



ESTIMATE

(BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

MOB. NO.

CUSTOMER NAME= Shivangi Choubey

INVOICE NO. :

ADD=

Date - 23/03/26

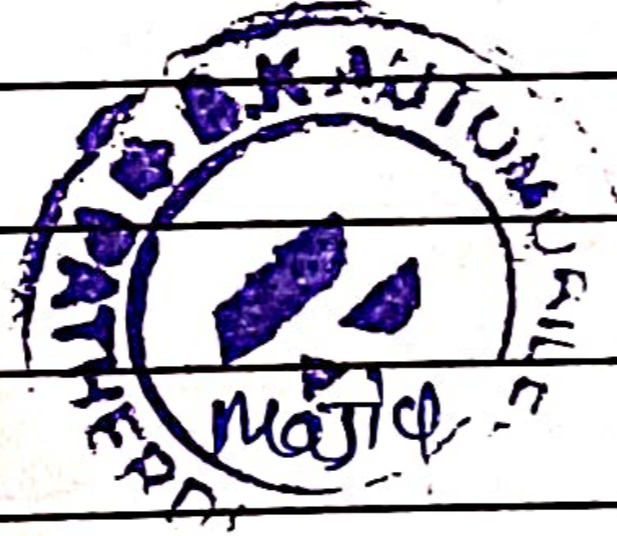
PAYMENT BY : CEIDIT

MAGAMA HDI GENERAL INSURANCE CO.LTD

DEORIA U.P.

CLAIM NO. -

MODEL	COLOUR	FRAME NO.	ENGINE NO.	VEHICLE NO
SPL4XTEC	GREY	11777	50926	UP52CF 6773
	PARTICULAR	QTY.	RATE (RS)	TOTAL AMOUNT(RS)
1	Visor			1065
2	Headlight			510
3	Fender			1450
4	Indicator			220
5	Legguard			675
6	Mirror			140
7	Fuel Tank			<del>5570</del>
8	Socket Pipe			2300
9	Position Light			920
10	Liver			95
11	Labour charge			500
12	Visor Inner			320
13				
14				
15				
16				
17				
18				
19				
20				
			TOTAL	13765



& 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.	Shivangi Chawbey
2	Vehicle No. / वाहन संख्या	UP52CF6773
3	Policy No. / पालिसी संख्या	252400/31/2026/17003
4	Period of Insurance / बीमा अवधि	23/05/2025 - 22/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/03/2026 Time: 20 AM
6	Place of Accident / दुर्घटना का स्थान	15000,
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Riyazuddin Ansari UP5220150007647
8	Estimated Loss / अनुमानित हानि	15000
09.	Cause of Accident / दुर्घटना का कारण:	मेरे परिवार के भेरी गाड़ी लेकर पथरदेवा बाजार कुछ काम से जा रहे थे। पथरदेवा में पोस्ट-ऑफिस के पास अचानक सामने रुक बाइक वाले ने ड्या गया। जिससे मेरी गाड़ी उससे टकराकर 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 & Automobiles Patherdewa (7275552909)

Date / दिनांक : 23/03/26  
हस्ताक्षर

शिवंगी चौबे  
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. 252400/31/2026/17003

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

Period of Insurance 23/05/2025 - 22/05/2026  
 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 : Shivangi Chaudhary  
 (b) Address for correspondence : Vill - Mahuasi PO - Patherdewa Deoria  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTOCORP</u> <u>2025</u>	Engine No. <u>50926</u> Chassis No. <u>11777</u>	Registration No. <u>UP52CF6773</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 used  
 (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/Jeep/Tractor, was trailer attached?	:	_____
(h) Number of passengers carried	:	_____
(i) Number of Passenger permitted	:	_____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Riyazuddin Ansari  
 (b) Age :  
 (c) Address : Mahuosi - Patherdewa  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : Relative  
 (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 : UP5220150007647  
 (h) Issuing Authority :  
 (i) Date of Expiry : 07/05/2015  
 (j) Was the licence temporary/permanent : Permanent 06/05/2035  
 (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 : 23/03/2026 Time 10:20 AM  
 (b) Place : Patherdewa  
 (c) Speed of vehicle at the time of accident : 20-30 KPH  
 (d) Give a short description of the accident : मेरे परिचय के मेरी गाड़ी लेका पथरदेवा  
 (e) If any third party was responsible for this accident give the name and address : बाबाए कुछ काम ले जा रहे थे। पथरदेवा Post-office के पास अचानक सामन लकड़वाले आ गये। जिससे मेरी गाड़ी उसले ठेकरा कर लेब side गिर कर क्षतिग्रस्त होगी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front Left  
 (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? :

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? : NIA  
(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? : NIA  
(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 23/03/2026

Signature of the insured शिवंगी चौधरी

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 ..... *शिवाना चौधरी* .....  
Occupation .....  
Address .....  
.....  
.....

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



उत्तर प्रदेश UTTAR PRADESH

GG 707983

शपथ-पत्र

समक्ष:- श्रीमान सक्षम अधिकारी महोदय.....।

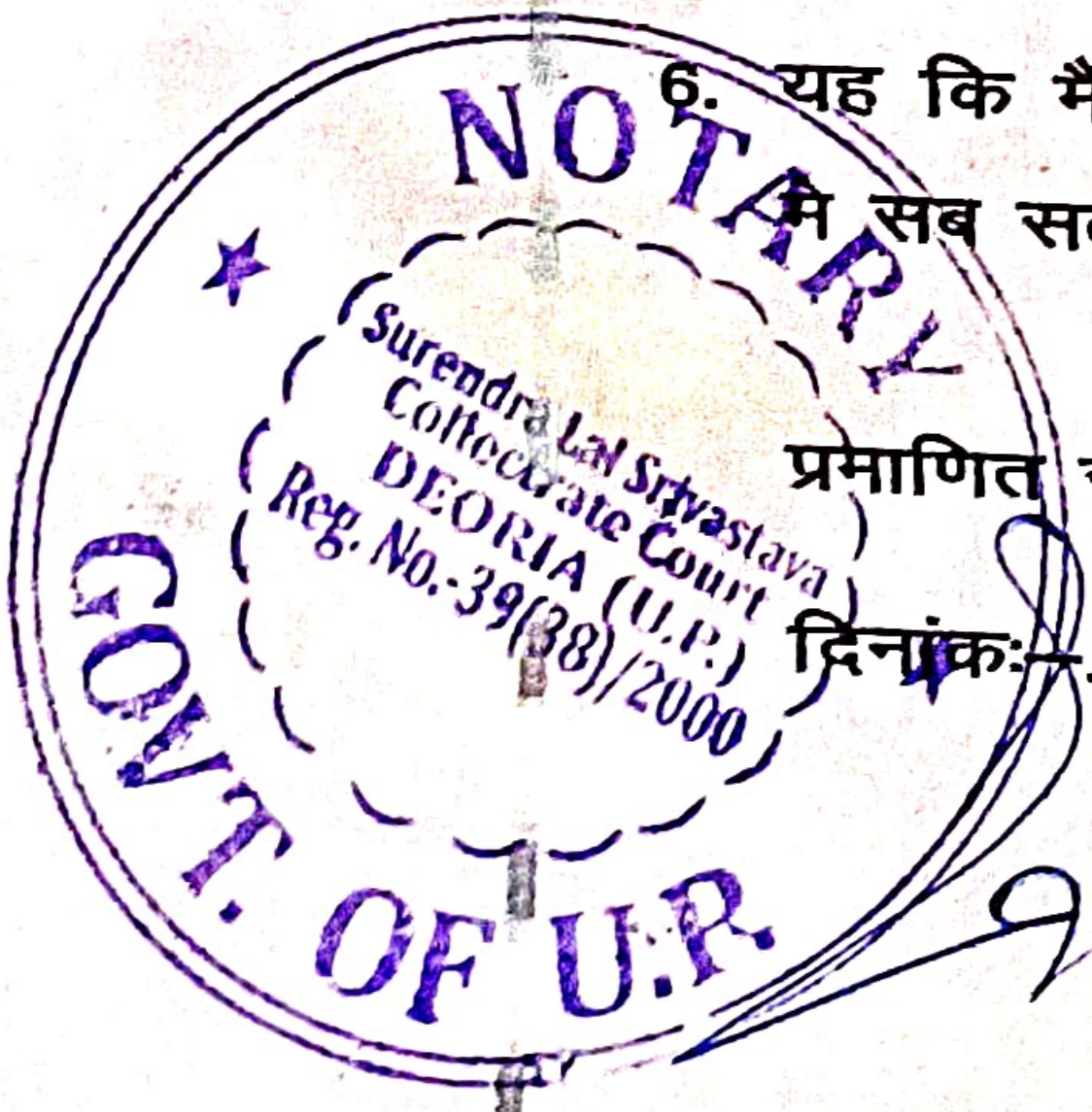
शपथ पत्र ओर से ..... निम्न प्रकार है :-

1. यह कि मैं शपथपूर्वक कथन करती हूँ कि शपथकर्ता शिवांगी चौबे पुत्र श्री C/O सचिन पाठक, निवासी जिला पागरा, मढिया, सहीगरी जिला - गोपालगंज की हूँ।
2. यह कि मैं शपथपूर्वक कथन करती हूँ कि शपथकर्ता/शपथकर्ती का बाईक नं० UP52CF6773 एवं पॉलिसी सं० 25 2400/31/2026/17003 है।
3. यह कि मैं शपथपूर्वक कथन करती हूँ कि शपथकर्ता की बाईक जिसका एक्सीडेंट दिनांक 23/03/26 स्थान प्यरदेवा तहसील देवरिया जिला देवरिया में हुआ था।
4. यह कि मैं शपथपूर्वक कथन करता हूँ कि उक्त एक्सीडेंट से तृतीय पक्ष की कोई हानी नहीं हुई और डाइवर को भी हानी नहीं हुई है।
5. यह कि मैं शपथपूर्वक कथन करता हूँ कि एक्सीडेंट के समय बाईक मैं/मेरा परिचय रियाजुद्दीन अंसारी पुत्र श्री समतुल्लाह अंसारी निवासी प्यरदेवा जिसका डी०एल० सं० UP5220150007647 है।
6. यह कि मैं शपथपूर्वक कथन करता हूँ कि शपथ पत्र की धारा 1 ता 5 मेरे निजी ज्ञान में सब सत्य है कुछ भी छिपाया नहीं गया है। ईश्वर मेरी मदद करें।

प्रमाणित स्थान देवरिया.....।

दिनांक 23/03/26

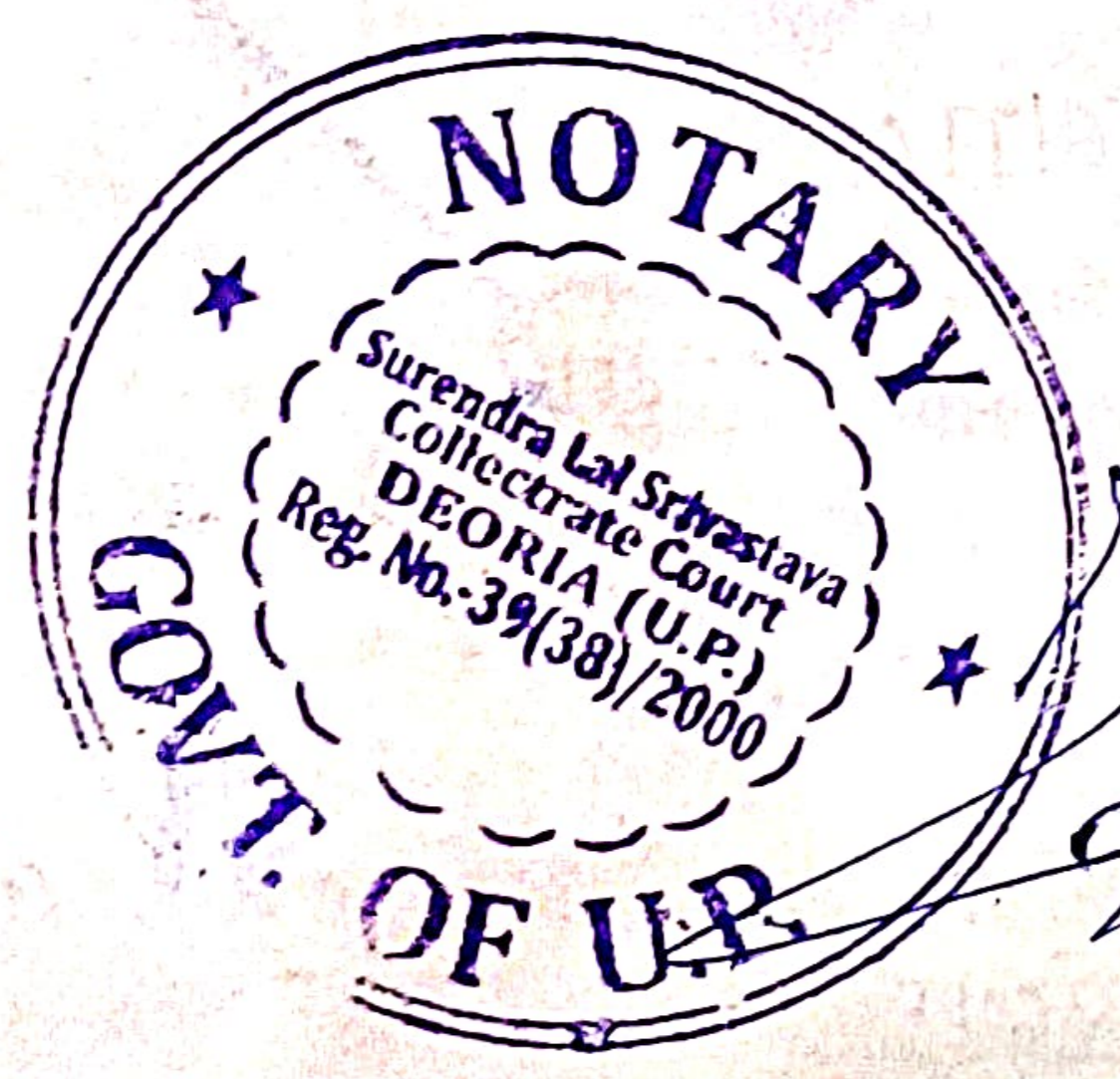
शिवांगी चौबे  
ह० शपथकर्ता



23.3.21  
 कर्म दिवस की तिथि  
 कर्म कर करने का प्रयोजन  
 कर्म के लिये का कागज का पत्रा  
 कर्म की शर्तें  
 कर्म दिवस की तिथि 100/1  
 कर्म करने की तिथि 31-03-26  
 कर्म करने का स्थान

शिवांगी चौबे D/o सचिन पाठक राधा - पद्मा महिला -  
 पिता - गोपालराज (बिहार)

शिवांगी चौबे  
 932000



4023 Date 932000 A.M./P.M  
 I have Administered Oath To Shri  
 Identified by Shri  
 I Have Satisfied By  
 Examining The Deponent He  
 Understands the Contents of affidavit  
 Explained to him  
 SURENDRA LAL SRIVASTAVA  
 Public Notary  
 Deoria (U.P.)