

MOSARAM AUTO WORLD PRIVATE LIMITED

100 FITA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India

State Code: 9 Contact: 9415148200, . . .

GSTIN No: 09AASCM0223E1ZL

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17032-03-REST-0326-27	Date	19-03-2026
Customer Name	SUNNY MAURYA	Contact No.	9634730543
Aadhaar Card	9739		
VIN	MBLCEW117S6L03365	Model	VIDA VX2 GO 3.4
Insurance Company		Reg No.	UP25EQ3445
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	VD64320ACP310ES - COVER R FLOOR SIDE	87141090	Paid	784.75	1	9.00	9.00	0.00	0.00	0.00	0.00	926.00
2	VDACPDS6A0000DGGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,979.60	1	9.00	9.00	0.00	0.00	0.00	0.00	3,516.00
3	VDACPD9E00000GGS - TAIL LIGHT ASSY	85122010	Paid	1,580.51	1	9.00	9.00	0.00	0.00	0.00	0.00	1,865.00
4	VDACPDS6A0060DGGS - SET ILLUSTR CENTER COWL REAR	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
5	VDACPDS6A0050AYGS - SET ILLUSTR TAIL LIGHT COVER	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
6	VD33720ACW001S - LIGHT ASSY LICENSE	85122010	Paid	228.81	1	9.00	9.00	0.00	0.00	0.00	0.00	270.00
Parts Total											0.00	8,476.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102046 - ADDITIONAL REPAIR CHARGES-VIDA VX2 GO 3.4	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00

Parts Total	8,476.00
Labour Total	1,770.00
SGST (Parts) 9%	646.47
CGST (Parts) 9%	646.47
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	10,246.00

Rupees in Words: Ten Thousand Two Hundred Forty Six 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.
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 demanding 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 BAREILLY Jurisdiction Only

17032 - Main W/S

Note -> After Open Supplementery Estimate

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.	Sunny Mowya 9634730543
2	Vehicle No. / वाहन संख्या	UP25EQ3445
3	Policy No. / पालिसी संख्या	252400/31/2026 / 64888
4	Period of Insurance / बीमा अवधि	05/12/2025 To 04/12/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/03/2026 02:15 Pm
6	Place of Accident / दुर्घटना का स्थान	सेटिलाइट के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sunny Mowya, UP252009023 2381, 9634730543
8	Estimated Loss / अनुमानित हानि	10,246/-
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी गाड़ी लेकर अपने घर सतीपुर से अपनी दुकान जा रहा था कि रास्ते में सेटिलाइट के पास अज्ञात वाहन ने गाड़ी में पीछे से टक्कर मार दी जिससे मेरी गाड़ी गिर गई और क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosamam Autoword, 100 Fita T-Point Pilibhit Bypass Road Barilly (7302090222)

Date / दिनांक :
हस्ताक्षर

19/03/2026
शुनि शौभ

शुनि शौभ

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. 252400/31/2024/64888

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 : Sunny Mowja
 (b) Address for correspondence : 125, Khuyam Gaudiya Bareilly
 (c) Telephone : 9634730543

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp</u> <u>2025</u>	Engine No. <u>EC0001SG L10580</u> Chassis No. <u>MBLCEW117S6L03365</u>	Registration No. <u>UP25EQ</u> <u>3445</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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sunny Mowya
(b) Age :
(c) Address : 125, Khuyam Grawiya Bareilly
(d) Is the Driver :
1. Owner :
2. paid driver? : Oshay
3. Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP2520090232381
(h) Issuing Authority : Union of India Driving Licence
(i) Date of Expiry : 24/03/2029
(j) Was the licence temporary/permanent : 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 : 17/03/2026, 02:15 Pm
(b) Place : Bareilly
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
श्रीमान बाईक वॉल्वो ने गारी रोपिदिने टकरा मार के जिसका गाड़ी गिर गई और हादसा हो गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs :
(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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : N/A

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 *J. A. H.*
Address

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

Bank Account Number
Name of the Bank

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SUNNY MOURYA
RAJENDRA KUMAR MOURYA



01/07/1992
Permanent Account Number

BLHPM7636K

Signature

Signature



09042011



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नमांकन क्रम/ Enrolment No.: 1207/92660/02226

To

हमारे संकेत

Sunny Mourya

S/O Rajendra Kumar Mourya,

125, Kharran Gaurya,

VTC, Bareilly,

PO: Shamal Ganj,

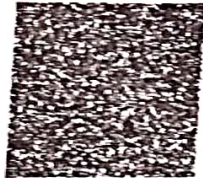
District: Bareilly,

State: Uttar Pradesh,

PIN Code: 243005,

Mobile: 9634730543

Signature valid



आपका आधार क्रमांक / Your Aadhaar No. :

4497 1024 9739

VID : 9116 8137 2562 1744

मेरा आधार, मेरी पहचान



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार तब तक प्राप्त हुए प्रमाण दस्तावेज और विभिन्न में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इन आधार पर को सुनिश्चित करने हेतु विद्वान् प्रमाणिकता एजेंसी के जरिये ऑनलाइन प्रमाणिकता के द्वारा सत्यापित किया जाता है और स्टॉप में उपस्थित प्रमाणिकता या आधार न्यूनतम होठ रोकना ऐप से स्टूडेंट कोड को स्कैन करके या www.uidai.gov.in पर उपस्थित सुरक्षित स्टूडेंट कोड कोड का उपयोग करके सत्यापित किया जाता है।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के संबंध में दस्तावेजों को आधार के लिए नानामका की तरफ से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी कचहरी सेवाओं का लाभ लेने में सहायक होता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट करें।
- आधार सेवाओं का लाभ लेने के लिए आधार पर ऐप डाउनलोड करें।
- आधार बायोमेट्रिक का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार बायोमेट्रिक लॉक/अलॉक सुविधा का उपयोग करें।
- आधार की लागू करने वाले सत्यापन लेने के लिए बाध्य है।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations. Submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar biometrics to ensure security when not using Aadhaar biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



भारत सरकार
Government of India



हमारे संकेत

Sunny Mourya

जन्म तिथि/DOB: 01/07/1992

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि तब तक प्राप्त हुए प्रमाणिकता एजेंसी के जरिये ऑनलाइन प्रमाणिकता के द्वारा सत्यापित किया जाता है और स्टॉप में उपस्थित प्रमाणिकता या आधार न्यूनतम होठ रोकना ऐप से स्टूडेंट कोड को स्कैन करके या www.uidai.gov.in पर उपस्थित सुरक्षित स्टूडेंट कोड कोड का उपयोग करके सत्यापित किया जाता है।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML)

4497 1024 9739

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पते:
S/O राजेंद्र कुमार मौर्य, 125, खर्रन गौर्या, बरेली,
उत्तर प्रदेश - 243005

Address:
S/O Rajendra Kumar Mourya, 125, Kharran Gaurya,
Bareilly, P.O. Shamal Ganj, Dist: Bareilly,
Uttar Pradesh - 243005



4497 1024 9739

VID : 9116 8137 2562 1744

1947

help@uidai.gov.in

www.uidai.gov.in

UNION OF INDIA Driving Licence (UP) (NT)
 UP25 20090232381

जारी करने की तिथि / Date of Issue: 25/02/2009
 वैधता / Validity: 24/02/2029

जन्म तिथि / Date of Birth: 01/07/1990
 रक्त समूह / Blood Group: Unknown

नाम / Name: SUNNY MAURYA
 पुर/पुत्री/पत्नी का नाम / Son/Daughter/Wife of: RAJENDRA MAURYA

DUPLICATE

UP25 20090232381

LMV / 25/02/2009
 MCWG / 25/02/2009

UP00012838MT

UP

Form 7, Rule 16(2)

पता / Address: KHURRAM GOTIYA BAREILLY

Folder's Signature

जारीकर्ता / Issuing Authority Sign: Bareilly

GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/for

Transport Department BAREILLY
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP25EQ3445
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2,1ST FLOOR,100 FITA T-POINT., TULAPUR, PILIBHIT BYPASS, BAREILLY, . . . 150-243122
Owner Name : SUNNY MOURYA
Registration Date : 08-Dec-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAJENDRA KUMAR MOURYA
Full Address: (Permanent) : BAREILLY 125, KHURRAM GAUTIYA, . . BAREILLY, UTTAR PRADESH-243005
Full Address: (Temporary) : BAREILLY 125, KHURRAM GAUTIYA, . . BAREILLY-UTTAR PRADESH-243005
Fitness UpTo : 07-Dec-2040
Owner Serial No : 1
Detailed Description :
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Relationship with the Nominee : Spouse
Link Vehicle No :
Nominee Name : BABITA KUSHWAHA
Norms : Not Available
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2125853620
Type of Body : SOLO WITH PILLION
No of Cylinders : 0
Engine No : ECD001S6L10580
Horse Power(BHP) : 8.04
Maker's Classification : VIDA VX2 GO 3.4
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : MAT GUN MET GREY
Other Criteria :
Vehicle Purchase As : Fully Built
Rear HSRP No : AA2145850821
Month/Year of Manuf. : 11/2025
Chassis No : MBLCEW117S6L03365
Fuel : PURE EV
Cubic Capacity : 0.00
Wheel base : 1301
Standing Cap : 0
Unladen Wt (kgs) : 115
Laden/GV Wt (kgs) : 265
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 L&T FINANCE LIMITED,
Bareilly, Uttar Pradesh-243001 w.e.f. 05-Dec-2025.

Purchase dt : 05-Dec-2025
OTT Date :
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 06-Feb-2026
Sale Amt : 110990/-
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 08-Dec-2025 to 07-Dec-2040

Date : 19-Feb-2026 11:25:00

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 19-Feb-2026

Q. 6969235



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID PGIR0928

Page No 1

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)		
Policy No	252400/31/2026/64888	Policy Issued On	05-DEC-25
Agent/Broker Code	BAD000155144	Proposal No. & Date	R/252400/31/2026/43386 & 05-DEC-2025
Agent/Broker Name	ABHINAV BHATT	Policy Period (OWN DAMAGE)	FROM 18 39 ON 05/12/2025 TO MIDNIGHT OF 04/12/2026
Insured Name	SUNNY MOURVA (GSTIN)	Policy Period (LIABILITY)	FROM 18 39 ON 05/12/2025 TO MIDNIGHT OF 04/12/2030
Insured Address	C/O rajendra kumar mourya, 125, KHURRAM GAUTIYA, BAREILLY, , NA.		

INSURED MOTOR VEHICLE DETAILS		Lead/Breakin No	
Make	HERO MOTOCORP	Insured State	UTTAR PRADESH
Model & Variant	HERO MOTOCORP HERO VIDA VX 2 00	INSURED DECLARED VALUE (IDV) (In Rs.)	
Registration No	NEW	Vehicle	100691
Year Of Manufacture	2025	Electrical Accessories	0
Engine -Chassis No	ECD00156L10580 - MHLCEW11786L03363	Non Electrical Accessories	0
Cubic Capacity	6	Total IDV	100691
Seating Capacity	1 + 1	IMP CONTRACT NO	
Type Of Body	SOLO	Policy Type	Zone B - Rest of India
RTO Location		Geographical Area	INDIA

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1687.58	Basic Third Party Liability	3273
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 9 Person Of Rs (0) each (IMT-16)	0
Basic Premium		Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extra (IMT -1)	152.58	Legal Liability to Employee (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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	NA
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	0
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	3273
AAI Membership (IMT-8)	0	GST	3678
No Claim Bonus	0	SERVICE TAX	662
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0.00
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4140
NIL Depreciation	252	Note:	
Return to Invoice	0	1. Policy insurance is the subject to the realisation of eboque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Chajlas No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub-Total Add-on Coverages	0	4. Voluntary excess (Rs 0)	
Net own Damage Premium(A)	405	5. Subject to Endorsements IMT, 7,10,28,	

Nominee Details :	Nominee Name	
Payment Details :	Payment Method	Cheque No./Transaction No.
Financer Type	Financer Name	L&T Finance Limited
POS Name	POS ID	NA
	Bank Name	Relation
	Amount	4340
	Financer Branch	POS PAN NO/Aadhar No
		NA

In the event of a claim under the policy exceeding Rs 1 lac or a claim for refund of premium exceeding Rs 1 lac 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. We warrant that in case of dishonour of premium cheques by the Company shall not be liable under the policy and the policy shall be void ab initio (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.

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 set his/their hands at 252400 on 05-DEC-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) Race Making (5) Speed testing (6) Reliability trials

Any Purpose in connection with motor trade

Driver's Claims: 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 B 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 PA 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% NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

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 : 699238MD
Approved On : 05-DEC-25
Place : MET
Printed On : 05-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

14:54:28