

# GANPATI AUTOMOBILES

Purwa Chauraha, Deona 770404 9913

Mob: ~~9888888888~~ 9888888888

770404 9913

Owner's Name: SAIKUN NISHA

Address: DEORA

Phone: 7668683218

## ESTIMATE

Job No. ....  
 Date: 01/07/2026  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. UP52BF 7578  
 Speedometer Redg. ....  
 Insurance No. ....  
 Model: XTREME 160R

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount Rs.	P.
1	RR. Fender	1PC	300	300	
2	Sect Cowal L&R	2PC	500	1000	
3	Centre	1PC	200	200	
4	R.R No Patent Light	1PC	150	150	
5	Muffler. Cover - R	1PC	300	300	
6	Borck. Paired	1PC	200	200	
7	Bracket R	1PC	420	420	
8	Tank. Surround. R	1PC	1350	1350	
9	Liver - R	1PC	100	100	
10	Mirror - R	1PC	250	250	
11	Handl -	1PC	350	350	
12	F-Disk Brack	1PC	1900	1900	
13	Mutter Cover - <del>1PC</del> 2PC	2PC	100	200	
14	Mutter. Cover	1PC	100	100	
15	Visor - R	1PC	450	450	
16	F. Fender -	1PC	1290	1290	
17	Solex Switch	1PC	350	350	
18					
19					
20					
21					
22	Labour -			600	
23					
24					
25					
			<b>TOTAL</b>	9610	

- Note:
1. If required, labour for above material shall be charged extra.
  2. Price of parts are subject to change without notice.
  3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
  4. All Disputes Subject to Deona Jurisdiction only.

- We agree with the conditions and approve the estimate.

Customer's Signature: .....

Ganpati Automobiles  
 For - Ganpati Automobiles  
 DEORA  
 Authorised Signatory

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.	SAIBUN NISHA 97668683218
2	Vehicle No. / वाहन संख्या	UP52BF7578
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/446211
4	Period of Insurance / बीमा अवधि	09/06/2025-08-03/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/02/2026 Times 5:10 pm.
6	Place of Accident / दुर्घटना का स्थान	शांती गन्धीर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MOHAMMAD. FIRDOOS UP5220180007022, 7668683218
8	Estimated Loss / अनुमानित हानि	9610/-
09.	Cause of Accident / दुर्घटना का कारण:	शांती नगर से गोती लाल रोड का यह बे। रास्ते में शांती गन्धीर के पास चिड़ से इच्छा नाले ने गती जाड़ी का तक्कर मार दिया और गती जाड़ी चामा राईट थीर कर छति गस्त हो जागी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Grampeti Automobiles Rep- Dami' & 7651989597

Date / दिनांक : 04/02/2026  
हस्ताक्षर

सैबुन निशा

Signature of Insured / बीमाधारक के

सैबुन निशा





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. MS/2025/7001/0/4575/4

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

Period of Insurance 04/06/2025-To-03/06/2026  
 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 SAIBUN NISHA  
 (b) Address for correspondence SANTI NIMAR, DEORIA  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No * <u>01013</u> Chassis No * <u>60526</u>	Registration No <u>4P52BF</u> <u>7578</u>
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- (a) Was the vehicle in proper working condition? YES  
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL USE  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter NA  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

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 \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: MOHAMMAD FIRDOOS  
 (b) Age: 30/07/1999  
 (c) Address: SANTI NAGAR DEORIA U.P  
 (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: NA  
 (f) Was he under the influence of intoxication Liquor or drugs?: NA  
 (g) Driving Licence Number: UP5220180007022  
 (h) Issuing Authority: \_\_\_\_\_  
 (i) Date of Expiry: 27/06/2038  
 (j) Was the licence temporary/permanent: PERMANENT  
 (k) Details of endorsement/suspension, if any: NA  
 (l) Has he been involved in any accident before?: NA  
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 02/02/2026 30km Time: 5:10 pm  
 (b) Place: शाही मंदिर देवाला  
 (c) Speed of vehicle at the time of accident: शाही मंदिर देवाला रोड का रूंद मोड़ पर  
 (d) Give a short description of the accident: बिना ब्रेक के गाड़ी चलते चलते गाड़ी का सामने का हिस्सा टकरा गया  
 (e) If any third party was responsible for this accident give the name and address: गाड़ी चालक का ठेका

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE  
 (b) Estimated cost of repairs: 3600  
 (c) When and where can the damaged vehicle be inspected: GAHAPATI AUTO MOBILE DEORIA (U.P)

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name: \_\_\_\_\_  
 (b) Address: \_\_\_\_\_  
 (c) Full Details of personal injury sustained: \_\_\_\_\_  
 (d) Name and address of any person/hospital giving medical attention to injured person: \_\_\_\_\_  
 (e) Full details of property damaged: \_\_\_\_\_  
 (f) Has notice of any claim been given to you?: NA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/occupant injured? NO  
(b) If yes, give full details \_\_\_\_\_

9. WITNESS

(a) Give names and addresses of passengers/other witnesses, if any \_\_\_\_\_  
(b) Did a Police Constable take particulars of the accident? NO  
(c) Was accident reported to Police? If not, Why? \_\_\_\_\_  
(d) If yes, at which Police Station? \_\_\_\_\_  
(e) Date and Day this \_\_\_\_\_

10. THEFT

(a) Date and Time \_\_\_\_\_  
(b) Place \_\_\_\_\_  
(c) What was stolen? 1000  
(d) Estimated cost of replacement? \_\_\_\_\_  
(e) By whom discovered and reported? \_\_\_\_\_  
(f) Time theft was reported to Police? \_\_\_\_\_  
(g) Where? \_\_\_\_\_  
(h) Which Police Station? \_\_\_\_\_  
(i) C. R. No. number \_\_\_\_\_

I/We the above named the hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements 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 past or future accident shall be terminated.

Date 24/03/2026

Signature of the insured अनुज निशा

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing  
Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 200 \_\_\_\_\_  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_  
(In words Rupees \_\_\_\_\_ )  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. \_\_\_\_\_ insured under Policy No. \_\_\_\_\_ of  
the said company and accident which occurred on or about \_\_\_\_\_ I/We give  
the discharge receipt to the Company in full and final settlement of all my/our claims  
present of future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature श्री सुनील निशा .....  
Occupation .....  
Address .....  
.....  
.....

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



## GOVERNMENT OF UTTAR PRADESH

Transport Department Deoria

FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP52BF7578 Registration Date : 23-Jul-2020  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (DI, PURWA CHAURAHA GKP ROAD, DEORIA, . . .  
 Owner Name : SAIBUN NISHA Son/wife/daughter of : MUHAMMAD HAMID  
 Full Address: (Permanent) : VILL-WARD NO-5 SHANTI NAGAR, MAHUBARI, POPS-DEORIA, DEORIA, UTTAR  
 PRADESH-274001  
 Full Address: (Temporary) : VILL-WARD NO-5 SHANTI NAGAR, MAHUBARI POPS-DEORIA, DEORIA-UTTAR  
 PRADESH-274001  
 Fitness UpTo : 22-Jul-2035 Tax UpTo : One Time  
 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2016571501 Rear HSRP No : AA2014261249  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2020  
 No of Cylinders : 1 Chassis No : MBLKCU039LHG00526  
 Engine No : KC01AALHG01013 Fuel : PETROL  
 Horse Power(BHP) : 14.74 Cubic Capacity : 163.14  
 Maker's Classification : XTREME 160R-DISC-DRUM-Wheel base : 1328  
 CAST  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 139  
 Colour : PEARL SILVER WHITE Laden/GV Wt (kgs) : 269  
 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 we f.

Purchase dt	: 17-Jul-2020	Sale Amt	: 102350/-
OTT Date	: 17-Jul-2020	Amount/Rcpt No	: 10235 / UP52D20070001756
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 23-Jul-2020

## Other State/Transfer/Conversion Details

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

This certificate is valid from 23-Jul-2020 to 22-Jul-2035

Date : 31-Jul-2020 12:39:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 31-Jul-2020

L2586416

31-Jul-20, 12:39 PM



# Program Proposal Two-Wheeler Package Contract - Bundled



No.: MS/2025/7001/O/46575/446211

**Private Limited**  
and Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh. (202001) India

79410 50643

info@motorsathi.com

help section of [www.motorsathi.com](http://www.motorsathi.com)

Category of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SAIBUN NISHA	1981-12-12	9839307703	MUHAMMAD HAMID	Hero Motocorp	XTREME 160R	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
Stealth Edition	UP52BF7578	KC01AALHG01013	MBLKCTU039LHG00526	2020-07-23	163	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
52500.00	NA	0.00	0.00	0.00	52500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		--	2	3173.20	
Address			City / District	Pin Code	State	
VILL-WARD NO-5 SHANTI NAGAR, MAHUBARI, POPS-DFORIA, Deoria, Uttar Pradesh,				274001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MUHAMMAD HAMID	Male	48 Years	HUSBAND	2025-06-04 11:45	Midnight of 2026-06-03	
Section A, VRC: 913.66, TCR: 681.45, Less Handicapped Discount: 0.00, For Anti-Theft Discount: 0.00, PA BONUS (0%): 0.00, <b>Total with GST(A): 1595.11</b>						
Section B, LC: 664.00, EC Service: 100.00, ECPD: 0.00, Sub Total: 764.00, TAC: 0.00, INC: 0.00, EDC: 0.00, MCPD: 0.00, <b>Total(B): 764.00, GST (CGST @9% + SGST @9%) (B): 137.52, Total with GST(B): 901.52</b>						
Section C, MS Services(O): 241.53, MS Services(P): 0.00, GST (CGST @9% + SGST @9%): 43.47, <b>Total MS Services with GST(C): 285.00</b>						
Section D, Drive Assure: 331.84, AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00, GST (CGST @9% + SGST @9%): 59.73, <b>Total with GST(D): 391.57</b>						
<b>Total(Section A+B+C+D) Offered Price After Discount: 3173</b>						
Package Period Covered	2025-06-04 To 2026-06-03	2026-06-04 To 2027-06-03	2027-06-04 To 2028-06-03	2028-06-04 To 2029-06-03	2029-06-04 To 2030-06-03	
ADV	52500	NIL	NIL	NIL	NIL	
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL	

\*The vehicle covered in this contract have a valid TP coverage from 2025-06-04 until 2026-06-03.

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**DRIVER:** Any person including covered individual. 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event. Up to Rs - 100000. Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or MotorSathi App.

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No: 7941050643 email id: [info@motorsathi.com](mailto:info@motorsathi.com)



**IMPORTANT NOTICE:** The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 3173.2 ON 2025-06-04 from Mr./Ms. SAIBUN NISHA against the ARN No. INCP00446211

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*

(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





भारत सरकार  
Government of India



सैबुन निशा

Saibun Nisha

जन्म तिथि/DOB: 12/12/1981

महिला / FEMALE



7509 2607 5711

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
W/O मुहम्मद हमीद, वॉर्ड न 07  
शांति नगर माहुआबारी, पोस्ट ऑफिस  
देवरिया, देवरिया, देवरिया,  
उत्तर प्रदेश - 274001

Address:  
W/O Muhammad Hamid, ...  
Ward No 07 Shanti Nagar  
Mahuebari, Post Office Deoria,  
Deoria, Deoria,  
Uttar Pradesh - 274001

7509 2607 5711



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा मंख्या कार्ड  
Permanent Account Number Card

**BIJPN6750Q**

नाम / Name

**SAIBUN NISHA**

पिता का नाम / Father's Name

**AKBAR MIYA**

जन्म की तारीख / Date of Birth

**12/12/1981**



110E3021

^ PAN Application Digitally Signed, Card Not Valid unless Physically Signed



UNION OF INDIA **Driving Licence**

UP NT

UP52 20180007022



जारी करने की तिथि  
Date of Issue

28/06/2018

जन्म तिथि  
Date of Birth

30/07/1999

नाम / Name

**MOHAMMAD FIRDOS**

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

**SAIBUN NISHA**

वैधता / Validity

27/06/2038

Blood Group

B+



UP52 20180007022

UP06690488MT



LMV  
28/06/2018



MCWG  
28/06/2018



UP

Form / Rule 16(2)

पता / Address

**WARD NO.5 SHANTI NAGAR MAHUABARI  
BAHAF UL BAZAAR KOTWALI  
Deoria, JP - 274001**

Holder's Signature

जारीकर्ता / Issuing Authority Sign

DEORIA



# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria 770404913

Mob. 9415365599, 9356591183

Owner's Name SAIBUN NISHA

Address DEORIA

Phone 7668683218

**ESTIMATE**

Job No. ....  
 Date 04/02/2026  
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 Regn. No. UP52BF 7578  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model X-TREME 160R

Dear Sir,

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  4. All Disputes Subject to Deoria Jurisdiction only.

We agree with the conditions and approve the estimate.

Customer's Signature.....

Ganpati Automobiles  
 For - Ganpati Automobiles  
 DEORIA

Authorised Signatory

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.	SAIBUN NISHA U 7668683218
2	Vehicle No. / वाहन संख्या	UP52BF7578.
3	Policy No. / पालिसी संख्या	MS/2025/9001/0/46575/446211
4	Period of Insurance / बीमा अवधि	04/06/2025-30-03/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/02/2026 Time 5:10 pm.
6	Place of Accident / दुर्घटना का स्थान	जायती गन्धीर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MOHAMMAD. FIRDOS. UP5220180007022, 7668683218
8	Estimated Loss / अनुमानित हानि	9610/-
09.	Cause of Accident / दुर्घटना का कारण:	शान्तीनगर से गौरी लाल रोडला रहे थे। रास्ते में जायती गन्धीर के पास विद्युत से इ-रिक्शा नाले में गरी जाती का तकरार मार दिया और गौरी लाल रोडला गीर कर छति शरत हो जायी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Grampati Automobiles Repair Dare' & 7651989597

Date / दिनांक : 04/02/2026

हस्ताक्षर

सैबुन निशा

Signature of Insured / बीमाधारक के

सैबुन निशा

