

## ESTIMATE



CBK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Ranjan Singh

INVOICE NO. :

ADD= Date - 05/02/2026

PAYMENT BY: CEIDIT

MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
Superspl4	BLACK	13624	11046	UPS2CH8502
	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	Visor			920
2	Headlight			3500
3	fender			1280
4	Indicators			165
5	wind screen			375
6	chrome			185
7	Liver			95
8	Handle			500
9	Mirror			240
10	Socket Pipe	2x	1150	2300
11	Labour charge			800
12	Side Pannal			920
13	Tail Pannal			720
14	Rear Grip.			1450
15				
16				
17				
18				
19				
20				
			TOTAL	13450
& 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.	<del>सुनील</del> Rajan Singh 84 2336 2606
2	Vehicle No. / वाहन संख्या	UP52BMS792
3	Policy No. / पालिसी संख्या	252400/31/2026/38632
4	Period of Insurance / बीमा अवधि	28/09/2025 - 27/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/02/2026 Time 12:10 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	Rajvir Maddhesiya UP52 20250015522
8	Estimated Loss / अनुमानित हानि	15000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा मित्र मेरा गाड़ी लेकर पथरदेवा कुड़कागले जा रहे थे। पथरदेवा में State Bank के सामने एक बहुक वाले ने आकर टक्कर मार दिया। जिससे मेरा गाड़ी 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 : 04/02/2026  
हस्ताक्षर

Rajan Singh  
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. 252400/31/2026/38632  
 Tel. No. \_\_\_\_\_ Period of Insurance 28/09/2025 - 27/09/2026  
 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 : Ranjan Singh  
 (b) Address for correspondence : Vill - Patherdewa Po - Patherdewa  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTO CORP</u> <u>2025</u>	Engine No. <u>11046</u> Chassis No. <u>13624</u>	Registration No. <u>UP52CH</u> <u>8503</u>
----------------------------------------------------	-----------------------------------------------------	--------------------------------------------------

(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 : Rajvir Maddhesiya  
 (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 : UP5220250015522  
 (h) Issuing Authority : 22/08/2025  
 (i) Date of Expiry : 01/03/2047  
 (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 : 04/02/2026 Time 12:10PM  
 (b) Place : Patherdawa  
 (c) Speed of vehicle at the time of accident : 20-30 KPH  
 (d) Give a short description of the accident : मेरा ग्रेन मेरा गरी नेका पथर देवा  
 (e) If any third party was responsible for this accident give the name and address : कुछ काम ले जा रहे थे पथर देवा मे State

Bank के सामने रुक बसूक वाले ने झाकल उठकर मार दिया जिससे मेरा गाडी 3 लसे टक्करा कर क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front  
 (b) Estimated cost of repairs : 15000  
 (c) When and where can the damaged vehicle be inspected : Bik 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 04/02/2026

Signature of the insured Ranjan Singh

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. \_\_\_\_\_ 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 ... *Ranjan Singh* ...  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....