

**JANTA MOTORS**

DESHI DEORIA, ANAND NAGAR, DESHI DEORIA, DEORIA, 274206, UP, India  
 State Code: 9 Contact: 9918116698, , ,  
 GSTIN No: 09AQMPA0307L2ZY

Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 65166-03-REST-0126-126  
 Customer Name DEEPAK VERMA  
 GSTIN  
 VIN MBLHAW476SHFB5923  
 Insurance Company  
 HMCGL Card No

Date 06-01-2026  
 Contact No. 8400815293  
 Model  
 Reg No. SPLENDOR +  
 HMCGL Card Category UP53FK0181

S No	Part Number	HSN No	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410ADH700CS -FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
2	61000ADH700CS -FRONT FENDER MAT AXIS GRAY METALLIC	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
4	33100AAFC1099S -RIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
7	3345BAAEB0099S -WINKER ASSY L FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
8	33650KCC710S -WINKER ASSY L RR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
9	53178AAFH00S -LEVER COMP.L STRG.HNDL	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
<b>Parts Total</b>											0.00	4,222.00

Labour Details 0.00 4,222.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR SPLENDOR +	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	350.00	9.00	9.00	0.00	0.00	0.00	0.00	413.00	
<b>Jobs Total</b>											0.00	767.00

Parts Total	4,222.00
Labour Total	767.00
SGST (Parts) 9%	322.02
CGST (Parts) 9%	322.02
SGST (Labour) 9%	58.50
CGST (Labour) 9%	58.50
<b>Total</b>	<b>4,989.00</b>

Rupees in Words: Four Thousand Nine Hundred Eighty Nine 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

65166 - Main W/S

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

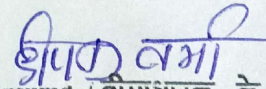
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Deepak Verma 8460815293
2	Vehicle No. / वाहन संख्या	UP 52 FK 0181
3	Policy No. / पालिसी संख्या	252400131/2026/25841
4	Period of Insurance / बीमा अवधि	02/07/2025 To 01/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/2026 - 4.07 PM
6	Place of Accident / दुर्घटना का स्थान	Dsahi Dham
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mastraj Verma UP 52 2020 0001057
8	Estimated Loss / अनुमानित हानि	5000
09.	Cause of Accident / दुर्घटना का कारण : Mastraj Verma जो मेरे चाचा जी के मेरी गाड़ी लेकर गोखरपुर जा रहे थे तभी डेल्ही स्ट्राक के पास भीमर बन्दर हुआ गया जिसके कारण मेरे लिए वेग बर्गिंग और गाड़ी नष्ट हो गई.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Tanta motors Dsahi Dham 7800807912 9912116698

06/01/2026  
Date / दिनांक :  
हस्ताक्षर

  
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 Meerut

Certificate/Policy No. 852400/31/2021/25841  
~~02/07/2025 To~~

Tel. No.

Period of Insurance 02/07/2021 To 01/07/2028  
 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 : Deepak Verma
- (b) Address for correspondence : Buddhnagar Ahirouli Tula Dewa Feringan
- (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>03/07/2025</u>	Engine No. <u>HA11F6SHF 89985</u> Chassis No. <u>MBHNAW 476SHF 923</u>	Registration No. <u>UP53AC081</u>
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- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? personal
- (c) Was trailer attached? No
- (d) If a Motor Cycle/scooter Yes
  - 1. Was a side car attached? No
  - 2. Was a pillion rider carried? No

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 : \_\_\_\_\_

*(Handwritten signature)*

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

**UP52 20200001057**

Issue Date: **18-01-2020**    Validity (NT): **08-01-2038**    Validity (TR): \_\_\_\_\_


Name: **MASTRAJ VERMA**    Holder's Signature: \_\_\_\_\_

Date of Birth: **09-01-1998**    Blood Group: \_\_\_\_\_    Organ Donor: **N**

Son/Daughter/Wife of: **RAMANAND VERMA**

Address: **VRINDAVAN PO- MUSAHARI  
 TARKULWA Deoria, UP 274408**

**DL No: UP52 20200001057**    UPDL 000042277724

 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*
MCWG	MCWG	UP52	18-01-2020	NT			
LMV	LMV	UP52	18-01-2020	NT			
MVSD							

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

Licensing Authority  
**UP52 DEORIA**



भारत सरकार  
Government of India



दीपक वर्मा  
Deepak Verma  
जन्म तिथि / DOB: 01/08/2005  
पुंन / Male

7592 8015 9316

मेरा आधार, मेरी पहचान

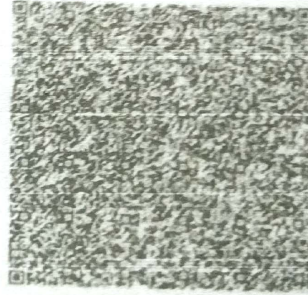


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

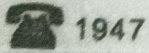


पता: टवारा: विश्वकर्मा वर्मा, वॉर्ड न-4, बुद्धनगर  
(अहिरौली तुलादास), हाटा, कुशीनगर, उत्तर प्रदेश, 274203

Address: C/O: Vishwakarma Verma, Ward No-4,  
Buddhnagar (Ahirauli Tuladas), Hata,  
Kushinagar, Uttar Pradesh, 274203



7592 8015 9316



1947



help@uidai.gov.in



www.uidai.gov.in



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Mastooj Wrmc  
 (b) Age : 27  
 (c) Address : Mushdahi Tankulue Diori  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : uncle  
 (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 : UP522020 0001057  
 (h) Issuing Authority :  
 (i) Date of Expiry : 18/01/2020  
 (j) Was the licence temporary/permanent : 02/01/2038  
 (k) Details of endorsement/suspension, if any : Permit  
 (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 : 04/01/2021  
 (b) Place : Desahi Diori  
 (c) Speed of vehicle at the time of accident : 40  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address : सागर लाल सागरा रिमरी  
वडा नं ११११ बजार इलाका

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : front tyre  
 (b) Estimated cost of repairs : 5000  
 (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? :  
NA

<https://vahan.nv.vahan.gov.in/vahan/vahan/ui/reports/formPaperRC>  
**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department Gorakhpur RTO**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**

Registration No	: UP53FK0181	Registration Date	: 03-Jul-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, . . . 188-273001		
Owner Name	: DEEPAK VERMA	Son/wife/daughter of	: VISHWAKARMA VERMA
Full Address: (Permanent)	: WARD NO 4 BUDDH NAGAR, ( AHIRALI TULADAS ), PO- ARJUN DUMARI PS- HATA, KUSHINAGAR, UTTAR PRADESH-274203		
Full Address: (Temporary)	: 38 D HANSUPUR, PO GEETA PRESS, PS RAJGAHT, GORAKHPUR-UTTAR PRADESH-273005		
Fitness Up To	: 02-Jul-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	: AA1043454098	Rear HSRP No	: AA1042421703
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 06/2025
No of Cylinders	: 1	Chassis No	: MBLHAW476SHFB5923
Engine No	: HA11F6SHF89985	Fuel	: PETROL
Horse Power(BHP)	: 8.17	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ 01 EDITION (D RS)	Wheel base	: 1235
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 113
Colour	: MATT GREY	Laden/GV Wt (kgs)	: 243
Other Criteria	:	AC Fitted	: NO
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 w.e.f. .

Purchase dt	: 02-Jul-2025	Sale Amt	: 80116/-
OTT Date	: 02-Jul-2025	Amount/Rcpt No	: 8012 / UP53D25070000654
Vehicle is Govt./ Pvt	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 05-Jul-2025		

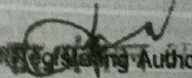
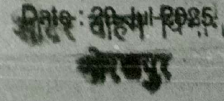
**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 03-Jul-2025 to 02-Jul-2040

Date : 29-Jul-2025 14:55:34

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 29-Jul-2025  
  


Q 4841647

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? : \_\_\_\_\_
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

NA

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? : \_\_\_\_\_
- (g) When? : \_\_\_\_\_
- (h) Which Police Station? : \_\_\_\_\_
- (i) C.R. diary Number : \_\_\_\_\_

NA

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 06/01/2026 200

Signature of the insured दीपक वर्मा

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 ..... *श्रीधर वर्मा* .....  
Occupation .....  
Address .....  
.....  
.....

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

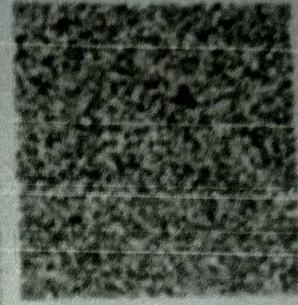
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
CRDPV0076K



नाम / Name

DEEPAK VERMA

पिता का नाम / Father's Name

VISHWAKARMA VERMA

जन्म की तारीख /  
Date of Birth

01/06/2005

दीपक वर्मा





The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PCAR0978

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-0110063578, (GSTIN: 09AAAC10627R4Z1)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	02-JUL-25
Policy No	252400/31/2026/25841	Proposal No. & Date	R/252400/31/2026/18444 & 02-JUL-2025
Agent/Broker Code	LC000000060	Policy Period (OWN DAMAGE)	FROM 17:49 ON 02/07/2025 TO MIDNIGHT OF 01/07/2026
Agent/Broker Name	M/S POLYBAZAAR INSURANCE BROKERS PVT LTD	Policy Period (LIABILITY)	FROM 17:49 ON 02/07/2025 TO MIDNIGHT OF 01/07/2026
Insured Name	DEEPAK VERMA (GSTIN: )	Lead / Breakin No	/
Insured Address	CO VISHWAKARMA VERMA, WARD NO-4 BUDDHANAGAR (AHIRALI TULADAS) PO- ARJUN DUMARI PS- HATA KUSHINAGAR 274203, S-D HANSUPUR PO- GITA PREES PS- RAIGHAT, GORAKHPUR, N.A.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (IN RS.)

Make	HERO MOTOCORP	Vehicle	76585
Model & Variant	HERO SPLENDOR PI US IS BLA L20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76585
Engine - Cylinders No	150 HNSHFB898S - 150 HNSHFB898S	TME 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			

Schematic Of Premium (Amount in RS.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1283.57	Basic Third Party Liability	3851
Elect. Accessories	0	Compulsory PA Cover Premium	0
Non-Elect. Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1207.57	Legal Liability (WC) to driver (IMT-2B)	0
Geographical Area Exte (IMT -1)	0	Legal Liability to Employees (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	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4137
AAI Membership (IMT-6)	0	GST	748
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
NIP Discount	1091	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	1091	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Total	4917
Nil. Depreciation	191		
Return to Invoice	0		
Key Replacement	0		
Consumables	191		
Sub-Total Add-on Coverages	191		
Net own Damage Premium(A)	308		

Note:  
1. Policy Issuance is the subject of the realisation of cheque  
2. Consolidated Stamp Duty paid via Challan No  
3. The Policy is subject to a compulsory Deductible of Rs (0) (IMT-22)  
4. Voluntary excess Rs(0)  
5. Subject to Endorsements IMT.7,10,28.

Nominee Details:		Nominee Name	Age	Relation	Amount
Paysor Details:		Payment Method	Cheque No./Transaction No.	Bank Name	4807
EGS Name		%A	EGS ID	%A	EGS PAN No/Auditor 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 insurance under the policy is subject to conditions, clauses, exclusions, IMTs 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.  
Warranty that in case of deliberate premium cheques 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 to which this 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 authorized by and on behalf of the company has hereunto set his hand at 252400 on 02-JUL-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 M.V 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) Liability by trials  
Driver's Claims: 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. Provide also that the person holding an effective learner's license may also drive a vehicle if 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 (1) of the policy - Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-1 (1)(b) of the policy - Damage to third party property is Rs. 7.5 lakhs. PA Cover under section III for owner-Driver is RS  
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) from the own Damage section of the policy if an claim is made or pending during the preceding year's 1st year 50%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four 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, 1988.  
\* This insurance excludes all pre existing damage

For and on behalf of  
**The Oriental Insurance Company Limited**  
General Manager  
Authorized Signature

Approved By : 9221755/D  
Approved On : 02-JUL-25  
Place : MRI  
Printed On : 25-JUL-25