



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

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS)	Policy Issued On	16-MAR-25
Policy No	252400/31/2025/94693	Proposal No. & Date	R/252400/31/2025/97605408/6 & 16-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13:51 ON 16/03/2025 TO MIDNIGHT OF 15/03/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13:51 ON 16/03/2025 TO MIDNIGHT OF 15/03/2030
Insured Name	VISHNU GUPTA (GSTIN: )	Lead / Breakin No	
Insured Address	C/O SRI RAM CHANDRA GUPTA, R/O NAKAHA, NAKAHA, KHERI, P.S. - KHERI, LAKHIMPUR KHERI, N.A.0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR ORP			Vehicle	60705
Model & Variant	HERO HF DELUXE SELF E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	60705
Engine - Chassis No	HA1ECRHJ09667 - MBLHAW146RIU07752			IME CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1+1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1017.42	Basic Third Party Liability	3851
Elec Accessories	0	Cumulative PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	153.42	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	0
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4004
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	720
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishni Kalyan Cess@0.50%	0
Add-On Coverages	0	Gross Premium Paid	4724
NIL Depreciation	0		
Return to Insurer	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	153		
Net own Damage Premium(A)			

Nominee Details	Nominee Name	Age	1	Relation	
Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4724
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch	LAKHIMPUR	
POS Name	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 on the company's website.

The insurance under this policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: [www.orientalinsurance.com](http://www.orientalinsurance.com) or on demand from the policy issuing office.  
Warranted that the amount of premium cheques (s) 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 at 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 and being authorised by and on behalf of the company has/have hereunto set his/their hands at 252400 on 16-MAR-25

**IMPORTANT NOTICE**  
The Insured is to be held liable if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 shall be recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY"

**Limitations as to use:** (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Organized speed testing (5) Speed testing (6) Reliability trials.  
Any Purpose in connection with motor trade.  
**Driver's Clause:** The insured, 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 driving 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:** Under section II-1 (i) of the policy - Death or body injury. Such amount is necessary to meet the requirement of the Motor Vehicle Act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lacs. As cover under section III for owner-Driver is RS 0.  
**No Claim Bonus:** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy. A claim is made or pending during the preceding year(s), as per the. The preceding year: 20%, preceding two consecutive years: 35%, preceding three consecutive years: 45%, preceding four consecutive years: 55%, preceding five consecutive years: 65%. NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the expiry of the policy.  
I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1988.  
\* This insurance does not cover existing damages.

Approved By: UNJV@252400  
Approved On: 16-MAR-25  
Place: MBT  
Printed On: 16-MAR-25

For and on behalf of  
**The Oriental Insurance Company Limited**  
General Manager  
Authorized Signature

**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department LAKHIMPUR KHERI**  
**FORM 23**

**CERTIFICATE OF REGISTRATION**



Registration No : UP31CK7557  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701  
 Owner Name : VISHNU GUPTA  
 Full Address: (Permanent) : R/O NAKAHA,, NAKAHA, KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262728  
 Full Address: (Temporary) : R/O NAKAHA,, NAKAHA, KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262728  
 Fitness Up To : 17-Mar-2040  
 Registration Date : 18-Mar-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : SRI RAM CHANDRA GUPTA  
 Owner Serial No : 1

**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2121966928  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11ECRHJ09667  
 Horse Power(BHP) : 7.91  
 Maker's Classification : HF DELUXE (DRS)  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : BLACK GREY STRIPE  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA1040090566  
 Month/Year of Manuf. : 09/2024  
 Chassis No : MBLHAW146RHJ07752  
 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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 16-Mar-2025.

Purchase dt : 16-Mar-2025  
 OTT Date : 16-Mar-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 25-Mar-2025  
 Sale Amt : 63900/-  
 Amount/Rcpt No : 6390 / UP31D25030002657  
 Tax Exempted or Not : NOT EXEMPTED

**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 18-Mar-2025 to 17-Mar-2040

Date : 08-Apr-2025 16:26:44  
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 Signature of Registering Authority  
 Date : 08-Apr-2025  
 लखीमपुर

**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.

IGSARAM AUTO SALES

**ESTIMATE**

Estimate No. 10730-03-REST-0326-930  
 Customer Name VISHNU GUPTA ..  
 VIN MBLHAW146RHJ07752  
 Insurance Company  
 HMCGL Card No 1073024840004016

Date 12-03-2026  
 Contact No. 7007298507  
 Model HF DELUXE  
 Reg No. UP31CK7557  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
											0.00	811.00	
1	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	7,375.00	
2	17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1))"	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00	
3	77210AAH100RS -RIGHT REAR COWL (BLACK NH-1 (TYPE-1))	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00	
4	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00	
5	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00	
6	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00	
7	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00	
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42	
9	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	14,198.42	
<b>Parts Total</b>												0.00	14,198.42

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
<b>Jobs Total</b>											0.00	0.00
<b>Parts Total</b>												14,198.42
<b>Labour Total</b>												0.00
<b>SGST (Parts) 9%</b>												1,082.93
<b>CGST (Parts) 9%</b>												1,082.93
<b>Total</b>												<b>14,198.42</b>

Authorised Signatory

Rupees in Words: Fourteen Thousand One Hundred Ninety Eight and paise Forty Two Only

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

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

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.	VISHNU GUPTA, 7007298507
2	Vehicle No. / वाहन संख्या	UP3JCK7557
3	Policy No. / पालिसी संख्या	252400/31/2025/94693
4	Period of Insurance / बीमा अवधि	16/03/2025 To 15/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/08/2026, 7:30 PM
6	Place of Accident / दुर्घटना का स्थान	अशौगापुर के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAM CHANDRAGOPTA, 9984881204 UP3120032358617
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	अशौगापुर के पास भागने के सांड आ गया जिसके कारण मुझे ब्रेक लगाना पड़ा जिससे गाड़ी रॉपी और गिरकर हतिगहन हो गई ।
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.	MOSARAM AUTO SALES LAFROND LAKHIMPURKHURJ, 9151154036

Date / दिनांक : 11/03/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RAM CHANDRA GUPTA
- (b) Age : 02/03/1971
- (c) Address : W/Post - NAKHA PS-KHERI, LAKHIMPUR KHERI,  
UP 262728
- (d) Is the Driver
1. Owner : No
  2. paid driver? : No
  3. Owner's relative or friend? : Father
- (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 20032358617
- (h) Issuing Authority : 25/06/2021
- (i) Date of Expiry : 01/03/2031
- (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 : 08/03/2026 7:30PM.
- (b) Place : अरौनापुर के पास
- (c) Speed of vehicle at the time of accident : 30-40km/h.
- (d) Give a short description of the accident : अरौनापुर के पास सामने से सॉड आ गया जिस कारण मुझे
- (e) If any third party was responsible for this accident give the name and address : जो लुना पडा जिससे गाडी दायी ओर गिरकर गति शून्य हो गयी।

6. DAMAGE TO INSURED VEHICLE

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

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

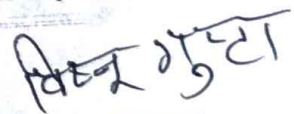
- (a) Give names and addresses of passengers/other Witness, if any : \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? : \_\_\_\_\_
- (c) Was accident reported to Police? If not, Why? : N/A
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

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? : \_\_\_\_\_
- (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 11/03/ 2026

Signature of the insured 

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. UP31CK7557 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 .....  
Occupation .....  
Address .....

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

42

DL No: UP31 20032358617

UPDR (DRIVING LICENCE)



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	26-06-2003	NT			
	LMV	UP31	26-06-2003	NT			

Emergency Contact Number

*[Signature]*  
Licensing Authority  
UP31 LAKHIMPUR KHERI

Pages / Issue / Expiry

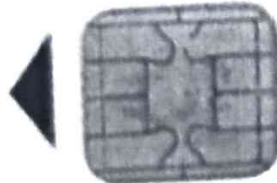
L-NON



# Indian Union Driving Licence Issued by Uttar Pradesh



UP31 20032358617



Issue Date	Validity (NT)	Validity (TR)*
25-06-2021	01-03-2031	-----



*[Signature]*  
Holder's Signature

Name: **RAM CHANDRA GUPTA**  
 Date of Birth: **02-03-1971** Blood Group:  
 Son/Daughter/Wife of: **SITA RAM**  
 Address:

Organ Donor: **N**

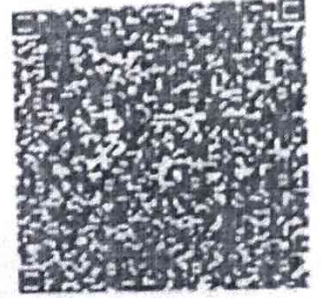
**VILL POST NAKHA PS KHERI  
LAKHIMPUR, LAKHIMPUR KHERI, UP 262728**

Date of First Issue (26-06-2003)



Government of India

विष्णू गुप्ता  
Vishnu Gupta  
जन्म तिथि/DOB: 01/07/2004  
पुरुष/ MALE



5966 6999 8054

VID : 9178 4222 7847 0068

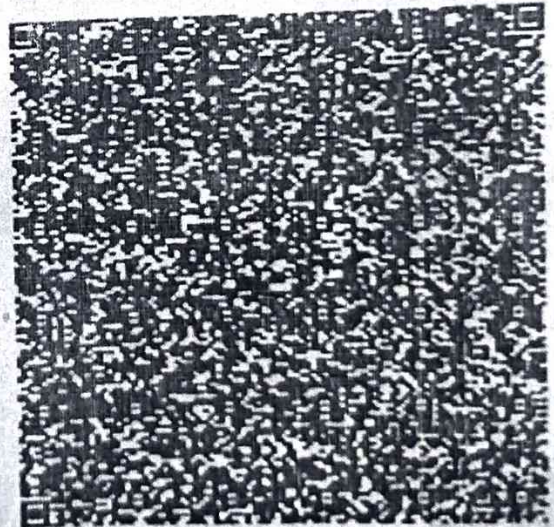
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
संबोधित: राम चंद्र गुप्ता, नकहा, नकहा, खीरी,  
उत्तर प्रदेश - 262728

Address:  
S/O: Ram Chandra Gupta, nakaha,  
Nakaha, Kheri,  
Uttar Pradesh - 262728



QR Code with Photograph

5966 6999 8054

VID : 9178 4222 7847 0068



आयकर विभाग  
INCOME TAX DEPARTMENT

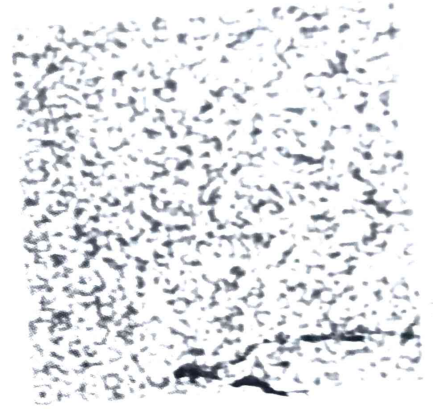


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

EMIPG1405F




नाम / Name  
VISHNU GUPTA

पिता का नाम / Father's Name  
RAM CHANDRA GUPTA

11012024

जन्म की तारीख /  
Date of Birth  
01/07/2004

  
हस्ताक्षर / Signature