

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....M.F.R.U.T.....

Sir / महोदय,

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

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.	गोलू, 8429916824
2	Vehicle No. / वाहन संख्या	UP31CK0672
3	Policy No. / पालिसी संख्या	252400/31/2025/81698
4	Period of Insurance / बीमा अवधि	31/01/2025 से 30/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/01/2026 8:00PM
6	Place of Accident / दुर्घटना का स्थान	मैला मैदान चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शैलेंद्र कुमार शुक्ला, 9918062611 UP31 20070035264
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैला मैदान चौराहे के पास सामने से आते से टक्कर हो गयी जिससे मेरी गाड़ी दाहिने तरफ भेकर सतिग्रस्त हो गयी
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.	MOSKRAM AUTO SALES, CRP ROAD, CAKHIMPUR-KHERI 9151154036

Date / दिनांक : 20/01/2026
हस्ताक्षर

गोलू
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 MEEERUT

Certificate/Policy No. 252400/31/2025/81698

Tel. No.

Period of Insurance 31/01/2025 to 30/01/2026
 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
- (b) Address for correspondence
- (c) Telephone

GOLLI
R/O Vill- NAYAGAN, PO- KAIMAURA, PS-PHARDHWA,
8429916824 LAKHIMPUR-KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJIECRMK12477</u>	Registration No. <u>UP31CK</u>
	Chassis No. <u>MBLHAW149RHK10762</u>	<u>0672</u>

- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? N/A
- (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: SHRI LENDRA KUMAR SHUKLA
 (b) Age: 05/11/1983
 (c) Address: MO-SHANTINAGAR ROAD, LAKHIMPUR, KHERRI, SADAR KOT WARI, LAKHIMPUR-KHERRI, 262701
 (d) Is the Driver:
 1. Owner: NO
 2. paid driver?: NO
 3. Owner's relative or friend?: 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: UP31, 20070035264
 (h) Issuing Authority: 14/10/2020
 (i) Date of Expiry: 29/11/2027
 (j) Was the licence temporary/permanent: Permanent
 (k) Details of endorsement/suspension, if any: NO
 (l) Has he been involved in any accident before?: NO
 (m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time: 16/01/2026 8:00PM
 (b) Place: मैला मेवह चौराहे के पास
 (c) Speed of vehicle at the time of accident: 36-40
 (d) Give a short description of the accident: मैला मेवह चौराहे के पास सामने से आने से टक्कर हो
 (e) If any third party was responsible for this accident give the name and address: गर्ज जिससे मेरी गाड़ी दाहिने तरफ गिरकर क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

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

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? : 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 20/01/2016

Signature of the insured गोय

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. UP31C K0672 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 [Signature]
Occupation
Address
.....

Bank Account Number
Name of the Bank

FORM 60
[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 GOLU S/O SUDHEER KUMAR
NAYA GRON, KATMAHRA, UP, 262701
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, GOLU S/O SUDHEER KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 20/01/2026
Place KHERI

[Signature]
Signature of the declarant

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

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) 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.



The Oriental Insurance Company Ltd.
Policy Schedule

Agent ID: P020979

Page No: 1

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE
(FORM #1 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	DIVISIONAL OFFICE, 306 KHAIR NAGAR, OFF. FILMISTAN CINEMA MARKET, LAKHIMPUR KHIBRI, NA.	Lead / Breakin No	1 / OPTAKPRADESH
Policy No	0350/01/2025/01008	Insured State	UTTAR PRADESH
Agent/ Broker Code	035000133344	Proposal No. & Date	01-JAN-25
Agent/ Broker Name	ABHINAV BHATTI	Policy Period (OWN DAMAGE)	02/25/2025/01/007 & 31-JAN-2025
Insured Name	ORUUGASTIN (S)	Policy Period (LIABILITY)	FROM 12:15 ON 31/01/2025 TO MIDNIGHT OF 30/01/2025
Insured Address	C-55 SUDHEER KUMAR, VILL.-NAYADAON PO.-KAIMHARA, PS-FARDHAN, LAKHIMPUR KHIBRI, NA.		

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)	
Make	HERO MOTOR CORP	Vehicle	60705
Model & Variant	HERO HD DE LUXE SGL F20	Electrical Accessories	0
Registration No	NA	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	60705
Engine Chassis No	HA1HCRHK12477 - MDLHAW149RHK10762	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone 0 - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	SOLO		
RTD Location			
Type Of Fuel	PETROL		

OWN DAMAGE SECTION (A)		Schedule Of Premium (Amount In Rs.)		LIABILITY SECTION (B)	
Vehicle		Basic Third Party Liability			3851
Elec Accessories	1017.42	Compulsory PA Cover Premium			0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)			0
Basic Premium		Legal Liability (WC) to driver (IMT-25)			0
Geographical Area Extn (IMT -1)	1017.42	Legal Liability to Employees (IMT-29)			NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)			NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)			0
		PA Paid Driver, Conductor, Cleaner-GR36B3			3851
		Net Liability Premium (B)			4004
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)			720
Anti-Theft Device (IMT-10)	0	GST			0
AAI Membership (IMT-8)	0	SERVICE TAX			0.00
No Claim Bonus	0	STAMP DUTY			0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%			0
SIP Discount	0	Krishi Kalyan Cess@0.50%			0
Sub-Total Deductibles	864	Gross Premium Paid			4724
Add-On Coverages	864				
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 realization 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
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4724
Financier Type	Financier Name	MUTHOOT CAPITAL SERVICES LTD.	Financier Branch
		ERNAKULAM	
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/his/hands at 252400 on 31-JAN-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: Only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Race Making (5) Speed testing (6) Reliability trials (7) Any purpose in connection with motor trade.

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 license may also drive vehicle & that such a person satisfies the requirement of Rules of the Central Motor Vehicles Rules, 1989.

Limits of Liability: Under section II-1 (1) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (1) of the policy - Damage to third party property is Rs 7.5 Lacs. P.A. Cover under section III for owner-Driver is RS

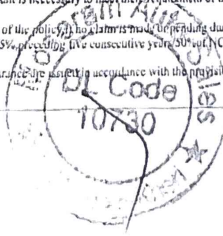
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if he/she has not made any claim during the preceding year(s) as per the: The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding four consecutive years/45% preceding five consecutive years/50% preceding six consecutive years/55% preceding seven consecutive years/60% preceding eight consecutive years/65% preceding nine consecutive years/70% preceding ten consecutive years/75% preceding eleven consecutive years/80% preceding twelve consecutive years/85% preceding thirteen consecutive years/90% preceding fourteen consecutive years/95% preceding fifteen consecutive years/100% preceding sixteen consecutive years/100% preceding seventeen consecutive years/100% preceding eighteen consecutive years/100% preceding nineteen consecutive years/100% preceding twenty consecutive years.

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 : 2550925MD
Approved On : 31-JAN-25
Place : MKR
Printed On : 31-JAN-25



For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK0672
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, PIN-2153-262701
 Owner's Name : GOLU
 Full Address: (Permanent) : VILL- NAYAGAON, PO- KAIMHARA, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : VILL- NAYAGAON, PO- KAIMHARA, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
 Fitness Up To : 03-Feb-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 From HSRF No : HERO MOTOCORP LTD
 Type of Body : AA2120937995
 No of Cylinders : SOLO WITH PILLION
 Engine No : 1
 Horse Power(BHP) : HA11ECRHK12477
 Maker's Classification : 7.91
 Seating Cap(in all) : HF DELUXE (DRS)
 Steepar Cap : 2
 Colour : 0
 Other Criteria : BLACK GREY STRIPE
 Vehicle Purchase As : Fully Built
 Registration Date : 04-Feb-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SUDHEER KUMAR
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2120644283
 Month/Year of Manuf. : 10/2024
 Chassis No : MBLHAW149RHK10762
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

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 MUTHOOT CAPITAL SERVICES LIMITED, ERNAKULAM, ERNAKULAM, , Ernakulam, Kerala-682018 w.e.f. 31-Jan-2025.

Purchase dt : 31-Jan-2025
 Sale Amt : 63900/-
 OTT Date : 31-Jan-2025
 Amount/Rcpt No : 6390 / UP31D25020000463
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 05-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Feb-2025 to 03-Feb-2040

Date : 21-Feb-2025 10:05:42

Taxation Particulars / Advance Registration Mark Fee Details

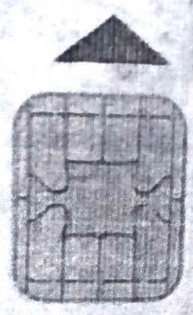
पंजीयन अधिकारी
 Signature of Registering Authority
 Date : 21-Feb-2025

1570103



Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20070035264



Issue Date: 14-10-2020
Validity (NT): 29-11-2027

Validity (TR):



Holder's Signature

Name: SHALENDRA KUMAR SHUKLA

Date of Birth: 05-01-1983 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: RAM NARESHSHUKLA

Address:

MOH SHANTI NAGAR GHADI ROAD LAKHIMPUR
KHERI PS SADAR KOTWALI
LAKHIMPUR, LAKHIMPUR KHERI 262701

Date of First Issue (30-11-2007)

DL No: UP31 20070035264

UPDL 0000009987095



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	UP31	30-11-2007	NT			
	LMV	UP31	30-11-2007	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERA

Form 7 Rule 16(2)

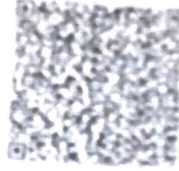


भारत सरकार
Government of India



गोल
Golu

जन्म तिथि / DOB 01/01/1999
पुरुष / Male



2411 9314 0497

आधार - आम आदमी का अधिकार



भारत विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: सुधीर सुधीर कुमार,
नयागाँव, कैमहरा, खीरी, कैमहरा,
उत्तर प्रदेश, 262701

Address S/O Sudheer Kumar Navagon,
Kamhara, Khari Kamhara Uttar Pradesh
262701

24 1 9314 0497

1947
1800 300 1547

help@uidai.gov.in

www.uidai.gov.in

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.

ESTIMATE

Estimate No.	10730-03-REST-0126-803	Date	21-01-2026
Customer Name	GOLU	Contact No.	8429916824
VIN	MBLHAW149RHK10762	Model	HF DELUXE
Insurance Company		Reg No.	UP31CK0672
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	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
2	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
3	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
4	61100AAH100US -FENDER FRONT COMPLETE(R-195C)	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	4,719.00

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	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
Jobs Total											0.00	1,500.96

Parts Total	4,719.00
Labour Total	1,500.96
SGST (Parts) 9%	359.92
CGST (Parts) 9%	359.92
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	6,219.96

Rupees in Words: Six Thousand Two Hundred Nineteen and paise Ninety Six 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.