

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

**JOB CARD /**

17011-03-RJC-1225-2038



Date & Time :24/12/2025 17:53:27

CUSTOMER DETAILS / MOBILE #  
 J.C TYPE / KMS / REVISIT  
 REG NO / COLOUR / MODEL  
 VIN / ENGINE NO / D.O.S  
 GL Card # / Category / Points / Expiry Dt  
 Insurance Expiry Date  
 JR Expiry/JR Balance  
 Supervisor Remarks

:ANKIT SACHAN (7651939185)/  
 :Accidental / 3789 / Y  
 :UP32QK2470 / DBL / HARLEY X440  
 :MBLYGU017R4L05130 / YG01ABR4L00090/ 13/03/2025  
 : / / /  
 :--  
 :/  
 :Accidental

**Accessories Check:**

Helmet, Seat Cover, Grip Cover,  
 Protector Grill, Floor Mat, Tyre Pressure Valve(TPMS)

**Approved Preventive Parts:**

Customer refused for which is due as per the recommended Preventive Maintenance Schedule<sup>^^</sup>

Customer Request	Job Description	Billing Type	Supervisor Remarks
Accidental Job			

**Vehicle Inspection Details**

Lights HL/TL/Win/ Pilot	Fuel Level	Fuel Level(cm)	Customer Permission for Additional Jobs YES/NO
Mirrors L / R	Battery	Battery No	Calling time: Tool Kit Accessories
			Sup Sign

Vehicle Cleanliness (Ok / Not Ok)	Demanded Repairs (Nos)	Completed Repair (Nos)	Repair Inspection (Status)	Technician Signature/ Date

I authorize to execute all the above listed jobs using the necessary material at my cost. I understand that the vehicle is being stored, repaired and tested at my risk.  
 Promised Delivery Time: 24/12/2025 19:52:58

Estimated Repair Value : 10000

Customer Signature \_\_\_\_\_ Technician: \_\_\_\_\_ Supervisor's Name: MOHD FAIZ W.M  
<sup>^^</sup>Preventive Maintenance helps in Optimum performance of the vehicle. Any non-adherence may lead to warranty rejection.

**DELIVERY FEEDBACK**

I have received the vehicle duly serviced/repaired to my entire satisfaction & replaced parts, if any are returned to me.

Customer Signature \_\_\_\_\_ Supervisor's Name & Signature \_\_\_\_\_

**Last Time Advice Jobs**



\*MBLYGU017R4L05130\*  
 MOSARAM BUSINESS & SERVICES PVT LTD Contact: 7408404728, .

**DELIVERY RECEIPT** (To be retained by the customer & submitted at the time of the vehicle delivery)  
 Job Card No 17011-03-RJC-1225-2038 Reg No UP32QK2470 Agreed Delivery Date 24/12/2025-19:52:58  
 GoodLife Card # / Category / Points / Expiry Dt: / / /

Kindly Contact MOHD FAIZ W.M(Mobile# 7081166066) for any further clarification.

Estimated Repair Value 10000

- vehicles in this workshop are handled/driven and kept at owner's risk
- Garage charges are Rs 50/- per day if bike not taken by the customer on delivery date
- All disputes subject to jurisdiction of LUCKNOW Jurisdiction.

I give Hero MotoCorp Ltd. (HMCL) and its agents/partners consent to contact me for any marketing or promotional communications through any medium and enable WhatsApp assistance. I understand HMCL privacy policy as mentioned on www.heromotocorp.com.

**M BUSINESS & SERVICES PVT LTD**  
 MADIAON, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,  
 UP, India  
 Code: 9 Contact: 7408404728, , ,  
 TIN No: 09AAQCM8045C1Z7  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	17011-03-REST-1225-74	Date	24-12-2025
Customer Name	ANKIT SACHAN	Contact No.	7651939185
VIN	MBLYGU017R4L05130	Model	HARLEY X440
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QK2470
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	HDH53105RAA000S -END STEERING HANDLE	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
3	HDH45508ACP000S - LEVER SET	87141090	Paid	361.02	1	9.00	9.00	0.00	0.00	0.00	0.00	426.00
4	HDH33100RAA011S -LIGHT ASSY HEAD	85122010	Paid	6,106.78	1	9.00	9.00	0.00	0.00	0.00	0.00	7,206.00
5	HDH61100RAA000FS - FRONT FENDER BK(DU)-010 S(F)	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
6	KHDH5080BRAA000S -KIT ENGINE GUARD	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
7	HDH51400RAA000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	16,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921.00
8	HDH51500RAA000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	16,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921.00
9	HDH33760RAA001S - REFLEX REFLECTOR FRONT	85122090	Paid	77.12	1	9.00	9.00	0.00	0.00	0.00	0.00	91.00
10	HDH50209RAA000S - GUARD STEP PILLION RIGHT	87141090	Paid	25.42	1	9.00	9.00	0.00	0.00	0.00	0.00	30.00
11	HDH88110RAA001S - MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	235.59	1	9.00	9.00	0.00	0.00	0.00	0.00	278.00
12	HDH61110RAA000S - FRONT FENDER B	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
13	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
<b>Parts Total</b>											0.00	74,005.00

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	6,000.00	9.00	9.00	0.00	0.00	0.00	0.00	7,080.00	
<b>Jobs Total</b>											0.00	7,080.00
<b>Parts Total</b>												74,005.00
<b>Labour Total</b>												7,080.00
<b>SGST (Parts) 9%</b>												5,644.45
<b>CGST (Parts) 9%</b>												5,644.45

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ankit Sachan  
(b) Age : 26  
(c) Address : Janki aspatal Gribalambun Kampur  
(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 : UP7A 20190044658  
(h) Issuing Authority :  
(i) Date of Expiry : 13 Jun 2039  
(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 :  
(b) Place : Naubasta Chauzaha  
(c) Speed of vehicle at the time of accident : 5-10 km/h  
(d) Give a short description of the accident : car hit at left side and bike drop down to right side  
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Left to Right  
(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 : NA  
(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? :



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 Meerut Certificate/Policy No. 252400/31/2025-  
 Tel. No. Period of Insurance 94387, 12/03/2026  
 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 Ankit Sachar  
 (b) Address for correspondence Banki apatal kushmanda nagar Ghatampur  
 (c) Telephone 7651939185

2. THE INSURED VEHICLE

Make & Year <u>Harley Davidson x440/</u>	Engine No. <u>YG03 ABR4 L00090</u> Chassis No. <u>MBLYGU017R4L05130</u>	Registration No. <u>UP32QK 2470</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 : \_\_\_\_\_

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.	Ankit Sachan 7651939185
2	Vehicle No. / वाहन संख्या	UP 32 QK 2470
3	Policy No. / पालिसी संख्या	252400/31/2025/94387
4	Period of Insurance / बीमा अवधि	13/03/2025 to 12/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5.00 PM / after noon
6	Place of Accident / दुर्घटना का स्थान	Naubasta Chaukaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ankit Sachan /
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	A omni driven come at the left side and from Kanpur side, i am going to take a Right turn to Lucknow side, he hit the bike and bike get uncontrolable and drop down to the right side. that's how this accident happens.
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.	Moharvam Purma

Date / दिनांक :  
हस्ताक्षर

  
Signature of Insured / बीमाधारक के

	540.00
SGST (Labour) 9%	540.00
CGST (Labour) 9%	<b>81,085.00</b>
Total	

Words: Eighty One Thousand Eighty Five Only

Authorised Signatory

17011 - Main W/S

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



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? : \_\_\_\_\_ 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? : \_\_\_\_\_ NA \_\_\_\_\_  
(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 \_\_\_\_\_ 200

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. UP32 QK 2470 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 .....  
Occupation .....  
Address .....  
.....

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

भारत सरकार  
Government of India

Ankit Sachan  
DOB : 14/06/1999  
Male

अधार पहचान का प्रमाण है, पारिवारिक का नहीं।  
Aadhaar is a proof of identity, not of citizenship.

5794 7823 8334

मेरा आधार, मेरी पहचान

भारतीय विधिक पहचान प्राधिकरण  
Unique Identification Authority of India

Address: S/O Ram Jivan, kushmanda nagar  
jenkee aspatal ghatampur, ghatampur,  
Ghatampur, Kanpur Nagar, Uttar Pradesh,  
209206

5794 7823 8334

1947 help@uidai.gov.in www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**KSVPS0189B**



नाम  
RACHAN

पिता का नाम / Father's Name  
RACHAN

दिनांक / Date  
14/06/2019

हस्ताक्षर / Signature

DL No: UP78 20190044658

UPDL000001894231



Invalid Carriage (Regn Numbers) # \_\_\_\_\_

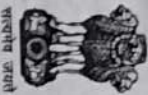
Hazardous Validity # \_\_\_\_\_ Hill Validity # \_\_\_\_\_

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>#</sup>	Badge Issued Date <sup>#</sup>	Badge Issued By <sup>#</sup>
	MCWG	UP78	10-12-2019	NT			
	LIMV	UP78	10-12-2019	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
11076 KANDID NACAD



सत्यमेव जयते

# Indian Union Driving Licence Issued by Uttar Pradesh



**UP78 20190044658**



Issue Date **10-12-2019** Validity (NT) **13-06-2039**

Validity (TR)\*



Holder's Signature

Name:

**ANKIT SACHAN**

Date of Birth:

**14-06-1999**

Blood Group:

Organ Donor:

**N**

Son/Daughter/Wife of:

**RAM JIVAN**

Address:

**KUSHMANDA NAGAR JANKEE ASPATAL GHATAMPUR  
Kampur, Kanpur Nagar, UP 209206**

Date of First Issue **(10-12-2019)**



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGR042

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 246 KHAIR NAGAR, OPP. FILMISTAN CINEMA, MEHROTRA, B-21-406/370, GATE NO. 99AAAC19027RAZU

Policy Type	BUNDLED POLICY (MOTORIZED TWO WHEELERS-5 Years)	Policy Issued On	13-MAR-25
Policy No	252400/31/2025/94387	Proposed No. & Date	R/252400/1/2025/0065 & 13-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13:44 ON 13/03/2025 TO MIDNIGHT OF 12/03/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 13:44 ON 13/03/2025 TO MIDNIGHT OF 12/03/2026
Insured Name	ANKIT SACHAN (GSTIN: 0)	Compulsory PA	FROM 13:44 ON 13/03/2025 TO MIDNIGHT OF 12/03/2026
Insured Address	F-10 RAM JYAN, PLOT NO-71, BALAJIPURAM, NANCHANPUR, MATIYARI, LUCKNOW THANA - MATIYARI, LUCKNOW, (U.P.)	Lead / Breakin No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HARLEY DAVIDSON	Vehicle	265375
Model & Variant	HARLEY X440 S	Electrical Accessories	0
Registration No	NFW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	265375
Engine Chassis No	YG00ASHR4L00090 - MBLYU0017RAL05130	IMEI CONTRACT NO	
Cubic Capacity	440	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.)		LIABILITY SECTION (B)	
OWN DAMAGE SECTION(A)		15117	
Vehicle	4896.28	Basic Third Party Liability	
Elec Accessories	0	Compulsory PA Cover Premium	360
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (By each) (MT-14)	0
Basic Premium	4471.28	Legal Liability (MC/Car driver) (MT-28)	0
Geographical Area Extn (MT -1)	0	Legal Liability to Employers (MT-29)	NA
Driving Tuition Landing On OD Premium (60%)	0	Legal Liability to Passenger (MT-46)	NA
Sub-Total Additions	0	Driving Tuition Landing On TP Premium (60%)	0
Voluntary Deductibles (MT 22A)	0	PA Paid Driver, Conductor, Chaner-GR36R3	15477
Anti-Theft Device (MT-18)	0	Net Liability Premium (B)	16848
AAI Membership (MT-9)	0	Total Premium (A+B)	5032
No Claim Bonus	0	GST	0
Discount for vehicle designed for handicapped	4162	SERVICE TAX	0.00
SIP Discount	4162	STAMP DUTY	0
Sub-Total Deductibles	8324	Swachh Bharat Credit(0.50%)	0
NIH Depreciation	1062	Krishi Kalyan Credit(0.50%)	0
Return to Insured	0	Green Premium Paid	19880
Key Replacement	0		
Consumables	1062		
Sub-Total Add-on Coverages	1371		
Net own Damage Premium(A)			

Nominee Details	Nominee Name	Age	Relation	Amount
Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name	19880
FOR Name	NA	POS ID	NA	POS PAN NO/Author No
				NA

In the event of a claim under the policy (exceeding Rs.1Lac) or a claim for refund of premium exceeding Rs.1Lac 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 insured under the policy is subject to conditions, exclusions, restrictions, limitations, DMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.com or as demanded from the policy issuing office.

Warranted that in case of dishonesty or premium cheating the Company shall not be liable under the policy and the policy shall be void ab initio (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 in which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorized by and on behalf of the company has hereunto set his/hand at 252400 on 13-MAR-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 in usual:** 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 baggage) (3) Organized racing (4) Race Making (5) Special racing (6) Liability trials

**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 driver's license may also drive vehicle A that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1988.

**Limits of Liability Clause:** Under section II-1 (3) of the policy - Death or body injury such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (4) of the policy - Damage to third party property is Rs.7.5 lakhs. P.A. Cover under section III for owner-driver is RS 100000.

**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 year/years per the following year/years: preceding two consecutive years 25% preceding three consecutive years 35% preceding four consecutive years 45% preceding five consecutive years 50% and 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 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.

\* This insurance excludes all pre-existing damages

Approved By: 0952550AD  
Approved On: 15-MAR-25  
Place: MBT  
Printed On: 23-03-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature



**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**

Registration No: UP12QK2478      Registration Date: 19-Mar-2025  
 Description of Vehicle: M-CYCLE/SCOOTER      Purpose For Printing RC: NEW  
 Dealer's Name & Address: MOGHAM BUSINESS AND SERVICES PRIVATE LIMITED, 101, SITAPUR RD, MANDICH  
 POLICE STN, MOHALLA, PURVARD FAIZULADAN, 1/7/22621  
 Owner Name: ANKIT SACHAN      Son/Wife/Daughter of: RAM SHAN  
 Full Address: (Permanent) KUSHMANA NAGAR JANKEE ASPTAL, GHATAMPUR, GHATAMPUR, KANPUR  
 NAGAR, UTTAR PRADESH 208006  
 Full Address: (Temporary) A-37 RAJEEV NAGAR, KALYANPUR VIKAS NAGAR, LUCKNOW, LUCKNOW-UTTAR  
 PRADESH-226022  
 Fitness Up To: 19-Mar-2040      Owner Serial No: 1

Detailed Description

Class of Vehicle	M-CYCLE/SCOOTER	Link Vehicle No		Remarks	BHARAT STAGE VI
Ownership	INDIVIDUAL	None			
Maker's Name	HERO MOTOCORP LTD	Rear HSAP No	AA10407302		
Front HSAP No	AA10387047	Month/year of Manuf.	11/2024		
Type of Body	SOLO WITH PILLION	Chassis No	MELYG017H4L0130		
No of Cylinders	1	Fuel	PETROL		
Engine No	YGR1ABR4L00000	Cubic Capacity	439.91		
Horse Power(BHP)	26.87	Wheel base	1416		
Maker's Classification	HARLEY-DAVIDSON X440 S	Standing Cap	181		
Seating Cap(in all)	2	Unladen Wt (kg)	241		
Sleeper Cap	0	Laden GV Wt (kg)	341		
Colour	BLACK DENIM BLACK	AZ (Tonal)	NO		
Other Contents	Fully Built				

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 kg)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypo-thecation in favour of w/o 1

Purchase dt	13-Mar-2025	Sev Amt	279000
OTT Date	13-Mar-2025	Amount/Pct No	27900 / UP3202030000629
Vehicle is Genl/ Pvt	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	26-Mar-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-Mar-2025 to 19-Mar-2040

Signature: 19/03/2025

Date: 06-Apr-2025 18:21:37  
 Taxation Particulars / Advance Registration Mark Fee Details

Q 3010373

Government of Uttar Pradesh  
 Government of Uttar Pradesh  
 Government of Uttar Pradesh