

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name Sandeep Kumar Yadav
Address Deoria
Phone 9565524577

Job No.
Date 21/04/26
Chassis No.
Engine No.
Key No.
Regn. No. UP52 CF 6990
Speedmeter Redg.
Insurance No.
Model VIIDA - V2LITE

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Linn (L)	1PC	150	150	
2	f - Winker (L)	1PC	350	350	
3	f. Winker Imm (L)	1PC	420	420	
4	Upper Conn (L)	1PC	920	920	
5	Lower - Conn (L)	1PC	1820	1820	
6	Body - Conn (L)	1PC	2550	2550	
7	Master Imm	1PC	590	590	
8	f. Lower - Imm	1PC	580	580	
9	Wind Screen	1PC	590	590	
10					
11					
12					
13					
14					
15	Labour			600	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				8570/-	

- 1. If required, labour for above material shall be charged extra.
- 2. Price of parts are subject to change without notice.
- 3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
- 4. All Disputes Subject to Deoria Jurisdiction only.

I agree with the conditions and approve the estimate.

Owner's Signature

Ganpati Automobiles
For - Ganpati Automobiles
27th Aug Road
OPP. Dr. G. N.
DEORIA
7704004711

Authorised Signatory

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.	SANDEEP KUMAR YADAV # 9565524577
2	Vehicle No. / वाहन संख्या	UP52 CF 6990
3	Policy No. / पॉलिसी संख्या	252400/31/2026/18529
4	Period of Insurance / बीमा अवधि	28/05/2025 to 27/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/03/26 # 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	SONUGHAT
7	Name of the Driver, D I. No. & Mobile No / ड्राइवर का नाम, डी एन. & मोबाइल नं	SANDEEP KUMAR YADAV UP5220250011338 - 9565524577
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : होड़वाट से खुल्लू-दू जाते समय रात में होड़वाट के सामने रोड पर अचानक पुरी का रूमा फिसले में ही गाड़ी टकरा गयी और बायें हाईड गैर ऑन इतिहास से गयी है।		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gomfadi Automobiles Purwa Deoria # 7651989597

Date / दिनांक : 01/04/26
हस्ताक्षर
Sandeep

— Sandeep
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. 252400/31/2026/18529

Tel. No. _____

Period of Insurance 28/05/2025 to 27/05/2026

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 : SANDEEP KUMAR YADAV
 (b) Address for correspondence : SISAWAR
 (c) Telephone : 9565524577

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. Chassis No. <u>* 03474</u> <u>* 00699</u>	Registration No. <u>UP52CF6990</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? Personal Use
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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 NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

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
Address

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

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

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

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? _____ NA
- (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? _____ NA
- (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 01/04/26
200

Signature of the insured Sandeep



Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF6990 Registration Date : 29-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001
 Owner Name : SANDEEP KUMAR YADAV Son/wife/daughter of RAMPRTI YADAV
 Full Address: (Permanent) : VILL- SISAWAR PO- JAITPURA, PS- KHUKHUNDU SALEMPUR, DEORIA, DEORIA,
 UTTAR PRADESH-274501
 Full Address: (Temporary) : VILL- SISAWAR PO- JAITPURA, PS- KHUKHUNDU SALEMPUR, DEORIA, DEORIA-
 UTTAR PRADESH-274501
 Fitness UpTo : 28-May-2040

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2125625134
 Front HSRP No : AA2122688084 Month/Year of Manuf. : 02/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLCEW058S6800699
 No of Cylinders : 0 Fuel : PURE EV
 Engine No : ECD001S6B03474 Cubic Capacity : 0.00
 Horse Power(BHP) : 8.04 Wheel base : 1301
 Maker's Classification : VIDA V2 LITE Standing Cap : 0
 Seating Cap(In all) : 2 Unladen Wt (kgs) : 114
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 264
 Colour : BLACK AC Fitted : NO
 Other Criteria :
 Vehicle Purchase As : 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, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 29-May-2025.

Purchase dt : 27-May-2025 Sale Amt : 105000/-
 TT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : EXEMPTED
 Date of Approval : 30-May-2025

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

This certificate is valid from 29-May-2025 to 28-May-2040

Time : 02-Jun-2025 17:35:33
 Registration Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 02-Jun-2025



2025-05-26

Mr./Ms. SANDEEP KUMAR YADAV
VILL- SISAWAR, PO- JAIPURA
DEORIA, Uttar Pradesh, 274501

Dear Mr./Ms. SANDEEP KUMAR YADAV,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your transcript of proposal is attached and your policy is getting issued with insurer, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. SANDEEP KUMAR YADAV, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org



Handwritten text in Hindi



Please scan the QR for details.





Certificate of Services

Certificate Issuer & Servicing Office Motor Sathi Care Private Limited, B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00443848

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com

Tax Invoice cum Certificate Number: INCP00443848

Name of Certificate Holder: SANDEEP KUMAR YADAV

Mobile: 945013628

Address: VILL- SAGWAR, PO- JAIPURA, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 91200

Vehicle Registration Number: New

Model: VIDA

Engine Number: ECD001S6B03474

Acknowledgement No: MS/2025/E443848

Period of Coverage(MS): 2025-05-28 - 2026-05-27 MIDNIGHT

DOB: 1994-03-07

Period of Coverage(I): 2025-05-28 - 2030-05-27 MIDNIGHT

City / District: DEORIA

Pincode: 274501

Manufacturing Year: 2025

Vehicle Manufacturer:

Variant: V2 LITE

Chassis Number: MBLCEW058S6B00699

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
18	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

ADHC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For ADHC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1010.45	171.94	171.94	-	2254

Personal Accident Cover Details

Name of Certificate Holder: SANDEEP KUMAR YADAV

Period of Insurance: 2025-05-28 (09:53 HRS) - 2026-05-27 MIDNIGHT

Nominee Name: ABHISHEK YADAV

Nominee Relationship: BROTHER

Nominee Gender: Male

Nominee Age: 18 Years

Special Conditions: 1) Per Individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs 3) Accidental Death (AD) - Covers Death due to Accident only 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20250011338

Issue Date Validity (NT) Validity (TR)*
24-06-2025 23-06-2035



Holder's Signature

Name: SANDEEP KUMAR YADAV
Date of Birth: 07-03-1994 Blood Group:
Son/Daughter/Wife of: RAMPRIT YADAV
Address:
SISAWAR POST JAIPURA KHUKHUNDU
KHUKHUNDU DEORIA UTTAR PRADESH 274501

DL No: UP52 20250011338

UPDL521000



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Date of First Issue: 24.06.2025

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date
	MCWG	UP52	24-06-2025	NT		
	LMV	UP52	24-06-2025	NT		
	MVSD					

Emergency Contact Number



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20250011338

Issue Date Validity (NT) Validity (TR)
24-06-2025 23-06-2035



Holder's Signature

Organ Donor: **N**

Name: **SANDEEP KUMAR YADAV**
Date of Birth: **07-03-1994** Blood Group:
Son/Daughter/Wife of: **RAMPRIY YADAV**

Address:
SISAWAR POST JAIPURA KHUKHUNDOO
KHUKHUNDU DEORIA UTTAR PRADESH 274501

DL No: **UP52 20250011338**

UPDL521000020311



Invalid Carriage (Regn Numbers)

Hazardous Validity' Hill Validity'

Date of First Issue: 24-06-2025

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number'	Badge Issued Date'	Badge Issued By'
	MCWG	UP52	24-06-2025	NT			
	LMV	UP52	24-06-2025	NT			
	MVSD						

Emergency Contact Number

UP52 DEORIA

Form 7 (Rule 16(2))

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AQIPY4917A

नाम / Name

SANDEEP KUMAR YADAV

पिता का नाम / Father's Name

RAMPRI YADAV

जन्म की तारीख / Date of Birth

07/03/1994

Sandeep
हस्ताक्षर / Signature





भारत सरकार
GOVERNMENT OF INDIA



संदीप कुमार यादव
Sandeep Kumar Yadav
DoB: 07/03/1994
MALE

7024 1307 2597

Mera Aadhaar, Meri Pehchaan



भारतीय चिह्नित पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O रामप्रीत यादव, सिसवार
पोस्ट जैतपुरा, खुखुन्दू, खुखुन्दू,
देवरिया, उत्तर प्रदेश, 274501

S/O Ramprit Yadav,
sisawar post jaitpura,
Khukhundu, Khukhundoos,
Deoria, Uttar Pradesh,
274501

7024 1307 2597

Mera Aadhaar, Meri Pehchaan





TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. ELL MITAN CINEMA HALL RUSTUM, (GSTIN: 09A AACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (3 Years))		
Policy No	252400-31/2020/18529	Policy Issued On	28-MAY-25
Agent/Broker Code	BAD000155144	Proposal No. & Date	R/252400-31/2020/100118189/1 & 28-MAY-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 17-05-2025 ON 28/05/2025 TO MIDNIGHT OF 31/05/2026
Insured Name	SANDEEP KUMAR YADAV (GSTIN:)	Policy Period (LIABILITY)	FROM 17-05-2025 ON 28/05/2025 TO MIDNIGHT OF 31/05/2026
Insured Address	C/O RAMPRIT YADAV, R/O VILL - KISAWAR, PO- JAIPURA, P.S. KHUKHUNDU, DEORIA, N.A.D		
INSURED MOTOR VEHICLE DETAILS			Lead/Breakin No / Insured State
Make	HE-PO	INSURED DECLARED VALUE (IDV) (IN Rs.)	UTTAR PRADESH
Model & Variant	VEDA V2.1.1TD	Vehicle	91200
Registration No	NF-W	Electrical Accessories	0
Year Of Manufacture	2025	Non Electrical Accessories	0
Engine - Chassis No	EC060156801474 - MBLCTW0584B00699	Total IDV	91200
Cubic Capacity	6	IMT CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	BOLD	Type Of Fuel	BATTERY POWERED - ELECTRICAL
FTO Location		Geographical Area	

OWN DAMAGE SECTION(A)		Schedule Of Premium (Amount In Rs.)		LIABILITY SECTION (B)	
Vehicle	1528.51	Basic Third Party Liability	3273	Compulsory PA Cover Premium	0
Elect Accessories	0	PA Cover for 0 Person Of Rs (B) each (IMT-16)	0	PA Cover for 0 Person Of Rs (B) each (IMT-16)	0
Non-Elect Accessories	0	Legal Liability (WC) to driver (IMT-28)	0	Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	137.51	Legal Liability to Employees (IMT-29)	0	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Passenger (IMT-46)	NA	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premiums (60%)	0	Driving Tuition Loading On TP Premiums (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles	0	Net Liability Premium (B)	3273	Net Liability Premium (B)	3273
Voluntary Deductibles (IMT-22A)	0	Total Premium (A+B)	3639	Total Premium (A+B)	3639
Anti-Theft Device (IMT-10)	0	GST	656	GST	656
SAI Membership (IMT-8)	0	SERVICE TAX	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	0.00	STAMP DUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess @ 0.50%	0	Swachh Bharat Cess @ 0.50%	0
SEP Discount	0	Krishi Kalyan Cess @ 0.50%	0	Krishi Kalyan Cess @ 0.50%	0
Sub-Total Deductibles	0	Gross Premium Paid	4295	Gross Premium Paid	4295
Add-On Coverages	224	Note		Note	
NH Depreciation	224	1. Policy Issuance is the subject to the realization of cheque		1. Policy Issuance is the subject to the realization of cheque	
Return to Invoice	0	2. Consolidated Stamp Duty paid via Challan No		2. Consolidated Stamp Duty paid via Challan No	
Key Replacement	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)		3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Consumables	0	4. Voluntary excess Ra(0)		4. Voluntary excess Ra(0)	
Sub-Total Add-on Coverages	224	5. Subject to Endorsements IMT, 7, 10, 26,		5. Subject to Endorsements IMT, 7, 10, 26,	
Net own Damage Premium(A)	366				

Number Details :		Payment Details :		Financer Type		POS Name	
Number Name	Age	Payment Method	Cheque No./Transaction No.	Financer Name	Bank Name	POS ID	POS PAN NGV Aadhar No
	1			DFC FIRST BANK LTD		NA	NA
					Financer Branch		
					DEORIA		

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 AMI policy of the Company. The AMI policy is available in all our opening Offices as well as company's website.

The insured's under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and GR endorsemnts mentioned herein above which are available on company's website.

Without prejudice to the above, the insured shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claims 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.

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 is made to comply with the MV Act, 1988 is recoverable from the insured. Non-claim headed "ADVANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Exclusions as to use: For 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) Rallying trials (7) Any purpose in connection with motor track.

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 license's license may also drive vehicle & this shall a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section 15-1 of the policy. Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicles act 1988. Under Section 15-1 of the policy. Damage to third party property is Rs. 7.5 lacs. PA Cover under section 16 for owner driver is Rs 5.

No Claim Bonus: The insured is entitled to a No Claim Bonus (NCB) from the own damage section of the policy. If no claim is made or pending during the preceding year(s) per the (the preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four 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 MV Act, 1988.

* This invoice excludes all pre-existing damages.

Approved By : (Signature) 25-MAY-25
Approved On : 25-MAY-25
Place : NBT
Printed On : 25-MAY-25

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