

JOB CARD /

17011-03-RJC-0226-2516



Date & Time :23/02/2026 10:50:01

CUSTOMER DETAILS / MOBILE #/
 J.C TYPE / KMS / REVISIT
 REG NO / COLOUR / MODEL
 VIN / ENGINE NO / D.O.S
 GL Card # / Category / Points / Expiry Dt
 Insurance Expiry Date
 JR Expiry/JR Balance
 Supervisor Remarks

:MAYANK TIWARI (9792172694)/
 :Accidental / 8398 / Y
 :UP32QP8846 / MGB / XTREME 160R
 :MBLKCU152SHC00838 / KC01ACSHC00871/ 18/05/2025
 : / / /
 :--
 :/
 :Accidental

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

Approved Preventive Parts:

Customer refused for which is due as per the recommended Preventive Maintenance Schedule^{^^}

Customer Request	Job Description	Billing Type	Supervisor Remarks
Accidental Job			

Vehicle Inspection Details		Customer Permission for Additional Jobs YES/NO
Lights HL/TL/Win/ Pilot		Calling time:
Fuel Level	Fuel Level(cm)	Tool Kit
Mirrors L / R	Choke Cap	Accessories
Battery	Battery No	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: 23/02/2026 12:49:14

Estimated Repair Value : 10000

Customer Signature Technician: Supervisor's Name: MOHD FAIZ W.M

^{^^}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



* MBLKCU152SHC00838* Contact: 7408404728, ,
 MOSARAM BUSINESS & SERVICES PVT LTD

DELIVERY RECIEPT (To be retained by the customer & submitted at the time of the vehicle delivery)
 Job Card No 17011-03-RJC-0226-2516 Reg No UP32QP8846 Agreed Delivery Date 23/02/2026-12:49:14

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

Kindly Contact MOHD FAIZ W.M(Mobile# 7081166066) for any further clarification. Estimated Repair Value 10000

- 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 LUCKNOW 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 BUSINESS & SERVICES PVT LTD

THANA MADIAON, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,
226024, UP, India

State Code: 9 Contact: 7408404728, , ,

GSTIN No: 09AAQCM8045C1Z7

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17011-03-REST-0226-86	Date	23-02-2026
Customer Name	MAYANK TIWARI	Contact No.	9792172694
VIN	MBLKCU152SHC00838	Model	XTREME 160R
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QP8846
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	53100ABZ000S -PIPE STRG HANDLE	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
2	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
3	53178KFN850S -LEVER COMP. L. HANDLE	87141090	Paid	83.05	1	9.00	9.00	0.00	0.00	0.00	0.00	98.00
4	53140KVE860S -GRIP COMP THROT	87141090	Paid	59.32	1	9.00	9.00	0.00	0.00	0.00	0.00	70.00
5	53200ABZ000S -STEM COMP STEERING	87141090	Paid	1,222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	1,442.00
6	51550ABZ000SS -SET FORK ASSY L FRONT	87141090	Paid	2,421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	2,857.00
7	51450ABZ000SS -SET FORK ASSY R FRONT	87141090	Paid	2,421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	2,857.00
8	33100ABZ001S -LIGHT ASSY HEAD	85122010	Paid	2,029.66	1	9.00	9.00	0.00	0.00	0.00	0.00	2,395.00
9	17550ABZ600TS -SET TANK COVER R SIDE MAGM NH 303M	87141090	Paid	1,466.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,731.00
10	64400ABZB00S -COWL UNDER CENTER L	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
11	50720ABZ000S -PILLION FOOT PEG RH	73181900	Paid	76.27	1	9.00	9.00	0.00	0.00	0.00	0.00	90.00
12	38110KVE861S -HORN COMP	85123010	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
13	46500ABZ000S -PEDAL BRAKE	87141090	Paid	146.61	1	9.00	9.00	0.00	0.00	0.00	0.00	173.00
14	22870ABZ000S -CABLE COMP CLUTCH	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
Parts Total											0.00	12,664.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 160R	998729	Paid	3,500.00	9.00	9.00	0.00	0.00	0.00	0.00	4,130.00	
Jobs Total											0.00	4,130.00

Parts Total	12,664.00
Labour Total	4,130.00
SGST (Parts) 9%	965.90
CGST (Parts) 9%	965.90
SGST (Labour) 9%	315.00
CGST (Labour) 9%	315.00

Total

16,794.00

pees in Words: Sixteen Thousand Seven Hundred Ninety Four Only

Authorised Signatory

17011 - 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 LUCKNOW Jurisdiction Only

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

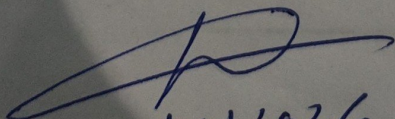
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Mayank Tiwari UP32 QP 8846
2	Vehicle No. / वाहन संख्या	UP32 QP 8846
3	Policy No. / पालिसी संख्या	252400/31/2026/15151
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-2-26 08:30 PM
6	Place of Accident / दुर्घटना का स्थान	Green Corridor TIM
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pradeep Kumar Tiwari (9554003529) UP32A 20250001357
8	Estimated Loss / अनुमानित हानि	Masaram Premia (16794B).
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपने गाँव जा रहा था पीछे से कार टक्करने मार दी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Masaram Premia 7081166066

Date / दिनांक : 23/2/2026
हस्ताक्षर


23/2/2026

प्रदीप तिवारी

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. 252400/31/2026/15151

Tel. No. _____

Period of Insurance _____

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 : शक्ति त्रिवाही
(b) Address for correspondence : Green corridor, IIM Lucknow
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>KCOIACSHC00871</u> Chassis No. <u>MBLKCUI52SHC00838</u>	Registration No. <u>UP32QP0846</u>
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- (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pradeep Kuman Tiwari
(b) Age : 52
(c) Address : Palton Chhawani LKO
(d) Is the Driver
1. Owner :
2. paid driver? :
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 : UP32A20250001357
(h) Issuing Authority :
(i) Date of Expiry :
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?:
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 3-2-26 08:30 PM
(b) Place : Green Corridor
(c) Speed of vehicle at the time of accident : 40 km
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Right Side / Front
(b) Estimated cost of repairs : 167345
(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 : NA
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

N/A

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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

N/A

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 : _____

N/A

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 23/2/2026

Signature of the insured प्रदीप तिवारी

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. UP32QP8846 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 सदीप तिवारी
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

भारत सरकार
Government of India

प्रदीप कुमार तिवारी
Pradeep Kumar Tiwari
जन्म तिथि / DOB : 19/08/1973
पुरुष / Male

3514 2272 7769

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O कमला शंकर, ४२ पलटन छावनी,
सीतापुर रोड, लखनऊ, उत्तर प्रदेश, 226021
Address: S/O Kamala Shankar, 42 paltan
chawani, SITAPUR ROAD, Lucknow, Uttar
Pradesh, 226021

Print Date: 14/06/2022

3514 2272 7769

1947 help@uidai.gov.in www.uidai.gov.in

GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP32QP8846 Registration Date : 20-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION
 POLICE STN, MOHIBULLAPUR, WARD FAIZULLAGANJ, . . 157-226021
 Owner Name : MAYANK TIWARI Son/wife/daughter of : S/O SANDEEP TIWARI
 Full Address: (Permanent) : 643A/223, PALTAN CHHAWNI, MOHIBULLAPUR, BEHTA, LUCKNOW, UTTAR PRADESH-
 226021
 Full Address: (Temporary) : 643A/223, PALTAN CHHAWNI, MOHIBULLAPUR, BEHTA, LUCKNOW-UTTAR PRADESH-
 226021
 Fitness Up To : 19-May-2040 Owner Serial No : 11
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP.LTD Rear HSRP No : AA2123280023
 Front HSRP No : AA1039707431 Month/Year of Manuf. : 03/2025
 Type of Body : SOLO WITH PILLION Chassis No : MSLKCU1425HC00838
 No of Cylinders : 1 Fuel : PETROL
 Engine No : KC01ACSHC00871 Cubic Capacity : 163.14
 Horse Power(BHP) : 14.74 Wheel base : 1327
 Maker's Classification : XTREME 160R 2V FLAT SEAT Standing Cap : 0
 Seating Cap(In all) : 2 Unladen Wt (kgs) : 144
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 274
 Colour : MATAxis GRy BLACK ST AC Fitted : NO
 Other Criteria : 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 IDFC FIRST BANK LTD, LUCKNOW, Lucknow, Uttar Pradesh-226001 w.e.f. 18-May-2025.

Purchase dt : 18-May-2025 Sale Amt : 111611/-
 OTT Date : 18-May-2025 Amount/Rept No : 11162 / UP32D25050011433
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-May-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :
 This certificate is valid from 20-May-2025 to 19-May-2040.

Signature of Registering Authority
 मोटो वाहन विभाग लखनऊ (T.P.N)
 Date : 02-Jun-2025

Date : 02-Jun-2025 16:47:15
 Taxation Particulars / Advance Registration Mark Fee Details

Q 3281672



Indian Union Driving Licence
Issued by Uttar Pradesh



UP32A20250001357



Issue Date: 01-02-2025
 Validity (NT): 18-08-2033

Validity (TR)*



Holder's Signature

Date of First Issue: 01-02-2025

Name:

PRADEEP KUMAR TIWARI

Date of Birth: 19-08-1973

Blood Group:

Organ Donor:

Son/Daughter/Wife of:

KAMALA SHANKAR

Address:

**42 PALTAN CHAWANI SITAPUR ROAD LUCKNOW
 Uttar Pradesh 226021**

DL No: UP32A20250001357

UPD32A10000001694



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	JP32A	01-02-2025	NT			
	LMV	JP32A	01-02-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Uttar Pradesh Driving Authority
LUCKNOW T.S.



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : PGIR0928

Page No: 1

Signor RAJIV... Date: Sun, May 18, 2025 19:37:19 IST Reason: Signing Policy for OICL

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 2 columns: Policy Details (Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address) and Policy Issuance (Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY)).

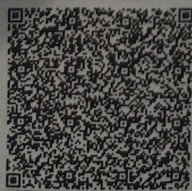
INSURED MOTOR VEHICLE DETAILS table with columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location, Vehicle, Insured Declared Value (IDV) (In Rs.), Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.) table with columns: OWN DAMAGE SECTION(A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn, Driving Tuition Loading, Sub-Total Additions, Deductibles, Voluntary Deductibles, Anti-Theft Device, AAI Membership, No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A)) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each, Legal Liability (WC)to driver, Legal Liability to Employees, Legal Liability to Passenger, Driving Tuition Loading On TP Premium, PA Paid Driver, Conductor, Cleaner, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMPDUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid).

Nominee Details, Payment Details, and Financer Type table with columns: Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financer Name, IDFC FIRST BANK LTD, Financer Branch, POS Name, POS ID, POS PAN NO/Aadhar No.

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 cheques the Company shall not be liable under the policy and the policy shall be void abinitio (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 this 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 18-MAY-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 MVA 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 g) 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 years (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, 1998. * This insurance excludes all pre existing damages



Approved By : 6595258MD Approved On : 18-MAY-25 Place : MRT Printed On : 18-MAY-25

For and on behalf of The Oriental Insurance Company Limited. General Manager Authorized Signature. Stamp: SARABJIT SINGH, 18-MAY-2025, 15:47:11

आयकर विभाग

INCOME TAX DEPARTMENT

PRADEEP KUMAR TIWARI

KAMLA SHANKER TIWARI

19/08/1973

Permanent Account Number

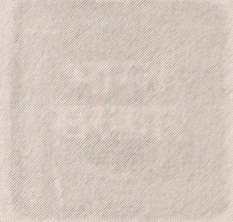
ASRPT2464Q

Kumar

Signature



भारत सरकार
GOVT. OF INDIA



13042013

इस कार्ड के खोने / पाने पर कृपया सूचित करें / सीटार
आयकर पैन सेवा इकाई, एनएसडीएल
5 पीनजिल, मन्त्री स्टर्लिंग, प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कॉलोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, NSDL
5th floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: tininfo@nsdl.co.in