

ESTIMATE



(BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Sadakat Mahguri

INVOICE NO.:

ADD=

Date - 07/01/2026

PAYMENT BY:

CEIDIT

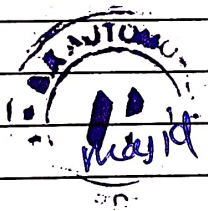
MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
Super SPL	GREY	0163	02067	UP52BY5896

	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	visor	1		1265
2	Headlight	1		510
3	Fender	1		1180
4	Indicator	1		220
5	Wind screen	1		375
6	Crome	1		185
7	mirror P.H	1		220
8	Handle	1		500
9	Liver	1		95
10	Labour charge	—		500
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			TOTAL	5050



& 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.	Sadakat Mansuri 7366813600
2	Vehicle No. / वाहन संख्या	UP52BY5896
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/426760
4	Period of Insurance / बीमा अवधि	15/04/2025 - 14/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/04/2026 Time 6:40pm
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	Sadakat Mansuri BR2820210004644
8	Estimated Loss / अनुमानित हानि	10000
09.	Cause of Accident / दुर्घटना का कारण :	मेरी अपनी गाड़ी लेकर कटेया बाजार कुछ काम से जा रहा था। कटेया में मार्केट में अचानक सामने एक बाइक वालेने झा 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 : 07/04/2026
हस्ताक्षर

सदाकत मंसुरी
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sadakat Manguri
 (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 : BR2820210004644
 (h) Issuing Authority : 17/12/2022
 (i) Date of Expiry : 16/09/2042
 (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 : 07/01/2026
 (b) Place : Katarya
 (c) Speed of vehicle at the time of accident : 20-30 KPH
 (d) Give a short description of the accident : मेरी अपनी गाड़ी लेकर कटेया बाजार कुछ काम ल या रहे थी कटेया
 If any third party was responsible for this accident-give the name and address : अचानक मेरु मार्केट मे सामन से एक बाइक वाले ने आ कर रोकू माट दिया। जिससे मेरा गाड़ी उससे टकरा कर Right side गिर कर दाहिनी तरफ से टूट।
 (a) Full details of damage : Front Right
 (b) Estimated cost of repairs : 100000
 (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? :



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/
 Tel. No. _____ Period of Insurance 15/04/2025-14/04/2026
 Claim No. 426760

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 : Sadekat Mansuri
 (b) Address for correspondence : Husarpur Ghana, Chhapra
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTO CORP</u> <u>2023</u>	Engine No. <u>02067</u> Chassis No. <u>01763</u>	Registration No. <u>UPS2BY 5896</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

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 07/01/2026

Signature of the insured सहायक मंडुली

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 BY8596 insured under Policy No. _____ 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. _____

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

Witness
Name
Signature
Address

Signature सहायत भंडा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank