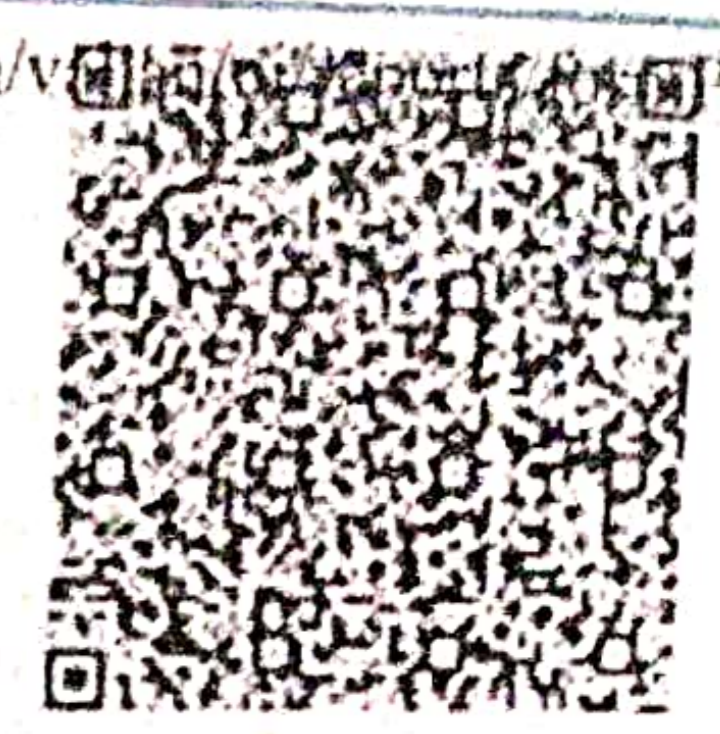




GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BY3915
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, , 188-273001
Owner Name : JAHID HUSSAIN SIDDIQUI Son/wife/daughter of : MUHAMMAD YUSUPH SIDDIQUI

Full Address: (Permanent) : H.N. 42 KANAURA, PO- JAURA MANRAKHAN, PS- CHAURA KHAS, KUSHINAGAR, UTTAR PRADESH-274401

Full Address: (Temporary) : H.N. 42 KANAURA, PO- JAURA MANRAKHAN, PS- CHAURA KHAS, KUSHINAGAR- UTTAR PRADESH-274401

Fitness UpTo : 14-Jun-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2122689197
Type of Body : SOLO WITH PILLION
No of Cylinders : 0
Engine No : ECD001S6D03671
Horse Power(BHP) : 8.04
Maker's Classification : VIDA V2 PLUS
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : BLACK
Other Criteria :
Vehicle Purchase As : Fully Built
Link Vehicle No :
Norms : Not Available
Rear HSRP No : AA2125692932
Month/Year of Manuf. : 04/2025
Chassis No : MBLCEW049S6D03804
Fuel : PURE EV
Cubic Capacity : 0.00
Wheel base : 1301
Standing Cap : 0
Unladen Wt (kgs) : 124
Laden/GV Wt (kgs) : 274
AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LTD., GORAKHPUR, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 15-Jun-2025.

Purchase dt : 13-Jun-2025
OTT Date :
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 30-Jun-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 125000/-
Amount/Rcpt No : /
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 15-Jun-2025 to 14-Jun-2040

Date : 05-Jul-2025 16:57:59
Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)
Signature of Registering Authority
Date : 05-Jul-2025

Q 3741362

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

JAHID HUSSAIN SIDDIQUI

MUHAMMAD YUSUPH SIDDIQUI

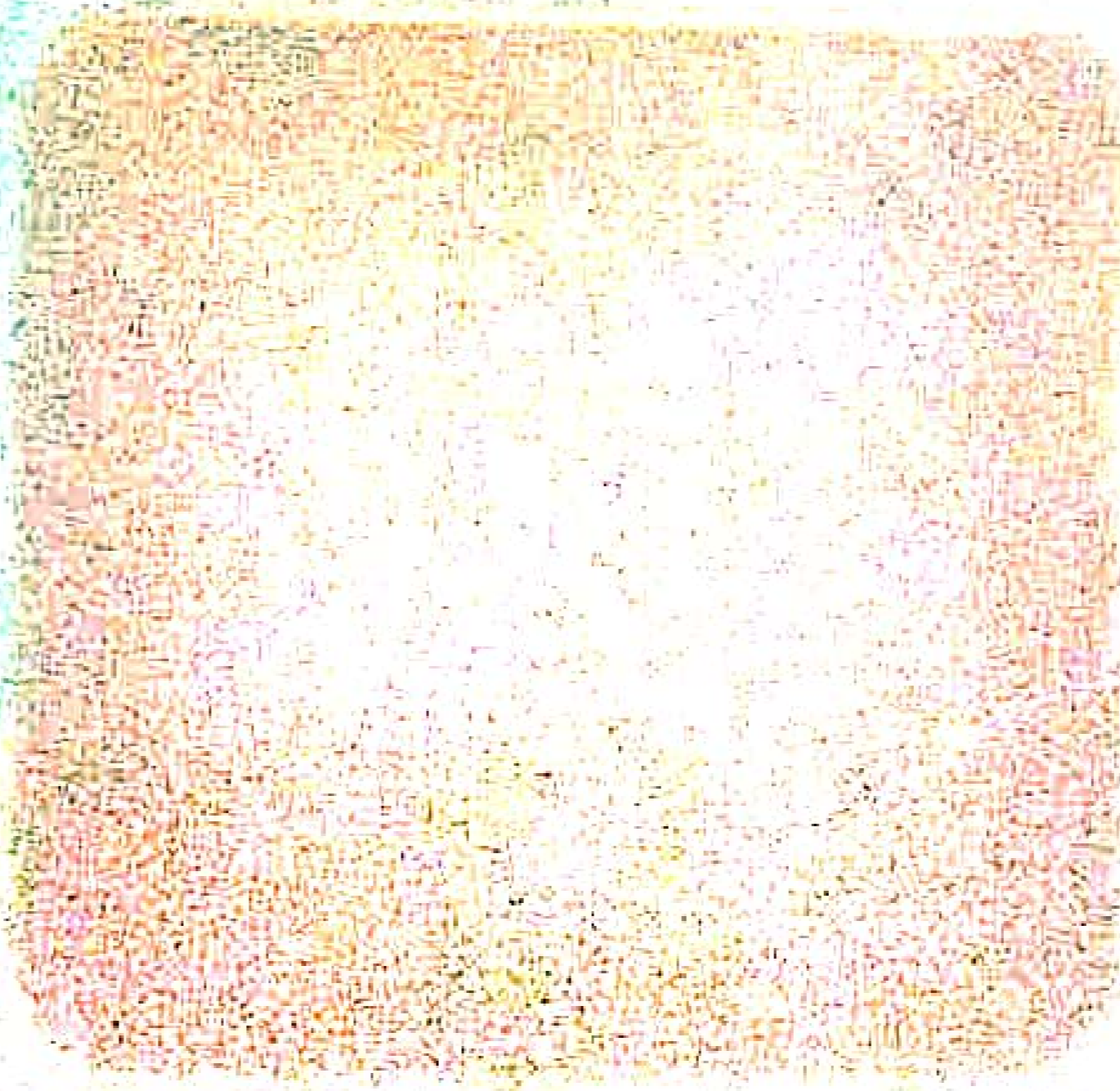
01/07/1972

Permanent Account Number

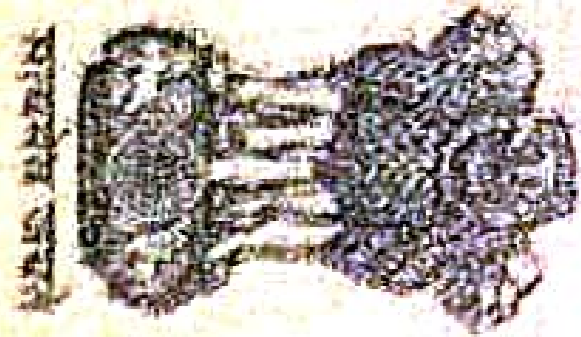
FGTPS8635H

*Jahid*

Signature

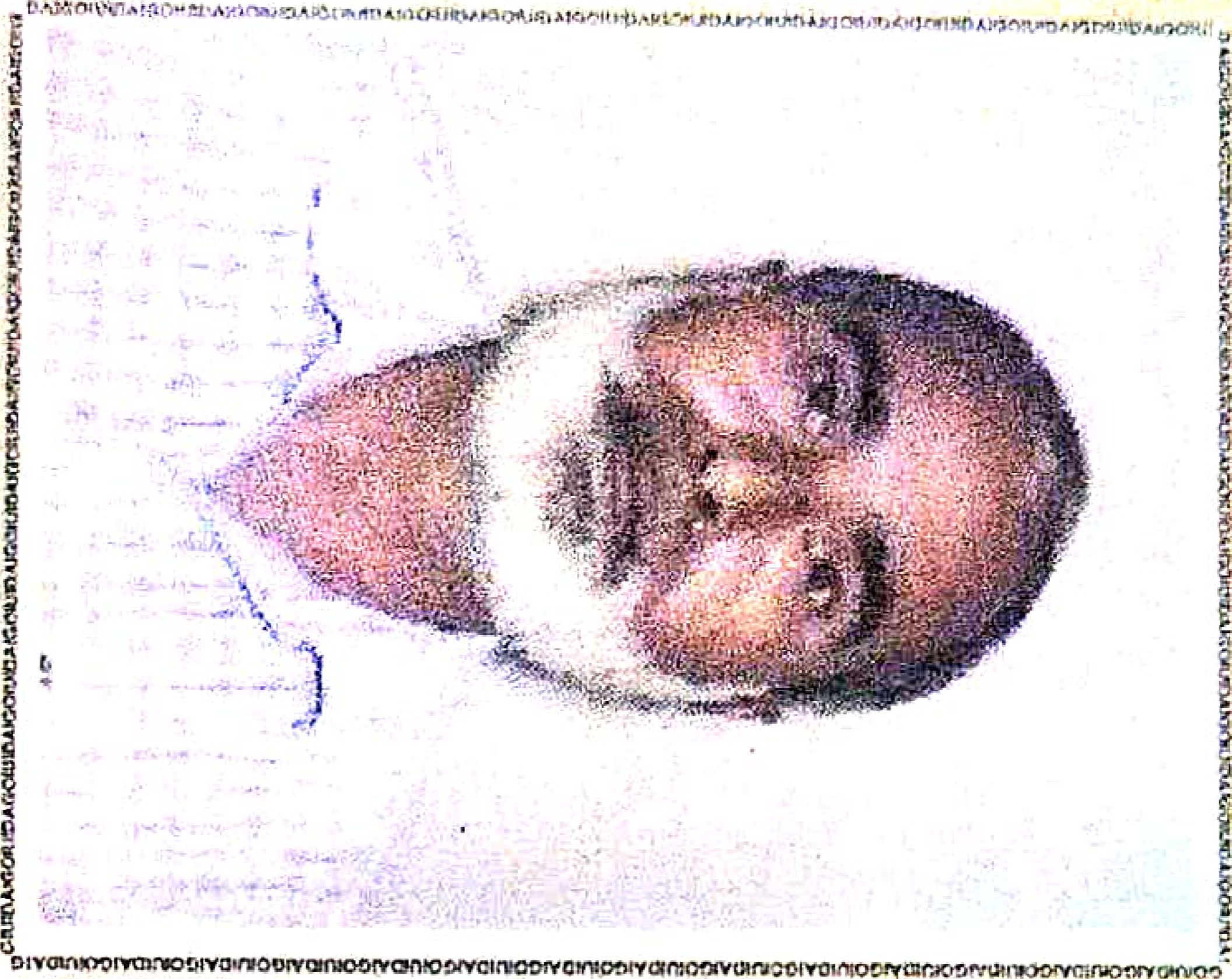


06112013



भारत सरकार

Government of India



जाहिद हुसैन सिद्दीकी

Jahid Hussain Siddiqui

जन्म तिथि / DOB : 01/07/1972

पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।  
**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).

2633 3951 5212

मेरी आधार, मेरी पहचान



भारतीय पहचाने अधिकारिता

Unique Identification Authority of India



Details as on 15/08/2025

पता: भारत: मुहम्मद यूसुफ सिद्दीकी, 42, कानौरा,  
कानौरा, उत्तर प्रदेश, 274401  
Address: C/O: Muhammad Yusuph  
Siddiqui, 42, Kanaura, PO: Jaura Man  
Rakhan, DIST:Kushinagar, Uttar Pradesh,  
274401



2633 3951 5212



✉ [help@uidai.gov.in](mailto:help@uidai.gov.in)

🌐 [www.uidai.gov.in](http://www.uidai.gov.in)



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGR0928

Page No: 1

Digitally signed by The Oriental Insurance Company Ltd. DN: cn=The Oriental Insurance Company Ltd., o=The Oriental Insurance Company Ltd., email=The Oriental Insurance Company Ltd., c=IN

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	13-JUN-25
Policy No	252400/31/2026/22489	Proposal No. & Date	R/252400/31/2026/100801114/3 & 13-JUN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:15 ON 13-06-2025 TO MIDNIGHT OF 12-06-2026
Agent/Broker Name	ABHINAV BIHATI	Policy Period (LIABILITY)	FROM 15:15 ON 13-06-2025 TO MIDNIGHT OF 12-06-2026
Insured Name	JAHID HUSSAIN SIDDIQUI (GSTIN: )		
Insured Address	C/O MUHAMMAD SIDDIQUI, R/O H.N. 42 KANAURA PO- JAURA MANRAKHAN PS- CHAURA KHAS. PADRAUNA ( KUSHINAGAR ), N.A.O.		Lead /Breakin No Insured State UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO	Vehicle	109250
Model & Variant	VIDA V2 PLUS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine -Chassis No	ECTD01S6D03671 - MBLCEW049S6D03804	Total IDV	109250
Cubic Capacity	6	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL
RTO Location		Geographical Area	
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03	Basic Third Party Liability	3273
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	166.03	Legal Liability to Employees (IMT-29)	NA
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%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3273
Deductibles		Net Liability Premium (B)	3712
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	668
Anti-Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMP DUTY	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess @ 0.50%	0
SIP Discount	0	Krishi Kalyan Cess @ 0.50%	4380
Sub -Total Deductibles	0	Gross Premium Paid	
Add-On Coverages	273	Note	
NIL Depreciation		1 Policy Issuance is the subject to the realisation of cheque	
Return to Invoice	0	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)	
Consumables	273	4 Voluntary excess Rs(0)	
Sub Total Add-on Coverages	439	5 Subject to Endorsements IMT.7.10.28.	
Net own Damage Premium(A)			
Nominee Name		Age	1
Payment Method		Relation	
Cheque No./Transaction No.		Bank Name	
Financer Name	IDFC FIRST BANK LTD	Financer Branch	GORAKHPUR
POS ID	NA	POS PAN NO/Aadhar No	NA
POS Name	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](http://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 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 13-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 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 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. PA Cover under section III for owner-Driver is RS 0.

**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 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 1998.

\* This insurance excludes all pre existing damages

Approved By: UNIV@252400  
Approved On: 13-JUN-25  
Place: MRT  
Printed On: 03-DEC-25

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



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

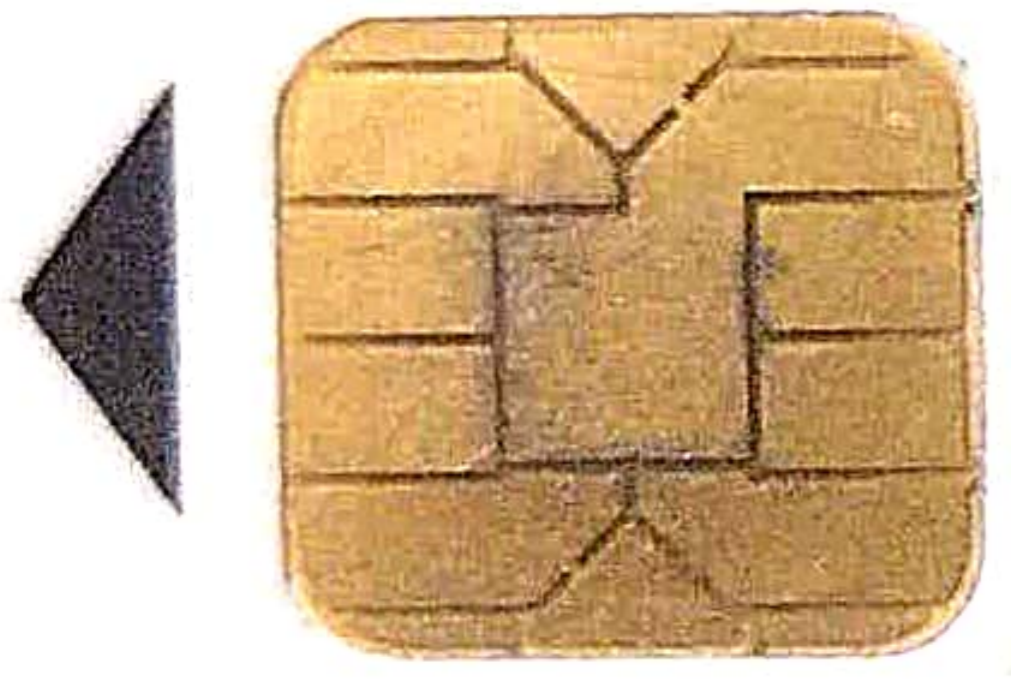


**UP57 20160013117**

Issue Date	Validity (NT)	Validity(TR)#
<b>10-04-2024</b>	<b>30-06-2032</b>	-----



**(20-07-2016)**



*[Signature]*  
Holder's Signature

Name: **JAHID HUSSAIN SIDDIQUI**  
Date of Birth: **01-07-1972**      Blood Group:      Organ Donor: **N**  
Son/Daughter/Wife of: **MUHAMMAD YUSUPH SIDDIQUI**  
Address:  
**VILL- KANAURA PO- JAURA BAZAR ,PS-  
PATHERAWA KASYA, KUSHINAGAR 274401**

Date of First Issue

DL No: UP57 20160013117

UPDL000013182335



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		UP57	20-07-2016	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

Form 7 Rule 16(2)




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.	Tahid Hussain Siddiqui 9918144793
2	Vehicle No. / वाहन संख्या	UP57B43915
3	Policy No. / पालिसी संख्या	2524001312028/22489
4	Period of Insurance / बीमा अवधि	13-06-2025 - 12-06-2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-05-2026 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	E Trimolani (Ghat)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tahid Hussain Siddiqui 9918144793
8	Estimated Loss / अनुमानित हानि	13,450/-
09.	Cause of Accident / दुर्घटना का कारण: गाड़ी लेकर जा रहे थे कि रास्ते में एक तेज स्वार बर्क वाला गाड़ी था जो उससे बचने के लिए रोड साइड बने डिवाइड में जा टकराया गाड़ी और ड्राइवर ले गया।	
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.	91257971428 Gupta Automobile partware

  
Signature of Insured / बीमाधारक के

Date / दिनांक : 06-05-26  
हस्ताक्षर



The Oriental Insurance Company Limited  
 (Incorporated in India, subsidiary of General Insurance Corporation of India)  
 Regd. Office: Oriental House, P.H. No. 7037, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

Div. Hq. Office Address \_\_\_\_\_

Certificate/Policy No. 252400/31/2028/22489

Tel. No. \_\_\_\_\_

Period of Insurance 12-06-2026  
 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
- (b) Address for correspondence
- (c) Telephone

Jahid Hussain Siddiqui

9918144793

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>PCD001E 6D03671</u> Chassis No. <u>M3LCEW04956D03809</u>	Registration No. <u>UP57 BY 3915</u>
----------------------------	---	---

- (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? no
- (d) If a Motor Cycle/scooter
  - 1. Was a side-car attached? no
  - 2. Was a pillion rider carried? no

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



The Oriental Insurance Company Limited  
 (Incorporated in India, subsidiary of General Insurance Corporation of India)  
 Regd. Office: Oriental House, P.W. No. 7037, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

Div. Hq. Office Address

Certificate/Policy No. 252400/31/2026/22489

Tel. No.

Period of Insurance 12-06-2026  
 Claim No.

THIS ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name
- (b) Address for correspondence
- (c) Telephone

Jahid Hussain Siddiqui  
9918144793

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>ECDOOLR 6D03671</u> Chassis No. <u>M3LC00D4936D03809</u>	Registration No. <u>UP57BY 3915</u>
----------------------------	---	--

- (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 no
  - 1. Was a side-car attached no
  - 2. Was a pillion rider carried no

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 : Talib Hussain Siddiqui  
(b) Age : \_\_\_\_\_  
(c) Address : \_\_\_\_\_  
(d) Is the Driver  
 1. Owner : sure  
 2. paid driver? : \_\_\_\_\_  
 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? : \_\_\_\_\_  
(g) Driving Licence Number : UPS 7 20160213117  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 30-06-2032  
(j) Was the licence temporary/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 : 04-05-2026 4:00 P.M.  
(b) Place : Trimohani ghat  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : सामने तेज कार के स्वार में जिससे कार के लिए बाधा हुआ तो दोस्त कार के विकास में भी बाधा में आया।  
(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 : rust, rust prime, handle  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padraan

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? : no

R. INJURY TO DRIVER/OCCUPANT

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

NIA

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?

- (d) If yes, to which Police Station?
- (e) Date and Diary No.

NIA

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

NIA

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 06-05-2002

Signature of the insured [Signature]

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 ..... *Shidolig*  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGIR0928

Page No: 1

Stamp of The Oriental Insurance Company Ltd. dated 13/06/2025.

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)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2026/22489), Agent/Broker Code (BA0000155144), Agent/Broker Name (ABHINAV BHATI), Insured Name (JAHID HUSSAIN SIDDIQUI), Insured Address (C/O MUHAMMAD SIDDIQUI, R/O H.N. 42 KANAURA PO- JAURA MANRAKHAN, PS- CHAURA, KHAS, PADRAUNA (KUSHINAGAR), NA, 0).

Table with insured motor vehicle details: Make (HERO), Model & Variant (VIDA V2 PLUS), Registration No (NEW), Year Of Manufacture (2025), Engine - Chassis No (BCT001SGD03671 - MBLCFW04986D03804), Cubic Capacity (6), Seating Capacity (1+1), Type Of Body (SOLO), Type Of Fuel (BATTERY POWERED - ELECTRICAL), RTO Location, Insured Declared Value (IDV) (109250), Vehicle (HERO), Electrical Accessories (0), Non Electrical Accessories (0), Total IDV (109250), TMF CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area.

Schedule Of Premium (Amount in Rs.)

Table with premium schedule: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes Vehicle (1831.03), Elec Accessories (0), Non-Elec Accessories (0), Basic Premium (166.03), Geographical Area Extn (0), Driving Tuition Loading (0), Sub-Total Additions (0), Deductibles (0), Voluntary Deductibles (0), Anti-Theft Device (0), AAI Membership (0), No Claim Bonus (0), Discount for vehicle designed for handicapped (0), SIP Discount (0), Sub-Total Deductibles (0), Add-On Coverages (273), NIL Depreciation (0), Return to Invoice (0), Key Replacement (0), Consumables (273), Sub Total Add-on Coverages (439), Net own Damage Premium (A) (439). LIABILITY SECTION (B) includes Basic Third Party Liability (3273), Compulsory PA Cover Premium (0), PA Cover for 0 Person (0), Legal Liability (WC) to driver (0), Legal Liability to Employees (0), Legal Liability to Passenger (0), Driving Tuition Loading on TP Premium (0), PA Paid Driver, Conductor, Cleaner-GR36B3 (0), Net Liability Premium (B) (3273), Total Premium (A+B) (3712), GST (668), SERVICE TAX (0), STAMP DUTY (0), Swachh Bharat Cess @ 0.50% (0), Krishi Kalyan Cess @ 0.50% (0), Gross Premium Paid (4380).

- 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.

Table with nominee and payment details: Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount (4380), Financer Name (IDFC FIRST BANK LTD), Financer Branch (GORAKLHPUR), 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 Rs1lac, 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 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 13-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 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 (8) 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 the requirement of the motor vehicle act 1998 Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lacs P.A. Cover under section III for owner-Driver is RS 0. 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, 1998. \* This insurance excludes all pre existing damages.

Approved By: UNIV@252400, Approved On: 13-JUN-25, Place: MRT, Printed On: 03-DEC-25. For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature.