

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	26-MAR-25
Policy No	252400/31/2025/97707	Proposal No. & Date	R/252400/31/2025/73559 & 26-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:04 ON 26/03/2025 TO MIDNIGHT OF 25/03/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:04 ON 26/03/2025 TO MIDNIGHT OF 25/03/2030
Insured Name	RAJ VEER (GSTIN: 0)		
Insured Address	C/O SRI CHAKRPAL, R/O DONWA PURAWA DONWA KHERI, PS- KHERI, LAKHIMPUR KHERI, NA,		

INSURED MOTOR VEHICLE DETAILS				Lead / Breakin No	Insured State
Make	HERO MOTOCORP				UTTAR PRADESH
Model & Variant	HERO SUPER SPLENDOR DSS XTECH				
Registration No	NEW				
Year Of Manufacture	2025				
Engine -Chassis No	JA07AZS9C05627 - MBLJAWS13S9C01513				
Cubic Capacity	125				
Seating Capacity	1 + 1				
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1408.48	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1408.48	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles		Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4062
Anti- Theft Device (IMT-10)	0	GST	732
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	1197	Krishi Kalyan Cess@0.50%	0
Sub -Total Deductibles	1197	Gross Premium Paid	4794
Add-On Coverages			
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	211		

- Note:
1. Policy Issuance is the subject to the realisation 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
			4794
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 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 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/their hands at 252400 on 26-MAR-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 MV 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 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 there 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 year(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, 1988.
* This insurance excludes all pre existing damages

Approved By : 659525SMD
For and on behalf of
The Oriental Insurance Company Limited

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-0326-938	Date	18-03-2026
Customer Name	RAJ VEER	Contact No.	8303668839
VIN	MBLJAW513S9C01513	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CK9136
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	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,030.5	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
2	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	83402ADG000S -PANEL INNER	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
4	37100ADG00099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,898.3	1	9.00	9.00	0.00	0.00	0.00	0.00	3,420.00
5	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.5	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
6	64315ADG000S -STAY NUMBER PLATE	87141090	Paid	30.51	1	9.00	9.00	0.00	0.00	0.00	0.00	36.00
7	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
8	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
9	53400AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
10	58200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
11	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
Parts Total											0.00	13,333.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	13,333.00
Labour Total	2,000.10
SGST (Parts) 9%	1,016.92
CGST (Parts) 9%	1,016.92
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	15,333.10

Rupees in Words: Fifteen Thousand Three Hundred Thirty Three and paise Ten Only

Authorised Signatory

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.

10730 - Main W/S

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

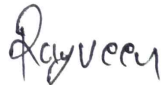
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	राजवीर, 8303668839
2	Vehicle No. / वाहन संख्या	UP31 CK 9136
3	Policy No. / पालिसी संख्या	252400/31/2025/97707
4	Period of Insurance / बीमा अवधि	26/03/2025 से 25/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/03/2026 3:30PM.
6	Place of Accident / दुर्घटना का स्थान	दौबहा चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राजवीर, UP3120240000790 8303668839
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : दौबहा चौराहे के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर सार्वजनिक 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.	MOSARRAM AUTO SALES, LRRPAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 15/03/2026
हस्ताक्षर


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. 252400/31/2025/97707

Tel. No.

Period of Insurance 26/03/2025 से 25/03/2026
 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 : RAJVEER
 (b) Address for correspondence : RIO DONWA PURWA KHERI, PS- KHERI, LAKHIMPUR-
 (c) Telephone : 830366 8839 KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AZS9C05627</u> Chassis No. <u>MBLJAW513S9C01513</u>	Registration No. <u>UP31CK</u> <u>9136</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 : RATVEER
- (b) Age : 03/09/1999
- (c) Address : R/O DOKIWA PURAWA, KHERI, 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 : UP31 20240000790
- (h) Issuing Authority : 29/01/2024
- (i) Date of Expiry : 02/09/2039
- (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 : 14/03/2026 3:30 PM.
- (b) Place : दोबेल चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40 Km/h.
- (d) Give a short description of the accident : दोबेल चौराहे के पास सामने से साइ से साइ से टक्कर हो
- (e) If any third party was responsible for this accident give the name and address : जाई जिससे मेरी गाड़ी बर्बाद और गिरकर सतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (b) Estimated cost of repairs : MOSKRAM AUTO SALES, LLP
- (c) When and where can the damaged vehicle be inspected : ROAD, 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? : NIA
- (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? : NIA
- (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 15/03/2006

Signature of the insured Ruyveer

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. UP31CK9138 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 Rey V...
Occupation
Address

Bank Account Number
Name of the Bank



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP31 20240000790



Issue Date: 29-01-2024 Validity (NT): 02-09-2039 Validity (TR): _____



(29-01-2024)

Name: **RAJ VEER** Holder's Signature: _____
 Date of Birth: **03-09-1999** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **CHAKR PAL**
 Address:
**donwa purawa Donwa Kheri
 Uttar Pradesh 262701**

Date of First Issue

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI


Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MVSD							
LMV	UP31	UP31	29-01-2024	NT			
MCMG	UP31	UP31	29-01-2024	NT			

Invalid Carriage (Regn Numbers)
 Hazardous Validity
 Hill Validity

DL No.: **UP31 20240000790**

UPDL000012657771

Form 7 Rule 16(2)


भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India


आधार

पता:
 S/O: चक्रपाल, दोनवा पुरवा, डोंवा, खीरी,
 उत्तर प्रदेश - 262701

Address:
 S/O: Chakrpal, donwa purawa, Donwa, Kheri,
 Uttar Pradesh - 262701



8809 2483 0395

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


भारत सरकार
 Government of India


आधार

राज वीर
 Raj Veer
 जन्म तिथि/DOB: 03/09/1999
 पुरुष/ MALE
 Mob: 9129963570



Issue Date: 12/12/2014



8809 2483 0395
 VID: 9142 6401 1833 4929

मेरा आधार, मेरी पहचान

Rajveer

आयकर विभाग
INCOME TAX DEPARTMENT

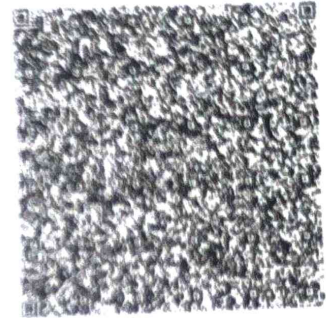


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BNBPV0625H



नाम / Name
RAJ VEER

पिता का नाम / Father's Name
CHAKR PAL

जन्म की तारीख /
Date of Birth
03/09/1999

Rajveer

13082025

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