

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name... Sri Prakash Yadav
Address... Deoria
Phone... 8840573966

Job No.
Date... 12/12/2015
Chasis No.
Engine No.
Key No.
Regn. No. UP57CD6274
Speedmeter Redg.
Insurance No.
Model... Spacia

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	F. Panels	15	1500	1500	
2	Visor	1R	1100	1100	
3	H/L	1R	565	565	
4	Passenger Light	1R	920	920	
5	Mirror Side	1R	3285	3285	
6	Mirror Inner	1R	303	303	
7	F. Panel - 1/R	1R	2500	5000	
8	Leg guard	1R	675	675	
9	Handle	1R	500	500	
10	F. Window 1/R	20	250	5000	
11	R. Window 1/R	20	250	5000	
12	Foot Rest (L)	1R	235	235	
13	Fuel Tank	1R	5200	5200	
14					
15					
16					
17					
18					
19				600	
20					
21					
22					
23					
24					
25					
TOTAL				20882	

- Note : 1. If required, labour for above material shall be charged extra.
2. Price of parts are subject to change without notice.
3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
4. All Disputes Subject to Deoria Jurisdiction only.

Ganpati Automobiles
Gorakhpur Road
Opp. Dr. G. S. Gupta
Deoria
Job 77000000

- I/We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory

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.	SRI PRAKASH YADAV ☎ 8840573966
2	Vehicle No. / वाहन संख्या	UPS2CD 6244
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	16/12/24 to 15/12/25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/25 ☎ 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	BAJTALPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJVEER YADAV ☎ UPS220240021515 - 8840573966
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण :	हमारे गाड़ी से जोड़ी वाला एक मध्य रात में बेटा लघु के सामने में उसके सामने बोला गाड़ी ने अचानक ब्रेक माल दिया जिससे मेरी गाड़ी अचानक नहीं हुई ठीक हमने ब्रेक में लगे गाड़ी को बंद कर दिया गाड़ी को बंद कर दिया गाड़ी को ड्राइवर को दे गई.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Ganpati Automobiles Purma Bazar ☎ 7651989597

Date / दिनांक : 11/12/25
हस्ताक्षर
-SPYADAV

-SPYADAV
Signature of Insured / बीमाधारक के



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. _____

Tel. No. _____

Period of Insurance 16/12/24 to 15/12/25

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 : SRI PRAKASH YADAV
 (b) Address for correspondence : MAJHGAWAN
 (c) Telephone : 8240573966

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2024</u>	Engine No. Chassis No. <u>* 01690</u> <u>* 01624</u>	Registration No. <u>UPS2CD 6244</u>
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- (a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? Personal Used
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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 _____
- NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAJVEER YADAV
 (b) Age : 27/07/2006
 (c) Address : MAUHGAWA
 (d) Is the Driver
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : Relative
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NA
 (g) Driving Licence Number : UPS220240021515
 (h) Issuing Authority : 26/10/2024
 (i) Date of Expiry : 26/07/2046
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : _____
 (l) Has he been involved in any accident before? : NA
 (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 8/12/25 @ 07:00PM
 (b) Place : RAJITAL PUR
 (c) Speed of vehicle at the time of accident : 20KM/H
 (d) Give a short description of the accident : _____
 (e) If any third party was responsible for this accident give the name and address : मिस्टर अशोक कुमार सिंह, पता: राजपालिका, बारा, नेपाल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Crampati Automoshila, Purnea, Bihar, 7851995597

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? : NA

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 _____

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 12/12/25 200

Signature of the insured SPYADAV

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 SPYADAV.....
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CD6244 Registration Date : 21-Dec-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAMA GKF ROAD, DEORIA, . . . 190-274001
 Owner Name : SRI PRAKASH YADAV Son/wife/daughter of : BALDEO YADAV
 Full Address: (Permanent) : VILL+PO- MAJHGAWAN, PS- DEORIA, DEORIA, UTTAR PRADESH 274001
 Full Address: (Temporary) : VILL+PO- MAJHGAWAN, PS- DEORIA, DEORIA-UTTAR PRADESH 274001
 Fitness UpTo : 20-Dec-2039 Owner Serial No : 1

Detailed Description

Class of Vehicle	M-CYC E/SCOOTER	Link Vehicle No	
Ownership	INDIVIDUAL	Norms	BHARAT STAGE VI
Maker's Name	HERO MOTOCORP LTD		
Front HSRP No	AA2118577522	Rear HSRP No	AA2118755060
Type of Body	SOLO WITH PILLION	Month/Year of Manuf.	11-2024
No of Cylinders	1	Chassis No	MBLHAW344R9L01624
Engine No	HA11E7R9L01690	Fuel	PETROL
Horse Power(BHP)	7.91	Cubic Capacity	97.20
Maker's Classification	SPLENDOR+ TECHNO DISC	Wheel base	1235
Seating Cap(in all)	2	Standing Cap	0
Sleeper Cap	0	Unladen Wt (kgs)	113
Colour	Red Black	Laden/GV Wt (kgs)	243
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 TATA CAPITAL LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 18-Dec-2024

Purchase dt	16-Dec-2024	Sale Amt	84401/-
OTT Date	16-Dec-2024	Amount/Rcpt No	8441 / UP52D24120002732
Vehicle is Govt/ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	30-Dec-2024		

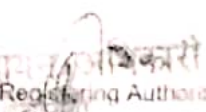
Other State/Transfer/Conversion/Reassign Details

Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 21-Dec-2024 to 20-Dec-2039

Date: 03-Jan-2025 15:41:03

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date: 03-Jan-2025

Q 1341734

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

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 Owner Name : SRI PRAKASH YADAV Son/wife/daughter of : BALDEO YADAV
 Full Address: (Permanent) : VILL+PO- MAJHGAWAN, PS- DEORIA, DEORIA, UTTAR PRADESH-274001
 Full Address: (Temporary) : VILL+PO- MAJHGAWAN, PS- DEORIA, DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 20-Dec-2039 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYC. E/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2118577522 Rear HSRP No : AA2118755060
 Type of Body : SOLO WITH PILLION Month/Year of Manuf : 11/2024
 No of Cylinders : 1 Chassis No : MBUHAW364R9L01624
 Engine No : HA11E7R9L01690 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ TECHNO DISC Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : Red Black Laden/GV Wt (kgs) : 243
 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 TATA CAPITAL LTD, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 18-Dec-2024.

Purchase dt : 16-Dec-2024 Sale Amt : 84401/-
 OTT Date : 16-Dec-2024 Amount/Rcpt No : 8441 / UP52D24120002732
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Dec-2024

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 21-Dec-2024 to 20-Dec-2039

Date : 03-Jan-2025 15:41:03

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 03-Jan-2025

Q 1341734

Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh

Customer's Signature.....

Authorised Signatory



2024-12-16

Mr./Ms. SRI PRAKASH YADAV
, Uttar Pradesh,

Dear Mr./Ms. SRI PRAKASH YADAV,

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. SRI PRAKASH YADAV, thank you for again for choosing to do business with us. We are grateful for the oppurtunity 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
GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



Customer's Signature.....

Authorised Signatory



Scanned with OKEN Scanner

Certificate of Services

Certificate Issuer & Servicing Office: Motor Sathi Care Private Limited, D-27, Shastrri Nagar, Meerut, Uttar Pradesh, (250004) Certificate Number: INCP00389521
 Tax Invoice cum Certificate Number: INCP00389521
 Name of Certificate Holder: SRI PRAKASH YADAV
 Mobile: 8853247111
 Address: . . .
 State: Uttar Pradesh
 IDV: 76261.25
 Vehicle Registration Number: New
 Model: SPLENDOR PLUS
 Engine Number: HA11E7R9L01690
 Acknowledgement No: MS/2025/E389521
 Hypothecation: CASH

For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@motorsathi.com
 Period of Coverage(MS): 2024-12-16 - 2025-12-15 MIDNIGHT
 DOB:
 Period of Coverage(I): 2024-12-16 - 2029-12-15 MIDNIGHT
 City / District:
 Pincode:
 Manufacturing Year: 2024
 Vehicle Manufacturer: HERO MOTOCORP
 Variant: XTEC DISC
 Chassis Number: MBLHAW344R9L01624
 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 problems	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 stepney 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 to 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 ADHC 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 (8%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	2003.81	180.34	180.34	-	2364

Personal Accident Cover Details

Name of Certificate Holder: SRI PRAKASH YADAV
 Nominee Name: RAJVEER YADAV
 Nominee Gender: Male
 Period of Insurance: 2024-12-16 (17:54 HRS) - 2025-12-15 MIDNIGHT
 Nominee Relationship: SON
 Nominee Age: 22 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. B) 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 Meerut.

Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20240021515

Issue Date Validity (NT) Validity (TR)
26-10-2024 26-07-2046



26-10-2024
Date of First Issue

Holder's Signature

Name:

RAVEER YADAV

Date of Birth: 27-07-2006

Blood Group: + VE

Organ Donor: N

Son/Daughter/Wife of:

SHRIPRAKASH YADAV

Address:

MANGANWA MANGAOM MANHAGANWA BHATPAR
RANI DEORIA UTTAR PRADESH 274001

DL No: UP52 20240021515

UPDL000014448838



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	UP52	26-10-2024	NT				
LMV	UP52	26-10-2024	NT				
MVSD							

Emergency Contact Number

Licensing Authority
UPS2 DEORIA

Form 7 Rule 16(2)





भारत सरकार

Government of India



श्रीप्रकाश यादव

Shriprakash Yadav

जन्म तिथि / DOB : 05/07/1979

पुरुष / Male



6789 4492 7612

मेरा आधार, मेरी पहचान



भारत विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आनमज बसदेव यादव, ग्राम-
पोस्ट- मङ्गवावा, देवरिका, देवरिका,
उत्तर प्रदेश, 274001

Address: S/O Badeso Yadav Gram- post
Mangawan Deora, Deora, Uttar
Pradesh, 274001

6789 4492 7612



1947



help @ uidai.gov.in



www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SRI PRAKASH YADAV

BALDEO YADAV

05/07/1979

Permanent Account Number

ACWPY5841L



30112008

Signature