



**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)		Policy Issued On	16-MAY-25
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Proposal No. & Date	R/252400/31/2026-99711563/2 & 16-MAY-2025
Policy No	252400/31/2026-14742	Policy Period (OWN DAMAGE)	FROM 20:21 ON 16/05/2025 TO MIDNIGHT OF 15/05/2026
Agent/Broker Code	BA0000155144	Policy Period (LIABILITY)	FROM 20:21 ON 16/05/2025 TO MIDNIGHT OF 15/05/2026
Agent/Broker Name	ABHINAV BHATI	Compulsory PA	FROM 20:21 ON 16/05/2025 TO MIDNIGHT OF 15/05/2026
Insured Name	MANOHAR LAL (GSTIN: )	Lead/Breakin No	
Insured Address	C/O SRI JAGDESH PRASAD, R/O BHADUR NAGAR, BHADUR NAGAR, LAKHIMPUR, KHERI, PS- KOTWALL, LAKHIMPUR KHERI, N.A.O	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO	Vehicle	109250
Model & Variant	VIDA V2 PLUS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	109250
Engine Chassis No	EC D091S6D01137 - MBLCEW04456D01745	TMF CONTRACT NO	
Cubic Capacity	6	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03	Basic Third Party Liability	3273
Elec Accessories	0	Compulsory PA Cover Premium	360
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	166.03	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)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3633
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4072
Anti-Theft Device (IMT 10)	0	Total Premium (A+B)	732
AI Membership (IMT 8)	0	GST	0
No-Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
TP Discount	0	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages	273	Gross Premium Paid	4304
NH Depreciation	273	Note:	
Reversion to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Chalan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub-Total Add-on Coverages	273	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	439	5. Subject to Endorsements IMT.7.10.25.	

nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	Cash	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
Amount	4804		

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.

Claims are not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

**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/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 (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 Insured'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:** (after section II-1) (a) 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 (ii) of the policy - Damage to third party property in the 7.5 lakhs P.A. Cover under section III for owner-Driver is Rs 1500000.

**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 year(s) as per the following table:

Preceding year(s)	20%
Preceding two consecutive years	25%
Preceding three consecutive years	35%
Preceding four consecutive years	45%
Preceding five consecutive years	55%

The insured is entitled for a No-Claim Bonus only if the policy is renewed within 90 days of the previous policy.

The insured certifies 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: UNIV/252400  
Approved On: 16-MAY-25  
Place: MRT  
Printed On: 16-MAY-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 : UP31CM1365  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701  
 Owner Name : MANOHAR LAL  
 Full Address: (Permanent) : R/O BHADUR NAGAR, BHADUR NAGAR, LAKHIMPUR KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-262701  
 Full Address: (Temporary) : R/O BHADUR NAGAR, BHADUR NAGAR, LAKHIMPUR KHERI, PS- KOTWALI, KHERI- UTTAR PRADESH-262701  
 Fitness UpTo : 16-May-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2120464764  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 0  
 Engine No : ECD001S6D01137  
 Horse Power(BHP) : 8.04  
 Maker's Classification : VIDA V2 PLUS  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : BLACK  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 17-May-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : S/O SRI JAGDESH PRASAD  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : Not Available  
 Rear HSRP No : AA2108891308  
 Month/Year of Manuf. : 04/2025  
 Chassis No : MBLCEW044S6D01748  
 Fuel : PURE EV  
 Cubic Capacity : 0.00  
 Wheel base : 1301  
 Standing Cap : 0  
 Unladen Wt (kgs) : 124  
 Laden/GV Wt (kgs) : 274  
 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 w.e.f. .

Purchase dt : 16-May-2025  
 OTT Date :  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 20-May-2025  
 Sale Amt : 125000/-  
 Amount/Rcpt No : /  
 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 17-May-2025 to 16-May-2040

Date : 04-Jun-2025 12:37:41

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 Signature of Registering Authority  
 मोटर वाहन विभाग  
 लखीमपुर खीरी  
 Date : 04-Jun-2025

**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-0326-931	Date	13-03-2026
Customer Name	MANOHAR LAL	Contact No.	8303927960
VIN	MBLCEW044S6D01748	Model	V2 PLUS
Insurance Company		Reg No.	
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	VD53206ACP220S - HANDLE COVER REAR	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
2	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
3	VD64300ACP000US - COVER FRONT R	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
4	VD45508ACP000S -LEVER SET	87141090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
<b>Parts Total</b>											0.00	2,008.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	2,000.10

Parts Total	2,008.00
Labour Total	2,000.10
SGST (Parts) 9%	153.15
CGST (Parts) 9%	153.15
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>4,008.10</b>

Rupees in Words: Four Thousand Eight and paise Ten Only

Authorised Signatory

10730 - Main W/S

- 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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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.	MANOHAR LAL, 9580850628
2	Vehicle No. / वाहन संख्या	UP31CM1365
3	Policy No. / पालिसी संख्या	252400/31/2026/14742
4	Period of Insurance / बीमा अवधि	16/05/2025 To 15/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/03/2025, दुर्घटना का समय 08AM
6	Place of Accident / दुर्घटना का स्थान	डॉन बोयर्स स्कूल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MANOHAR LAL, 9580850628 UP3120210015449
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	धर के दुष्पार वा रहे थे। तभी अचानक डॉन बोयर्स स्कूल के पास सामने से लाउ के तक्कर हो गई, जिससे मेरी गाड़ी दायां ओर गिरकर हानिमूलक हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES LR ROAD LAKHIMPUR KHERRI, 9151154036

Date / दिनांक : 11/03/2026  
हस्ताक्षर

मानोहर लाल

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 Meerut

Certificate/Policy No. 252400/31/2026/147A2

Tel. No.

Period of Insurance 16/05/2025 To 15/05/2026  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name : MANOHAR LAL  
 (b) Address for correspondence R/O : BHADUR NAGAR, LAKHIMPUR KHURJ, PS-KOTWALI  
 (c) Telephone : 9580850628 KHERI, UP

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>ECD001S9D01137</u> Chassis No. <u>MBLCEW044S6D01748</u>	Registration No. <u>UP31CM</u> <u>1365</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?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried

N/A

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 : MANOHER LAL
- (b) Age : 04/07/1977
- (c) Address : RIDMO-BAHADUR NAGAR, LAKHIMPUR-KHERI, PS  
KOTWALI SADAR, UP, 262701.
- (d) Is the Driver
1. Owner : Yes
  2. paid driver? : NO
  3. Owner's relative or friend? : NO
- (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 : UP 31 2021 0015449.
- (h) Issuing Authority : 13/10/2021
- (i) Date of Expiry : 12/10/2031
- (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 : 09/03/2026 10:30 am.
- (b) Place : डीएमबी/रको स्कूल के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h.
- (d) Give a short description of the accident : डीएमबी/रको स्कूल के पास सामने से साइड से टक्कर हो
- (e) If any third party was responsible for this accident give the name and address : जैसे मेरी गाड़ी चली और गिरकर सिलेस्ट्रॉन होगी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : MASARAM AUTO SALES, LRPRDAD
- (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? : 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 11/03/2006

Signature of the insured [Signature]

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. CP31CM1365 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/-

*Handwritten signature*

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

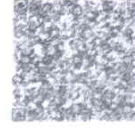
Signature .....  
Occupation .....  
Address .....  
.....  
.....

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

भारत सरकार  
GOVERNMENT OF INDIA



मनोहर लाल  
Manohar Lal  
जन्म तिथि/ DOB: 04/07/1977  
पुरुष / MALE



3734 0922 2855

आधार-आम आदमी का अधिकार

मनोहर



भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN BIOMETRIC IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O जगदीश प्रसाद, बहादुर  
नगर, बहादुर नगर,  
लखीमपुर, खीरी,  
उत्तर प्रदेश - 262701

Address:

S/O Jagdish Prasad, BHADUR  
NAGAR, BHADUR NAGAR,  
Lakhimpur, Kheri,  
Uttar Pradesh - 262701

3734 0922 2855

Aadhaar-Aam Admi ka Adhikar

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

MANOHAR LAL

JAGDISH PRASAD

04/07/1977

Permanent Account Number

ACFPL3249K



म-न ए/मि  
Signature