

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA

State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644

GSTIN No: 09AAJFM3951B1ZD

Authorized Dealer: Hero MotoCorp Ltd.

MOSARAM AUTO SALES

LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA

Contact: 7800009643, 7408404715, 7408404714, 7800009644

GSTIN No: 09AAJFM3951B1ZD

ESTIMATE

| | | | |
|-------------------|------------------------|---------------------|------------|
| Estimate No. | 10730-03-REST-0126-765 | Date | 08-01-2026 |
| Customer Name | JAGMOHAN LAL .. | Contact No. | 6392301358 |
| VIN | MBLHAW149SHA01594 | Model | HF DELUXE |
| Insurance Company | | Reg No. | UP31CJ9176 |
| HMCGL Card No | 1073024870005156 | HMCGL Card Category | Gold |

Part Details

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|--------------------|---|----------|--------------|----------|-----|--------|--------|---------|--------|------------|-------------|------------------|
| 1 | K44426AAEAH00S -KIT WHEEL COMP FRONT | 87141090 | Paid | 3,769.49 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,448.00 |
| 2 | 61000AAHF00RS -FENDER FRONT NH-1 | 87141090 | Paid | 687.29 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 811.00 |
| 3 | 61311KST950S -STAY HEAD LIGHT BRACKET | 87141090 | Paid | 233.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 276.00 |
| 4 | 83400KSTH50ZDS -FR VISOR(CBR) | 87141090 | Paid | 937.29 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,106.00 |
| 5 | 3310BAAHH51S -LIGHT ASSY. HEAD | 85122010 | Paid | 459.68 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 542.42 |
| 6 | 33450KST940S -WINKER ASSY.L FR(W/O BULB) | 85122010 | Paid | 139.83 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 165.00 |
| 7 | 83402ACK000S -PANEL INNER | 87141090 | Paid | 116.95 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 138.00 |
| 8 | 37100AAFH00S -METER ASSY COMB | 87141090 | Paid | 1,233.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,456.00 |
| 9 | 35010ACK00099S -KIT, LOCKS & KEYS | 83012000 | Paid | 783.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 925.00 |
| 10 | 53175AAFH00S -LEVER COMP.R STRG.HNDL. | 87141090 | Paid | 77.97 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 92.00 |
| 11 | 64311KST950S -BRACKET COMPLETE FRONT NO PLATE | 87141090 | Paid | 69.49 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 82.00 |
| 12 | 88120AAH2000S -MIRROR ASSEMBLY LEFT BACK(GY- 141M) | 70091090 | Paid | 203.39 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 240.00 |
| 13 | 88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY- 141M) | 70091090 | Paid | 203.39 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 240.00 |
| 14 | 53100AAH810S -PIPE STRG. HANDLE | 87141090 | Paid | 366.95 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 433.00 |
| 15 | 53200KST950S -STEM COMP.STRG. | 87141090 | Paid | 679.66 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 802.00 |
| 16 | 51410KTC901S -PIPE COMP.FR.FORK | 87141090 | Paid | 859.32 | 2 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,028.00 |
| 17 | 50803KST940S -GUARD LEG | 87141090 | Paid | 527.12 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 622.00 |
| 18 | 17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1)" | 87141090 | Paid | 6,250.00 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,375.00 |
| 19 | 18355AAH100S -COVER MUFFLER | 87141090 | Paid | 500.00 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 590.00 |
| 20 | 33400KST950S -WINKER ASSY.R FR(W/O BULB) | 85122010 | Paid | 152.54 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 180.00 |
| Parts Total | | | | | | | | | | | 0.00 | 22,551.40 |

Labour Details

| S NO | JOB CODE | SAC No. | Billing Type | Rate | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | net Amount |
|-------------------------|--------------------------------------|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------------|
| 1 | 102032 - ACCIDENTAL LABOUR-HF DELUXE | 998729 | Paid | 1,695.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,000.10 |
| Jobs Total | | | | | | | | | | 0.00 | 2,000.10 |
| Parts Total | | | | | | | | | | | 22,551.42 |
| Labour Total | | | | | | | | | | | 2,000.10 |
| SGST (Parts) 9% | | | | | | | | | | | 1,720.02 |
| CGST (Parts) 9% | | | | | | | | | | | 1,720.02 |
| SGST (Labour) 9% | | | | | | | | | | | 152.55 |
| CGST (Labour) 9% | | | | | | | | | | | 152.55 |
| Total | | | | | | | | | | | 24,551.52 |

Rupees in Words: Twenty Four Thousand Five Hundred Fifty One and paise Fifty Two Only

Authorised Signatory

10730 - Main W/S

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
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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. | जगमोहन लाल. 9335321429 |
| 2 | Vehicle No. / वाहन संख्या | UP 31CT 9176 |
| 3 | Policy No. / पालिसी संख्या | 252400/3.1/2025/79754 |
| 4 | Period of Insurance / बीमा अवधि | 22/01/2025 से 21/01/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 04/01/2026 5:00PM |
| 6 | Place of Accident / दुर्घटना का स्थान | लाल कुआ के पास |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | रजितकुमार वर्मा, 6396839712 UP31 20180003210 |
| 8 | Estimated Loss / अनुमानित हानि | |
| 09. | Cause of Accident / दुर्घटना का कारण : | लाल कुआ के पास सामने से लॉरी ओर से अचानक साड से जोरदार टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गेकर 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, LRPROND LAKHIMPUR KHERI, 9151154036 |

Date / दिनांक : 06/01/2025
हस्ताक्षर

जगमोहन लाल
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. 252400/31/2025/79754

Tel. No.

Period of Insurance 22/01/2025 to 21/01/2026
 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 : JAGMOHAN LAL
 (b) Address for correspondence : PO-VILL-ATKONWA PO-DHUSUROOPS-PHARDHAN,
 (c) Telephone : 9335321429 LAKHIMPUR-KHERI

2. THE INSURED VEHICLE

| | | |
|---|--|--|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No. <u>HJ11ECSHA77081</u> Chassis No. <u>MBLHANJ49SHR01594</u> | Registration No. <u>UP31CT</u> <u>9176</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 to 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 : RAJIT KUMAR VERMA
 (b) Age : 23/02/1991
 (c) Address : VILL-ATKONWA, PO-OELPS-KHERS, LAKHIMPUR-KHERS
 (d) Is the Driver
 1. Owner :
 2. paid driver? : NO
 3. Owner's relative or friend? : NO
 (e) If paid driver, how long has he been in your employment : BHAT
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP3120180003210
 (h) Issuing Authority :
 (i) Date of Expiry : 13/03/2018
 (j) Was the licence temporary/permanent : 12/03/2038
 (k) Details of endorsement/suspension, if any : Permanent
 (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 : 04/01/2026 5:00PM.
 (b) Place : लीला कुआ के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : लीला कुआ के पास सामने से बॉडी कोर से भाड़ से
 (e) If any third party was responsible for this accident give the name and address : पारदार लंचर हो गई जिससे मेरी गाड़ी बर्बाद और गिरकर
 मारे गए हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP ROAD
 LAKHIMPUR-KHERS

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 : N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
(b) If yes, give full details : NO

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? : N/A
(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? : N/A
(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 06/01/2006

Signature of the insured जगदीश लाल

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. UP 31CT 9176 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 होमिद लाल
Occupation
Address

Bank Account Number
Name of the Bank

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number or general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the Income Tax Act, 1962.

1. Full Name and Address of the declarant JAGMOHAN LAL S/O JAI JAI RAM
R/O PS-DHUSUROO ATKONWA KHERI, OEL, UTTAR
PRADESH, 262725

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

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 / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, JAGMOHAN LAL S/O JAI JAI RAM do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 06/01/2026

Place KHERI

JAGMOHAN LAL
Signature of the declarant

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

- Ration Card
- Passport
- Driving License
- Identity Card issued by any institution
- Copy of Electricity bill or Telephone bill showing residential address.
- Any document of communication issued by authority of Central Government or local bodies showing residential address.
- Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.



Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ9176 Registration Date : 24-Jan-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701
 Owner Name : JAGMOHAN LAL Son/wife/daughter of : SRI JAIJAI RAM
 Full Address: (Permanent) : VILL- ATKONWA, PO- DHUSURCO KHERI OEL, PS- PHARDHAN, KHERI, UTTAR
 PRADESH-262725
 Full Address: (Temporary) : VILL- ATKONWA, PO- DHUSUROO KHERI OEL, PS- PHARDHAN, KHERI-UTTAR
 PRADESH-262725
 Fitness Up To : 23-Jan-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 Rear HSRP No : AA1039287717
 Front HSRP No : AA1038955728 Month/Year of Manuf. : 01/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW149SHA01594
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11ECSHA77081 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1235
 Maker's Classification : HF DELUXE (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Uniaden Wt (kgs) : 112
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : SPORTS RED 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 HERO FINCORP LTD, PUNE, PUNE, Pune, Maharashtra-411009 w.e.f. 22-Jan-2025.

Purchase dt : 22-Jan-2025 Sale Amt : 63900/-
 OTT Date : 22-Jan-2025 Amount/Rcpt No : 6390 / UP31D25010003589
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 29-Jan-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 This certificate is valid from 24-Jan-2025 to 23-Jan-2040

Previous RegNo :
 Entry Date :
 Conversion Date :

Date : 19-Feb-2025 19:06:58
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registration Authority
 Date: 19 Feb-2025

Q 1479379

TAX INVOICE / CERTIFICATE / CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE - 136 KHAR NAGAR OPP. THE MISTAN CINEMA MILLER L... 01214061570 (GSTIN: 09AAAC10627R4Z1)

| | | | |
|-------------------|---|----------------------------|--------------------------------|
| Policy Type | HERO MOTOR VEHICLE | Policy Issued On | 22-JAN-2025 |
| Policy No. | 2524001250503054 | Proposal No. & Date | R-2524001250503054/22-JAN-2025 |
| Agent/Broker Code | RAD000195311 | Policy Period (OWN DAMAGE) | FROM 22-01-2025 TO 22-01-2026 |
| Agent/Broker Name | ADITYA JAIN | Policy Period (LIABILITY) | FROM 22-01-2025 TO 22-01-2026 |
| Insured Name | TAGADHAN JAIN GOSTIN 09 | Lead Breakin No | |
| Insured Address | C/6 SRI PADARANI VILL. ATKONWADA PONDHUST ROOMS, PHARDHAN, LAKHIMPUR, BIHAR | Insured State | BIHAR |

| | | | |
|--------------------------------------|--------------------------------|--|------------------------|
| INSURED MOTOR VEHICLE DETAILS | | INSURED DECLARED VALUE (IDV) (in Rs.) | |
| Make | HERO MOTOR CORP | Vehicle | 60705 |
| Model & Variant | HERO BI-DIGI XL SH11 E20 | Electrical Accessories | 0 |
| Registration No. | NW | Non-Electrical Accessories | 0 |
| Year of Manufacture | 2025 | | |
| Engine/Chassis No. | BA110SHA1081 MIBHAW1098BA01994 | Total IDV | 60705 |
| Cubic Capacity | 100 | TMF CONTRACT NO | |
| Seating Capacity | 2 | Policy Type | Zone B - Rest of India |
| Type of Body | SOLO | Geographical Area | INDIA |
| Type of Fuel | PETROL | | |
| RTO Location | | | |

Schedule Of Premium (Amount in Rs.)

| OWN DAMAGE SECTION(A) | | LIABILITY SECTION (B) | |
|---|--------|---|------|
| Vehicle | 101742 | Basic Third Party Liability | 3851 |
| Files/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 | 101742 | Legal Liability (WC) to driver (IMT-28) | 0 |
| Geographical Area Extra (IMT-11) | 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%) | NA |
| Deductibles | | 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) | 4004 |
| AAI Membership (IMT-8) | 0 | GST | 720 |
| No Claim Bonus | 0 | SERVICE TAX | 0 |
| Discount for vehicle designed for handicapped | 0 | STAMP DUTY | 0.00 |
| SIP Discount | 864 | Swachh Bharat Cess@0.50% | 0 |
| Sub-Total Deductibles | 864 | Krishi Kalyan Cess@0.50% | 0 |
| Add-On Coverages | | Gross Premium Paid | 4724 |
| NIL Depreciation | | | |
| Return to Invoice | 0 | | |
| Key Replacement | 0 | | |
| Consumables | 0 | | |
| Sub-Total Add-on Coverages | 0 | | |
| Net own Damage Premium(A) | 153 | | |

- Note:
1. Policy issuance is the subject to 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 |
| Payment Details | | Payment Method | Cheque No./Transaction No. | Bank Name | | 4724 |
| Financier Type | | Financier Name | | Financier Branch | | |
| POS Name | | POS ID | NA | POS PAN NO/Aadhar No | | NA |

The insured hereby declares that the vehicle is used for the purpose mentioned in the schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our branches and is available on our website.

IMPORTANT NOTICE

The insured hereby declares that the vehicle is used for the purpose mentioned in the schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our branches and is available on our website.

Limit of Liability: The liability of the insurer shall be limited to the sum of Rs. 50,00,000/- (Fifty Lakhs only) per annum for (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) ...

Exclusions: The insurer shall not be liable to pay any claim for damage to or loss of or destruction of the insured vehicle or any part thereof caused by ...

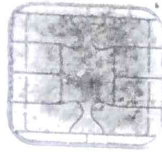
Approved By: _____
 Approved On: 22-JAN-25
 Place: MBI
 Printed On: 22-JAN-25

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

UNION OF INDIA Driving Licence



UP31 20180003210



जारी करने की तिथि
Date of Issue

13/03/2018

जन्म तिथि
Date of Birth

23/02/1993

नाम / Name

RAJIT KUMAR VERMA

पिता/पति का नाम / Son/Daughter/Wife of

HARE RAM

वैधता / Validity

12/03/2038

Blood Group

Unknown



UP31 20180003210

UP06352306MT



LMV
13/03/2018



MCWG
13/03/2018

पता / Address

VILL ATKONWA PO GEL
PS KHERI
LAKHIMPUR KHERIUP - 262725

Holder's Signature



Form 7 Rule 16(2)

जारीकर्ता / Issuing Authority Sign

Lakhimpur Kheri



भारत सरकार
Government of India



जगमोहन लाल
Jagmohan Lal
जन्म तिथि / DOB : 10/04/1982
पुरुष / Male



8177 0975 1959

अधार - आम आदमी का अधिकार



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

पता:
संबोधित: जैजैराम, पोस्ट धुसुरू,
अटकोंवा, खीरी, ओएल, उत्तर प्रदेश,
262725

Address:
S/O: Jaijairam, post dhusuroo,
Atkonwa, Kheri, Oel, Uttar
Pradesh, 262725

8177 0975 1959

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in