



GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP32QP3079 Registration Date : 05-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION
 POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, , 157-226021
 Owner Name : SOHAN LAL Son/wife/daughter of : S/O INDRAJEET
 Full Address: (Permanent) : CHITOONA KALA, AMBEDKAR NAGAR, , AMBEDKAR NAGAR, UTTAR PRADESH-224159
 Full Address: (Temporary) : BEHAR KARAUNDA, (INDAURABAG), BAKSHI KA TALAB, LUCKNOW-UTTAR PRADESH-
 227202
 Fitness UpTo : 04-May-2040 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
 Front HSRP No : AA1039707347 Rear HSRP No : AA2123279883
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLYGU017S4C00385
 Engine No : YG01ABS4C00325 Fuel : PETROL
 Horse Power(BHP) : 26.97 Cubic Capacity : 439.91
 Maker's Classification : HARLEY-DAVIDSON X440 S Wheel base : 1418
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 191
 Colour : MATT DENIM BLACK Laden/GV Wt (kgs) : 341
 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 IDFC FIRST BANK LTD, LUCKNOW, LUCKNOW, , Lucknow, Uttar Pradesh-411009 w.e.f. 30-Apr-2025.

Purchase dt : 30-Apr-2025 Sale Amt : 279500/-
 OTT Date : 30-Apr-2025 Amount/Rcpt No : 27950 / UP32D25050003301
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 21-May-2025


Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-May-2025 to 04-May-2040

Date : 27-May-2025 13:45:16

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 27-May-2025

आयकर विभाग
INCOME TAX DEPARTMENT

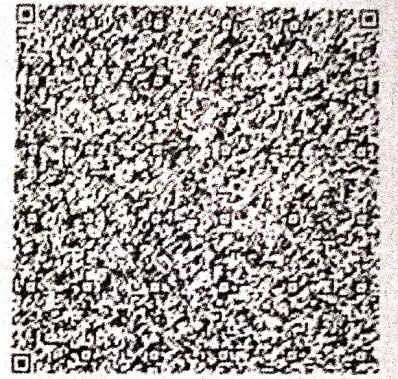


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BGSPL2343G



नाम / Name
SOHAN LAL

पिता का नाम / Father's Name
INDRAJEET

28082020

जन्म की तारीख /
Date of Birth
15/04/1992

Sohan Lal

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed

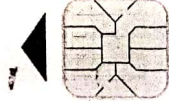




**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP45 20250013718



Issue Date **09-10-2025** Validity (NT) **08-10-2035** Validity (TR)¹



Holder's Signature

Name: **SOHAN LAL**
 Date of Birth: **15-04-1992** Blood Group: **AB+ VE** Organ Donor: **N**
 Son/Daughter/Wife of: **INDRAJEET**
 Address:
**CHITONA KALA JALALPUR AMBEDKAR NAGAR
 UTTAR PRADE 224159**

Date of First Issue **09-10-2025**

DL No: UP45 20250013718

UPDL451000022396



Invalid Carriage (Regn Numbers)⁴

Hazardous Validity⁴ Hill Validity⁴

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ⁴	Badge Issued Date ⁴	Badge Issued By ⁴
MCWG	MCWG	UP45	09-10-2025	NT			
LAV	LAV	UP45	09-10-2025	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
 Licensing Authority
UP45-AMBEDKAR NAGAR



 भारत सरकार
Government of India

 आधaar

Download Date: 28/07/2020





सोहन लाल
Sohan Lal
जन्म तिथि/DOB: 15/04/1992
पुरुष/ MALE

Issue Date: 07/03/2020

7728 7115 3214
VID: 9151 7818 3960 9194

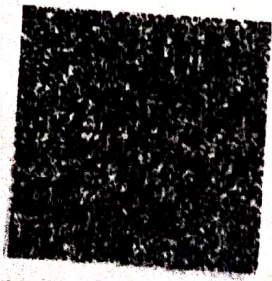
मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

 आधaar

पता:
S/O: इन्द्रजीत, चितौना कला, अम्बेडकर नगर,
उत्तर प्रदेश - 224159

Address:
S/O: Indra, set, Chitodha Kala, Ambedkar
Nagar,
Uttar Pradesh - 224159



7728 7115 3214
VID: 9151 7818 3960 9194

1847 | help@uidai.gov.in | www.uidai.gov.in

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.	Sohanlal 7991492415
2	Vehicle No. / वाहन संख्या	UP32BP3079
3	Policy No. / पालिसी संख्या	252900/31/2026/8688
4	Period of Insurance / बीमा अवधि	30/4/2025 से 29/4/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/25 / 5:30PM
6	Place of Accident / दुर्घटना का स्थान	Diviyapur chauraha Biswan
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sohanlal, UP 45 202500/3718 7991492415
8	Estimated Loss / अनुमानित हानि	29950/-
09.	Cause of Accident / दुर्घटना का कारण:	We were leaving our home for school in the morning. I stopped to Diviyapur market then on e-Rickshaw Driver hit me from my left side due to which my vehicle fell on the right side and to the fall the petrol tank got Damaged and a lot of goods got Damaged
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / मरिचॉप का नाम, पता & मोबाइल / फ़ोन नं.	Masaram premia 7081166066 madiach Lucknow

Date /

हस्ताक्षर

21/12/2025

Signature of Insured / बीमाधारक के



DUTTA PABREY, MA
 700 COLONY, SHANMUKH
 MADH GANDEE, LUCKNOW
 226 001
 U.P. INDIA
 226 001



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. 252400/31/2026/8688

Tel. No. _____

Period of Insurance _____
 Claim No. 252400/31/2026/5959

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 : Sahawid

(b) Address for correspondence : Patal nagar Biswan Sitapur 281201

(c) Telephone : 7991292715

2. THE INSURED VEHICLE

Make & Year <u>Harley Davidson</u> <u>X 440, 2025</u>	Engine No. <u>YG01ABS4C00325</u> Chassis No. <u>MBLYGU017S4C00385</u>	Registration No. <u>UP32QP</u> <u>3079</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? Personal
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
1. Was a side-car attached
 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 NA
- (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 : Sohail
(b) Age : 39
(c) Address : Diviyapur Chauraha Gibson Sitapur
(d) Is the Driver
1 Owner : Owner
2 paid driver?
3 Owner's relative or friend?
(e) If paid driver, how long has he been in your employment : N/A
(f) Was he under the influence of intoxication Liquor or drugs? : N/A
(g) Driving Licence Number : UP 2520250013718
(h) Issuing Authority : Indian Union Driving Licence Issued - UP
(i) Date of Expiry : 8/10/2025
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? : NO
(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 : 20/12/25 / 5:30 PM.
(b) Place : Diviyapur Chauraha Gibson Sitapur
(c) Speed of vehicle at the time of accident : 0 km/h
(d) Give a short description of the accident : I stopped Diviyapur market. Then
(e) If any third party was responsible for this accident give the name and address : e-Rickshaw driver hit from the left side damage my vehicle

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : RL / Front / to back
(b) Estimated cost of repairs : 29950 Rs.
(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 : 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?
 - (b) If yes, give full details
- NA

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.
- NA

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
- NA

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 21/12/2025

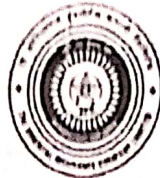
Signature of the insured Scholar

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. UP32GP 3079 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 Sohal
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

MOSARAM BUSINESS & SERVICES PVT LTD

THANA MADIION, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD, LUCKNOW, LUCKNOW,
226024, UP, India

State Code: 9 Contact: 7408404728, . .

GSTIN No: 09AAQCM8045C1Z7

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 17011-03-REST-1225-70
Customer Name SOHAN LAL
VIN MBLYGU017S4C00385
Insurance Company THE ORIENTAL CLAIM
HMCGL Card No
Part Details

Date 21-12-2025
Contact No. 7991492415
Model HARLEY X440
Reg No. UP32QP3079
HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	HDH50702ACJ000GS - HOLDER PILLION STEP LEFT (NH-105)	87141090	Paid	737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	870.00
2	HDH17520RAA030FS -SET FUEL TANK (MATT DENIM BLACK BK(DU)-0	87141090	Paid	14,843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	17,515.00
3	HDH50209RAA000S - GUARD STEP PILLION RIGHT	87141090	Paid	25.42	1	9.00	9.00	0.00	0.00	0.00	0.00	30.00
4	HDH9670CRAA000S - SOCKET BOLT 8X48	73181500	Paid	26.27	1	9.00	9.00	0.00	0.00	0.00	0.00	31.00
5	HDH52400RAA001AS - CUSHION ASSEMBLY REAR FORCE SILVER	87141090	Paid	4,039.83	1	9.00	9.00	0.00	0.00	0.00	0.00	4,767.00
6	HDH53100RAA000GS - PIPE STEERING HANDLE MATTE BLACK	87141090	Paid	2,100.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,478.00
7	HDH53105RAA000S -END STEERING HANDLE	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
Parts Total											0.00	25,820.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	3,500.00	9.00	9.00	0.00	0.00	0.00	0.00	4,130.00	
Jobs Total											0.00	4,130.00

Parts Total	25,820.00
Labour Total	4,130.00
SGST (Parts) 9%	1,969.32
CGST (Parts) 9%	1,969.32
SGST (Labour) 9%	315.00
CGST (Labour) 9%	315.00
Total	29,950.00

Rupees in Words: Twenty Nine Thousand Nine Hundred Fifty Only

Authorised Signatory

1. Terms Cash

- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.

17011 - Main W/S

