

0300811

GOVERNMENT OF TELANGANA  
TRANSPORT DEPARTMENT  
CERTIFICATE OF REGISTRATION  
FORM 23

1. Registration Number	TS10UA0143	24. Registered Axle Weight s(Kgs)	
2. Vehicle Class	Goods Carriage -- LMV	Front Axle	1017
3. Registered Owner	SOHAM MODI HUF	Rear Axle	1483
2. S/D/W of	SATISH MANILAL MODI	Any Other Axle	
5. Present Address	H NO:5-4-187/3 & 4 III FLR,SOHAM MANSION M G ROAD SECUNDRABAD SECUNDERABAD TELANGANA	Tandem Axle	
		25. Tax Paid (Rs.)	850
		26. Tax valid till	30/09/2014

6. Date Of Registration 04/07/2014

This Certificate is valid from to

**DETAILED DESCRIPTION**

7. Vehicle Class	Goods Carriage -- LMV
8. Makers Name	ASHOK LEYLAND LTD
9. Body Type	Closed
10. Month & Year Of Manufacture	04/2014
11. No. of Cylinder	3
12. Chassis Number	MB1AA22E2ERA72578
13. Engine Number	AEH016381P
14. Fuel Used	DIESEL
15. Horse Power	40.00
16. Cubic Capacity	1478
17. Maker's Classification	DOST LS SC BSIV(GOODS CH STEEL CONFBC PS)
18. Wheel Base	2350
19. Seating Capacity	2
20. Unladen Weight	1470
21. Colour or Colour Of Body & Wings	IRISH CREAM
22. Gross Vehicle Weight	2500
23. Number, Tyre Description Of Size Of Tyre	
<b>Front Axle</b>	LT 185 R14 8PR
<b>Rear Axle</b>	LT 185 R14 8PR
Any Other Axle	0
	Tandem Axle 0

Specimen Signature of Owner  
Date 04/07/2014

Registering Authority  
R.T.A. Secunderabad

Registering Authority  
R.T.A. Secunderabad  
HYDERABAD-500002

Transaction Type : Fresh  
Transaction Date : 04/07/2014



**Government of Andhra Pradesh  
Transport Department**

**1480655**



GOVERNMENT OF TELANGANA  
TRANSPORT DEPARTMENT

1116172

FORM 38 - CERTIFICATE OF FITNESS

NEW FC NUMBER :  
FC/1320/2014/TS010


Issue  
Date :04/07/2014

Vehicle No : **TS10UA0143** IS CERTIFIED AS COMPLYING  
WITH THE PROVISIONS OF CHAPTER VII OF MOTOR VEHICLE  
ACT,1988 AND THE RULES MADE THERE UNDER. THE  
CERTIFICATE WILL EXPIRE ON **03/07/2016**

*Praaveen Kumar*  
PRAVEEN KUMAR

REGISTER ANY GRIEVANCE BY SEELAM  
BSNL LANDLINE/MOBILE: 1100 (TOLL FREE)  
OTHER TELEPHONE: 466 455 110 (TOLL FREE)  
Website : [www.aptransport.org](http://www.aptransport.org)

# CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD.

Branch Office Address : <b>MAHARAJA MOTORS Rangapuram</b>	 <b>Chola MS</b> GENERAL INSURANCE	Contract No. _____	Proposal No. _____
<b>MOTOR INSURANCE COVER NOTE</b>		Intermediary Code _____	Partner Emp. ID _____
Type of Vehicle: Please Tick (✓) <input checked="" type="checkbox"/> New Vehicle <input type="checkbox"/> Private Car <input type="checkbox"/> Miscellaneous Type <input checked="" type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial Vehicle-Passenger Carrying (Taxis) <input type="checkbox"/> Commercial Vehicle-Passenger Carrying (Other than Taxi) <input type="checkbox"/> Commercial Vehicle - Goods Carrying		Business Reference No. _____	<b>9514161</b>
Business Segment: <input type="checkbox"/> PL <input type="checkbox"/> SME <input type="checkbox"/> COMM Documents submitted (PL ✓ tick): <input type="checkbox"/> Previous Policy Copy <input type="checkbox"/> Cheque <input type="checkbox"/> Original NCB letter <input type="checkbox"/> Please Specify _____		<input type="checkbox"/> FUNDED <input type="checkbox"/> NON FUNDED <input type="checkbox"/> Chola Renewal <input type="checkbox"/> Market Renewal <input type="checkbox"/> Commercial Vehicle - Goods Carrying <input type="checkbox"/> Private Usage <input type="checkbox"/> Agricultural Tractors <input checked="" type="checkbox"/> Public Usage <input type="checkbox"/> Non Agricultural Tractors	

The Insured described in Form 52 referred to below having proposed for insurance in respect of Motor Vehicle(s) described therein and having paid the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) as premium, the risk is hereby held covered under the terms of the company's usual form of \_\_\_\_\_ Policy applicable thereto (subject to any Special Condition mentioned below) unless the cover be terminated by the Company by notice in writing in which case the Insurance will thereupon cease and a proportionate part of premium otherwise payable for such insurance shall be charged for the time the Company had been at risk.

### FORM 52 RULE 142(1) CENTRAL MOTOR VEHICLE RULES 1989.

1. Name of the Insured:  Mr.  Ms.  M/s. **SOHAM MODI (HUF)** Marital Status:  Single  Married  Others Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Correspondence Address: \_\_\_\_\_

Vehicle Registration Address: Door / Flat No.: _____ Building No. / Name: _____ <b>4NO 5-4-187/3&amp;4</b> Street Name: _____ Land Mark: <b>III FLOOR SOHAM MANSION</b> Sub Area/Village: _____ Area / Tehsil: <b>MG ROAD, SECUNDERABAD.</b> City: _____ District: <b>HYDERABAD.</b> Pin: <b>500003</b> State: <b>TELANGANA</b>	Correspondence Address: Door / Flat No.: _____ Building No. / Name: _____ Street Name: _____ Land Mark: _____ Sub Area/Village: _____ Area / Tehsil: _____ City: _____ District: _____ Pin: _____ State: _____
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E-mail I.D. \_\_\_\_\_ Contact No.: **9346008771**

Customer Details - Please Tick (✓) as applicable to you

1. Resident Individual  2. Govt. / PSU Employee  3. Private Sector Employee  4. Partnership Firm / HUF  5. Company / Sole Proprietorship   
 6. NRI  7. Trust  8. Charitable Trust  9. NGO  10. Others

If you are filing under the category 6 - 10, Please Tick (✓) on the documents submitted by you along with the proposal form. (One identity proof & One address proof is mandatory)

ID Proof: Passport  Voter ID Card  PAN Card  Driving License  Address Proof: Ration Card  Electricity Bill  Telephone Bill  Bank Statement  \*Statement/bills should not be older than 6 months

2. Registration mark, number and description of the vehicle insured. Date of First Registration: \_\_\_\_\_

Registration No. <b>NEW</b>	Registration Location <b>SECUNDERABAD.</b>
Engine No. <b>AEH016381P</b>	Chassis No. <b>MB1AA22E2ERA72578</b>
Make <b>ASHOK LEVLAND</b>	Model <b>108T</b>
Variant <b>IS-IV</b>	Body Type <b>CLOSED</b>
Cubic Capacity <b>1478</b>	Year of Manufacture <b>2014</b>
Gross Vehicle Weight (GVW) in Kilos <b>2500kg</b>	Licensed carrying capacity <b>2</b>
Licensed Seating Capacity <b>2</b>	Standees _____
Driver and others _____	Total Seating Capacity including Driver _____

Nature of the fuel Used (pls tick)  Petrol  Diesel  Battery  CNG  LPG  Petrol & LPG  Petrol & CNG  Any other \_\_\_\_\_

3. Effective Date & Time of Commencement of Insurance for the purpose of the Act. From: Time **13:50** Date **27/06/2014**

4. Date of Expiry of Insurance: Midnight of **26/06/2015** 6. The period of validity of this cover note will expire on completion of **60** (sixty) days from the date of issue of cover note.

5. Persons or classes of persons entitled to drive (Please see overleaf) 7. Any Limitations as to use of motor vehicle (Please see overleaf)

Tick on desired Add-on covers. Customers are free to avail individual add-on covers or any combination of add-on covers with or without forming part of bundles

S.No.	Add-on Covers	Amount	Days
1.	Daily Allowance Benefit Time Excess for Daily Allowance	₹ 500/day <input type="checkbox"/>	3Days <input type="checkbox"/> 2Days <input type="checkbox"/> 1Day <input type="checkbox"/>
2.	CARE Services	<input type="checkbox"/>	₹ 1000/day <input type="checkbox"/> 3Days <input type="checkbox"/> 2Days <input type="checkbox"/> 1Day <input type="checkbox"/>
3.	Cover for Personal Belonging and Clothing	<input type="checkbox"/>	
4.	Reimbursement of Cost of Duplicate Ignition Key	<input type="checkbox"/>	
5.	Loss of Original Driving License of private car by insured	<input type="checkbox"/>	
6.	Waiver of Reduction in Depreciation for Partial Losses	<input type="checkbox"/>	
7.	Reimbursement Value Basis of fixing vehicle sum insured	<input type="checkbox"/>	

Vehicle Inspection Report Details: Inspected by: \_\_\_\_\_ Employee / Agency No: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_  
 Place of Inspection: \_\_\_\_\_ Report No: \_\_\_\_\_  
 Report Date: \_\_\_\_\_

Please provide nominee details for Compulsory PA for Owner Driver and / or Named Occupants

Name of the Nominee	Relationship	Nominee Age	% of Share	Name of the Guardian (If Nominee is a minor)	Please specify whether the Nomination is for owner driver or named occupants

Mode of payment: (✓) Cash  Cheque  Credit Card  Cheque No. \_\_\_\_\_ Rupees ₹ \_\_\_\_\_ Date DD / MM / YYYY \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

IDV (₹): **454385/-** Electrical & Non Electrical Accessories \_\_\_\_\_ Total Premium Payable: **26663/-**

CALCULATION OF PREMIUM				CALCULATION OF PREMIUM				Dettarif OD Discount / Excess Table	
IMT No.	Value ₹	Rate	Rupees ₹	IMT No.	Value ₹	Rate	Rupees ₹	Dettarif excess (Rs.)	Dettarif Discount Range (in %) on the OD Tariff Premium of a vehicle
a. For Vehicle				a. Third Party Liability				Tariff Excess	Not exceeding 19.99%
b. Non-electrical Accessories*				b. PA Owner / Driver				Rs. 2,500	Exceeding 19.99% but not exceeding 24.99%
c. Electrical/Electronic Accessories*	24			c. Legal Liability to Paid Driver / Conductor / Cleaner	28			Rs. 5,000	Exceeding 24.99% but not exceeding 29.99%
d. LPG / CNG Kit*	25			d. P.A. to Unnamed Occupants (No. Applicable for Private Car & Two Wheeler)	16			Rs. 7,500	Exceeding 29.99% but not exceeding 34.99%
e. Total Sum Insured				e.				Rs. 15,000	Exceeding 34.99% but not exceeding 40%
f. NCB @ _____				<b>Total Liability Premium (B)</b>					
g.				<b>Total Consideration (C) = (A + B)</b>					
Underwriting Loading / Discount				Service Tax @ _____ % (Incl. Cess)					
<b>Total OD Premium (A)</b>				<b>TOTAL AMOUNT PAYABLE</b>					



Additional risk, if any \_\_\_\_\_

Special Conditions \_\_\_\_\_

Date of Issue **27/06/2014** Time **13:50**

Place \_\_\_\_\_

**VALID FOR ISSUANCE UPTO : 31 - AUG - 2014**


  
 Intermediary \_\_\_\_\_ AUTHORIZED SIGNATORY \_\_\_\_\_

I / We hereby certify that this cover note is issued in accordance with provisions of the Chapter XI of the Motor Vehicles Act, 1988.  
 For CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD.

For information/Claims: Contact Toll Free Helpline at 1800 200 5544 ; sms "CHOLA" to 56677 For CARE contract 1800 103 5354 ; www.cholainsurance.com **NOT VALID WITHOUT ORIGINAL HOLDGRAM**

**RETAIL INVOICE**

Invoice	VSI14201415000050	Date	01.07.2014
Customer	1173333 Mr. SOHAM MODI (HUF) H NO:5-4-187/3 & 4.III FLOOR SOHAM MANSION M G ROAD SECUNDERABAD 500003 HYDERABAD-HYDERABAD	Delivered to	1173333 Mr. SOHAM MODI (HUF) H NO:5-4-187/3 & 4.III FLOOR SOHAM MANSION M G ROAD SECUNDERABAD 500003 HYDERABAD-HYDERABAD
Customer TIN No			

Purchase Order No.		Delivery Date	01.07.2014
Sale Order	LVO14201415000051	Chassis No.	MB1AA22E2ERA72578
Receipt No.		Engine No.	AEH016381P
Hypo.with	CASH	DO No.	

Sl. No	MODEL	DESCRIPTION	QTY	RATE	DISCOUNT	TAX %	TAX AMOUNT	AMOUNT
1	R0891300TLSSCDIC	DOST LS SC BSIV IRISH CREAM WITH STEEL CONTAINER	1.00	465,764.00	0.00	VAT 14.5%	67,536.00	533,300.00

Product Discount	0.00
Sub Total	533,300.00
SSC on VAT %	0.00
Additional Tax %	0.00
Additional Tax %	0.00
Other Charges	0.00
Round Off	0.00
<b>Total</b>	<b>533,300.00</b>

**CUSTOMER COPY**

AMOUNT IN WORDS: FIVE LAKHS THIRTY THREE THOUSAND THREE HUNDREND RUPEES ONLY

CST: 36961136679  
LST: 36961136679

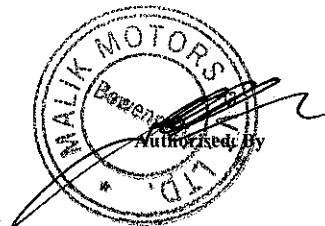
PAN No/GIR No. :  
TIN No / Service TAX No : 36961136679

for MALIK MOTORS PRIVATE LIMITED

Declaration:

a)Vehicle Once Sold Under this Invoice will not be taken back on any Account 'Certified that the Vehicle Covered by this bill have Suffered tax at our hands/at the hands of the Manufacturers of the Vehicle to us already

Customer Signature



Date