

To / सेवा में,
The Oriental Insurance Co Ltd /
दिए 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.	Kushal pal-7618124542
2 Vehicle No. / वाहन संख्या	UP05CW9796
3 Policy No. / पालिसी संख्या	252400/31/2026/2024
4 Period of Insurance / बीमा अवधि	03-06-2025 - 02-06-2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	27-04-2026, 07:00 PM
6 Place of Accident / दुर्घटना का स्थान	Shujah
7 Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Avtar UP0520190011156
8 Estimated Loss / अनुमानित हानि	16,525
9 Cause of Accident / दुर्घटना का कारण :	मेरा छोटा आई अवतार सामान लेने के लिए बाजार गया था बाजार में मोटर साइकिल करके सामान लेने चला गया किसी ने राइट साइड से टक्कर मार दी साइकिल पर लैप्ट साइड को गिरा दिया !
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.	Durga Auto Naujheer 7078936431

DURGA AUTO
Near SBI Bazar Road, Teh. Mant
Naujheer, Mainur, 281203
(M) 8445271009, 8445181633
28-04-2026

कुशलपाल
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. 252400/31/2026/20124

Tel. No.

Period of Insurance 03-06-2025-02-06-2026
 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 : Kushal pal
 (b) Address for correspondence : House No 60/4 Shergarh Bangar
 (c) Telephone : 7618124542

2. THE INSURED VEHICLE

Make & Year <u>Hero MotoCorp ctel</u>	Engine No. <u>JA07AVSGIC08207</u> Chassis No. <u>MBLJAV029SGIC13052</u>	Registration No. <u>UP05GW 9796</u>
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- (a) Was the vehicle in proper working condition? Na
 (b) For what purpose was the vehicle being used at the time of accident? personal use
 (c) Was trailer attached? Na
 (d) If a Motor Cycle/scooter Na
 1. Was a side-car attached Na
 2. Was a pillion rider carried Na

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : Avtar
 (b) Age : 30
 (c) Address : Khidki Mohall Sheygarh Bangsar
 (d) Is the Driver
 1. Owner :
 2. paid driver?
 3. Owner's relative or friend? : Yes
 (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?
 (g) Driving Licence Number : UP0520190011156
 (h) Issuing Authority : 03-06-2015
 (i) Date of Expiry : 02-06-2026
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any : Na
 (l) Has he been involved in any accident before? : Na
 (m) Has he been charged by the policy? If so, Why? : Na

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 27-04-2024, 07:00 PM
 (b) Place : Sheygarh
 (c) Speed of vehicle at the time of accident : 00
 (d) Give a short description of the accident : मेरा दोरा भाई अकतार सामान लेने बाजार गया
 (e) If any third party was responsible for this accident give the name and address : था बाजार में मोटर साइकिल खड़ी करके सामान लेन चला गया किसी ने राइड साइड टकरा मार दी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Right side dent
 (b) Estimated cost of repairs : 16525
 (c) When and where can the damaged vehicle be inspected : Durga Auto Wauljkeul

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 : N/A
 (e) Full details of property damaged :
 (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? : _____
(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 28-04-2016 200

Signature of the insured कुशम्पात

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 *[Handwritten Signature]*
Occupation
Address

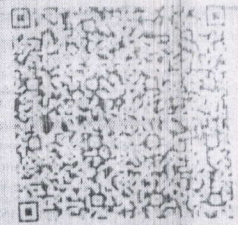
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CW9796 Registration Date : 05-Jun-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Owner's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004
 Owner Name : KUSHAL PAL Son/wife/daughter of : DHANIRAM
 Full Address: (Permanent) : HOUSE NO 64/4, SHRGARH BANGAR, , MATHURA, UTTAR PRADESH-281404
 Full Address: (Temporary) : HOUSE NO 64/4, SHRGARH BANGAR, , MATHURA-UTTAR PRADESH-281404
 Fitness Up To : 04-Jun-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 : AA1041195628 Rear HSRP No : AA2127165509
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLJAU029SGC13052
 Engine No : JA07AVSGC08207 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Colour : BLACK Unladen Wt (kgs) : 137
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built Laden/GV Wt (kgs) : 267

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 : 03-Jun-2025 Sale Amt : 101439/-
 OTT Date : 03-Jun-2025 Amount/Rcpt No : 10144 / UP85D25060000628
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Jun-2025

State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-Jun-2025 to 04-Jun-2040

Date : 17-Jan-2026 19:14:43

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar/Authority
 Date : 17-Jan-2026
 Motor Vehicle Deptt.
 MATHURA

7380874



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIIR-0938

Page No: 1

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

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT.....01214063570... (GSTIN: 09AAACT0627R4ZU)	Policy Issued On	03-JUN-25
Policy No	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Proposal No. & Date	R/252400/31/2026-13726 & 03-JUN-2025
Agent/Broker Code	252400/31/2026/20124	Policy Period (OWN DAMAGE)	FROM 15:12 ON 03/06/2025 TO MIDNIGHT OF 02/06/2026
Agent/Broker Name	BA0000155144	Policy Period (LIABILITY)	FROM 15:12 ON 03/06/2025 TO MIDNIGHT OF 02/06/2026
Insured Name	ABHINAV BHATI	Lead / Breakin No	/
Insured Name	KUSHAL PAL (GSTIN: 0)	Insured State	UTTAR PRADESH
Insured Address	C/O DHANIRAM, R/O HOUSE NO 64/4 SHERGARH BANGAR, NA, MATHURA, . NA.		

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	96367
Model & Variant	X-TREME 125R ABS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	96367
Engine Chassis No	JA07AVSGC08207 - MBLJAU029SGC13052	TMF CONTRACT NO	
Cubic Capacity	124.7	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	OTHERS	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1615.11	Basic Third Party Liability	3851
Elect Accessories	0	Compulsary PA Cover Premium	0
Non-Elect Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1519.11	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%)	NA
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	1238
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	762
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1373	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1373	Krishi Kalyan Cess@0.50%	5000
Add-On Coverages	241	Gross Premium Paid	
MH Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub-Total Add-on Coverages	241	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	387	5. Subject to Endorsements IMT 7.10.28	

Number	Name	Age	Relation
1	ABHINAV BHATI		

Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
1				5000

POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA
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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 cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claims 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 and the rules thereunder being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 03-JUN-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 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) Organised racing (4) Pace Making (5) Speed testing (6) Reliability trials

Any Purpose in connection with motor traffic.

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.

Limit of Liability Clause: (Under section II-1 (b) 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 - 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(s) preceding two (1) 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 : 6095258MD

Approved On : 03-JUN-25

Place : MRT

Printed On : 05-JUN-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

भारत सरकार
Government of India



कुशल पाल
Kushal Pal
जन्म तिथि / DOB : 01/07/1980
पुरुष / MALE

2789 4090 5582

मेरा आधार, मेरी पहचान

भारतीय विहित अधिकांश प्राधिकरण
Union Public Information Authority of India

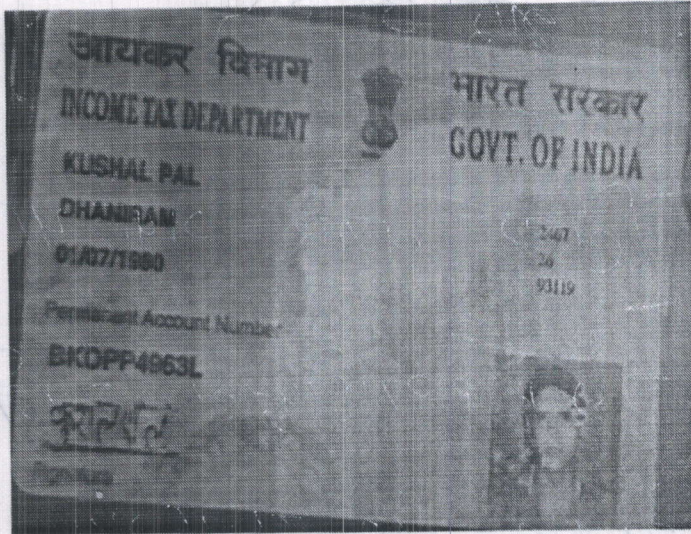
पता:
सी/ओ धनीराम, हाउस नंबर-64/4, शेरगढ़
बंगर, मथुरा, उत्तर प्रदेश - 281404

Address:
C/O: Dhaniram, House No-64/4,
Shergarh Bangar, Mathura, Uttar
Pradesh - 281404



2789 4090 5582

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



Indian Union Driving Licence
Issued by Uttar Pradesh

UP85 20190011156

Issue Date: 20-08-2019 Validity (NT): 19-08-2039 Validity (TR): _____

Name: AVTAR Date of Birth: 13-04-1995 Blood Group: _____ Organ Donor: N

Son/Daughter/Wife of: DHANNO

Address: KHIDIKI MOHALLA SHERGARH BANGAR
 CHHATA, MATHURA, UP 281404

Date of First Issue: (20-08-2019)

DL No: UP85 20190011156 UPDL000000933708

Invalid Carriage (Regn Numbers)* _____

Hazardous Validity* _____ Hill Validity* _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP85	20-08-2019	NT				
LMV	UP85	20-08-2019	NT				
MVSD							

Emergency Contact Number _____

Licensing Authority
 UP85 MATHURA

Form 7 Rule 16(2)

DURGA AUTO

NEAR SBI BRANCH, BAJNA ROAD, NAUJHEEL, MATHURA, MATHURA, 281210, UP, India

State Code: 9 Contact: 9634181633, , ,

GSTIN No: 09AJSPN4601K2ZQ

Associate Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 23791-02-REST-0426-8
 Customer Name The Oriental Insurance Com LTD
 VIN MBLJAU029SGC13052
 Insurance Company The Oriental Insurance Com LTD
 HMCGL Card No

Date 28-04-2026
 Contact No. 8700692418
 Model XTREME 125R
 Reg No. UP85CW9796
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	50702ACL000S -BRACKET COMPLETE LEFT PILLION STEP	87141090	Paid	265.25	1	9.00	9.00	0.00	0.00	0.00	0.00	313.00
2	18312ACL000S -COVER MUFFLER	87141090	Paid	241.53	1	9.00	9.00	0.00	0.00	0.00	0.00	285.01
3	18350ACL000S -MUFFLER COMPLETE EXHAUST	87141090	Paid	8,766.95	1	9.00	9.00	0.00	0.00	0.00	0.00	10,345.00
4	46500ACL000S -PEDAL BRAKE	87141090	Paid	167.80	1	9.00	9.00	0.00	0.00	0.00	0.00	198.00
5	50730ABZ000S -PILLION FOOT PEG LEFT	87141090	Paid	73.73	1	9.00	9.00	0.00	0.00	0.00	0.00	87.00
6	61323ACL000AS -FRONT COWL LEFT NH-1	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
7	83402ACL000S -PANEL INNER	87141090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
8	53178ACL000S -LEVER COMPLETE LEFT HANDLE	87141090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
9	88120AABA000S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
10	53100ACL000S -PIPE STEERING HANDLE	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	367.99
11	50700ACL000S -HOLDER LEFT STEP	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
12	17530ACL000DS -TANK COVER TOP NH-194M-U	87141090	Paid	673.73	1	9.00	9.00	0.00	0.00	0.00	0.00	795.00
13	83650ACL000AS -SIDE SHROUD OUTER LEFT BLACK NH-1	87141090	Paid	381.36	1	9.00	9.00	0.00	0.00	0.00	0.00	450.00
14	83200ACL000AS -COVER LEFT SIDE BLACK NH-1	87141090	Paid	507.63	1	9.00	9.00	0.00	0.00	0.00	0.00	599.00
15	53166KVE860S -GRIP L HANDLE	87141090	Paid	59.32	1	9.00	9.00	0.00	0.00	0.00	0.00	70.00
16	24701ACL000S -PEDAL GEAR CHANGE	87141090	Paid	89.83	1	9.00	9.00	0.00	0.00	0.00	0.00	106.00
Parts Total											0.00	14,932.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	650.00	9.00	9.00	0.00	0.00	0.00	0.00	767.00
2	102046 - ADDITIONAL REPAIR CHARGES-XTREME 125R	998729	Paid	700.00	9.00	9.00	0.00	0.00	0.00	0.00	826.00

Jobs Total

Parts Total 0.00 1,593.00
 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 14,932.00

Labour Total	1,593.00
SGST (Parts) 9%	1,138.88
CGST (Parts) 9%	1,138.88
SGST (Labour) 9%	121.50
CGST (Labour) 9%	121.50
Total	16,525.00

Rupees in Words: Sixteen Thousand Five Hundred Twenty Four Only

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 dismantling 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 NAUJHEEL Jurisdiction Only

Authorised Signatory

DURGA AUTO
Near SBI Bapna Road, Teh. Mathura
Naujheel, Mathura - 281203
(M) 8445277500, 9634181633