



2025-05-30

Mr./Ms. BRAJESH
GARHIYA HAIVATPUR
FARRUKHABAD, Uttar Pradesh, 209745

Dear Mr./Ms. BRAJESH,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your transcript of proposal is attached and your policy is getting issued with insurer, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. BRAJESH, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org



Please scan the QR for details.



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGR0972

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, 012106K370, (CS/IN: 09AAACT067/RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	30-MAY-25
Policy No	25240031/2025/19254	Proposal No.& Date	R/25240031/2025/13116 & 30-MAY-2025
Agent/Broker Code	BA000015144	Policy Period (OWN DAMAGE)	FROM 18:14 ON 30/05/2025 TO MIDNIGHT OF 29/05/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18:14 ON 30/05/2025 TO MIDNIGHT OF 29/05/2026
Insured Name	BRAJESH (GSTIN: 0)	Lead/Broker No	
Insured Address	C/O SARVESH KUMAR, GARHWA HAJVATPUR, CHILSARA FARRUKHABAD, . NA.	Insured State	UTTAR PRADESH

UNINSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	79183
Model & Variant	HERO SPLENDOR PLUS XTECH E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	79183
Engine Chassis No	HA11FBSHE21770 - MILHAW336SHE21236			FMV CONTRACT NO	
Engine Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1+1			Geographical Area	INDIA
Type Of Body	SCALO	Type Of Fuel	PETROL		
Location					

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1377.11	Basic Third Party Liability	3831
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (DMT-16)	0
Basic Premium	1248.1	Legal Liability (WC)to driver (DMT-20)	0
Geographical Area Extn (DMT-3)	0	Legal Liability to Employees (DMT-25)	0
Driving Tuition Loading On OD Premium (66%)	0	Legal Liability to Passenger (DMT-40)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (95%)	NA
		P1 Paid Driver, Conductor, Cleaner-GRM&J	0
		Net Liability Premium (B)	3831
Voluntary Deductibles (DMT 22A)	0	Total Premium (A+B)	4169
Anti-Theft Device (DMT-10)	0	GST	750
AAJ Membership (DMT-4)	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	630
Discount for vehicle designed for handicapped	0	Surabh Bharat Cms@0.50%	0
SIP Discount	1128	Kyrbh Kalyan Cms@0.50%	0
Sub-Total Deductibles	1128	Gross Premium Paid	4919
Add-On Coverages			
NIL Depreciation	198		
Return to Insurer	0		
Key Replacement	0		
Consumables	198		
Sub-Total Add-on Coverages	198		
Net own Damage Premium(A)	318		

Nominee Details :	Nominee Name	Age	Sex	Residence
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs.100 or a claim for refund of premium exceeding Rs.100, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our participating Offices as well as company's website.

In insurance under the policy is subject to conditions, clauses, warranties, exclusions, DMTs and OIC as/for amounts 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).

Limit is not subsistable if driving License is found falsified or not in the known ledger of the insured.

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.

It is hereby certified that the policy is not assigned to any other person by or on behalf of the company. Insured has to pay the premium of Rs. 252400.00 on 30-MAY-25.

THE INSURED IS NOT ENTITLED TO CLAIM IF THE VEHICLE IS USED OR DRIVEN OTHER THAN AS SPECIFIED WITH THIS POLICY. Any Payment made by the company by means of wider terms appearing in the certificate is in order to comply with the M.V. Act, 1988 is recoverable from the insured. See for clause headed "AVOIDANCE OF CERTAIN ANTI RIGHTS OF RECOVERY".

Insurances 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 rental (2) Carriage of goods (other than samples or personal baggage) (3) Interstate trading (4) Race Making (5) Speed testing (6) Reliability trials

Any Payment in connection with motor trade.

Driver's Classes: 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 motor holding an effective Insured's license may also drive vehicle in 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 (1) of the policy. Death of or bodily injury, such amount is necessary to meet those requirements of the motor vehicle act 1988. Under Section II-1 (2) of the policy-Damage to third party property in Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

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 following year 70%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% and NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed after 90 days of the previous policy.

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provision of chapter X and XI of M.V. Act, 1988.

This insurance excludes all pre-existing damages.

Approved By : 659258MD
Approved On : 30-MAY-25
Place : MBT
Printed On : 30-MAY-25

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



Certificate of Services

Certificate issuer & Servicing Office: Motor Sathi Care Private Limited, B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00444959	For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com
Tax Invoice cum Certificate Number: INCP00444959	Period of Coverage(MS): 2025-05-30 - 2026-05-29 MIDNIGHT
Name of Certificate Holder: BRAJESH	DOB: 2003-05-30
Mobile.: 8400017416	Period of Coverage(I): 2025-05-30 - 2030-05-29 MIDNIGHT
Address: GARHIYA HAIVATPUR, FARRUKHABAD, FARRUKHABAD	City / District: FARRUKHABAD
State: Uttar Pradesh	Pincode: 209745
IDV: 79183.45	Manufacturing Year: 2025
Vehicle Registration Number: New	Vehicle Manufacturer:
Model: SPLENDOR PLUS	Variant: XTEC OFUM SELF OBD
Engine Number: HA11FBSHE21770	Chassis Number: MBLHAW336SHE21236
Acknowledgement No: MS/2025/E444959	Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problem.	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair the vehicle (including repair of flat spare stopper tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable in all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

ADHC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp EXPERIENCE DOC @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1372.86	123.56	123.56	-	1620

Personal Accident Cover Details

Name of Certificate Holder: BRAJESH	Period of Insurance: 2025-05-30 (18:04 HRS) - 2026-05-29 MIDNIGHT
Nominee Name: SANJANA	Nominee Relationship: WIFE
Nominee Gender: Female	Nominee Age: 20 Years

Special Conditions: 1) Per individual SI is fixed Rs 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.



Business Summary Sheet

Particular	Net Amount	GST	Total
Summary INS	4188.85	750.39	4919.24
Summary MSCPL	450	81	531
Allied Services	1372.86	247.12	1619.98
Total Amount	5991.71	1078.51	7070



GOVERNMENT OF UTTAR PRADESH

Transport Department Farrukhabad

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP76AV4717 Registration Date : 31-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTO DEALER, 786/2, BARPUR, FARRUKHABAD, , 159-209625
 Owner Name : BRAJESH Son/wife/daughter of : SARVESH KUMAR
 Full Address: (Permanent) : GARHIYA HAIVATPUR, CHILSARA, , FARRUKHABAD, UTTAR PRADESH-209745
 Full Address: (Temporary) : GARHIYA HAIVATPUR, CHILSARA, , FARRUKHABAD-UTTAR PRADESH-209745
 Fitness UpTo : 30-May-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : SANJANA
 Relationship with the : Spouse Norms : BHARAT STAGE VI
 Nominee
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1042707159 Rear HSRP No : AA2124040936
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW336SHE21236
 Engine No : HA11FBSHE21770 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
 S)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

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 : 30-May-2025 Sale Amt : 86100/-
 OTT Date : 30-May-2025 Amount/Rcpt No : 8610 / UP76D25050002758
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 04-Jun-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 31-May-2025 to 30-May-2040

Date : 30-Jul-2025 12:38:11

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Fatengarh-Farrukhabad
 Date: 30-Jul-2025

Q 4743007

KUSHWAHA AUTO

KHASRA No- 2004, VILLAGE-MIRZAPUR, TEHSIL-JALALABAD, MIRZAPUR, SHAHJAHANPUR, 242221, UP, India

State Code: 9 Contact: 9651920600, . .

GSTIN No: 09CDHPS5499D1ZX

Associate Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 22785-02-REST-1225-285
 Customer Name BRAJESH .
 VIN MBLHAW336SHE21236
 Insurance Company THE ORIENTAL INSURANCE
 HMCGL Card No

Date 11-12-2025
 Contact No. 8400017410
 Model SPLENDOR+ XTEC 2.0
 Reg No. UP76AV4717
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
2	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
3	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
4	61311AAE940S -STAY SPEEDO MOUNTING	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
5	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	51410KWA941S -PIPE COMP, FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
9	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
10	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
11	51400KWA941S -FORK ASSY, R FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
12	51500KWA941S -FORK ASSY, L FR	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
13	3340BAAE941S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
14	88110AAE930ES -MIRROR ASSEMBLY RIGHT BACK RD-021M	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
15	50100AAE930S -FRAME BODY COMPLETE	87141090	Paid	7,218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	8,518.00
16	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
17	44601AAE23099S -WHEEL COMP FRONT	87141090	Paid	3,866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	4,563.00
18	53175AAFH00S -LEVER COMP.R STRG.HNDL	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
19	83500AAE930DS -SIDE COVER RIGHT NH-1	87141090	Paid	1,054.24	1	9.00	9.00	0.00	0.00	0.00	0.00	1,244.00
20	83600AAE930DS -SIDE COVER LEFT NH-1	87141090	Paid	624.58	1	9.00	9.00	0.00	0.00	0.00	0.00	737.00
Parts Total											0.00	35,210.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
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1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC 2.0	998729	Paid	1,100.00	9.00	9.00	0.00	0.00	0.00	0.00	1,298.00

Jobs Total 0.00 2,478.00

Parts Total	35,210.00
Labour Total	2,478.00
SGST (Parts) 9%	2,685.51
CGST (Parts) 9%	2,685.51
SGST (Labour) 9%	189.00
CGST (Labour) 9%	189.00
Total	37,688.00

Rupees in Words: Thirty Seven Thousand Six Hundred Eighty Eight Only

Authorised Signatory

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 SHAHJAHANPUR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.





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 _____ Certificate/Policy No. 252400/31/2026/19254
 Tel. No. _____ Period of Insurance 30/05/2025 to 29/05/2030
 Claim No. _____

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

1. INSURED
 (a) Name : MR. BRAJESH S/o SARYESH KUMAR
 (b) Address for correspondence : Gadhwa ; Raibatpur ; Chilsara ; Farrukhabad U.P.
 (c) Telephone : 91-8115318005

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>H111FBSHE21770</u> Chassis No. <u>MBLHAW336SHE21236</u>	Registration No. <u>UP76AV-4717</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Aditya Kumar Singh.
(b) Age : 25 - Years.
(c) Address : Gudera; Chakpa; Rajepur; Farrukhabad.
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend? : Relativ
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? : N/A.
(g) Driving Licence Number : UP7620220010588
(h) Issuing Authority : FARRUKHABAD(R.T.O.)
(i) Date of Expiry : 03-01-2046
(j) Was the licence temporary/permanent : 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 : 08/12/2025 / 07:00PM.
(b) Place : Amritpur (FBD.)
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(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 : Front And. Side Damage
(b) Estimated cost of repairs : As per Estimate.
(c) When and where can the damaged vehicle be inspected :

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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____
- N/A

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 11/12/2025.

Signature of the insured _____

बजेवा

Indian Union Driving Licence
Issued by Uttar Pradesh

UP76 20220010588

Issue Date: 15-07-2022 Validity (NT): 03-01-2040 Validity (TR):

Name: **ADITYA KUMAR SINGH**

Date of Birth: 04-01-2000 Blood Group:

Son/Daughter/Wife of: **TILAK SINGH**


Address: **GUDERA CHAPRA RAJEPUR**
Amritpur, Farrukhabad, UP 209625

Holder's Signature: _____

Organ Donor:

Diploma of Road Issue (15-07-2022)


DL No: UP76 20220010588 UPDL 00600977 1480

 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	UP76	UP76	15-07-2022	NT			
LNV	UP76	UP76	15-07-2022	NT			
MVSD							

Emergency Contact Number _____


 License Authority
UP76 FARRUKHABAD

Form 7 Rule 16(2)



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2906/16017/02319

To
ब्रजेश
Brajesh
S/O: Sarvesh Kumar,
garhiya haivatpur,
VTC: Chilsara,
PO: Chilsara,
Sub District: Kalmaganj,
District: Farrukhabad,
State: Uttar Pradesh,
PIN Code: 209745,
Mobile: 8400017410

Signature Not Verified
Digitally signed by Sarvesh Kumar
Identification Authority of India
DN: cn=2025 12 19 10:13:24
IST



आपका आधार क्रमांक / Your Aadhaar No. :

3990 2308 1164

VID : 9106 2467 7306 7694

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 18/08/2017



ब्रजेश
Brajesh
जन्म तिथि/DOB: 01/07/2003
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एमआधार कोड स्कैनर ऐप से क्यूआर कोड 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).

3990 2308 1164

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर पारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



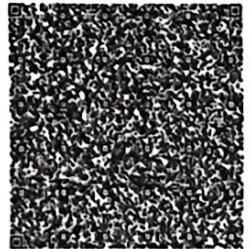
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 10/12/2018

पता:
आत्मनः सर्वेश कुमार, गडिया हैवतपुर, चिल्सरा, चिल्सरा,
फर्रुखाबाद,
उत्तर प्रदेश - 209745

Address:
S/O: Sarvesh Kumar, garhiya haivatpur, Chilsara, PO:
Chilsara, DIST: Farrukhabad,
Uttar Pradesh - 209745



3990 2308 1164

VID : 9106 2467 7306 7694

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help@uidai.gov.in

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