

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-0126-20
 Customer Name AMIT KUMAR VERMA
 Aadhaar Card 7207
 VIN MBLCEW047S6J01721
 Insurance Company
 HMCGL Card No
 Part Details

Date 16-01-2026
 Contact No. 9627073511
 Model V2 PLUS
 Reg No. UP25EN5551
 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	VD45508ACP000S -LEVER SET	87141090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
4	VDACPCA7L000000GS - SWITCH THROTTLE START COMP	85365020	Paid	1,699.15	1	9.00	9.00	0.00	0.00	0.00	0.00	2,005.00
5	VD64304ACP000YS - COVER FRONT LOWER RIGHT (S(D)-015M(F))	87141090	Paid	1,452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,714.00
6	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
7	VD53204ACP000S -WIND SCREEN	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
Parts Total											0.00	7,481.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102046 - ADDITIONAL REPAIR CHARGES-V2 PLUS	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00
Parts Total												7,481.00
Labour Total												1,770.00
SGST (Parts) 9%												570.58
CGST (Parts) 9%												570.58
SGST (Labour) 9%												135.00
CGST (Labour) 9%												135.00
Total												9,251.00

Rupees in Words: Nine Thousand Two Hundred Fifty One Only

Authorised Signatory

1. Terms Cash

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

17032 - Main W/S

Claim No.: _____

MOTOR CLAIM FORM

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory

PERSONAL DETAILS OF CLAIMANT (OWNER) To be filled in BLOCK LETTERS

Policy No.	110422523760031042	Cover Note No.	
Policy Period From	11/10/2025	To	10/11/2026
Full Name	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Amit T Kumari E Verma		
Address for Communication	Durga Nagar Near Royal Public School Bareilly		
Flat Building			
Road/Street/Sector	Durga Nagar		
Nearst Landmark	Royal Public School	Area	Durga Nagar
Taluka/Village/District/City	Bareilly	Pin Code	243006
State	Uttar Pradesh		
Change of the contact Details	<input type="checkbox"/> Yes, I wish to change my contact details <input type="checkbox"/> There is no change in my contact details		
Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.			
Phone No.	9627073511	Mobile No.	
WhatsApp No	9627073511	Alternate Mobile No.	
Email ID		D.O.B.	20/08/1996
Aadhaar (UIDAI) No.	683295377207	PAN No.	BERPV5757D
Insured Profession	<input type="checkbox"/> Private Service <input checked="" type="checkbox"/> Self Employed <input type="checkbox"/> Politician <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Government Service <input type="checkbox"/> House Wife		
Monthly Income	<input checked="" type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above		
Any claims made in last two insurance policies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify _____		

VEHICLE DETAILS

Registration No.	UP25 EN 5551	Date of Registration	12/10/2025
Date of Purchase of Vehicle	11/10/2025	Expiry of Temp. Reg (If applicable)	DD / MM / YYYY
Chassis No.	MBLCEW04756Y01721	Engine No.	EC000166Y09523
Make	Hero Motocorp Ltd	Model	Vida V2 Plus
Class of Vehicle	<input type="checkbox"/> Pvt <input checked="" type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial		
Financiers	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Financier _____		
Vehicle fitted with LPG/ CNG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle fitted with Anti theft device
			<input type="checkbox"/> Yes <input type="checkbox"/> No

reliance-general.co.in | 022-1890 3009 | 74004 22200 (WhatsApp)

Claim No.: _____

MOTOR CLAIM FORM

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory

PERSONAL DETAILS OF CLAIMANT (OWNER) To be filled in BLOCK LETTERS

Policy No.	110422523760031842	Cover Note No.	
Policy Period From	11/10/2025	To	10/11/2026
Full Name	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Amit T Kumari E Verma		
Address for Communication	Durga Nagar Near Royal Public School Bareilly		
Flat Building			
Road/Street/Sector	Durga Nagar		
Nearest Landmark	Royal Public School	Area	Durga Nagar
Taluka/Village/District/City	Bareilly	Pin Code	243006
State	Uttar Pradesh		
Change of the contact Details	<input type="checkbox"/> Yes, I wish to change my contact details <input type="checkbox"/> There is no change in my contact details		
Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.			
Phone No.	9627073511	Mobile No.	
WhatsApp No.	9627073511	Alternate Mobile No.	
Email ID		D.O.B.	20/03/1996
Aadhaar (UIDAI) No.	683295377207	PAN No.	BERPV5757D
Insured Profession	<input type="checkbox"/> Private Service <input checked="" type="checkbox"/> Self Employed <input type="checkbox"/> Politician <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Government Service <input type="checkbox"/> House Wife		
Monthly Income	<input checked="" type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above		
Any claims made in last two insurance policies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify _____		

VEHICLE DETAILS

Registration No.	UP25EN5551	Date of Registration	11/10/2025
Date of Purchase of Vehicle	11/10/2025	Expiry of Temp. Reg (If applicable)	DD/MM/YYYY
Chassis No.	MBLCEW047S6Y01721	Engine No.	ECD00166Y09523
Make	Hero Motocorp Ltd	Model	Vida V2 Plus
Class of Vehicle	<input type="checkbox"/> Pvt <input checked="" type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial		
Financiers	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Financier _____		
Vehicle fitted with LPG/ CNG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle fitted with Anti theft device	<input type="checkbox"/> Yes <input type="checkbox"/> No

reliancegeneral.co.in | 022-1890 3009 | 74004 22200 (WhatsApp)

IRDAI Registration No. 103. Reliance General Insurance Company Limited

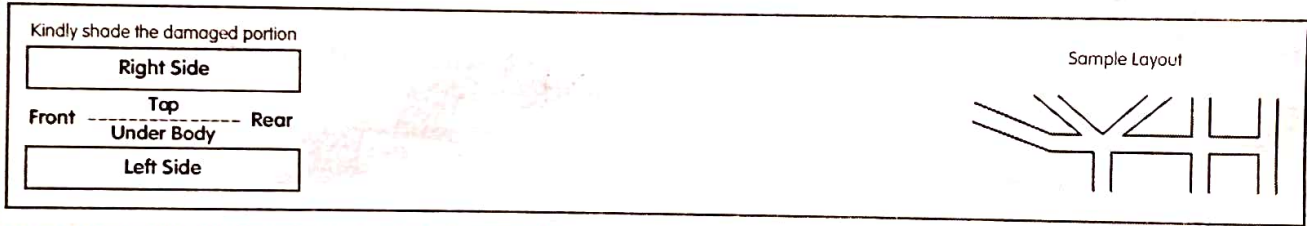
An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Motor Claim Form. RGI/MCOM/CO/MOT-02/CLM-FM/Ver.1.0/180325.

DETAILS OF ACCIDENT

Date	12/01/2026	Time	08:00 am/pm
Vehicle Speed	40		
Place of accident	बजरगा टावा के सामने	Odometer reading	1043
Police FIR No. / GD Entry (Lodged if any)	No	Name of Police Station	No.
Name of Garage	Mosaram Auto Wash Pvt Ltd.		
Estimate of Loss		Garage Ph. No.	7302818015
No. of persons traveling at the time of accident excluding driver	01		
Description of the accident (Please attach a separate sheet if needed)	मैं अपनी गाड़ी लेकर अपने घर दुर्गा नगर से कुतुबखाना जा रहा था कि रास्ते में बजरगा टावा के सामने अचानक से स्कूटर के सामने कार आ गई जिसे स्कूटर कार से टकराकर गिर गया और घातिग्रस्त हो गया		
For what purpose was the vehicle being used at the time of accident?	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> For Hire of Passenger <input type="checkbox"/> Carriage of Goods		
Vehicle was plying from	Durga Nagar	to	Kutub Khana.
Was any third party involve in the accident	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Vehicle No. and details _____		



DRIVER AT TIME OF ACCIDENT

Name	Amit Kumar Verma.		
Correspondence Address	Durga Nagar Near Royal Public School Bareilly		
Telephone Number	9627073511	Gender	Male / Female
Date of Birth	20/03/1996	Licence No.	UP2520160009752
Licensing Authority	Indian Union Licence	Valid upto	25/04/2036
Type of Vehicle authorised to Drive:	<input type="checkbox"/> HGV <input type="checkbox"/> Transport <input checked="" type="checkbox"/> LMV <input checked="" type="checkbox"/> Motor Cycle <input checked="" type="checkbox"/> Scooter Without Gear		
Is the Driver:	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Paid Driver <input type="checkbox"/> Any Other Person, please specify _____		
Was the driver under the influence of alcohol:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type of Licence: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Learner		
Driver involve in any other accident in last two years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide details _____		

DETAILS REQUIRED ONLY FOR COMMERCIAL VEHICLE

Nature of load carried at time of accident	G. R Date and No.	DD / MM / YYYY
No. of passengers carried at time of accident	Permit No.	
Permit valid upto	Permit Issuance Date	DD / MM / YYYY
Fitness valid upto		

IF THERE IS A THIRD PARTY PROPERTY DAMAGE OR INJURY

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passenger / Driver / Third person
	N/A		

ADDITIONAL INFORMATION REQUIRED FOR THEFT CLAIM

Place of theft		Time noticed	HH / MM am/pm
Date of Theft	DD / MM / YYYY	Police Station	
FIR No.		Date of FIR	DD / MM / YYYY
By whom it was first noticed and when:	N/A	Time	HH / MM am/pm
Witnesses Name & Address			
Witness Contact No	Details of person in whose possession the vehicle was at the time of theft		
Relationship	Purpose		

ADD ON'S

Do you wish to opt a claim for add on cover if opted under the policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Nil Depreciation <input type="checkbox"/> Consumable expenses <input type="checkbox"/> Engine Protector <input type="checkbox"/> Return to Invoice <input type="checkbox"/> Total Cover <input type="checkbox"/> Others
Please Specify	
Details of any other insurance covering this vehicle (Name of Insurance Company)	
Policy No.	
Period of insurance	

BANK DETAILS FOR NEFT PAYMENT (For Reimbursement Claims)

Name of the Bank Account Holder	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Amit S T Kumar LE Verma.
Bank Account No.	33388084292 Account: <input checked="" type="checkbox"/> Saving <input type="checkbox"/> Current
Name of the Bank	State Bank of India
Branch	Mahanagar Branch
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	
IFSC Code (11 character code appearing on your cheque leaf)	SBIN0016725
<input checked="" type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode. Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars	

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

Yes No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

Yes No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: Boreilly

Date: 12/01/2020



Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

Claim Procedure: Step-by-Step Guide for Claims

REGISTRATION OF CLAIM

Claim has to be intimated with our Call Centre at 022 4890 3009 (paid).

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

FIRST STEP

- Please provide your mobile no. for sending SMS about your claim status from time to time.
- If there has been any injury to any passengers or a head on collision resulting in major damages or vehicle not in a motorable condition due to accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- Please rush the injured to the hospital.
- You can seek the help of our Call Centre Executives in identifying a cashless network garage* close to the location of loss.
- Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/aggravated damages on account of delay.
- Submit all documents listed on time for a speedier claim settlement.**
- Keep original documents ready for verification by our loss assessor.
- Produce the vehicle for re-inspection after repairs if the loss is above Rs.50,000. Submit bills and cash receipt within 5 days from the date of repair.
- To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage, which can be on account of depreciation, excess, consumables etc.
- We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) for a hassle free claim settlement, if you have not chosen to repair at our cashless network garage.
- In case of a loss due to riots inform police immediately.
- If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- To co-operate with the investigator in a theft claim and provide necessary information sought by him.
- If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes*** do intimate the call centre executive of the same.

*Conditions apply

**Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess etc. as laid down in the policy terms.

Please go through the policy document

***Please refer Section III of the policy document

*For Theft claims : GPS coordinates at the time of loss & present / Dash Cams will be obtained

*For OD Claims: Crash report and GPS coordinates / Dash Cams (for OD / TP Claims) will be obtained

This is solely for the purpose of claim processing

DOCUMENTS TO BE KEPT READY AT THE TIME OF REGISTRATION OF A CLAIM

- Policy Copy • Registration Book • Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- How the accident took place • The damages suffered by the vehicle • Location of the accident
- Location, where the vehicle is available for inspection • Injuries to passengers/driver/third parties if any
- Name and particulars of driver who was driving the vehicle at the time of accident

Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Vehicle repair satisfaction voucher (For Cashless Settlement)

Claim No. _____

I/ We hereby acknowledge having received from _____ Name of the garage _____ garage my/our _____ Make & Model _____ vehicle bearing Registration Number _____ Registration No. _____ Which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____ on account of such repair by Reliance General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under Policy No. _____ in respect of the damage caused to the above mentioned vehicle in an accident which occurred on _____

Place Bareilly

Date 12/01/026

Signature of the Insured [Signature]

Name of Insured Amrit Kumar Verma

DOCUMENTS REQUIRED FOR PROCESSING OF A CLAIM

General Documents applicable for all type of losses		Own Damage	Theft of vehicle	Personal Accident Claim
OWN DAMAGE	Claim Form filled up completely & duly signed*	✓	✓	✓
	Policy Copy	✓	✓	✓
	RC with RTO Tax Receipt**	✓	✓	✓
	Driving Licence Copy**	✓	✓	✓
	Original Estimate of Repair	✓	✓	✓
	Original Repair Invoice and payment receipt	✓	✓	✓
	FIR Copy (in case of major loss and theft)	✓	✓	✓
	Fire Engage report for fire loss	✓	✓	✓
	Cancelled Cheque for fund transfer or Self attested Aadhaar Card Copy (if opted)	✓	✓	✓
	KYC document for high value claim	✓	✓	✓
	Bank details for the payment for EMI protector	✓	✓	✓
	Loan documents for EMI payment for EMI protector	✓	✓	✓
	Auto Loan Account No.	✓	✓	✓
	Purchase Invoice Copy	✓	✓	✓
	Vehicle Fitness Certificate Copy***	✓	✓	✓
Additional documents for Theft of vehicle	Vehicle Permit and Authorisation Copy***	✓	✓	✓
	Load Challan for goods vehicle***	✓	✓	✓
	Passenger list for passenger carrying vehicle***	✓	✓	✓
	Non Traceable report	✓	✓	✓
	All Original Keys	✓	✓	✓
	Letter of subrogation and indemnity	✓	✓	✓
	Loan account statement from the Financier	✓	✓	✓
	NOC from the Financier (if hypothecated)	✓	✓	✓
	Form 35 duly signed	✓	✓	✓
	Form 28, 29 and 30 duly signed	✓	✓	✓
Personal Accident Claim	Letter to RTO intimating them of the theft	✓	✓	✓
	Hospital Certificate/documents	✓	✓	✓
	Death Certificate	✓	✓	✓
	Post Mortem Certificate	✓	✓	✓
	Legal Heir Certificate/Will/Proof of nomination	✓	✓	✓
	Affidavit on non judicial stamp paper	✓	✓	✓
	Certificate of disablement in case of a permanent partial disability	✓	✓	✓

*Stamp required in case of company
 **Original document to be produced for verification of the driver at the time of accident
 ***Applicable for commercial vehicles only
 In case if necessary, additional documents may be require for processing of a claim

TRACK YOUR CLAIM STATUS

You can always track your claim status -

- On our website - www.reliancegeneral.co.in, in the 'Claims' section or
- Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at 022 4890 3009 (paid) or
- SMS claimstatus<space><claim number> at 9266334477 to get the claim status

REGISTERED & CORPORATE OFFICE ADDRESS


IRDAI Registration No. 103.
 Reliance General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (E), Mumbai-400063.
 For any assistance call (022) 4890 3009 (Paid)

Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my /our claim, I /we hereby accept from Reliance General Insurance Company Limited the sum of ₹ _____ Rupees (amount in words) _____ in full and final settlement of my/our claim

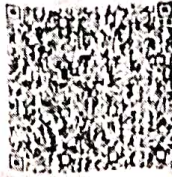
I / we hereby voluntarily give discharge receipt to the company in full and final settlement of all my / our claims present or future arising directly indirectly in respect of the said loss/accident. I /we hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No : ~~110403523760031842~~
 Policy No : 1104225 23760031 842
 Date of loss: 12/10/2026

Signature of Insured: 
 Name of Insured: Anil Kumar Veema.
 Date: _____

Note:

- In case of firm/company owned vehicles stamp & sign of authorized signatory is required
- Issuance of this voucher is not to be taken as admission of liability



Reliance Two Wheeler Policy Bundled - Policy Schedule

Important

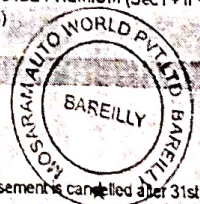
- 1) The validity of this certificate of insurance cum policy is subject to realization by the company of the premium cheque paid by the insured.
- 2) Except as provided in GR 27 Rule (g) of erstwhile Indian Motor Tariff (i.e. Sale of Vehicle), No NCB will be allowed when a policy is not renewed within 90 days of its expiry.

Policy Number: R1102562224	Period of Insurance: Own Damage - Section-I Period: From 14:40 Hrs on 11-Oct-2025 to Midnight of 10-Oct-2025 Liability - Section-II Period: From 14:40 Hrs on 11-Oct-2025 to Midnight of 10-Oct-2030
Insured Name: Mr. AMIT KUMAR VCRMA	Policy Issuing Branch: Trara Building, 4th Floor, Maharashtra Nagar, Off Chandavarkar Lane, Off. LT Road, Borivali West, MUMBAI, MAHARASHTRA, 400002
Communication Address & Place of Supply: 000000 HARISH KUMAR DURGHA NAGAR, NEAR ROYAL PUBLIC SCHOOL BAREILLY BAREILLY, UTTAR PRADESH, India, 243006	Tax Invoice No. & Date: R1102562224 & 2025-10-11 15:48:57.0
Mobile No.: 9827*****	GSTIN/UIN & Place of Supply: UTTAR PRADESH
Email ID: NA	
Insured's Blood Group:	

Insured Vehicle Details			
Registration No.	NEW	Mfg Month & Year	AUG-2025
Make / Model & Variant	HERO VIDA V2 PLUS	CC / HP / Watt	6000
Engine No. / Chassis No.	ECD001S6J09523 / MBLCEW047S6J01721	Seating Capacity Including Driver	2
Type of Body	NA	Total Premium ₹	5598
RTO Location	UTTAR PRADESH - Bareilly	IDV ₹	114000.00
Hypothecation/Lease	NA		

Insured Declared Value (IDV)			
Vehicle IDV ₹	114000	Non Electrical Accessories ₹	0
Electrical / Electronic Accessories ₹	0	Total IDV ₹	114000

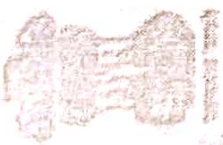
Premium Summary			
Own Damage - Section I	Amount (₹)	Liability - Section II	Amount (₹)
Basic OD including Add-on where Applicable	1,720.78	Basic Liability (TPPD 2)	3,273.00
Total Basic Own Damage Premium	1,720.78	Less: Restricted Third Party Property Damage to Rs 6000/- (IMT - 20)	-250.00
Add on Covers/ Opted		Total Basic Liability Premium	3,023.00
Nil Depreciation		PA Benefits - Section III	
		TOTAL LIABILITY PREMIUM	3,023.00
Emergency Medical Assistance		TOTAL PACKAGE PREMIUM (Sec I + II + III)	4,744.00
Helmet Cover		IGST (18.00%)	654.00
TOTAL OWN DAMAGE PREMIUM	1720.78		
TOTAL PREMIUM PAYABLE (₹)			5,598.00



Subject to I.M.T. Endt Nos. IMT 20,22
 GSTIN : 27AA5CR6747B1ZG HSN : 997134,
 Description of services : Motor vehicle Insurance Service
 As per the GST regulations, the amount of GST (if applicable) will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year.

Limits of liability : (a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody or control of the insured up to the limits specified- (TPPD 1 Sum Insured - 100000 /-, TPPD 2 Sum Insured - 6,000 /- (iii) PA cover for owner driver under section III CSI 0-

Consolidated Stamp duty Paid vide, order No ENF-1/CSD/98/2025 Validity Period Dt. 10/09/2025 to Dt. 01/12/2026 OV No 3532 Date 10-09-2025 GRN No 1) MH006472625202526E 2) MH006473880202526E Date 02-08-2025 SBI, Deface No. 1) 000431247202526 2) 0004312521202526 Deface Date 22-08-2025. ** Not Applicable for the State of Jammu & Kashmir.



Government of India



Issue Date: 22/11/2013

अमित कुमार वर्मा

Amit Kumar Verma

जन्म तिथि / DOB : 20/03/1996

पुरुष / Male



6832 9537 7207



6832 9537 7207

मेरा आधार, मेरी पहचान



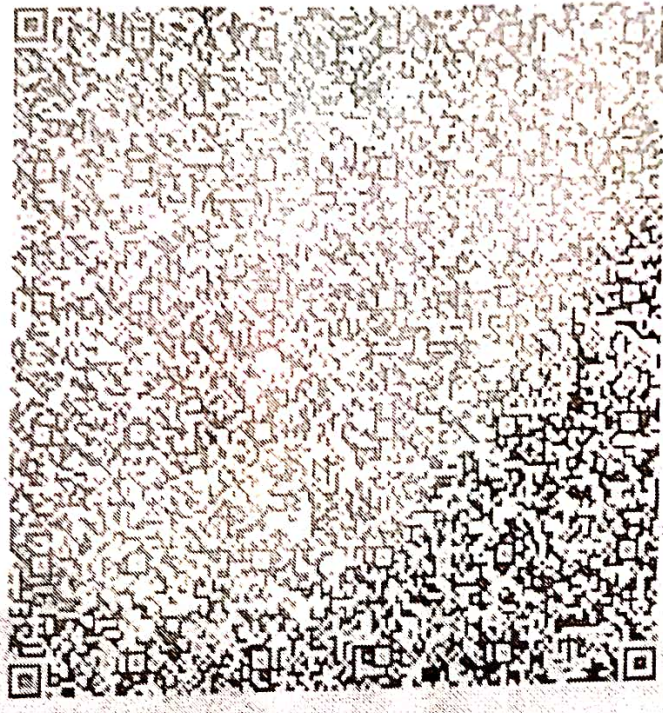
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: S/O हरीश कुमार, दुर्गा नगर, नजदीक
रायल पब्लिक स्कूल, बरेली, उत्तर प्रदेश,
243006

Address: S/O Harish Kumar, Durga Nagar,
Near Royal Public School, Bareilly, Bareilly,
Uttar Pradesh, 243006



Print Date: 17/01/2022

6832 9537 7207



1947



help@uidai.gov.in



www.uidai.gov.in

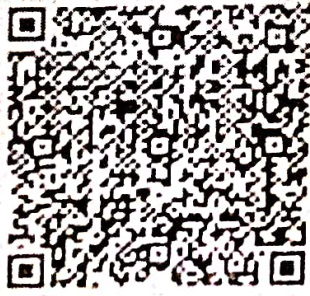
आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

BERPV5757D

नाम/ Name

AMIT KUMAR VERMA

पिता का नाम/ Father's Name

HARISH KUMAR

जन्म की तारीख/ Date of Birth

20/03/1996

Amit

हस्ताक्षर/ Signature



27042017



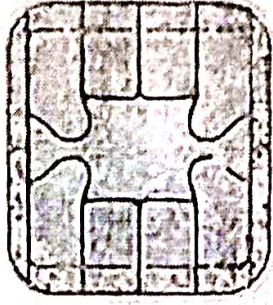
सत्यमेव जयते

Indian Union Driving Licence
Issued by Uttar Pradesh



UP25 20160009752

Issue Date 22-09-2020 Validity (NT) 25-04-2036 Validity (TR) #



Holder's Signature

Name: AMIT KUMAR VERMA

Date of Birth: 20-03-1996 Blood Group: Organ Donor: N

Son/Daughter/Wife of: HARISH KUMAR

Address:

DURGA NAGAR PS BARADARI
BAREILLY 243006

Date of First Issue (26-04-2016)



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*
	M CWG	UP25	26-04-2016	NT			
	LMV	UP25	26-04-2016	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP25 BAREILLY

GOVERNMENT OF UTTAR PRADESH

Transport Department BAREILLY

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP25EN5551 Registration Date : 12-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2,1ST FLOOR,100 FITA T-POINT,
 TULAPUR, PILIBHIT BYPASS, BAREILLY, . . 150-243122
 Owner Name : AMIT KUMAR VERMA Son/wife/daughter of : HARISH KUMAR
 Full Address: (Permanent) : DURGA NAGAR NEAR ROYAL PUBLIC, SCHOOL BAREILLY, . BAREILLY, UTTAR
 PRADESH-243006
 Full Address: (Temporary) : DURGA NAGAR, NEAR ROYAL PUBLIC SCHOOL, BAREILLY, BAREILLY-UTTAR
 PRADESH-243006

Fitness UpTo : 11-Oct-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : SURJA DEVI
 Relationship with the : Mother Norms : Not Available
 Nominee
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2125853517 Rear HSRP No : AA2136616611
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 0 Chassis No : MBLCEW047S6J01721
 Engine No : ECD001S6J09523 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0 00
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 124
 Colour : BLACK Laden/GV Wt (kgs) : 274
 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	: 11-Oct-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 18-Oct-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 12-Oct-2025 to 11-Oct-2040

Date : 24-Oct-2025 10:19:50

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 24-Oct-2025

Q 4871342



भारतीय स्टेट बैंक
State Bank Of India

(16725) - MAHANAGAR BRANCH
 OPP. SANJAY NAGAR CHAURAHA PILBHIT BYPASS ROAD
 DISTT. BAREILLY, UTTAR PRADESH 243001
 Tel: 581-2525005 Fax: IFS Code: SBIN0016725

काल १ महीने के लिए ही वैध रहेगा।
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PAY

रुपये RUPEES

33388084292

SAVINGS A/C

PREFIX:
1516000017

VALID UP TO ₹10 LACS AT NON-HOME BRANCH FOR NON-CASH TRANSACTION ONLY
29248088333

CHIEF CLERK

अदा करें

₹

या धारक को OR BEAR

~~MULTI-CITY CHEQUE~~ Payable at Par at All Branches of SBI

॥ 50 1 130 ॥ 24,300 2060 ॥ 004812 ॥ 3 ॥

Mr. ANIT KUMAR VERMA
 Please sign above

भारतीय स्टेट बैंक

1202/2018