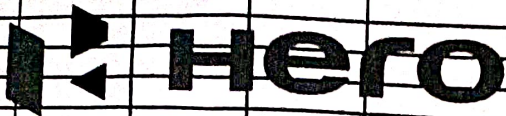


ESTIMATE



(BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Dilip Vadav

INVOICE NO.:

ADD=

Date = 06/01/2026

PAYMENT BY:

CEIDIT

DEORIA U.P.

MAGAMA HDI GENERAL INSURANCE CO.LTD

CLAIM NO. -

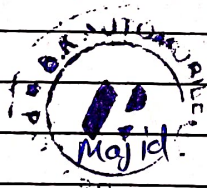
MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
Sup Spl	Blue	06636	08992	UP52 BR 3855

1	PARTICULAR	QTY. RATE (RS)		TOTAL AMOUNT(RS)
1	V1800	1		1265
2	Headlight	1		510
3	fender	1		1180
4	Indicator	1		165
5	wind screen	1		375
6	Crome	1		185
7	Mirror	1		240
8	Handle	1		500
9	Liver	1		95
10	Left Side Pannal	1		1600
11	Labour charge	—		500
12	Socket Repair	—		350
13				
14				
15				
16				
17				
18				
19				
20				

TOTAL

6915

& 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.	Dilip Yadav 7975634097
2	Vehicle No. / वाहन संख्या	UP52 BR 3855
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/469674
4	Period of Insurance / बीमा अवधि	29/09/2025-28/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026 Time = 12:50 PM
6	Place of Accident / दुर्घटना का स्थान	Patherdewa
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dilip Yadav UP52 201200006465
8	Estimated Loss / अनुमानित हानि	6615
09.	Cause of Accident / दुर्घटना का कारण :	मे' अपनी गाडी लेकर पथरदेवा कुछ काम से चला रहा था। पथरदेवा में Post-office के कि सामने एक बाइक वाले ने आ कर टक्कर मार दिया। जिससे मेरा गाडी सामने से टक्कर कर Left Side गिर कर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	B.K Automobiles Patherdewa (7275552909)

Date / दिनांक : 06/01/2026
हस्ताक्षर

दिलीप 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. MS/2025/7001/046575/469674
 Period of Insurance _____
 Claim No. 29/09/2025-28/09/2026

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 : Dilip Yadav
 (b) Address for correspondence : K - Noniyapatti - Patherdewa
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTORP 2022</u>	Engine No. <u>08992</u> Chassis No. <u>06636</u>	Registration No. <u>UP52BR3855</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 : Dilep Yadav
 (b) Age : _____
 (c) Address : _____
 (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 : UP5220120006465
 (h) Issuing Authority : _____
 (i) Date of Expiry : 22/07/2021
 (j) Was the licence temporary/permanent : Permanent 13/05/2032
 (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 : 06/01/2026 Time = 12:50pm
 (b) Place : Patherdewa
 (c) Speed of vehicle at the time of accident : 20-30 KPH
 (d) Give a short description of the accident : मे अपनी गाड़ी लेकर पथरदेवा कुड़
 (e) If any third party was responsible for this accident give the name and address : काग से जा रहे थे पथरदेवा में Post-
office के पास सामने से एक बाइक वान ने आ कर टक्कर मार दिया।
बिससे मेरा गाड़ी उससे टक्कर के कारण डैमिज हो गई।
 (a) Full details of damage : Front left
 (b) Estimated cost of repairs : 6500
 (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 : _____
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : N/A

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 05/01/2006

Signature of the insured दिलीप यादव