

State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644

GSTIN No: 09AAJFM3951B1ZD

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	10730-03-REST-1225-659	Date	07-12-2025
Customer Name	RINKU GUPTA,, ,,,,,,	Contact No.	9554149188
VIN	MBLHAR07XHHE79111	Model	SPLENDOR +
Insurance Company		Reg No.	UP31AS6146
HMCGL Card No	1073020820005030	HMCGL Card Category	Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
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	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	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
6	83500AAEH00ZBS -R SIDE COVERBLACK (NH1(TYPE2))	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
7	37100AAE102S -METER ASSY COMB	87141090	Paid	995.76	1	9.00	9.00	0.00	0.00	0.00	0.00	1,175.00
8	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	77300ADH700CS -REAR COWL RIGHT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
11	77400ADH700CS -REAR COWL LEFT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
12	77235AAE300RS -CENTER REAR COWL NH-1 TYPE-1	87141090	Paid	202.54	1	9.00	9.00	0.00	0.00	0.00	0.00	239.00
13	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
14	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
15	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
16	83700AAE010S -R UTILITY BOX COV(SELF)	87141090	Paid	50.00	1	9.00	9.00	0.00	0.00	0.00	0.00	59.00
17	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
<b>Parts Total</b>											0.00	17,972.00

<b>Labour Details</b>												
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	
<b>Jobs Total</b>											0.00	2,000.10
<b>Parts Total</b>												17,972.00
<b>Labour Total</b>												2,000.10

CGST (Parts) 9%	1,370.75
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>19,972.10</b>

Rupees in Words: Nineteen Thousand Nine Hundred Seventy Two and paise Ten Only Authorised Signatory

10730 - Main W/S

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

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

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.	रिंक गुप्ता, 9554149188
2	Vehicle No. / वाहन संख्या	UP31 AS 6146
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46375/405886
4	Period of Insurance / बीमा अवधि	17/02/2025 से 16/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/12/2025 & 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	ओयल मोड़ के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3120200005745, गंगाराम 6306255813
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	ओयल मोड़ के पास सामने से आती से टक्कर हो गई जिससे पीछे आ रहे वाइक ने टक्कर / जिससे मेरी गाड़ी दायी ओर गिरकर क्षतिग्रस्त 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 / फोन नं.	MOSKRAM AUTO SALES, LPP ROAD LAKHIMPUR KHERI, 9151154636

Date / दिनांक : 05/12/2025  
हस्ताक्षर

रिंक गुप्ता  
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 MEFRUT  
 Tel. No. \_\_\_\_\_

Certificate/Policy No. MS/2025/7001/0/46575/  
 Period of Insurance 17/02/2025 से 16/02/2026 <sup>405886</sup>  
 Claim No. \_\_\_\_\_

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

I. INSURED

(a) Name : RINKU GUPTA  
 (b) Address for correspondence R/O : RAJAPUR PIPARIYA PS-KOTWALI, MATHMURKHERI, UP  
 (c) Telephone : 800 2554149188

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2017</u>	Engine No. <u>HA10AGHNEC4671</u> Chassis No. <u>MBLHARO7XNHE7911</u>	Registration No. <u>UP31AS</u> <u>6146</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?  
 (c) Was trailer attached? N/A  
 (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
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ganga Ram  
 (b) Age : 25/08/1985  
 (c) Address : MO : HATHIPUR DURBALASHARAM LAKHIMPUR KHERT  
 (d) Is the Driver  
 1. Owner : No  
 2. paid driver? : No  
 3. Owner's relative or friend? : Relative  
 (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 : UP3120200005745  
 (h) Issuing Authority : 29/06/2020  
 (i) Date of Expiry : 18/06/2030  
 (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 : 02/12/2025, 2:00 PM  
 (b) Place : सोपन मोर के पास  
 (c) Speed of vehicle at the time of accident : 30-40 Km  
 (d) Give a short description of the accident : सोपन मोर के पास सामने से आने से तकरार हो गई जिससे मोर के सामने से आने से तकरार हो गई जिससे मोर के सामने से आने से तकरार हो गई  
 (e) If any third party was responsible for this accident give the name and address : बे मार ही वाइक ने तकरार मार दी जिससे मोर के सामने से आने से तकरार हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT/BACK/RIGHT  
 (b) Estimated cost of repairs : MOSARAM AUTO SALES LRRROAD  
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERT, 9151154036

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_
- (b) If yes, give full details : \_\_\_\_\_

N/A

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. : \_\_\_\_\_

N/A

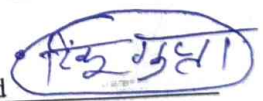
10. THEFT

- (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 Police 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 06/12/2025

Signature of the insured 

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. UP31AS6146 insured under Policy No. \_\_\_\_\_ Vehicle No. of  
the said company and accident which occurred on or about \_\_\_\_\_ and a 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 रिख गुप्ता .....  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant Rinky Gupta, S/O: Sakatu  
Gupta, P.O: Rajapur Pipariya, Bahampur Kheri  
Uttar Pradesh - 262701

2. Particulars of transaction

Account Type ..... Number .....

3. Amount of the transaction Rs. ....

4. Are you assessed to tax? Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, ..... do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 05/12/2028

Place KHERI

Rinky Gupta  
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1<sup>st</sup> November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

Package Contract No.: MS/2025/7001/O/46575/405886

**Motorsathi Care Private Limited**

B. Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RINKU GUPTA	1996-07-18	9554149188	SRI SAKATU GUPTA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31AS6146	HA10AGHHEC4671	MBL11AR07XHHE79111	2017-06-27	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
16500.00	NA	0.00	0.00	0.00	16500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1713.49	
Address			City / District	Pin Code	State	
R/O RAJAPUR PIPARIYA, PS- KOTWALI, LAKHIMPUR KHERI, Uttar Pradesh, 999999					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SAKATU GUPTA	Male	59 Years	FATHER	2025-02-17 10:49	Midnight of 2026-02-16	

Section A, VRC: 298.20 TC: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 63.11 Total with GST(A) 235.09

Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 Sub Total: 770.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 138.60 Total with GST(B): 908.60

Section C, MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00

Section D, Drive Assure: 108.31 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 19.49 Total with GST(D): 127.80

Total(Section A+B+C+D) Offered Price After Discount: 1713

Package Period Covered	2025-02-17 To 2026-02-16	2026-02-17 To 2027-02-16	2027-02-17 To 2028-02-16	2028-02-17 To 2029-02-16	2029-02-17 To 2030-02-16
ADV		NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\*The vehicle covered in this contract have a valid TP coverage from 2025-02-17 until 2026-02-16.

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**DRIVER:** Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or MotorSathi App.

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com



**IMPORTANT NOTICE:** The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.



#: Received with Thanks Rs 1713.48 ON 2025-02-14 from Mr./Ms. RINKU GUPTA against the ARN No. INCP00405886 The acknowledgment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\* (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

**FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ४८)**  
**FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत**

Assistant Regional Transport Office, LAKHIMPUR		<b>Registration Date</b> (पंजी. तिथि) <b>27-Jun-2017</b>
<b>Registration Number</b> (पंजीकरण संख्या)	<b>IP31AS6146</b>	<b>Owner's Serial</b> (वाहन स्वामी क्रमांक) <b>1</b>
<b>Owner's Name &amp; Address</b> (वाहन स्वामी का नाम एवं पता)	RINKU GUPTA Son/Wife/Daughter of: SRI SAKATU GUPTA (Permanent) PS- KOTWALI LAKHIMPUR KHERI - 262701	<b>Manufacturing Year</b> (निर्माण का वर्ष) <b>05/2017</b>
Full Address: (Current)	R/O RAJAPUR PIPARIYA PS- KOTWALI LAKHIMPUR KHERI - 262701	<b>No. of Cylinders</b> (सिलिन्डर की संख्या) <b>1</b>
<b>Dealer's Name &amp; Address</b> (दुकानेवाला का नाम)	MUSA RAM AUTO SALES L R P ROAD LAKHIMPUR KHERI	<b>Unladen Weight</b> (खाली भार) <b>112 kgs</b>
<b>Vehicle Class</b> (श्रेणी)	MOTOR CYCLE	<b>Laden Weight</b> (भरा हुआ भार) <b>242 kgs</b>
<b>Chassis Number</b> (चेसिस संख्या)	MBLHART 00479111	<b>Seating Capacity</b> (सीट क्षमता) <b>2 (including driver)</b>
<b>Engine Number</b> (इंजन संख्या)	HA10AGHHEC4671	<b>Colour</b> (रंग) <b>GBK</b>
<b>Type of Body</b> (बाड़ी का प्रकार)	SOLO	<b>Horse Power</b> (अश्व शक्ति) <b>8.02 HP / 97.02 CC</b>
<b>Maker's Name</b> (निर्माता का नाम)	SPLENDOR PLUS	<b>Fuel Used</b> (ईंधन) <b>PETROL</b>
<b>HP / Lease Agreement with</b> (हाइपोथिकेट/लीज समझौता किससे)	HERO MOTOR CORP LTD  SHRIRAM CITY UNION FINANCE LTD KANPUR KANPUR, 208002.  23-Jun-2017	<b>Tax paid upto</b> (कर भुगतान) <b>Life Time</b>
<b>Description and Size of Tyres</b> (टायरों का विवरण एवं आकार)	(Blank)	<b>Tax Rate</b> (कर-दर) <b>Life Time (RT. Rs. 5008/-)</b>
(a) Front Axle (फ्रन्ट एक्सल) (b) Rear Axle (रियर एक्सल) Any other Axle (अन्य कोई एक्सल) (c) Tandem Axle (टेन्डम एक्सल)	(Blank)	<b>Fitness Valid upto</b> (संस्थान की वैधता) <b>26-Jun-2032</b>
(d) Tandem Axle (टेन्डम एक्सल)	(Blank)	<b>Wheel Base</b> (व्हील बेस) <b>1230</b>
Vehicle Registered Against NEW VEHICLE Case Air Conditioner (A.C.) Fitted-No Standing Capacity - 0 Sleeper Capacity - 0 Entered By: MASOOD 14-JUL-2017	(Blank)	<b>Registered Axle Weight</b> (पंजीकृत एक्सल भार) (a) Front Axle (फ्रन्ट एक्सल) (b) Rear Axle (रियर एक्सल) (c) Any other Axle (अन्य कोई एक्सल) (d) Tandem Axle (टेन्डम एक्सल)

Sr. No. **RC. - AB 0200993**  
 (क्र.सं.)

Specimen Signature of the Owner  
 वाहन स्वामी के हस्ताक्षर

Specimen Signature of Financier  
 वित्त पोषक के हस्ताक्षर

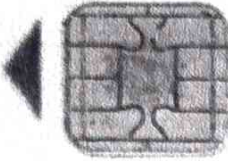
Signature of Registration Authority  
 पंजीकरण अधिकारी के हस्ताक्षर



**Indian Union Driving Licence  
Issued by Uttar Pradesh**



**UP31 20200005745**



Issue Date **19-06-2020**    Validity (NT) **18-06-2030**    Validity (TR)\* \_\_\_\_\_



Holder's Signature

Date of First Issue (19-06-2020)

Name: **GANGA RAM**  
 Date of Birth: **25-08-1985**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **RAMCHARAN**  
 Address:  
**80 HATHIPUR DURBAL ASHARAM LAKHIMPUR**  
**Lakhimpur (NPP) Lakhimpur, Kheri, UP**  
**262701**

**DL No: UP31 20200005745**

UPDL 000002689388



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	19-06-2020	NT			
	LMV	UP31	19-06-2020	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP31 LAKHIMPUR KHERI**



भारत सरकार  
GOVERNMENT OF INDIA



रिंकू गुप्ता  
Rinku Gupta  
जन्म तिथि/ DOB: 18/07/1996  
पुरुष / MALE



2788 4551 1461

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
S/O: सकतू गुप्ता, राजापुर,  
पिपरिया, लखीमपुर,  
लखीमपुर, खीरी,  
उत्तर प्रदेश - 262701

Address:  
S/O: Sakatu Gupta, RAJAPUR,  
PIPARIYA, lakhimpur, Lakhimpur,  
Kheri,  
Uttar Pradesh - 262701

2788 4551 1461

Aadhaar-Aam Admi ka Adhikar