



The Oriental Insurance Company Ltd.

Report ID : PGIR0928

Policy Schedule

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|                                                                                                              |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
|--------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|----------------------------------------------------|----------|----|--|
| 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           |                        | 05-NOV-25                                          |          |    |  |
| Policy No                                                                                                    |  | 252400/31/2026/56254                                                                                 |              |                            |                                                                                                                                                                                                                                                                          | Proposal No.& Date         |                        | R/252400/31/2026/106745791/14 & 05-NOV-2025        |          |    |  |
| Agent/Broker Code                                                                                            |  | BA0000155144                                                                                         |              |                            |                                                                                                                                                                                                                                                                          | Policy Period (OWN DAMAGE) |                        | FROM 19:45 ON 05/11/2025 TO MIDNIGHT OF 04/11/2026 |          |    |  |
| Agent/Broker Name                                                                                            |  | ABHINAV BHATI                                                                                        |              |                            |                                                                                                                                                                                                                                                                          | Policy Period (LIABILITY)  |                        | FROM 19:45 ON 05/11/2025 TO MIDNIGHT OF 04/11/2030 |          |    |  |
| Insured Name                                                                                                 |  | VIVEK SHARMA (GSTIN: )                                                                               |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Insured Address                                                                                              |  | C/O SUMANTH SHARMA, VILL SONADI PO GOTHA RASULPUR, PS MAHUADIH DEORIA,,,,DEORIA,Uttar Pradesh, , NA, |              |                            |                                                                                                                                                                                                                                                                          | Lead /Breakin No           |                        | /                                                  |          |    |  |
|                                                                                                              |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          | Insured State              |                        | UTTAR PRADESH                                      |          |    |  |
| INSURED MOTOR VEHICLE DETAILS                                                                                |  |                                                                                                      |              |                            | INSURED DECLARED VALUE (IDV) (in Rs.)                                                                                                                                                                                                                                    |                            |                        |                                                    |          |    |  |
| Make                                                                                                         |  | HERO MOTOCORP                                                                                        |              |                            | Vehicle                                                                                                                                                                                                                                                                  |                            | 74687                  |                                                    |          |    |  |
| Model & Variant                                                                                              |  | HERO SUPER SPLENDOR DRS XTECH                                                                        |              |                            | Electrical Accessories                                                                                                                                                                                                                                                   |                            | 0                      |                                                    |          |    |  |
| Registration No                                                                                              |  | NEW                                                                                                  |              |                            | Non Electrical Accessories                                                                                                                                                                                                                                               |                            | 0                      |                                                    |          |    |  |
| Year Of Manufacture                                                                                          |  | 2025                                                                                                 |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Engine -Chassis No                                                                                           |  | JA07AZS9G11862 - MBLJAW523S9G10636                                                                   |              |                            | Total IDV                                                                                                                                                                                                                                                                |                            | 74687                  |                                                    |          |    |  |
| Cubic Capacity                                                                                               |  | 125                                                                                                  |              |                            | TMF CONTRACT NO                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Seating Capacity                                                                                             |  | 1 + 1                                                                                                |              |                            | Policy Type                                                                                                                                                                                                                                                              |                            | Zone B - Rest of India |                                                    |          |    |  |
| Type Of Body                                                                                                 |  | SOLO                                                                                                 | Type Of Fuel | PETROL                     |                                                                                                                                                                                                                                                                          | Geographical Area          |                        |                                                    |          |    |  |
| RTO Location                                                                                                 |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Schedule Of Premium (Amount in Rs.)                                                                          |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| OWN DAMAGE SECTION(A)                                                                                        |  |                                                                                                      |              |                            | LIABILITY SECTION (B)                                                                                                                                                                                                                                                    |                            |                        |                                                    |          |    |  |
| Vehicle                                                                                                      |  | 1251.75                                                                                              |              |                            | Basic Third Party Liability                                                                                                                                                                                                                                              |                            | 3851                   |                                                    |          |    |  |
| Elec Accessories                                                                                             |  | 0                                                                                                    |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Non-Elec Accessories                                                                                         |  | 0                                                                                                    |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
|                                                                                                              |  |                                                                                                      |              |                            | Compulsary PA Cover Premium                                                                                                                                                                                                                                              |                            | 0                      |                                                    |          |    |  |
|                                                                                                              |  |                                                                                                      |              |                            | PA Cover for 0 Person Of Rs (0) each (IMT-16)                                                                                                                                                                                                                            |                            | 0                      |                                                    |          |    |  |
|                                                                                                              |  |                                                                                                      |              |                            | Legal Liabiltiy (WC)to driver (IMT-28)                                                                                                                                                                                                                                   |                            | 0                      |                                                    |          |    |  |
| Basic Premium                                                                                                |  | 187.75                                                                                               |              |                            | Legal Liability to Employees (IMT-29)                                                                                                                                                                                                                                    |                            | 0                      |                                                    |          |    |  |
| Geographical Area Extn (IMT -1)                                                                              |  | 0                                                                                                    |              |                            | Legal Liability to Passenger (IMT-46)                                                                                                                                                                                                                                    |                            | NA                     |                                                    |          |    |  |
|                                                                                                              |  |                                                                                                      |              |                            | Driving Tuition Loading On TP Premium (60%)                                                                                                                                                                                                                              |                            | NA                     |                                                    |          |    |  |
| Driving Tuition Loading On OD Premium (60%)                                                                  |  | 0                                                                                                    |              |                            | PA Paid Driver, Conductor, Cleaner-GR36B3                                                                                                                                                                                                                                |                            | 0                      |                                                    |          |    |  |
| Sub-Total Additions                                                                                          |  | 0                                                                                                    |              |                            | Net Liability Premium (B)                                                                                                                                                                                                                                                |                            | 3851                   |                                                    |          |    |  |
| Deductibles                                                                                                  |  |                                                                                                      |              |                            | Total Premium (A+B)                                                                                                                                                                                                                                                      |                            | 4039                   |                                                    |          |    |  |
| Voluntary Deductibles (IMT 22A)                                                                              |  | 0                                                                                                    |              |                            | GST                                                                                                                                                                                                                                                                      |                            | 728                    |                                                    |          |    |  |
| Anti- Theft Device (IMT-10)                                                                                  |  | 0                                                                                                    |              |                            | SERVICE TAX                                                                                                                                                                                                                                                              |                            | 0                      |                                                    |          |    |  |
| AAI Membership (IMT-8)                                                                                       |  | 0                                                                                                    |              |                            | STAMPDUTY                                                                                                                                                                                                                                                                |                            | 0.00                   |                                                    |          |    |  |
| No Claim Bonus                                                                                               |  | 0                                                                                                    |              |                            | Swachh Bharat Cess@0.50%                                                                                                                                                                                                                                                 |                            | 0                      |                                                    |          |    |  |
| Discount for vehicle designed for handicapped                                                                |  | 0                                                                                                    |              |                            | Krishi Kalyan Cess@0.50%                                                                                                                                                                                                                                                 |                            | 0                      |                                                    |          |    |  |
| SIP Discount                                                                                                 |  | 0                                                                                                    |              |                            | Gross Premium Paid                                                                                                                                                                                                                                                       |                            | 4767                   |                                                    |          |    |  |
| Sub -Total Deductibles                                                                                       |  | 0                                                                                                    |              |                            | Note:<br>1. Policy Issuance is the subject to the realisation of cheque<br>2. Consolidated Stamp Duty paid via Challan No<br>3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)<br>4. Voluntary excess Rs(0)<br>5. Subject to Endorsements IMT,7,10,28, |                            |                        |                                                    |          |    |  |
| Add-On Coverages                                                                                             |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| NIL Depreciation                                                                                             |  | 0                                                                                                    |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
|                                                                                                              |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Return to Invoice                                                                                            |  | 0                                                                                                    |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Key Replacement                                                                                              |  | 0                                                                                                    |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Consumables                                                                                                  |  | 0                                                                                                    |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Sub Total Add-on Coverages                                                                                   |  | 0                                                                                                    |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Net own Damage Premium(A)                                                                                    |  | 188                                                                                                  |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
|                                                                                                              |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    |          |    |  |
| Nominee Details :                                                                                            |  | Nominee Name                                                                                         |              |                            | Age                                                                                                                                                                                                                                                                      |                            | 1                      |                                                    | Relation |    |  |
| Payment Details :                                                                                            |  | Payment Method                                                                                       |              | Cheque No./Transaction No. |                                                                                                                                                                                                                                                                          | Bank Name                  |                        |                                                    | Amount   |    |  |
|                                                                                                              |  |                                                                                                      |              |                            |                                                                                                                                                                                                                                                                          |                            |                        |                                                    | 4767     |    |  |
| Financer Type                                                                                                |  |                                                                                                      |              | Financer Name              |                                                                                                                                                                                                                                                                          | CASH                       |                        | Financer Branch                                    |          |    |  |
| 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 abinitio (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 05-NOV-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 MVAct,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 trails

g)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 there requirement of the motor vehicle act 1998.Under Section II-1 (ii)of the policy-Damage to third party property is Rs.7.5 lakshs 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 years(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 bouns 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 : 05-NOV-25

Place : MRT

Printed On : 05-NOV-25

For and on behalf of

The Oriental Insurance Company Limited

General Manager

Authorized Signature