

ESTIMATE



(BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Ram Sakal Prasad

INVOICE NO.:

ADD= Date - 28/02/2026

PAYMENT BY: CEIDIT

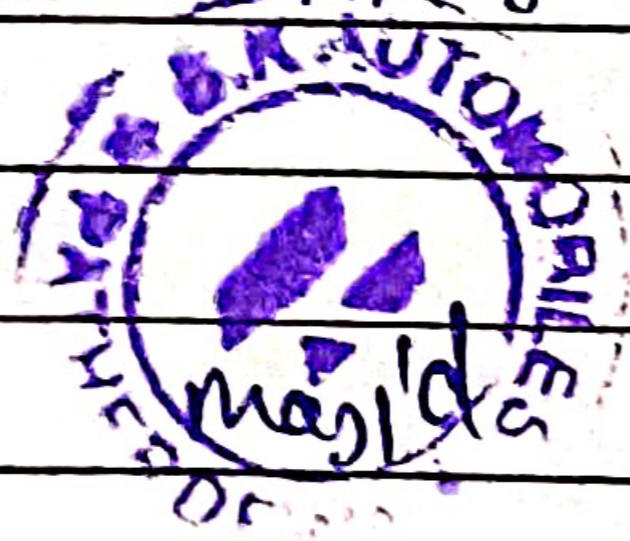
MAGAMA HDI GENERAL INSURANCE CO.LTD

CLAIM NO. -

DEORIA U.P.

MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
SPLA)XTEC		D5532	57539	UP52CE9478

	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	Visor			1065
2	Headlight			510
3	Fenders			1450
4	Indicators			220
5	Legguard			675
6	Mirrors			140
7	Fuel Tank			5500
8	Socket pipe	2x	1150	2300
9	Handle			500
10	Liver			95
11	Side Panel			755
12	Rear Grip			1100
13	Inner Tube LH			700
14				
15				
16				
17				
18				
19				
20				
			TOTAL	15010



& conditions apply-


3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ram Sakal Prasad  
 (b) Age :  
 (c) Address :  
 (d) Is the Driver :  
 1. Owner : Owned  
 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 : UP 52 20080048723  
 (h) Issuing Authority :  
 (i) Date of Expiry : 22/05/2024  
 (j) Was the licence temporary/permanent : 31/01/2034 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 : 27/02/2026 Time 3:50pm  
 (b) Place : Patherdewa  
 (c) Speed of vehicle at the time of accident : 20-30 kmph  
 (d) Give a short description of the accident : मैं अपनी गाड़ी लेकर पथरदेवा कुछ काम ले जा रहा था पथरदेवा में भट्ठारी मोट के पास भोलो वक्त अचानक जागने एक आदमी टिकशा वाहन ने झा गया जिससे मेरा गाड़ी इससे टक्काका गिर गई और डैमिज हो गया है गाड़ी  
 (e) If any third party was responsible for this accident give the name and address :  
 (a) Full details of damage : Front End  
 (b) Estimated cost of repairs : 18000  
 (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 : NIA  
 (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. 252400/31/2026/3153

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

Period of Insurance 13/04/2025 - 12/09/2026  
 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 : Ram Sakal Basad  
 (b) Address for correspondence : Mathiya Mahawal po - Mahuapatan  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTORP 2025</u>	Engine No. <u>57539</u> Chassis No. <u>05532</u>	Registration No. <u>UP52CE9478</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	:	<u>NIA</u>
(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	:	_____

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

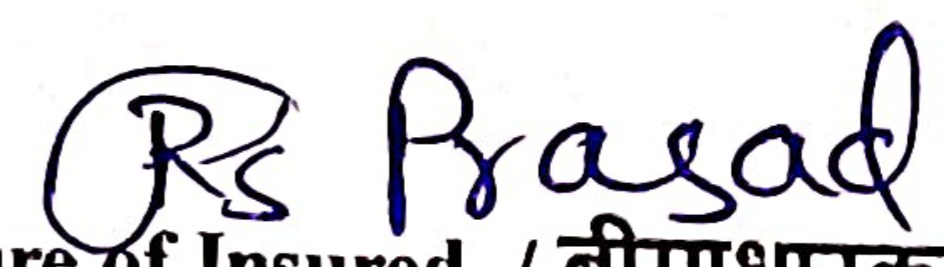
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Ram Sakal Prasad UP52CE9478 7081151418
2	Vehicle No. / वाहन संख्या	UP52CE9478
3	Policy No. / पालिसी संख्या	252400/31/2026/3153
4	Period of Insurance / बीमा अवधि	13/04/2025 - 12/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/02/2026 Time 3:50 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	Ram Sakal Prasad UP5220080048723
8	Estimated Loss / अनुमानित हानि	18000
09.	Cause of Accident / दुर्घटना का कारण:	मेरी अपनी गाड़ी लेकर पथरदेवा, कुड़का में जा रहे थे। पथरदेवा में महुवारी मोड़ के पास मोड़ोवक अचानक सामने आगे टिकिया वाले ने आ गया। जिससे मेरा गाड़ी उससे टक्कर कर गिर गई और 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 / फोन नं.	B.K Automobiles Patherdewa (7275552909)

Date / दिनांक : 27/02/2026  
हस्ताक्षर

  
Signature of Insured / बीमाधारक के

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? : N/A
- (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 27/02/2026

Signature of the insured Rs Prasad

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 ... *As Prasad* .....  
Occupation .....  
Address .....  
.....  
.....

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