/05/2025 - 02/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/2025 Time = 5:50 pm
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	Lalca Yadav UP52 2015 001111
8	Estimated Loss / अनुमानित हानि	18420
9	Cause of Accident / दुर्घटना का कारण	मैं अपनी गाड़ी लेकर दूर से पथरदेवा बाजार कुछ काम से जा रहा था। पथरदेवा में पश्चिम-पूरब दिशा में आते वक्त भागने से एक बड़े बाल ने आकर टक्कर मार दिया जिससे मेरा गाड़ी उससे टक्कर का होना शुरू 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 : 22/12/25
हस्ताक्षर

लालका यादव
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. 252400/31/2026/9664

Tel. No. _____

Period of Insurance 03/05/2025 - 02/05/2026
 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 : Lalasa Kumar Yadav
 (b) Address for correspondence : vill-chhitawni Po-patherdewa
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTORP 2025</u>	Engine No. <u>CT107</u> Chassis No. <u>C1777</u>	Registration No. <u>UP52CF2388</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 N/A
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

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 | _____ |
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Lalra Yadav
 (b) Age : _____
 (c) Address : Chhitani
 (d) Is the Driver : Owner
 1. 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 : UP522015001111
 (h) Issuing Authority : 25/06/2015
 (i) Date of Expiry : 24/06/2035
 (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 : 22/12/2025 Time = 5:50 PM
 (b) Place : Pathardewa
 (c) Speed of vehicle at the time of accident : 20-30 KPH
 (d) Give a short description of the accident : मैं अपनी गाड़ी लेकर बाट से पथर देवा कुद कुद काम लया रहे था पथर देवा में पश्चिम
 (e) If any third party was responsible for this accident give the name and address : चौराहे पर भोलेवक्त सामने मुल्क बाइक वाले ने डा का टक्का मार दिया जिससे मेरा गाड़ी इससे टक्का का दाहिना तरफ गिर कर हात भंग हो गई
 (a) Full details of damage : Front Right
 (b) Estimated cost of repairs : 18420
 (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? : _____

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. UPS 2-CF 2388 insured under Policy No. 252400/31/2026/9664 of
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. 18420

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

Witness
Name
Signature
Address

Signature लानसायादत
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank