

**Indian Union Driving Licence
Issued by State of Kerala**

DL No. KL39 20190015658

Issue Date	Validity (NT)	Validity (TR)
09-05-2019	08-05-2039	

Name : PRINCE VARGHESE GEORGE

Date Of Birth : 13-03-2001 Blood Group : B+

Organ Donor : No

S / D / W of : SANDEEP GEORGE VARGHESE


Permanent Address : KENT HYDE PARK VILLA B 6 NEAR CHOICE SCHOOL, THRIPPUNITHURA (M), KANAYANNUR, ERNAKULAM, KL, 682301



Present Address : KENT HYDE PARK VILLA B 6 NEAR CHOICE SCHOOL, THRIPPUNITHURA (M), KANAYANNUR, ERNAKULAM, KL, 682301

Holder's Signature

Date Of First Issue 09-05-2019

DL No. KL39 20190015658

 Badge No. Badge Date

Class of Vehicle	Cov Code	Issued by	Date of Issue
	MCWG	KL39	09-05-2019
	LMV	KL39	09-05-2019

Emergency Contact

Licencing Authority
SRTO, TRIPUNITHURA

Form 7 Rule 16 (2) 0061350

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DHGPG1650J



नाम / Name
PRINCE VARGHESE GEORGE

पिता का नाम / Father's Name
SANDEEP GEORGE VARGHESE

जन्म तिथि / Date of Birth
13/03/2000

[Handwritten Signature]
हस्ताक्षर / Signature





The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

The Document is Digitally Signed
Signed By: RAJIV KUMAR CHITRA
Date: 30/08/2025 11:29:57
Reason: I am the Author of this Doc.

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 Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	30-AUG-25
Policy No	252400/31/2026/34982	Proposal No. & Date	R/252400/31/2026/27346 & 30-AUG-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:49 ON 30/08/2025 TO MIDNIGHT OF 29/08/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 14:49 ON 30/08/2025 TO MIDNIGHT OF 29/08/2030
Insured Name	PRINCE VARGHESE GEORGE (GSTIN:)	Lead / Breakdown No	/
Insured Address	C/O SRI SANDEEP GEORGE VARGHESE, R/O 4/539, VIVEK KHAND, GOMTINAGAR, LUCKNOW, LUCKNOW, NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	170905
Model & Variant	XTREME 250R	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	170905
Engine-Chassis No	NC25ABSG00484 - MBLNCU014SGG00482	TIF CONTRACT NO	
Cubic Capacity	250	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	3007.93	Basic Third Party Liability	7365
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-10)	0
Basic Premium	3007.93	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
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		PA Paid Driver, Conductor, Cleaner-GR36B3	7365
Voluntary Deductibles (VMT 22A)	0	Net Liability Premium (B)	7816
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	1406
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	2557	STAMP DUTY	0
SIP Discount	2557	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	451	Krishki Kalyan Cess@0.50%	9222
Add-On Coverages		Gross Premium Paid	
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages			
Net own Damage Premium(A)			

Nominee Details :		Cheque No./Transaction No.		Bank Name		Amount	
Payment Method :							9222
POS Name	NA	POS ID	NA	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.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 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.

I/We hereby certify that the policy to which this 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 30-AUG-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) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Driver's Classes: 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 Classes: Under section II-1 (j) of the policy - Death of or body injury. Such amount is necessary to meet their 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 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 M.V. Act, 1988.

* This insurance excludes all pre-existing damages

	Approved By :	659525SMD	For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature
	Approved On :	30-AUG-25	
	Place :	MRT	
	Printed On :	30-AUG-25	

GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP32QW7143 Registration Date : 01-Sep-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION
 POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, . . 157-226021
 Owner Name : PRINCE VARGHESE Son/wife/daughter of : SRI SANDEEP GEORGE
 GEORGE VARGHESE
 Full Address: (Permanent) : KENT HYDE PARK, VILLA B-D, NEAR CHOICE SCHOOL, TRIPUNITHURA, ERNAKULAM,
 KERALA-682301
 Full Address: (Temporary) : R/O 4/539, VIVEK KHAND, GOMTINAGAR, LUCKNOW, LUCKNOW-UTTAR
 PRADESH-226010
 Fitness Up To : 31-Aug-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2134295964 Rear HSRP No : AA2134823761
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLNCU014SGG00482
 Engine No : NC25ABSGG00484 Fuel : PETROL
 Horse Power(BHP) : 29.57 Cubic Capacity : 249.03
 Maker's Classification : XTREME 250R Wheel base : 1357
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 169
 Colour : FIRE-STORM RED Laden/GV Wt (kgs) : 319
 Other Criteria AC Fitted : NO
 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 w.e.f.

Purchase dt : 30-Aug-2025 Sale Amt : 179900/-
 OTT Date : 30-Aug-2025 Amount/Rcpt No : 17990 / UP32D25090000336
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Sep-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 01-Sep-2025 to 31-Aug-2040

Date : 19-Sep-2025 18:30:55

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

19/09/2025

Q 4950184

Government of Uttar Pradesh Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh Government of Uttar Pradesh

Print Date: 02/11/2023

Address: S/O Sandeep George Varghese,
Kenti Hyde Park, Villa B-6, Near Choice
School, Tripunthura, Ernakulam, Kerala.
682301

7684 9590 6004

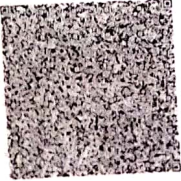
1947

help@uidai.gov.in

www.uidai.gov.in

Unique Identification Authority of India

MAOHAA



Issue Date: 20/11/2015

7684 9590 6004

मेरा आधार, मेरी पहचान


Prince Varghese George

DOB: 13/03/2001

Male

Government of India

MAOHAA



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

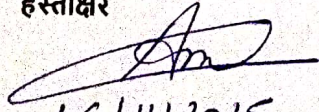
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	PRINCE VARATHISE GEORGE 9495779988
2	Vehicle No. / वाहन संख्या	UP32QW7143
3	Policy No. / पालिसी संख्या	252400/31/2026/34982
4	Period of Insurance / बीमा अवधि	30/08/2025 To 29/08/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8:00 AM - 15 / 11 / 2025
6	Place of Accident / दुर्घटना का स्थान	KAMTA JUNCTION
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRINCE VARATHISE GEORGE KL3920190015658, 9495779988
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : I was riding my bike through Kamta junction heading to Matiyani, suddenly a lady tried crossing the road & she hit the handle of my bike which led me to lose control of my bike and fell causing damage to my bike.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Mosaram Premia Lko.
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 Premia, 7081166066 Madison Lucknow.

Date / दिनांक : 16-11-2025
हस्ताक्षर


16/11/2025

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. 252400/31/2026/34982

Tel. No. _____

Period of Insurance 30/08/2025 To 29/08/2025
 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 : PRINCE VARGHESE GEORGE
 (b) Address for correspondence : 41539, VIVEK KHAND-4, GOMTI NAGAR- 226010
 (c) Telephone : 9495779988

2. THE INSURED VEHICLE

Make & Year <u>HEROXTREME 250R, 2025</u>	Engine No. <u>NL25ABSGG00484</u> Chassis No. <u>MBLNCU014SGG00482</u>	Registration No. <u>UP32QW7143</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? PERSONAL
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? N/A
 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 : PRINIE VARAKLESE GEORGE
(b) Age : 24
(c) Address : KAMTA JUNCTION
(d) Is the Driver :
1. Owner : OWNER
2. paid driver? : NO
3. Owner's relative or friend? : NO
(e) If paid driver, how long has he been in your employment : N/A
(f) Was he under the influence of intoxication Liquor or drugs? : N/A
(g) Driving Licence Number : KL3920190D15658
(h) Issuing Authority : STATE OF KERALA
(i) Date of Expiry : 08/05/2039
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?: NO
(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 : 15/11/2025 8:00 AM
(b) Place : KAMTA JUNCTION
(c) Speed of vehicle at the time of accident : 40-50 kmph
(d) Give a short description of the accident : While riding a lady crossed the road & hit my handle which led to lose control of my bike & fell
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front Right Side.
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : Masaram Puzha L.R.O.

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 : N/A
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

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

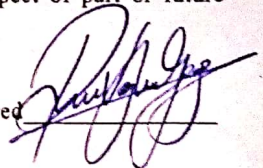
10. THEFT

- (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 Police 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 16/11/25 200

Signature of the insured



Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



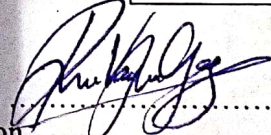
The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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. UP32QW7143 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

