

**MOSARAM AUTO WORLD PRIVATE LIMITED**  
 100 FITA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India  
 State Code: Contact: 9415148200,  
 GSTIN No: 09AASCM0223E1ZL  
 Authorised Dealer: Hero MotoCorp Ltd.

**JOB CARD /**

17032-03-RJC-0126-621



Date & Time :14/01/2026 15:10:55

**CUSTOMER DETAILS / MOBILE #/Aadhaar Card** :RAHUL KUMAR (9319909694)/8200  
**J.C TYPE / KMS / REVISIT** :Accidental / 3419 / Y  
**REG NO / COLOUR / MODEL** :UP25EM2262 / PEB / VIDA VX2 PLUS  
**VIN / ENGINE NO / D.O.S** :MBLCEW069S6G03490 / ECD001S6G05256/ 03/08/2025  
**GL Card # / Category / Points / Expiry Dt** : / / /  
**Insurance Expiry Date** :--  
**JR Expiry/JR Balance** :/  
**Supervisor Remarks** :Accidental job

**Accessories Check:** Approved Preventive Parts:  
 Helmet, Seat Cover, Grip Cover,  
 Protector Grill, Floor Mat, Tyre Pressure Valve(TPMS)

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

Customer Request	Job Repair Order	Billing Type	Supervisor Remarks
Accidental Job			

Vehicle Inspection Details

Lights HL/TL/Win/ Pilot  
 Fuel Level 1 Fuel Level(cm)  
 Mirrors L / R Choke Cap  
 Battery Battery No EH7Z440  
 Customer Permission for Additional Jobs YES/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: 14/01/2026 19:45:00

Estimated Repair Value : 12000

Customer Signature Technician: 1253 Supervisor's Name: Tarun Tiwari

^^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/repared to my entire satisfaction & replaced parts, if any are returned to me.

Customer Signature Supervisor's Name & Signature

Last Time Advice Jobs



\* MBLCEW069S6G03490\*  
**MOSARAM AUTO WORLD PRIVATE LIMITED** Contact: 9415148200,

**DELIVERY RECEIPT** (To be retained by the customer & submitted at the time of the vehicle delivery)  
 Job Card No 17032-03-RJC-0126-621 Reg No UP25EM2262 Agreed Delivery Date 14/01/2026-19:45:00

GoodLife Card # / Category / Points / Expiry Dt: / / /

Kindly Contact **Tarun Tiwari(Mobile# 7302818020)** for any further clarification. Estimated Repair Value 12000

- 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 BAREILLY 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.

**MOSARAM AUTO WORLD PRIVATE LIMITED**

100 FITA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India

State Code: 9 Contact: 9415148200, , ,

GSTIN No: 09AASCM0223E1ZL

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	17032-03-REST-0126-19	Date	14-01-2026
Customer Name	RAHUL KUMAR	Contact No.	9319909694
Aadhaar Card	8200		
VIN	MBLCEW069S6G03490	Model	VIDA VX2 PLUS
Insurance Company		Reg No.	UP25EM2262
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	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,829.00
2	VD51410ACP000S -PIPE COMP FR FORK	87141090	Paid	300.00	2	9.00	9.00	0.00	0.00	0.00	0.00	708.00
3	VD45500ACP320S -FR MASTER CYLINDER ASSY	87141090	Paid	1,355.08	1	9.00	9.00	0.00	0.00	0.00	0.00	1,599.00
4	VD33450ACP201S - WINKER ASSY L FR	85122010	Paid	271.19	1	9.00	9.00	0.00	0.00	0.00	0.00	320.00
5	VD33400ACP201S - WINKER ASSY R FR	85122010	Paid	271.19	1	9.00	9.00	0.00	0.00	0.00	0.00	320.00
6	VD53237ACP310CS - HANDLE COVER TOP	87141090	Paid	648.31	1	9.00	9.00	0.00	0.00	0.00	0.00	765.00
7	VD53205ACP310S - HANDLE COVER FRONT	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
8	VD5317AACP320S -LEVER LH ASSY	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
9	VD61100ACP310CS - FRONT FENDER	87141090	Paid	1,046.61	1	9.00	9.00	0.00	0.00	0.00	0.00	1,235.00
10	VDACPDS6A0040AYGS - SET ILLUSTR COVER FRONT UPPER	87141090	Paid	6,581.36	1	9.00	9.00	0.00	0.00	0.00	0.00	7,766.00
11	VDACPDS6A0000AYGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,777.12	1	9.00	9.00	0.00	0.00	0.00	0.00	3,277.00
12	VDACPDS6A0010AYGS - SET ILLUSTR BODY SIDE LH	87141090	Paid	2,761.02	1	9.00	9.00	0.00	0.00	0.00	0.00	3,258.00
13	VD64320ACP310CS - COVER R FLOOR SIDE	87141090	Paid	722.03	1	9.00	9.00	0.00	0.00	0.00	0.00	852.00
14	VD64330ACP310CS - COVER L FLOOR SIDE	87141090	Paid	722.03	1	9.00	9.00	0.00	0.00	0.00	0.00	852.00
15	VD64457ACP310GS - BEZEL REAR PANEL FLOOR R	87141090	Paid	124.58	1	9.00	9.00	0.00	0.00	0.00	0.00	147.00
16	VD64357ACP310GS - BEZEL REAR PANEL FLOOR L	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
17	VD53100ACP310S - HANDLE COMP STRG	87141090	Paid	683.05	1	9.00	9.00	0.00	0.00	0.00	0.00	806.00
Parts Total											0.00	25,083.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-VIDA VX2 PLUS	998729	Paid	3,500.00	9.00	9.00	0.00	0.00	0.00	0.00	4,130.00

	0.00	4,130.00
Jobs Total		25,083.00
Parts Total		4,130.00
Labour Total		1,913.11
SGST (Parts) 9%		1,913.11
CGST (Parts) 9%		315.00
SGST (Labour) 9%		315.00
CGST (Labour) 9%		29,213.00
Total		

Authorised Signatory

Rupees in Words: Twenty Nine Thousand Two Hundred Thirteen Only

17032 - 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 BAREILLY Jurisdiction Only

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.	Rahul Kumar - 7017052317
2	Vehicle No. / वाहन संख्या	UP25 EM2262
3	Policy No. / पालिसी संख्या	252400/31/2026/31004
4	Period of Insurance / बीमा अवधि	31/08/25 To 28/10/26.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/10/26, 10:00am
6	Place of Accident / दुर्घटना का स्थान	पुलिस लाइन के सामने
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Adambir Sharma, UP2520210002352 7017052317
8	Estimated Loss / अनुमानित हानि	99213
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी लेकर मेरा भतीजा मेरे घर मठानाथ से अपने ऑफिस नगर निगम जा रहा था कि रास्ते में पुलिस लाइन के पास गाड़ी के सामने अचानक से गांधी आ गांधी जिसे बचाने के पक्ष में गांधी ड्राइवर से लगाकर दूसरी साइड में गिर गया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Moraram Auto World Pvt Ltd. 100 Fita T-Point Pilibhit Bypass Road Bareilly 7302818015

Date / दिनांक : 11/10/26 .  
हस्ताक्षर

*Rahul Kumar*  
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 \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/31004

Tel. No. \_\_\_\_\_

Period of Insurance 318/025 to 218/026

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 : Rahul Kumar  
 (b) Address for correspondence : 445, Ashok Nagar Madinath Boreilly  
 (c) Telephone : 7017052317

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto - Corp Ltd. 2025</u>	Engine No. <u>ED00166905256</u> Chassis No. <u>4BLCEW06956903490</u>	Registration No. <u>UP25EM 2262</u>
--	---	--

- (a) Was the vehicle in proper working condition?  
 (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

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 : Axiambh Sharma.  
 (b) Age : 24  
 (c) Address : Vikas Coaching wali gali Shri Nagar Madinath Bly.  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : Owner Relative.  
 (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 : UP2520218002352  
 (h) Issuing Authority : Indian Union Driving Licence.  
 (i) Date of Expiry : 11/08/2042  
 (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? : No.

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 11/07/096, 10:00am  
 (b) Place : Police Line Bareilly  
 (c) Speed of vehicle at the time of accident : 45  
 (d) Give a short description of the accident : गांव को लाने के पक्कर में डिवाइडर से टक्कर दूसरी साइड में गिर गया  
 (e) If any third party was responsible for this accident give the name and address : No.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : \_\_\_\_\_  
 (b) Estimated cost of repairs : 29213  
 (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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NIA  
(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? : NIA  
(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? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(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 17/01 2026

Signature of the insured Robert Kumari

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. UP25EM2260 insured under Policy No. 95240031/2006/31004  
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 .....

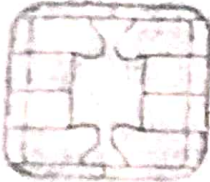
*Bobal Kumar*  
Signature .....  
Occupation .....  
Address .....  
.....  
.....

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



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP25 20210002352



Issue Date 29-01-2021    Validity (NT) 17-08-2042    Validity (TR) \_\_\_\_\_



Holder's Signature

Date of First Issue (29-01-2021)

Name: ARAMBH SHARMA  
Date of Birth: 18-08-2002    Blood Group: \_\_\_\_\_  
Son/Daughter/Wife of: ADARSH SHARMA

Organ Donor: N

Address:  
VIKRAM COACHING WALI GALI SHIV NAGAR  
MADI NATH PS SUBHASH NAGAR BAREILLY  
Bareilly, UP 243001

DL No: UP25 20210002352

UPDL000004895505



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	UP25	29-01-2021	NT			
LGV	LGV	UP25	29-01-2021	NT			
MVSD							

Emergency Contact Number

Issuing Authority

Form 7 Rule 16(2)



GOVERNMENT OF UTTAR PRADESH

Transport Department BAREILLY

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP2NEM2262 Registration Date : 07-Aug-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : MODARAM AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 109 PITA SARDINA,  
 TULAPUR, Pilibhit Bypass, Bareilly, ... 155-243122  
 Owner Name : RAHUL KUMAR Son/daughter of : RAJENDRA SINGH  
 Full Address: (Permanent) : 445, ASHOK NAGAR MADHINATH, BAREILLY VIKRAM PUBLIC SCHOOL, BAREILLY,  
 UTTAR PRADESH-243001  
 Full Address: (Temporary) : 445, ASHOK NAGAR MADHINATH, BAREILLY VIKRAM PUBLIC SCHOOL, BAREILLY,  
 UTTAR PRADESH-243001  
 Fitness UpTo : 06-Aug-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : JAYTRI DEVI  
 Relationship with the Nominee : Mother Norms : Not Available  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2125864935 Rear HSRP No : AA2127836258  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
 No of Cylinders : 0 Chassis No : MBLCEW06006000490  
 Engine No : ECD001S6G05256 Fuel : PURE EV  
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00  
 Maker's Classification : VIDA VX2 PLUS Wheel base : 1301  
 Seating Cap(In all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 116  
 Colour : PEARL BLACK Laden/GV Wt (kgs) : 206  
 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 : 03-Aug-2025 Sale Amt : 109990/-  
 OTT Date : Amount/RCpt No : /  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 17-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Aug-2025 to 06-Aug-2040

Date : 23-Aug-2025 15:57:58

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar  
 Date: 23-Aug-2025  
 (Official Stamp)

Q 4459219



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGR0923

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, 81214943578, (GSTIN: 09AAACTM637R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	03-AUG-25
Policy No	252400/31/2026/31004	Proposal No. & Date	P/252400/31/2026/23482 & 03-AUG-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:26 ON 03/08/2025 TO MIDNIGHT OF 02/08/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 18:26 ON 03/08/2025 TO MIDNIGHT OF 02/08/2026
Insured Name	RAHUL KUMAR (GSTIN: )	Lead / Breakin No	/
Insured Address	C/O RAJENDRA SINGH, 445,ASHOK NAGAR, MADINATH, VIKRAM PUBLIC SCHOOL, BAREILLY,, NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	104491
Model & Variant	HERO MOTO CORP HERO VIDA VX 2 PLUS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	104491
Engine -Chassis No	ECD001S6G05256 - MBLCEW069S6G03490	TMF CONTRACT NO	
Cubic Capacity	6	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL
RTO Location			

Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1751.27	Basic Third Party Liability	3273
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-15)	0
Basic Premium	159.27	Legal Liability (WC) to driver (IMT-25)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-45)	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)	3273
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	3693
AAI Membership (IMT-8)	0	GST	664
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4357
NIL Depreciation	261		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	261		
Net own Damage Premium(A)	420		

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar 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, warranties, 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.

Warranted that in case of dishonour of premium cheque(s) 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 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/have herein to set his/their hands at 252400 on 03-AUG-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 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) Reliability trials (7) Any Purpose in connection with motor trade.

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 learner's license may also drive vehicle & 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 (i) 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 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS

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(s), as per the The preceding year/20% preceding two consecutive years/25% 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 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 damages

	Approved By :	9221375MD	For and on behalf of The Oriental Insurance Company Limited
	Approved On :	03-AUG-25	
	Place :	MRT	
	Printed On :	03-AUG-25	

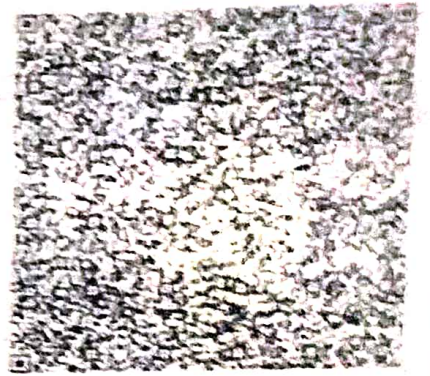
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BZTPK3462R



नाम / Name

RAHUL KUMAR

पिता का नाम / Father's Name

RAJENDRA SINGH

जन्म की तिथि / Date of Birth

15/05/1985

हस्ताक्षर / Signature

14742



भारत सरकार  
Government of India



Issue Date: 29/01/2015



राहुल कुमार  
Rahul Kumar  
जन्म तिथि / DOB : 15/05/1985  
पुरुष / MALE



6147 4368 8200

मेरा आधार, मेरी पहचान

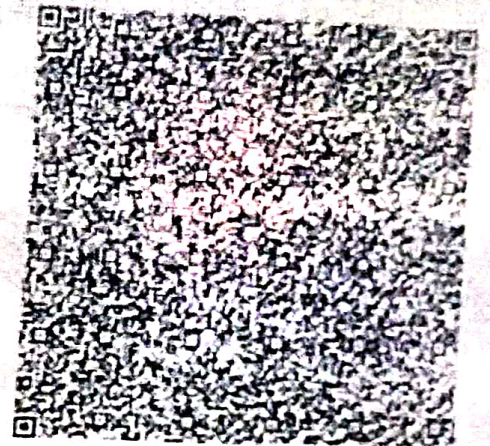


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Print Date: 21/01/2021

पता: आत्मज: राजेन्द्र सिंह, 445, अशोक नगर  
मदीनाथ, विक्रम पब्लिक विद्यालय, बरेली,  
बरेली, उत्तर प्रदेश, 243001  
Address: S/O. Rajendra Singh, 445, Ashok  
Nagar Madhinath, Vikram public school,  
Bareilly, Bareilly, Uttar Pradesh, 243001



6147 4368 8200



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

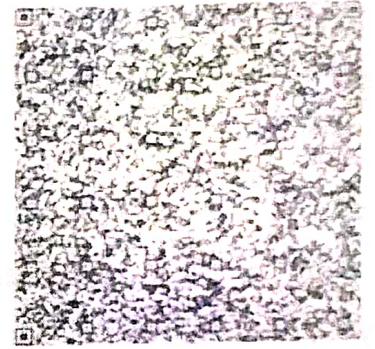


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BZTPK3462R**



नाम / Name

**RAHUL KUMAR**

पिता का नाम / Father's Name

**RAJENDRA SINGH**

जन्म का तिथि / Date of Birth

**15/05/1985**

हस्ताक्षर / Signature

14742