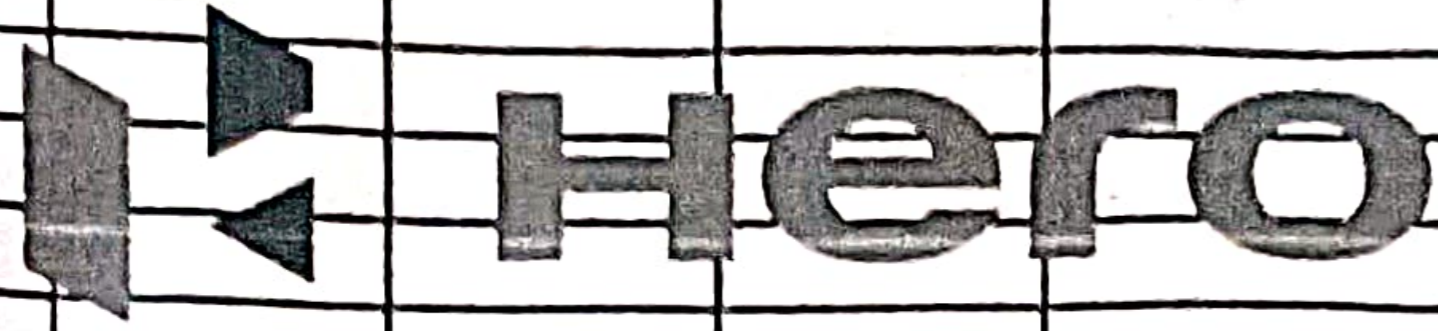


## ESTIMATE



C BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Maya Devi

INVOICE NO. :

ADD=

PAYMENT BY :

CEIDIT

Date = 13/03/26

MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
SPL ⊕ XTEC		16703	32453	UP52CF 7822

	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	Visor	1		1065
2	Headlight	1		510
3	Fenders	1		1456
4	Indicators	1		220
5	legguard	1		675
6	mirror	1		140
7	Handle	1		500
8	Wires	1		95
9	Fuel Tank	1		5560 <del>555</del>
10	Socket Pipe	2x	1150	2300
11	Position Light	1		920
12	Visor Junes	1		375
13	Labour charge	—		600
14				
15				
16				
17				
18				
19				
20				
			TOTAL	14410

&amp; 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.	Maya Devi 7304289236
2	Vehicle No. / वाहन संख्या	UP52 CF 7822
3	Policy No. / पालिसी संख्या	252400/31/2026/18710
4	Period of Insurance / बीमा अवधि	29/05/2025 - 28/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/03/26 Time 11:50 Am
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	Anut Yadav MH02 20230013270
8	Estimated Loss / अनुमानित हानि	150000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा लड़का मेरी गाड़ी लेकर पथरदेवा मार्केट करने जा रहा था। देविया घुस चोरोहे पर अचानक सामने एक बाइक वाले ने आ गया। जिससे मेरा गाड़ी उससे टकरा कर कर Left side गिर 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 : 12/03/26  
हस्ताक्षर

माया देवी  
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. 252400/31/2026/18710

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

Period of Insurance 29/05/2025 - 28/05/2026  
 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 : Maya Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : vill - Machhaila Po - Patherdeura - Darda

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOCORP 2025</u>	Engine No. <u>32453</u> Chassis No. <u>16703</u>	Registration No. <u>UP52CF7822</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 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	:	<u>N/A</u>
(g) If Lorry/Jccp/Tractor, was trailer attached?	:	_____
(h) Number of passengers carried	:	_____
(i) Number of Passenger permitted	:	_____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Amit Yadav  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : SON  
 (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 : MH02 2023 00 13270  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31/12/2042 05/03/2025  
 (j) Was the licence temporary/permanent : Permanent  
 (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 : 12/03/2026 Time 11:50 AM  
 (b) Place : Patherdewa  
 (c) Speed of vehicle at the time of accident : 20-30k PH  
 (d) Give a short description of the accident : मेरा ब्लू का मेरी गडी, लेक  
 (e) If any third party was responsible for this accident give the name and address : पथर देवा का माकड, कुह काम ल पारहे  
 थे। देविया घुस चोरहे प (अचानक लागने एक बाइक वने ही आ गया। जिससे जेव  
 जाडी 2ककल का left side भी का धरि गल्ले हो गइ  
 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 : 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? : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Amit Yadav

(b) Age: \_\_\_\_\_

(c) Address: \_\_\_\_\_

(d) Is the Driver:

1. Driver \_\_\_\_\_

2. Not Driver \_\_\_\_\_

3. Driver or relative or friend? SON

(e) If not driver, how long has he been in your employment? \_\_\_\_\_

(f) Was he under the influence of intoxication (alcohol or drugs)? \_\_\_\_\_

(g) Driving License Number: MH02 2023 0013270

(h) License Validity: 05/02/2025

(i) Date of Issue: 31/12/2022

(j) Was he in possession of license at the time of accident? Yes/No

(k) License of other person, if any: Not Available

(l) Has he ever been in any accident before? N/A

(m) Has he ever been in any accident before? N/A

(n) Has he ever been in any accident before? N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date of Accident: 12/03/2025 Time: 11:50 AM

(b) Place: Patherdewa

(c) Type of vehicle at the time of accident: 20-304 PH

(d) Location of accident: ...

(e) Description of accident: ...

(f) Name of driver at the time of accident: ...

(g) Name of other driver at the time of accident: ...

(h) Name of other driver at the time of accident: ...

(i) Name of other driver at the time of accident: ...

(j) Name of other driver at the time of accident: ...

(k) Name of other driver at the time of accident: ...

(l) Name of other driver at the time of accident: ...

(m) Name of other driver at the time of accident: ...

(n) Name of other driver at the time of accident: ...

(o) Name of other driver at the time of accident: ...

(p) Name of other driver at the time of accident: ...

(q) Name of other driver at the time of accident: ...

(r) Name of other driver at the time of accident: ...

(s) Name of other driver at the time of accident: ...

(t) Name of other driver at the time of accident: ...

(u) Name of other driver at the time of accident: ...

(v) Name of other driver at the time of accident: ...

(w) Name of other driver at the time of accident: ...

(x) Name of other driver at the time of accident: ...

(y) Name of other driver at the time of accident: ...

(z) Name of other driver at the time of accident: ...

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name: \_\_\_\_\_

(b) Address: \_\_\_\_\_

(c) Description of injury/property damage: \_\_\_\_\_

(d) Name and address of any person/hospital/agency notified in respect of injury/property damage: \_\_\_\_\_

(e) Description of any other injury/property damage: \_\_\_\_\_

(f) Name and address of any person/hospital/agency notified in respect of injury/property damage: \_\_\_\_\_

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 12/03/26

Signature of the insured माया देवी

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 ..... माया देवी .....  
Occupation .....  
Address .....  
.....  
.....

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