

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेस 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.                       | Purushotam 9336141804  |
| 2  | Vehicle No. / वाहन संख्या  | UP52CF 8432  |
| 3  | Policy No. / पालिसी संख्या   | 252400/31/2026/20246   |
| 4  | Period of Insurance / बीमा अवधि  | 4/6/2025 to 3/6/2026   |
| 5  | Date of loss & Time / दुर्घटना का दिनांक & समय                                       | 8/12/2025-10 वजे रात में   |
| 6  | Place of Accident / दुर्घटना का स्थान  | भवानी ह्यापर   |
| 7  | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं      | राजेश वर्मा<br>UP5220150003408   |
| 8  | Estimated Loss / अनुमानित हानि   | 81700  |
| 09 | Cause of Accident / दुर्घटना का कारण:  | अचानक मेरी गाड़ी के सामने एक नीलगायू झा गई उस नीलगायू से मेरी गाड़ी के टक्कर हो गयी जिससे मेरी गाड़ी सड़क पर गिरकर डमिया हो गयी।<br>मेरी Purushotam. राजेश वर्मा को गाड़ी दिये थे जिन्होंने एक्सीडेंट हो गया है। |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम                                     | /NA  |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No.   |  |
| 12 | Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं. | Dinker Automobile Hero Agency Pratappur Deoria<br>C.U.PJ9798753535   |

10-09-25

Date / दिनांक :  
हस्ताक्षर

Purushotam  
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. Purushotam  
 Period of Insurance 4/6/2025 to 3/6/2026  
 Claim No. \_\_\_\_\_

Tel. 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 : Purushotam  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

|             |                          |                              |
|-------------|--------------------------|------------------------------|
| Make & Year | Engine No. <u>08269</u>  | Registration No.             |
|             | Chassis No. <u>03817</u> | <u>UP52CF</u><br><u>8432</u> |

- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached / NA  
 2. Was a pillion rider carried

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 : \_\_\_\_\_
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rakesh Verma  
(b) Age : 39  
(c) Address : Jaydishpur Rahimpur bankata Deoria  
(d) Is the Driver :  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : पति  
(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 : UP5220150003408  
(h) Issuing Authority : 24/2/2015  
(i) Date of Expiry : 4/7/2033  
(j) Was the licence temporary/permanent :  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before?:  
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 8/12/2025-10 वजे रातमी  
(b) Place : भवानी कापर  
(c) Speed of vehicle at the time of accident : 40  
(d) Give a short description of the accident : जानवर से टक्कर हो जाने के कारण  
(e) If any third party was responsible for this accident give the name and address : शकरीस-2 हो गया है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : F4L  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected :

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA  
(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? : NA  
(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? : NA  
(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 10-12-2005

Parshottam  
Signature of the insured \_\_\_\_\_

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 ..... *P. Anshu Hans* .....  
Occupation .....  
Address .....  
.....  
.....

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: FGR0928

Page No: 1

This Document is Digitally Signed  
Signed By: THE TRUSTEE OF THE ORIENTAL INSURANCE COMPANY LIMITED  
Date: Wed, Jun 10, 2025, 16:22:18 IST  
Hardware: Signing Pad for CDS

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

|                   |   |                            |  |
|-------------------|---|----------------------------|--|
| Policy Type       | BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)   | Policy Issued On           | 04-JUN-25  |
| Policy No         | 252400/31/2026/20246  | Proposal No. & Date        | R/252400/31/2026/13827 & 04-JUN-2025               |
| Agent/Broker Code | BA0000155144  | Policy Period (OWN DAMAGE) | FROM 11:33 ON 04/06/2025 TO MIDNIGHT OF 03/06/2026 |
| Agent/Broker Name | ABHINAV BHATI   | Policy Period (LIABILITY)  | FROM 11:33 ON 04/06/2025 TO MIDNIGHT OF 03/06/2030 |
| Insured Name      | PURUSHOTAM (GSTIN:)   | Lead / Break In No         | /  |
| Insured Address   | C/O - RISHI KUMAR PAL, VILL-JAGDISHIPUR, PO-RAHIMPUR, PS-SHREERAMPUR,, DISTT-DEORIA,, DEORIA, , NA. | Insured State              | UTTAR PRADESH                                      |

| INSURED MOTOR VEHICLE DETAILS |                                    |              |        | INSURED DECLARED VALUE (IDV) (In Rs.) |                        |
|-------------------------------|------------------------------------|--------------|--------|---------------------------------------|------------------------|
| Make                          | HERO MOTOCORP                      |              |        | Vehicle                               | 73175                  |
| Model & Variant               | HERO SPLENDOR PLUS E20             |              |        | Electrical Accessories                | 0                      |
| Registration No               | NEW                                |              |        | Non Electrical Accessories            | 0                      |
| Year Of Manufacture           | 2025                               |              |        | Total IDV                             | 73175                  |
| Engine -Chassis No            | HA11F7SHE08269 - MBLHAW48XSHE03817 |              |        | TMF CONTRACT NO                       |                        |
| Cubic Capacity                | 100                                |              |        | Policy Type                           | Zone B - Rest of India |
| Seating Capacity              | 1 + 1                              |              |        | Geographical Area                     | INDIA                  |
| Type Of Body                  | SOLO                               | Type Of Fuel | PETROL |                                       |                        |
| RTO Location                  |                                    |              |        |                                       |                        |

Schedule Of Premium (Amount In Rs.)

| OWN DAMAGE SECTION(A)                         |         | LIABILITY SECTION (B)   |      |
|---|---------|---|------|
| Vehicle                                       | 1226.41 | Basic Third Party Liability   | 3851 |
| Elec Accessories                              | 0       | Compulsary PA Cover Premium   | 0    |
| Non-Elec Accessories                          | 0       | PA Cover for 0 Person Of Rs (0) each (IMT-16)                       | 0    |
| Basic Premium                                 | 1153.41 | Legal Liability (WC) to driver (IMT-28)                             | 0    |
| Geographical Area Extn (IMT-1)                | 0       | Legal Liability to Employees (IMT-29)                               | NA   |
| Driving Tuition Loading On OD Premium (60%)   | 0       | Legal Liability to Passenger (IMT-46)                               | NA   |
| Sub-Total Additions                           | 0       | Driving Tuition Loading On TP Premium (60%)                         | 0    |
| Deductibles                                   | 0       | PA Paid Driver, Conductor, Cleaner-GR36B3                           | 3851 |
| Voluntary Deductibles (IMT 22A)               | 0       | Net Liability Premium (B)   | 4145 |
| Anti- Theft Device (IMT-10)                   | 0       | Total Premium (A+B)   | 746  |
| AAI Membership (IMT-8)                        | 0       | GST   | 0    |
| No Claim Bonus                                | 0       | SERVICE TAX   | 0.00 |
| Discount for vehicle designed for handicapped | 0       | STAMP DUTY  | 0    |
| SIP Discount                                  | 1042    | Swachh Bharat Cess@ 0.50%   | 0    |
| Sub -Total Deductibles                        | 1042    | Krishi Kalyan Cess@ 0.50%   | 4891 |
| Add-On Coverages                              | 183     | Gross Premium Paid  |      |
| NIL Depreciation                              | 0       |   |      |
| Return to Invoice                             | 0       | Note:   |      |
| Key Replacement                               | 0       | 1. Policy Issuance is the subject to the realisation of cheque      |      |
| Consumables                                   | 183     | 2. Consolidated Stamp Duty paid via Challan No                      |      |
| Sub Total Add-on Coverages                    | 294     | 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) |      |
| Net own Damage Premium(A)                     |         | 4. Voluntary excess Rs(0)   |      |
|   |         | 5. Subject to Endorsements IMT,7,10,28,                             |      |

|                   |                |                            |           |                      |
|-------------------|----------------|----------------------------|-----------|----------------------|
| Nominee Details : | Nominee Name   | Age                        | Relation  | Amount               |
| Payment Details : | Payment Method | Cheque No./Transaction No. | Bank Name | 4891                 |
| POS Name          | NA             | POS ID                     | NA        | POS PAN NO/Aadhar No |

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions,clauses,warranties,exclusions,JMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act,1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 04-JUN-25

IMPORTANT NOTICE

The Insured is not Indemnified if the vehicle is used or driven otherwise than in accordance with this schedule.Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act,1988 is recoverable from the insured.See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use:Use only for social domestic and pleasure purposes and the Insured's business.The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6)Reliability trials

g)Any Purpose in connection with motor trade.

Driver's Clause:Any person including the Insured:Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules,1989

Limits of Liability Clause:Under section II-1 (i)of the policy -Death of or body injury.Such amount is necessary to meet there requirement of the motor vehicle act 1988.Under Section II-1 (i)of the policy-Damage to third party property is Rs.7.5 lakhs P.A.Cover under section III for owner-Driver is RS

No Claim Bonus:The insured is entitled for a No Claim Bonus (NCB)on the own damage section of the policy,if no claim is made or pending during the preceding years(s) as per the.The preceding year/20%,preceding two consecutive years/25%,preceding three consecutive years/35%,preceding five consecutive years/45%,preceding five consecutive years/50%of NCB on OD premium.No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V.Act,1998.

\* This insurance excludes all pre existing damages

Approved By : 659525SMD

Approved On : 04-JUN-25

Place : MRT

Printed On : 10-DEC-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature

**Transport Department DEORIA  
FORM 23**

**CERTIFICATE OF REGISTRATION**

Registration No : UP52CF8432      Registration Date : 06-Jun-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001  
 Owner Name : PURUSHOTAM      Son/wife/daughter of : RISHI KUMAR PAL  
 Full Address: (Permanent) : VILL JAGDISHPUR, PO RAHIMPUR, PS SHREERAMPUR, DEORIA, UTTAR PRADESH-274703  
 Full Address: (Temporary) : VILL JAGDISHPUR, PO RAHIMPUR, PS SHREERAMPUR, DEORIA-UTTAR PRADESH-274703

Fitness Up To : 05-Jun-2040      Owner Serial No : 1  
**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1043238326      Rear HSRP No : AA1043036057  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 05/2025  
 No of Cylinders : 1      Chassis No : MBIHAW48XSHE03817  
 Engine No : HA11F7SHE08269      Fuel : PETROL  
 Horse Power(BHP) : 8.17      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS)      Wheel base : 1235  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 113  
 Colour : Black Heavy Grey      Laden/GV Wt (kgs) : 243  
 Other Criteria :  
 Vehicle Purchase As : Fully Built      AC Fitted : NO

**Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)**

| By Manuf.  | Description | As Regd. | Weight(in kgs) |
|------------|-------------|----------|----------------|
| a) Front:  |             |          |                |
| b) Rear:   |             |          |                |
| c) Other:  |             |          |                |
| d) Tandem: |             |          |                |

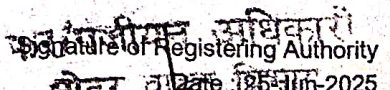
The motor vehicle above described is subject to Hypothecation in favour of w.e.f.

Purchase dt : 04-Jun-2025      Sale Amt : 78776/-  
 OTT Date : 04-Jun-2025      Amount/Rcpt No : 7878 / UP52D25060000841  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 21-Jun-2025

**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner :      Previous RegNo :  
 Old State :      Entry Date :  
 Transfer Date :      Conversion Date :

This certificate is valid from 06-Jun-2025 to 05-Jun-2040

Date : 25-Jun-2025 18:02:43  
 Taxation Particulars / Advance Registration Mark Fee Details

  
 Signature of Registering Authority  
 डी.डी. नं. 125/25  
 25-Jun-2025  
 देवरीया

Q 3900948



UNION OF INDIA Driving Licence

UP NT

UP52 20150003408



दिनांक पर जारी किया गया  
Date of Issue

24/02/2015

वैधता की अवधि  
Validity

04/07/2033

जन्म तिथि  
Date of Birth

05/07/1983

Blood Group

Unknown



RAJESH VERMA

पिता/माता/पति का नाम  
Name of Father/Mother/Husband of

HERA VERMA

UP52 20150003408



LAV

24/02/2015



MCWG

24/02/2015

UP

पता  
Address

JAGDISHPUR BAHIMPUR  
BANAKATA  
DEORIA

हस्ताक्षर  
Signature

अधिकारी/आज्ञापक  
Officer/Issuing Authority

ORM

W

भारत सरकार  
Government of India

पुरषोत्तम कुमार पाल  
Purushottam Kumar Pal  
जन्म तिथि/DOB: 01/01/2005  
पुरुष/ MALE

Issued Date: 13.07.2016

7949 1602 1694  
VID : 9134 6757 2793 2694

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
भूषा: रूषी पाल, जगदीशपुर, देवरीया,  
उत्तर प्रदेश - 274703

Address:  
C/O: Rishi Pal, Jagdishpur, Deoria,  
Uttar Pradesh - 274703

Download Date: 08/11/2016

7949 1602 1694  
VID : 9134 6757 2793 2694

1947 | [help@uidai.gov.in](mailto:help@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant P. Prushotam
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax ? \_\_\_\_\_ Yes /No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

P. Prushotam  
Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

**ESTIMATE**

DATE-10-12-25

**DINKAR AUTOMOBILES**

CLAIM NO-.....

(Mairwa road pratappur ,deoria ,up 274703)

(GSTIN NO- 09APIJ2078R123)

**CUSTOMER NAME - Purushotam**

**REG NO- UPS2CF8432**

| S.NO | PARTS NAME          | PARTS NUMBER | QUANTITY     | RATE        |
|------|---------------------|--------------|--------------|-------------|
| 1    | Mirror              |              |              | 1050        |
| 2    | H/L                 |              |              | 650         |
| 3    | Front Fender        |              |              | 1450        |
| 4    | Indicator L         |              |              | 220         |
| 5    | Indicator Back L    |              |              | 150         |
| 6    | Mirror L            |              |              | 100         |
| 7    | Handle              |              |              | 500         |
| 8    | Meter Assembly      |              |              | 1500        |
| 9    | C/Lever             |              |              | 300         |
| 10   | Mirror Haddi        |              |              | 750         |
| 11   | Handle T            |              |              | 650         |
| 12   | Eng. guard          |              |              | 850         |
| 13   | opening and Fitting |              |              |             |
| 14   |                     |              |              |             |
| 15   |                     |              |              |             |
| 16   |                     |              |              |             |
| 17   |                     |              |              |             |
| 18   |                     |              |              |             |
| 19   |                     |              |              |             |
| 20   |                     |              |              |             |
| 21   |                     |              |              |             |
| 22   |                     |              |              |             |
| 23   |                     |              |              |             |
|      |                     |              | <b>TOTAL</b> | <b>8170</b> |

