

Policy Schedule

Page No. 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 344 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT - 221006/3578 (GSTIN: 09AAACT0627R4ZU)

BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Inward On	07-APR-25
25240031/2026/1616	Proposal No. & Date	A/25240031/2026/1121 & 07-APR-2025
BA0000155144	Policy Period (OWN DAMAGE)	FROM 19:46 ON 07/04/2025 TO MIDNIGHT OF 06/04/2026
ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 19:46 ON 07/04/2025 TO MIDNIGHT OF 06/04/2026
SYED SHAHID HAIDER ZAIDI (GSTIN: 0)	Compulsory PA	FROM 19:46 ON 07/04/2025 TO MIDNIGHT OF 06/04/2026
CO SYED HUSAIN HAIDER ZAIDI, 45/1/222, BHAKADHAI, LUCKNOW, PO. CHOWK, LUCKNOW, NA.	Lead / Breakin No	
	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
HARLEY DAVIDSON	Vehicle	265525	
HARLEY X440 S	Electrical Accessories	0	
NEW	Non Electrical Accessories	0	
2025			
YGG1ARS4D00004 - MBLYGU01254C00133	Total IDV	265525	
440	TMF CONTRACT NO		
E + 1	Policy Type	Zone B - Rest of India	
SOLO	Geographical Area	INDIA	
Type Of Fuel: PETROL			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
489625		Basic Third Party Liability	15117
0		Compulsory PA Cover Premium	360
0		PA Cover for 0 Person O/Rs (0) each (MT-16)	0
4471.28		Legal Liability (W/C) to driver (MT-28)	0
0		Legal Liability to Employees (MT-29)	0
0		Legal Liability to Passenger (MT-46)	NA
0		Driving Tuition Loading On TP Premium (60%)	NA
0		PA Paid Driver, Conductor, Cleaner-GR36R3	0
0		Net Liability Premium (B)	15477
0		Total Premium (A+B)	16848
0		GST	5032
0		SERVICE TAX	0
0		STAMP DUTY	0.60
0		Swachh Bharat Cess @ 0.50%	0
4162		Krishi Kalyan Cess @ 0.59%	0
4162		Gross Premium Paid	19880
1062			
0			
0			
0			
1062			
1371			

- Note:
1. Policy insurance is the subject to the realization of cheque
 2. Considered Money Duty paid via Challan No.
 3. The Policy is subject to a compulsory Deductible of Rs (DMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements (MT, 7, 10, 24,

Signature Name	Age	Relation
Payment Method	Cheque No./Transaction No.	Bank Name
		Amount
	19880	
Financer Name	HDFC BANK LIMITED	Financer Branch
POS ID	NA	POS PAN NO/Andhar No
NA		NA

For the policy exceeding Rs 1 lac or a claim for refund of premium exceeding Rs 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our company's website.

Policy is subject to conditions, clauses, exclusions, DMTs and OBC endorsements mentioned herein above which are available on company's website.

License is on demand from the policy issuing office.

Endorsement of premium (cheques) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

All driving Licenses in found false or not valid whether or not in the knowledge of the insured.

This policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988, understood being authorized by and on behalf of the company has been in set his/her hands at 252400 on 07-APR-25

Insured of the vehicle to use or drive otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate is subject to comply with schedule from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY"

Policy 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) use with motor trade.

including (5) Speed testing (6) Reliability trials

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 insured's license may also drive vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

Under section 11-1 (of the policy - Death of or body injury. Such amount is necessary to meet their requirements of the motor vehicle act 1988. Under Section 11-1 (of the policy - Damage to third party

A. Cover under section 11 for motor driver is Rs 1500000

not to certified for a No Claim Bonus (NCB) from the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year(s) preceding two

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

same policy.

policy in 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, 1988.

all prior existing damage.

SARAM BUSINESS & SERVICES PVT LTD
 ANA MADIION, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,
 226024, UP, India
 State Code: 9 Contact: 7408404728, , ,
 GSTIN No: 09AAQCM8045C1Z7
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 17011-03-REST-1225-72 Date 24-12-2025
 Customer Name SYED SHABI HAIDER ZAIDI Contact No. 8933883581
 VIN MBLYGU012S4C00133 Model HARLEY X440
 Insurance Company THE ORIENTAL CLAIM Reg No. UP32QM2149
 HMCGL Card No HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	HDH53100RAA000GS - PIPE STEERING HANDLE MATTE BLACK	87141090	Paid	2,100.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,478.00
2	KHDH9967BRAA000S - WINDSCREEN KIT	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
3	HDH53178ACD000S - LEVER COMPLETE LEFT STEERING HANDLE	87141090	Paid	188.14	1	9.00	9.00	0.00	0.00	0.00	0.00	222.00
4	HDH33450RAA001S - WINKER ASSEMBLY LEFT FRONT	85122010	Paid	716.10	1	9.00	9.00	0.00	0.00	0.00	0.00	845.00
5	HDH17520RAA030FS -SET FUEL TANK (MATT DENIM BLACK BK(DU)-0	87141090	Paid	14,843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	17,515.00
Parts Total											0.00	21,428.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	3,000.00	9.00	9.00	0.00	0.00	0.00	0.00	3,540.00	
Jobs Total											0.00	3,540.00

Parts Total	21,428.00
Labour Total	3,540.00
SGST (Parts) 9%	1,634.34
CGST (Parts) 9%	1,634.34
SGST (Labour) 9%	270.00
CGST (Labour) 9%	270.00
Total	24,968.00

Rupees in Words: Twenty Four Thousand Nine Hundred Sixty Eight Only

Authorised Signatory

17011 - Main W/S

- Terms Cash
- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- All disputes subject to jurisdiction of LUCKNOW Jurisdiction Only

Accessories C
 Helmet, Seat C
 Protector, Grill,

Customer ref

Customer Requi
 Accidental Jc

Lights HL/TL
 Pilot
 Fuel Level
 Mirrors L / R
 Battery

Vehicle
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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. UP320M2149 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 Shabli Khandelwal
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Accessories
Helmet, Seat
Protector G
Customer
Customer
Accident
Lights H
Pilot
Fuel Le
Mirrors
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HP
HP
HP

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (b) If yes, give full details : _____ NA _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____ NA _____
- (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? : _____ NA _____
- (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 _____ 200

Signature of the insured
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Helmet, S
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3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Syed Shabi heider gauti
 (b) Age : 34
 (c) Address : 45/222 Shikarbagh mungai Lucknow
 (d) Is the Driver
 1. Owner : Owner
 2. paid driver?
 3. Owner's relative or friend?
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NA
 (g) Driving Licence Number : UP32 20170005795
 (h) Issuing Authority : RTO Lucknow
 (i) Date of Expiry : 20/02/2037
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any
 (l) Has he been involved in any accident before? : NO
 (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 : 23/12/2025 - 2:00 PM
 (b) Place : Campbell Road Badli Lucknow
 (c) Speed of vehicle at the time of accident : 0 kmph
 (d) Give a short description of the accident : I Slipped Campbell Road then
 (e) If any third party was responsible for this accident give the name and address : e- Rikshaw hit my right side then bike fell down right side

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Left Side
 (b) Estimated cost of repairs : 2498825
 (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 : NA
 (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. 252400/31/2026/16/6
 Tel. No. _____ Period of Insurance _____
 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 : Syed Shabir haidar zaidi
 (b) Address for correspondence : 45/22 Shakaulbagh Jafar's colony Mujganj Lko
 (c) Telephone : 0933003509

2. THE INSURED VEHICLE

Make & Year <u>Harley Davidson</u> <u>X440, 2025</u>	Engine No. <u>YG101ABS4B00604</u> Chassis No. <u>MBLYGU012S4C00133</u>	Registration No. <u>UP32 GM</u> <u>2149</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident? Personal
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried NA

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 : NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

Customer Signature
DELIVERY RECEIPT
Job Card No.
Kindly Contact MOHD
1. vehicles in the workshop
2. Garage charges are free
3. All disputes subject to
I give Heri MotorCorp Ltd
through any medium and

आयकर विभाग

INCOME TAX DEPARTMENT

SYED SHABI HAIDER ZAIDI

HUSAIN HAIDER ZAIDI

15/12/1991

AJJPZ5055E

Signature
Shabi Haider Zaidi



भारत सरकार

GOVT. OF INDIA



06012015

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Check
Seat Cover,
Factor Grill, Floor
Customer refused
Customer Request
Accidental Job
Lights HL/TL/W/W
Pilot
Fuel Level
Mirrors L / R
Battery

Vehicle OK
(Ok / N)

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भारत सरकार
Government of India

सय्यद शबी हैदर जैदी

Syed Shabi Haider Zaidi

जन्म तिथि/ DOB: 15/12/1991

पुरुष / MALE



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Check
Cover,
Gill, Floor
Customer refused

Customer Request
Accidental Job

Lights HL/TL/Win/
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Unique Identification Authority of India

Address:

S/O: Syed Husain Haider Zaidi,
451/222, Jhaka Dabag, Lucknow,
Lucknow,
Uttar Pradesh - 226003

पता:
श्रीमान. सय्यद हुसैन हैदर जैदी,
451/222, जहाक़दबाग़, लखनऊ,
उत्तर प्रदेश - 226003

7764 3688 8870

Uttar Pradesh



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Customer refused

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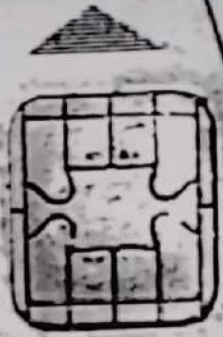
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UNION OF INDIA Driving Licence

UP 32 2017 0005795



नाम / Name

SYED SHABI HAIDER ZAIDI
पति/पत्नी का नाम / Son/Daughter/Wife of

SYED HUSEIN HAIDER ZAIDI

नाम की तिथि
Date of Issue

21/07/2007

जन्म तिथि
Date of Birth

15/12/1991

समस्या शक्ति
Special Facility

20/07/2007

रक्त समूह
Blood Group

11/11/2007

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Check
Seat Cover,
Grill, Floor
Customer refused
Customer Request
Accidental Job
Lights HL/TL/Wiv
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UP32 20170005795

UP05021628MT

MY MCWJ
21/02/2017 - 21/02/2017

qam / Address

151/222 JHAKADBAG

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226003

Holder's Signature

Authorized / Issuing Authority Sign



Form 7 Rule 16(2)

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Check
Oil Cover,
Grill, Floor
Customer refused

Customer Request
Accidental Job

Lights HL/TL/Win/
Pilot
Fuel Level
Mirrors L / R
Battery

Vehicle OK
(OK / N)

I authorize to
be used at my /
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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.	SYED SHABI HAIDER ZAIDI 8933883581
2	Vehicle No. / वाहन संख्या	UP32QM2149
3	Policy No. / पालिसी संख्या	252400/31/2026/1616
4	Period of Insurance / बीमा अवधि	07/04/2025 to 06/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/12/2025 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	Campbell Road Balaganj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SYED SHABI HAIDER ZAIDI UP32 20170005795 / 8933883581
8	Estimated Loss / अनुमानित हानि	24968/-
09.	Cause of Accident / दुर्घटना का कारण :	I was leaving my site and I stopped to Campbell road market then e-Rickshaw Driver hit me from my right side due to which my vehicle fell on left side then the petrol tank got damaged and lot of goods got Damaged.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM PREMIA 7081166066 MADIABAY LUCKNOW

Date / दिनांक : 24/12/2025
हस्ताक्षर

Shabi haider
Signature of Insured / बीमाधारक के
हस्ताक्षर

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP32QM2149 Registration Date : 10-Apr-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101, SITAPUR RD, MANDION
 POLICE STN, MOHIBULLAPUR, WARD FAIZULLAGANJ, . . 157-226021
 Owner Name : SYED SHABI HAIDER ZAIDI Son/wife/daughter of : SYED HUSAIN HAIDER ZAIDI

Full Address: (Permanent) : 451/222, JHAKADBAG, CHOWK, CHOWK, LUCKNOW, UTTAR PRADESH-226003
 Full Address: (Temporary) : 451/222, JHAKADBAG, CHOWK, CHOWK, LUCKNOW-UTTAR PRADESH-226003
 Fitness Up To : 09-Apr-2040 Owner Serial No : 1

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Norms : BHARAT STAGE VI
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1040178588
 Front HSRP No : AA1039707223 Month/Year of Manuf. : 03/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLYGU012S4C00133
 No of Cylinders : 1 Fuel : PETROL
 Engine No : YG01ABS4B00604 Cubic Capacity : 439.91
 Horse Power(BHP) : 26.97 Wheel base : 1418
 Maker's Classification : HARLEY-DAVIDSON X440 S Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 191
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 341
 Colour : MATT DENIM BLACK AC Fitted : NO
 Other Criteria :
 Vehicle Purchase As : Fully Built

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 HDFC BANK LIMITED, LUCKNOW, LUCKNOW, Lucknow, Uttar Pradesh-226020 w.e.f. 07-Apr-2025.

Purchase dt : 07-Apr-2025 Sale Amt : 279500/-
 OTT Date : 07-Apr-2025 Amount/RCpt No : 27950 / UP32D25040007657
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Apr-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 10-Apr-2025 to 09-Apr-2040

Date : 02-May-2025 17:55:19

Taxation Particulars / Advance Registration Mark Fee Details

पंजीन अधिकारी
 Signature of Registering Authority
 वाहन विभाग
 Date: 02-May-2025

Q 3076499