

ESTIMATE



( BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Vikash Kumar Kamra

INVOICE NO.:

ADD=

Date-23/02/2026

PAYMENT BY: CEIDIT

DEORIA U.P.

MAGAMA HDI GENERAL INSURANCE CO.LTD

MODEL

COLOUR

FRAME NO.

ENGINE NO.

CLAIM NO. -

SPL (f)

GREY

05531

12830

UPS2CF1318

PARTICULAR

QTY.

RATE (RS)

TOTAL AMOUNT(RS)

1

Visor

1

1265

2

Headlight

1

525

3

fender

1

1450

4

Indicators

1

220

5

Leg guard

1

675

6

Mirror

1

140

7

Alloy wheel

1

5000

8

Handle

1

500

9

Socket Pipe

2x 1150

2300

10

Labour charge

-

700

11

Handle Tea

750

12

Position light

920

13

14

15

16

17

18

19

20

TOTAL

14445



& conditions apply-

10 / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Vikash Kumar Kanaujia
2	Vehicle No. / वाहन संख्या	UP52CF1318L9670469928
3	Policy No. / पालिसी संख्या	UP52CF1318
4	Period of Insurance / बीमा अवधि	25/04/2025 - 24/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/02/2026 Time 04:50 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	Sudhis Kumar Yadav UP52 20180010494
8	Estimated Loss / अनुमानित हानि	15000
9	Cause of Accident / दुर्घटना का कारण:	मेरा मेल मेरा गाड़ी नेकल पथरदेवा कुड़ काम ले जा रहे थे। पथरदेवा में HDFC बैंक के पास सामने से एक बड़का वाहन ने आकर मेरे गाड़ी में एकदम मार दिया। जिससे मेरा गाड़ी इससे एकदम का गिर गई और क्षति गतत्व 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 7275552909

Date / दिनांक : 22/02/26  
हस्ताक्षर

Vikash Kumar Kanaujia  
Signature of Insured / बीमाधारक के

Claim No. \_\_\_\_\_

RECEIVED  
OFFICE



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

Received \_\_\_\_\_ Day of \_\_\_\_\_ 2019  
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. \_\_\_\_\_

THIS RECEIPT  
IS VALID ONLY  
IF SIGNED  
BY THE  
INSURED OR  
POLICY HOLDER

Witness  
Name .....  
Signature .....  
Address .....

Signature Sudhakar Kumar Kanungo  
Occupation .....  
Address .....  
.....  
.....

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



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 \_\_\_\_\_

Tel. No. \_\_\_\_\_

Certificate/Policy No. 25240/31/2026/6939

Period of Insurance 25/04/2025 - 24/04/2026

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 : VIKASH KUMAR KANAYIYA  
 (b) Address for correspondence : Shahpur Puraini - Po - Pathesolewa  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTORP 2025</u>	Engine No. <u>12830</u> Chassis No. <u>05531</u>	Registration No. <u>UP52CF1318</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/Jccp/Tractor, was trailer attached? | _____ |
| (h) Number of passengers carried                 | _____ |
| (i) Number of Passenger permitted                | _____ |



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 Please answer All relevant questions fully

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 (a) Name : Vikash Kumar Kanayiya  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : Shahpur Puraini - Po - Pathesolewa

2. THE INSURED VEHICLE

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(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/Jcep/Tractor, was trailer attached?	:	
(h) Number of passengers carried	:	
(i) Number of Passenger permitted	:	

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sudhis Kumar Yadav  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : ~~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 20180010494  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 27/09/2018 26/09/2038  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NIA  
 (l) Has he been involved in any accident before?: NIA  
 (m) Has he been charged by the policy? If so, Why?: NIA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 22/02/2026 Time 04:50pm  
 (b) Place : Pathardewa  
 (c) Speed of vehicle at the time of accident : 20-30 KPH  
 (d) Give a short description of the accident : मेरा गिटर मेरा गाडी लेका पथर देवा  
 (e) If any third party was responsible for this accident give the name and address : कुछ कागल वा रहे थे। पथर देवा मे  
 के पास सागने से एक वाइक वाल नया का टक्का मार दिया जिससे मेरा गाडी उलट  
 टक्का कर गिर गइ। सोर क्षतिग्रस्त हो गइ।  
 (a) Full details of damage : Front  
 (b) Estimated cost of repairs : 15000  
 (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? : 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? : 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? : N/A
- (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 22/02/2026

Signature of the insured Sudhir Kumar Kanaujia