

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

| | | | |
|-------------------|------------------------|---------------------|------------|
| Estimate No. | 10730-03-REST-1225-681 | Date | 13-12-2025 |
| Customer Name | KARAN KASHYAP | Contact No. | 8303543463 |
| VIN | MBLHAW228RHK13388 | Model | SPLENDOR + |
| Insurance Company | | Reg No. | UP31CJ5927 |
| HMCGL Card No | 1073024500003100 | HMCGL Card Category | Gold |

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|--------------------|--|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|------------------|
| 1 | 83410KWHHY0S -FR VISOR | 87141090 | Paid | 937.29 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,106.00 |
| 2 | 33100KCC710AS -LIGHT ASSY.HEAD (W/O BULB) | 85122010 | Paid | 444.92 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 525.00 |
| 3 | 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 |
| 4 | 3340AKCC830S -WINKER ASSY.R FR.(W/O BULB) | 85122010 | Paid | 161.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 190.00 |
| 5 | 3345AKCC830S -WINKER ASSY.L FR.(W/O BULB) | 85122010 | Paid | 161.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 190.00 |
| 6 | 53100AAE110S -PIPE STRG HANDLE | 87141090 | Paid | 389.83 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 460.00 |
| 7 | 53200KCC690S -STEM COMP STRG | 87141090 | Paid | 726.27 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 857.00 |
| 8 | 50803KST940S -GUARD LEG | 87141090 | Paid | 527.12 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 622.00 |
| 9 | 17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2)) | 87141090 | Paid | 5,000.00 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,900.00 |
| 10 | 50400ADH800DS -GRIP REAR | 87141090 | Paid | 859.32 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,014.00 |
| 11 | 3365AKCC830S -WINKER ASSY.L RR.(W/O BUL) | 85122010 | Paid | 161.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 190.00 |
| 12 | 88110AAFH31ZAS -MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1 | 70091090 | Paid | 190.68 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 225.00 |
| 13 | 3365AKCC830S -WINKER ASSY.L RR.(W/O BUL) | 85122010 | Paid | 161.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 190.00 |
| Parts Total | | | | | | | | | | | 0.00 | 12,805.00 |

Labour Details

| S No | Job Code | SAC No. | Billing Type | Rate | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount | |
|-------------------|---------------------------------------|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------|-----------------|
| 1 | 102032 - ACCIDENTAL LABOUR-SPLENDOR + | 998729 | Paid | 1,695.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,000.10 | |
| Jobs Total | | | | | | | | | | | 0.00 | 2,000.10 |

| | |
|-------------------------|------------------|
| Parts Total | 12,805.00 |
| Labour Total | 2,000.10 |
| SGST (Parts) 9% | 976.65 |
| CGST (Parts) 9% | 976.65 |
| SGST (Labour) 9% | 152.55 |
| CGST (Labour) 9% | 152.55 |
| Total | 14,805.10 |

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
MEERUT

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. | कमल कश्यप 8303543463 |
| 2 | Vehicle No. / वाहन संख्या | UP31CT 5927 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2025/74246 |
| 4 | Period of Insurance / बीमा अवधि | 27/12/2024 से 26/12/2025 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 30/12/2025 और 7:20 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | चिमनी गाँव के पास |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | कमल साविता 9838474305 UP3120240002910 |
| 8 | Estimated Loss / अनुमानित हानि | |
| 09. | Cause of Accident / दुर्घटना का कारण | चिमनी गाँव के पास सामने से ऑटो से टक्कर हो गई जिससे मेरी गाड़ी दायी ओर गिरकर सतिमस्त हो गई। |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम | N/A |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No. | N/A |
| 12 | Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं. | MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR-KHERI, 9151154036 |

Date / दिनांक : 12/12/2025
हस्ताक्षर

कमल कश्यप
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 MEERUT

Certificate/Policy No. 252400/31/2025/74246

Tel. No.

Period of Insurance 27/12/2024 से 26/12/2025
 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 : KARAN KASHYAP
 (b) Address for correspondence : P/O GOLA ROAD KAMLAPUR, SHIVCALONGI, LAKHIMPUR
 (c) Telephone : 8303543463 KHERI PS-KOTWALI,

2. THE INSURED VEHICLE

| | | |
|---|---|--|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No. <u>HJJETRHK29306</u> Chassis No. <u>MBLHAW228RHKJ3388</u> | Registration No. <u>UP31CT</u> <u>5927</u> |
|---|---|--|

- (a) Was the vehicle in proper working condition? Yes
 (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
- N/A

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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : KARAN SIVTA
(b) Age : 20/08/2002
(c) Address : SHIV COLONY LAKHIMPUR KHERI, UP, 262701
(d) Is the Driver
1. Owner : NO
2. paid driver? : NO
3. Owner's relative or friend? : CHACHA
(e) If paid driver, how long has he been in your employment : NO
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : UP31 20240002910
(h) Issuing Authority : 12/03/2024
(i) Date of Expiry : 19/08/2042
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : NO
(l) Has he been involved in any accident before?: NO
(m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 10/12/2025 7:20PM
(b) Place : चिमनी गाँव के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : चिमनी गाँव के पास सामने से आती से टक्कर हो गई
(e) If any third party was responsible for this accident give the name and address : निरखे मेरी गाड़ी दाँयी ओर गिरकर सात मिनट हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRD
ROAD LAKHIMPUR-KHERI

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 : N/A
(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? : NO
(b) If yes, give full details : NO

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? : N/A
(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? : N/A
(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 12/12/2005

Signature of the insured अशोक शर्मा

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. UP31C75927 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 AKASH KUMAR
Occupation
Address

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGDR0928

Page No : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

| | | | |
|-------------------|--|----------------------------|--|
| Policy Type | BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years) | Policy Issued On | 27-DEC-24 |
| Policy No | 252400/31/2025/74246 | Proposal No. & Date | R/252400/31/2025/56908 & 27-DEC-2024 |
| Agent/Broker Code | EU 0000000660 | Policy Period (OWN DAMAGE) | FROM 14-16 ON 27-12-2024 TO MIDNIGHT OF 26-12-2025 |
| Agent/Broker Name | M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED | Policy Period (LIABILITY) | FROM 14-16 ON 27-12-2024 TO MIDNIGHT OF 26-12-2029 |
| Insured Name | KARAN KASHYAP (GSTIN: 0) | Lead /Breakin No | 17 |
| Insured Address | C/O. SRI MAHESH KASHYAP, R/O GOLA ROAD KAMPLAPUR SHIVALONI, KASHI, UTTAR PRADESH | Insured State | UTTAR PRADESH |

| INSURED MOTOR VEHICLE DETAILS | | INSURED DECLARED VALUE (IDV) (In Rs.) | |
|-------------------------------|-------------------------------------|---------------------------------------|------------------------|
| Make | HERO MOTORCORP | Vehicle | 75398 |
| Model & Variant | HERO SPLENDOR PLUS FI | Electrical Accessories | 0 |
| Registration No | NFW | Non-Electrical Accessories | 0 |
| Year Of Manufacture | 2024 | Total IDV | 75398 |
| Engine -Chassis No | HAI1E7RHK29306 - MBI.HAW228RHK13388 | TMV CONTRACT NO | |
| Cubic Capacity | 100 | Policy Type | Zone B - Rest of India |
| Seating Capacity | 1+1 | Geographical Area | INDIA |
| Type Of Body | SOLO | Type Of Fuel | PETROL |
| ICFO Location | | | |

| OWN DAMAGE SECTION(A) | | LIABILITY SECTION (B) | |
|---|---------|--|------|
| Vehicle | 1263.67 | Basic Third Party Liability | 3851 |
| Elect Accessories | 0 | Compulsory PA Cover Premium | 0 |
| Non-Elect Accessories | 0 | PA Cover for 0 Person Of Rs (0) each (IMT-16) | 0 |
| Basic Premium | 189.67 | Legal Liability (WC) to driver (IMT-28) | 0 |
| Geographical Area Extn (IMT-1) | 0 | Legal Liability to Employees (IMT-29) | 0 |
| Driving Tuition Loading On OD Premium (60%) | 0 | Legal Liability to Passenger (IMT-46) | NA |
| Sub Total Additions | 0 | Driving Tuition Loading On TP Premium (60%) | NA |
| Deductibles | | PA Paid Driver, Conductor, Cleaner-GR36H3 | 0 |
| Voluntary Deductibles (IMT 22A) | 0 | Net Liability Premium (B) | 3851 |
| Anti-Theft Device (IMT-10) | 0 | Total Premium (A+B) | 4041 |
| AAI Membership (IMT-8) | 0 | GST | 728 |
| No Claim Bonus | 0 | SERVICE TAX | 0 |
| Discount for vehicle designed for handicapped | 0 | STAMP DUTY | 0.00 |
| STP Discount | 0 | Swachh Bharat Cess@0.50% | 0 |
| Sub-Total Deductibles | 0 | Karvy Surcharge Cess@0.50% | 0 |
| Add-On Coverages | | Gross Premium Paid | 4769 |
| NIL Depreciation | 0 | Note: | |
| Return to Invoice | 0 | 1. Policy Issuance is the subject to the realisation of cheque | |
| Key Replacement | 0 | 2. Consolidated Stamp Duty paid via Challan No | |
| Consumables | 0 | 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22) | |
| Sub Total Add-on Coverages | 0 | 4. Voluntary excess Rs(0) | |
| Net own Damage Premium(A) | 190 | 5. Subject to Endorsements IMT,7,10,28, | |

| Nominee Details : | | Age | | Relation | |
|-------------------|----|----------------------------|---------------------|----------------------|----|
| Nominee Name | | | | | |
| Payment Details : | | Cheque No./Transaction No. | | Bank Name | |
| Payment Method | | | | | |
| Financer Type | | Financer Name | AWASTHI ENTERPRISES | Financer Branch | |
| POS Name | NA | POS ID | NA | POS PAN NO/Aadhar No | NA |
| | | | | Amount | |
| | | | | 4769 | |

In the event of a claim under the policy exceeding Rs.1Lac or a claim for refund of premium exceeding Rs.1Lac, 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.

Warranty 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.

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 set his/their hands at 252400 on 27-DEC-24

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 MVA Act, 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 baggage) (3) Organized racing (4) Race Making (5) Speed testing (6) Reliability trials

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 5 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (b) of the policy - Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-1 (d) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS

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 year(s), as per the: the preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 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 provisions of chapter X and XI of M.V. Act 1988.

* This insurance excludes all pre-existing damages



Approved By : 255092
Approved On : 27-DEC-24
Place : MRT
Printed On : 27-DEC-24

For and on behalf of
The Oriental Insurance Company Ltd.

General Manager
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31CJ5927 Registration Date : 01-Jan-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , 153-262701
 Owner Name : KARAN KASHYAP Son/wife/daughter of : SRI MAHESH KASHYAP
 Full Address: (Permanent) : R/O GOLA ROAD KAMLAPUR SHIVCALONI, LAKHIMPUR KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O GOLA ROAD KAMLAPUR SHIVCALONI, LAKHIMPUR KHERI, PS- KOTWALI, KHERI- UTTAR PRADESH-262701

Fitness UpTo : 31-Dec-2039 Owner Serial No : 1

Detailed Description

| | | | |
|------------------------|-----------------------|----------------------|---------------------|
| Class of Vehicle | : M-CYCLE/SCOOTER | Link Vehicle No | : |
| Ownership | : INDIVIDUAL | Norms | : BHARAT STAGE VI |
| Maker's Name | : HERO MOTOCORP LTD | Rear HSRP No | : AA2118186676 |
| Front HSRP No | : AA2117952986 | Month/Year of Manuf. | : 10/2024 |
| Type of Body | : SOLO WITH PILLION | Chassis No | : MBLHAW228RHK13388 |
| No of Cylinders | : 1 | Fuel | : PETROL |
| Engine No | : HA11E7RHK29306 | Cubic Capacity | : 97.20 |
| Horse Power(BHP) | : 7.91 | Wheel base | : 1236 |
| Maker's Classification | : SPLENDOR+ I3S (DRS) | Standing Cap | : 0 |
| Seating Cap(in all) | : 2 | Unladen Wt (kgs) | : 111 |
| Sleeper Cap | : 0 | Laden/GV Wt (kgs) | : 241 |
| Colour | : MATT GREY | AC Fitted | : NO |
| Other Criteria | : | | |
| Vehicle Purchase As | : Fully Built | | |

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.

As Regd.

| | Description | Weight(in kgs) |
|------------|-------------|----------------|
| a) Front: | | |
| b) Rear: | | |
| c) Other: | | |
| d) Tandem: | | |

The motor vehicle above described is subject to Hypothecation in favour of AWASTHI ENTERPRISES, LAKHIMPUR, LAKHIMPUR, , Kheri, Uttar Pradesh-262701 w.e.f. 27-Dec-2024.

| | | | |
|------------------------|---------------|---------------------|---------------------------|
| Purchase dt | : 27-Dec-2024 | Sale Amt | : 79366/- |
| OTT Date | : 27-Dec-2024 | Amount/Rcpt No | : 7937 / UP31D25010000139 |
| Vehicle is Govt./ Pvt. | : PRIVATE | Tax Exempted or Not | : NOT EXEMPTED |
| Date of Approval | : 20-Jan-2025 | | |

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Jan-2025 to 31-Dec-2039

Date : 25-Jan-2025 13:04:45

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयत अधिकारी
 मोटर वाहन विभाग
 लखीमपूर खेरी
 Signature of Registering Authority
 Date : 25-Jan-2025

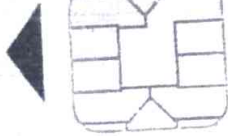
P 9521766



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20240002910



Issue Date 12-03-2024 Validity (NT) 19-08-2042 Validity (TR)* _____



(12-03-2024)

Holder's Signature

Name: **KARAN SAVITA**
 Date of Birth: **20-08-2002** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **RAKESH KUMAR**
 Address:
**Shiv Colony Lakhimpur Kheri
 Uttar Pradesh 262701**

Date of First Issue

DL No: **UP31 20240002910**

UPDL 000012964216



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 | UP31 | 12-03-2024 | NT | | | |
| | LMV | UP31 | 12-03-2024 | NT | | | |
| | MVSD | | | | | | |
| | | | | | | | |


Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
 Licensing Authority
 UP31 LAKHIMPUR KHERI

करन सविता

9838 474305


भारत सरकार
Government of India


91000013040016
 India's Date: 13/04/2016





करन कश्यप
Karan Kashyap
जन्म तिथि/DOB: 01/01/2006
पुरुष/ MALE

2981 3245 4596

VID : 9168 0359 9633 5459

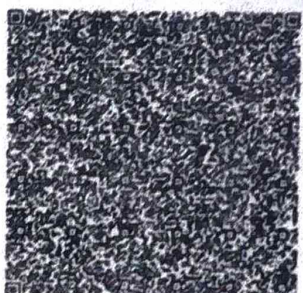
मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


Unique ID: 22082202

पता:
आत्मज: महेश कश्यप, गोला रोड, कमलापुर शिवकाशोनी,
लखीमपुर, खेरी,
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INCOME TAX DEPARTMENT

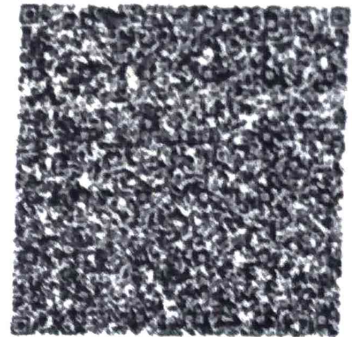


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

PDDPK9365P



नाम / Name

KARAN KASHYAP

पिता का नाम / Father's Name

MAHESH KASHYAP

जन्म की तारीख / Date of Birth

01/01/2006

करन कश्यप

हस्ताक्षर / Signature

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