



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : PGIR0928

Page No: 1

| | | | | | | | | | | |
|--|--|---|--------------|----------------------------|--|----------------------------|------------------------|--|------------------------|--|
| 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 | | 12-OCT-25 | | |
| Policy No | | 252400/31/2026/42160 | | | | Proposal No.& Date | | R/252400/31/2026/105678719/4 & 12-OCT-2025 | | |
| Agent/Broker Code | | BA0000155144 | | | | Policy Period (OWN DAMAGE) | | FROM 13:33 ON 12/10/2025 TO MIDNIGHT OF 11/10/2026 | | |
| Agent/Broker Name | | ABHINAV BHATI | | | | Policy Period (LIABILITY) | | FROM 13:33 ON 12/10/2025 TO MIDNIGHT OF 11/10/2030 | | |
| Insured Name | | GUDDU SIDDIQUE (GSTIN:) | | | | | | | | |
| Insured Address | | C/O HANIF MIYA, R/O DA SISWA NAHAR KUSHINAGAR UP 274409,,BALWANSAGAR , PO: BALWANSAGAR,PADRAUNA (KUSHINAGAR) , , NA,0 | | | | Lead /Breakin No | | / | | |
| | | | | | | Insured State | | UTTAR PRADESH | | |
| INSURED MOTOR VEHICLE DETAILS | | | | | INSURED DECLARED VALUE (IDV) (in Rs.) | | | | | |
| Make | | HERO MOTOCORP | | | Vehicle | | 74083 | | | |
| Model & Variant | | HERO SPLENDOR PLUS XTECH E20 | | | Electrical Accessories | | 0 | | | |
| Registration No | | NEW | | | Non Electrical Accessories | | 0 | | | |
| Year Of Manufacture | | 2025 | | | | | | | | |
| Engine -Chassis No | | HA11F6SHH42905 - MBLHAW467SHH47295 | | | Total IDV | | 74083 | | | |
| Cubic Capacity | | 100 | | | 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 | | 1241.63 | | | 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 | | 185.63 | | | 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) | | 4037 | | | |
| Voluntary Deductibles (IMT 22A) | | 0 | | | GST | | 726 | | | |
| 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 | | 4763 | | | |
| Sub -Total Deductibles | | 0 | | | 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, | | | | | |
| 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) | | 186 | | | | | | | | |
| | | | | | | | | | | |
| Nominee Details : | | Nominee Name | | | Age | | 1 | | Relation | |
| Payment Details : | | Payment Method | | Cheque No./Transaction No. | | Bank Name | | | Amount | |
| | | | | | | | | | 4763 | |
| Financer Type | | | | Financer Name | | HERO FINCORP LTD | | | Financer Branch | |
| | | | | | | | | | VASANT VIHAR NEW DELHI | |
| 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 12-OCT-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".

Approved By : UNIV@252400

Approved On : 12-OCT-25

Place : MRT

Printed On : 05-NOV-25

For and on behalf of

The Oriental Insurance Company Limited

General Manager

Authorized Signature