

State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 10730-03-REST-0126-743  
 Customer Name LALIT VERMA ...  
 VIN MBLHAW224RHK56545  
 Insurance Company  
 HMCGL Card No 1073024510003213  
 Part Details

Date 02-01-2026  
 Contact No. 8948867474  
 Model SPLENDOR +  
 Reg No. UP31CJ9095  
 HMCGL Card Category Gold

No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
Parts Total											0.00	1,963.00

**Labour Details**

No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00	
Jobs Total											0.00	1,180.00

Parts Total	1,963.00
Labour Total	1,180.00
SGST (Parts) 9%	149.72
CGST (Parts) 9%	149.72
SGST (Labour) 9%	90.00
CGST (Labour) 9%	90.00
<b>Total</b>	<b>3,143.00</b>

Rupees in Words: Three Thousand One Hundred Forty Three Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of CITY Jurisdiction Only
9. HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10730 - Main W/S

ESTIMATE  
 10730 - Main WS

ESTIMATE

QTY	Part Number	QTY	Unit Price	Subtotal	EST %	EST %	EST %	EST %	Discount %	Discount %	Net Amount
1	BRAND/REWORKS 40	RT/1/1/19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	BRAND/REWORKS 40	RT/1/1/19	140.00	140.00	0.00	0.00	0.00	0.00	0.00	0.00	140.00
PART TOTAL											140.00
LABOUR DETAILS											
QTY	Part Code	QTY	Unit Price	Subtotal	EST %	EST %	EST %	EST %	Discount %	Discount %	Net Amount
1	LABOUR - 10730	1400.00	1.00	1400.00	0.00	0.00	0.00	0.00	0.00	0.00	1400.00
LABOUR TOTAL											1400.00
TAXES											
Goods Tax											140.00
Labour Tax											140.00
EST % (Goods) %											140.72
EST % (Labour) %											140.72
EST % (Goods) %											90.00
EST % (Labour) %											90.00
Total											3,143.00

Authorised Signatory

1. This is an estimate only and does not constitute a contract.
2. All work is to be done in accordance with the specifications and drawings.
3. All materials are to be supplied by the contractor.
4. The contractor is to be responsible for obtaining all necessary permits and licenses.
5. The contractor is to be responsible for the safety of all workers and the public.
6. The contractor is to be responsible for the completion of the work within the specified time frame.
7. The contractor is to be responsible for the payment of all bills and invoices.
8. The contractor is to be responsible for the maintenance of the work until it is accepted by the client.
9. The contractor is to be responsible for the disposal of all waste and debris.
10. The contractor is to be responsible for the protection of all existing structures and utilities.
11. The contractor is to be responsible for the insurance of all workers and equipment.
12. The contractor is to be responsible for the compliance with all applicable laws and regulations.

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड  
.....Meerut.....

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.	LALIT VERMA, 8948867474
2	Vehicle No. / वाहन संख्या	UP31CJ 9095
3	Policy No. / पालिसी संख्या	252400/31/2025/79572
4	Period of Insurance / बीमा अवधि	22/01/2025 से 21/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/12/2025 से 2:00 PM.
6	Place of Accident / दुर्घटना का स्थान	छात्र चौक के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ankit Kumar, 9919401615 UP31 20210009898
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	छात्र चौक के पास पीछे से आले वाले जे टकरा कर बाएँ दो जिनसे मेरी गाड़ी सामने स्वै टेल से टकरा कर बाईं ओर पिस्कर सातप्रस्त 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.	MOSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERI 9151154036

Date / दिनांक : 02/01/2026  
हस्ताक्षर

Lalit Verma  
Signature of Insured / बीमाधारक के  
हस्ताक्षर



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

Tel. No.

Certificate/Policy No. 252400/31/2025/79572

Period of Insurance 22/01/25 to 21/01/26

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 LALIT VERMA  
 (b) Address for correspondence R/O: 106 KALADOND, LAKHIMPUR KHERI, WAKESAR, PS-PARDHANA  
 (c) Telephone 8948867474

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>H411E7RNK59666</u> Chassis No. <u>MBLHAW224RNK56545</u>	Registration No. <u>UP31CJ</u> <u>9095</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  
 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  
 (g) If Lorry/Jeep/Tractor, was trailer attached?  
 (h) Number of passengers carried  
 (i) Number of Passenger permitted

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ankit Kumar  
 (b) Age : 03/07/1993  
 (c) Address : VILL: KAIMASUR PO - TIKAR THANA PHARDHAN LAKHIMPUR KH  
 (d) Is the Driver  
 1. Owner : No  
 2. paid driver? : No  
 3. Owner's relative or friend? : Friend  
 (e) If paid driver, how long has he been in your employment : No  
 (f) Was he under the influence of intoxication Liquor or drugs? : No  
 (g) Driving Licence Number : UP3120210009898  
 (h) Issuing Authority : 07/07/2021  
 (i) Date of Expiry : 02/07/2023  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : No  
 (l) Has he been involved in any accident before?: No  
 (m) Has he been charged by the policy? If so, Why?: No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 31/12/2025  
 (b) Place : हाउस चौराहे के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : हाउस चौराहे के पास पीछे से आने वाले वाहन ने टक्कर मारी  
 (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी क्षतिग्रस्त हुई है वे तुरन्त बाई मोरसम  
गिरफ्तार प्रतिभूत हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : BACK/FRONT/LEFT  
 (b) Estimated cost of repairs : MOSARAM AUTO SALES LRPR ROAD A  
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERT, 9151154036

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? \_\_\_\_\_
- (b) If yes, give full details \_\_\_\_\_ / NIA

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 02/01/2006

Signature of the insured Leeljit Vermani

**II. MISREPRESENTATION**

Was there any misrepresentation?  
If so, give details:

\_\_\_\_\_

**III. WITNESSES**

Name and address of witness:  
Witness:

\_\_\_\_\_

Date of birth of witness:  
Witness:

\_\_\_\_\_

Was witness present at time of signing?

\_\_\_\_\_

Is witness a witness?  
Witness:

\_\_\_\_\_

**IV. SIGNATURE**

Signature:

\_\_\_\_\_

Name:

\_\_\_\_\_

What is the subject?

\_\_\_\_\_

Signature of witness:

\_\_\_\_\_

Is witness present at time of signing?

\_\_\_\_\_

Witness:

\_\_\_\_\_

Name:

Signature:

Witness:

The above stated, in reading, on the basis of my own knowledge and belief, warrant the truth of the foregoing statement in every respect and I have made it a part of my written declaration that I have made it a part of it. I have read and approved, shall make any change or correction in any of the foregoing or in any part thereof, the change shall be void and all signs or marks, signatures or initials shall be void.

\_\_\_\_\_

Signature of the witness: \_\_\_\_\_

N/A

Summed  
Total 110.00

ANY OF THE COMPANY PARTIES, the sum of Rs. 100/-

loss and in damage caused through the accident to  
which mentioned in the above  
policy in full and final settlement of all our claims  
whenever in respect of the said accident

Signature  
Address

Signature of the Insured  
Company  
Address  
Bank Account Number  
Name of the Bank



148  
05/04  
1205-23548  
1000047

(of Rs/Rs)

BY	TOTAL
AMOUNT	AMOUNT
53.77	705.00
53.77	705.00
	0.00
0.00	0.00
171.00	2,242.00
171.00	2,242.00

537  
537  
171.00  
171.00  
2,947.00  
00  
2,947.00  
2,947.00

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. UP31CTJ 9095 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 Lalit Vamei  
Occupation .....  
Address .....

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

**Indian Union Driving Licence**  
Issued by **Uttar Pradesh**

**UP31 20210009898**

Issue Date: **07-07-2021**    Validity (NT): **02-07-2033**    Validity (TR): \_\_\_\_\_

Name: **ANKIT KUMAR**

Date of Birth: **03-07-1993**    Blood Group: \_\_\_\_\_

son/Daughter/Wife of: **RAJENDRA PRASAD**

Address: **WILL KAMASUR POST TIKAR THANA PHARDHAN  
LAKHIMPUR, LAKHIMPUR KHERI, UP 262701**


Holder's Signature: \_\_\_\_\_  
Date of First Issue: **(07-07-2021)**




**DL No: UP31 20210009898**


**Invalid Carriage (Regn Numbers)**

Hazardous Validity: \_\_\_\_\_    Hill Validity: \_\_\_\_\_



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MVWG		UP31	07-07-2021	NT			
MVSD							

Emergency Contact Number: \_\_\_\_\_

  
 Licensing Authority  
**UP31 LAKHIMPUR KHERI**

Form 7 Rule 16(2)

भारत सरकार  
GOVERNMENT OF INDIA



ललित वर्मा

Lalit Verma

जन्म तिथि/ DOB: 10/07/1995

पुरुष / MALE



7832 9093 1957

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: शंकर लाल, 106,  
कालाडुन्द, लखीपुर खिरी,  
लकेसर, खीरी,  
उत्तर प्रदेश - 262701

Address:

S/O: Shankar Lal, 106, Kaladund,  
Lakhimpur Khiri, Lakeras, Kheri,  
Uttar Pradesh - 262701



Lalit Verma

(8948067474) 7832 9093 1957

MERA AADHAAR, MERI PEHACHAN

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

LALIT VERMA

SHANKAR LAL

10/07/1995

Permanent Account Number

AVZPV0425G


*Lalit Verma*

Signature



05/12/2014



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE																											
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)																											
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01314063570, (GSTIN: 09AAACT0627R4ZU)																											
Policy Type	HUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	22-JAN-25																								
Policy No	252400/31/2025/79572	Proposal No. & Date	R/252400/31/2025/59520 & 22-JAN-2025																								
Agent/Broker Code	BA0000153144	Policy Period (OWN DAMAGE)	FROM 15:07 ON 22/01/2025 TO MIDNIGHT OF 21/01/2026																								
Agent/Broker Name	AMHINAV BHATI	Policy Period (LIABILITY)	FROM 15:07 ON 22/01/2025 TO MIDNIGHT OF 21/01/2026																								
Insured Name	LALIT VERMA (GSTIN: 0)	Lead / Breakin No	/																								
Insured Address	C/O SRI SHANKAR LAL, R/O 106 KALADUND, LAKHIMPUR KHIRU, LAKESAR, KHIRU, PS-PHARDHAN, LAKHIMPUR KHIRU, NA,	Insured State	UTTAR PRADESH																								
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)																									
Make	HERO MOTOCORP	Vehicle	75873																								
Model & Variant	HERO SPLENDOR PLUS F1	Electrical Accessories	0																								
Registration No	NEW	Non Electrical Accessories	0																								
Year Of Manufacture	2025	Total IDV	75873																								
Engine - Chassis No	HA11E7RJK 59666 - MDL1AW224RJK56545	IMV 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	1271.63	Basic Third Party Liability	3851																								
Elec Accessories	0	Compulsory PA Cover Premium	0																								
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0																								
Basic Premium	1271.63	Legal Liability (WC) to driver (IMT-28)	0																								
Geographical Area Extn (IMT -1)	0	Legal Liability to Employeect (IMT-29)	0																								
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		PA Paid Driver, Conductor, Cleaner-GR36B3	3851																								
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4042																								
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	728																								
AAI Membership (IMT-8)	0	GST	0																								
No Claim Bonus	0	SERVICE TAX	0																								
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00																								
SIP Discount	1081	Swachh Bharat Cess@0.50%	0																								
Sub-Total Deductibles	1081	Krishi Kalyan Cess@0.50%	0																								
Add-On Coverages		Gross Premium Paid	4770																								
Nil-Depreciation																											
Return to Invoice	0																										
Key Replacement	0																										
Consumables	0																										
Sub-Total Add-on Coverages	0																										
Net own Damage Premium(A)	191																										
<table border="1"> <thead> <tr> <th>Nominee Details :</th> <th>Nominee Name</th> <th>Age</th> <th>Relation</th> </tr> </thead> <tbody> <tr> <td>Payment Details :</td> <td>Payment Method</td> <td>Cheque No./Transaction No.</td> <td>Bank Name</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Amount</td> </tr> <tr> <td></td> <td></td> <td></td> <td>4770</td> </tr> <tr> <td>POS Name</td> <td>NA</td> <td>POS ID</td> <td>NA</td> </tr> <tr> <td></td> <td></td> <td>POS PAN NO/Aadhar No</td> <td>NA</td> </tr> </tbody> </table>				Nominee Details :	Nominee Name	Age	Relation	Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name				Amount				4770	POS Name	NA	POS ID	NA			POS PAN NO/Aadhar No	NA
Nominee Details :	Nominee Name	Age	Relation																								
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name																								
			Amount																								
			4770																								
POS Name	NA	POS ID	NA																								
		POS PAN NO/Aadhar No	NA																								
<p>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.</p> <p>The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website, www.orientalinsurance.org or on demand from the policy issuing office.</p> <p>Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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 hereon set his/his hands at 252400 on 22-JAN-25.</p> <p><b>IMPORTANT NOTICE</b> 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".</p> <p><b>Limitations as to use:</b> 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) Speed testing (6) Reliability trials (7) Any purpose in connection with motor trade.</p> <p><b>Driver's Clause:</b> 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 &amp; that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.</p> <p><b>Limits of Liability Clause:</b> Under section II-1 (i) of the policy - Death or body injury Such amount is necessary to meet the requirement of the proviso of 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 5 lakhs.</p> <p><b>No Claim Bonus:</b> The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy. If no claims made in preceding year (also per the preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/50% preceding ten consecutive years) (NCB on OD premium). No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.</p> <p>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, 1988.</p> <p>* This insurance excludes all pre-existing damages</p>																											
		<p>Approved By : 2520925MD</p> <p>Approved On : 22-JAN-25</p> <p>Place : MKT</p> <p>Printed On : 22-JAN-25</p>																									
<p>For and on behalf of</p> <p><b>The Oriental Insurance Company Limited</b></p> <p>General Manager Authorized Signature</p>																											

FORM 23  
LAKHIMPUR KHERI

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ9095  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701  
 Owner Name : LALIT VERMA  
 Full Address: (Permanent) : R/O 106 KALADUND, LAKHIMPUR KHIRI, LAKESAR, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701  
 Full Address: (Temporary) : R/O 106 KALADUND, LAKHIMPUR KHIRI, LAKESAR, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701  
 Fitness UpTo : 22-Jan-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 HSRP No : AA1038955720  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11E7RHK59666  
 Horse Power(BHP) : 7.91  
 Maker's Classification : SPLENDOR+ I3S (DRS)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1236  
 Standing Cap : 0  
 Unladen Wt (kgs) : 111  
 Laden/GV Wt (kgs) : 241  
 AC Fitted : NO  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA1039287709  
 Month/Year of Manuf. : 10/2024  
 Chassis No : MBLHAW224RHK56545  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1236  
 Standing Cap : 0  
 Unladen Wt (kgs) : 111  
 Laden/GV Wt (kgs) : 241  
 AC Fitted : NO

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

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

*Scan for Bail*  
*10/3/25*  
*R. Khari*  
*22/2/25*

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

Purchase dt : 22-Jan-2025  
 OTT Date : 22-Jan-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 25-Jan-2025  
 Sale Amt : 79866/-  
 Amount/Rcpt No : 7987 / UP31D25010003495  
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 23-Jan-2025 to 22-Jan-2040

Date : 19-Feb-2025 19:00:19  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 19-Feb-2025

Q 1479282