

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

ORIENTAL INSURANCE CO. LTD.  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र / विषय : Claim Intimation

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। / फाइनल

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	SAROJ KUMAR, 6392978521 बीमाधारक का नाम & मोबाइल नं.
2	Vehicle No. / वाहन संख्या	UP31CA5379
3	Policy No. / पालिसी संख्या	MS/2025/70010/46575/494057
4	Period of Insurance / बीमा अवधि	12/11/2025 से 11/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/2026 Time / दुर्घटना का समय & स्थान
6	Place of Accident / दुर्घटना का स्थान	ओम्पल मोर्चर के पास का स्थान
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SAROJ KUMAR, 6392978521 UP31 232100/6357 & मोबाइल नं
8	Estimated Loss / अनुमानित हानि	Estimated Loss / अनुमानित हानि
09.	Cause of Accident / दुर्घटना का कारण :	हरगांव से अवाकापुर आ रहे थे हमारे अचानक ओम्पल मोर्चर के पास सामने बायीं ओर से आती वाली एक ट्रक भार से प्रिबल गाड़ी दायीं ओर पक्षर पर गिरकर हाईवे पर 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 KHERA, 9151154036

सरोज

Date / दिनांक : 04/01/2026  
हस्ताक्षर

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 MEEROT

Certificate/Policy No. MS/2025/7001/046575/4940  
57

Tel. No.

Period of Insurance 12/11/25 to 11/11/26  
 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 : SAROJ KUMAR  
 (b) Address for correspondence R/O : ACHAKAPUR TATARPUR, P.S.-PHOOLBENAR, KHERI  
 (c) Telephone : 6392928591

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HA11E7PHE47712</u> Chassis No. <u>MBLHAW212PHE12461</u>	Registration No. <u>UP31CA</u> <u>5379</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?  
 (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 : SAROJ KUMAR  
 (b) Age : 07/06/2003  
 (c) Address : VILL: ACHAKAPUR PO-TATARPUR THANA-PHOOLBEHAR LAKHIMPUR KHERT, UP  
 (d) Is the Driver  
 1. Owner : Yes  
 2. paid driver? : No  
 3. Owner's relative or friend? : No  
 (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 20210016357  
 (h) Issuing Authority : 26/10/2021  
 (i) Date of Expiry : 06/06/2043  
 (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 : 01/01/2026 3:00 PM  
 (b) Place : ओमल मंदिर के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : ओमल मंदिर के पास साइल बायी ओर से आती गाड़ी ने ट्रक को  
 (e) If any third party was responsible for this accident give the name and address : बार दो बिसाले गाड़ी शर्मा ओर पहरवा बिरका, हीमसक  
ही मंड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT/LEFT/RIGHT  
 (b) Estimated cost of repairs : MOSARAM AUTO SALES LRP ROAD  
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERT, 915154036

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 : \_\_\_\_\_

NIA

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

NIA

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 : \_\_\_\_\_

NIA

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 04/01/2006

Signature of the insured श्रीराम

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. UP31CAS379 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/-

22/10/11

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....

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

GSTIN No: 09AAJFM3951B1ZD  
 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 Authorized Dealer: Hero MotoCorp Ltd.

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 10730-03-REST-0126-754  
 Customer Name SAROJ KUMAR  
 VIN MBLHAW212PHE12461  
 Insurance Company  
 HMCGL Card No 1073023850000924  
 Part Details

Date 04-01-2026  
 Contact No. 6392978521  
 Model SPLENDOR+ XTEC  
 Reg.No. UP31CA5379  
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	61100AAEB00TS -FENDER COMPLETE FRONT (NH-341P)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
3	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
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	83600AAE300RS -L SIDE COVER BLACK NH 1 TYPE 1	87141090	Paid	589.83	1	9.00	9.00	0.00	0.00	0.00	0.00	696.00
6	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
7	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
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
Parts Total											0.00	11,867.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	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	11,867.00
Labour Total	2,000.10
SGST (Parts) 9%	905.11
CGST (Parts) 9%	905.11
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>13,867.10</b>

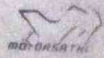
Rupees in Words: Thirteen Thousand Eight Hundred Sixty Seven and paise Ten Only

Authorized Signatory

10730 - Main W/S

- 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.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- All disputes subject to jurisdiction of CITY Jurisdiction Only

## Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/494057

**Motorsathi Care Private Limited**

D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
 Contact us at:  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of www.motorsathi.com

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
SAROJ KUMAR	2003-06-07	9450083995	RAJA RAM	Hero Motocorp	SPLENDOR PLUS
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b> <b>Vehicle Type</b>
XTEC DRUM SELF E20	UP31CA5379	HA11E7PHE47712	MBLHAW212PHE12461	2023	100   TW
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>
54500.00	NA	0.00	0.00	0.00	54500.00
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>
LAKHIMPUR KHERI	Solo	STATE BANK OF INDIA	---	2	1713.09
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>
ACHAKAPUR TATARPUR			LAKHIMPUR KHERI	261506	Uttar Pradesh
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
VANDNA	Female		WIFE	2025-11-12 14:51	Midnight of 2026-11-11

Section A, VRC: 839.03 TCR: 514.48 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1353.51

Section B, EC: 0.00 EC Service: 0.00 ECP: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00**

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

Section D, Drive Assure: 304.73 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 **GST (CGST @9% + SGST @9%): 54.85 Total with GST(D): 359.58**

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

<b>Package Period Covered</b>	2025-11-12 To 2026-11-11	2026-11-12 To 2027-11-11	2027-11-12 To 2028-11-11	2028-11-12 To 2029-11-11	2029-11-12 To 2030-11-11
ADV	54500	NIL	NIL	NIL	NIL
<b>MS Services Period Covered (NODL)</b>	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-05-23 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

**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 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 coverage Terms & Conditions are in package document which can be downloaded only via authorized portal 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 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 Meerut.

बीमा कवरेज की शर्तों के अनुसार  
 वलेम के लिए  
 प्ल. अनिवार्य है।  
 सरोज  
 हस्ताक्षर

#: Received with Thanks Rs 1713.09 ON 2025-11-12 from Mr./Ms. SAROJ KUMAR against the ARN No. INCP00494057  
 The acknowledgement 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India**



Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CA5379  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, ... -  
 Owner Name : SAROJ KUMAR  
 Full Address: (Permanent) : R/O ACHAKAPUR TATARPUR, R/O ACHAKAPUR TATARPUR, PS-PHOOLBEHAR, KHERI, UTTAR PRADESH-261506  
 Full Address: (Temporary) : R/O ACHAKAPUR TATARPUR, R/O ACHAKAPUR TATARPUR, PS-PHOOLBEHAR, KHERI- UTTAR PRADESH-261506  
 Fitness Up To : 29-May-2038  
 Registration Date : 30-May-2023  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : S/O SRI RAJARAM

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2075951307  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11E7PHE47712  
 Horse Power(BHP) : 7.91  
 Maker's Classification : SPLENDOR+ XTEC (DRS)  
 Seating Cap(in all) : 2  
 Wheel Cap :  
 Colour : BLACK TORNADO GREY  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2077319805  
 Month/Year of Manuf. : 05/2023  
 Chassis No : MBLHAW212PHE12461  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 AC Fitted : NO

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

By Manuf.	Description	Weight(in kgs)
-----------	-------------	----------------

a) Front:  
 b) Rear:  
 c) Other:  
 d) Tandem:  
 The motor vehicle ab  
 Purchase dt : 24-May-2023  
 OTT Date : 24-May-2023  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 31-May-2023  
 Other State/Transfer/Conversion Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 This certificate is valid from 30-May-2023 to 29-May-2038

described is subject to Hypothecation in favour of w.e.f. : 78851/-  
 Sae Amt : 7886 / UP31D23050005550  
 Amount/Rcpt No :  
 Tax Exempted or Not : NOT EXEMPTED

Previous RegNo :  
 Entry Date :  
 Conversion Date :

Signature of Registering Authority  
 15-Jun-2023

Date : 15-Jun-2023 10:48:45

Taxation Particulars / Advance Registration Mark Fee Details

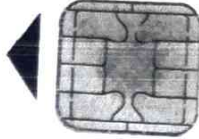
3051767



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP31 20210016357



Issue Date 26-10-2021    Validity (NT) 06-06-2043    Validity(TR)\* \_\_\_\_\_



Holder's Signature

(26-10-2021)

Date of First Issue

Name: SAROJ KUMAR  
Date of Birth: 07-06-2003    Blood Group:  
Son/Daughter/Wife of: RAJARAM

Organ Donor: Y

Address:  
VILL ACHAKAPUR POST TATARPUR THANA PHOOL  
BEHAR Lakhimpur, Lakhimpur Kheri, UP  
261506

DL No: UP31 20210016357

UPDL000006687539



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	26-10-2021	NT			
	LMV	UP31	26-10-2021	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP31 LAKHIMPUR KHERI



भारत सरकार  
Government of India



Aadhaar no. issued: 20/12/2016



सरोज कुमार  
Saroj Kumar  
जन्म तिथि/DOB: 07/06/2003  
पुरुष/ MALE

7025 2717 7648

मेरा आधार, मेरी पहचान



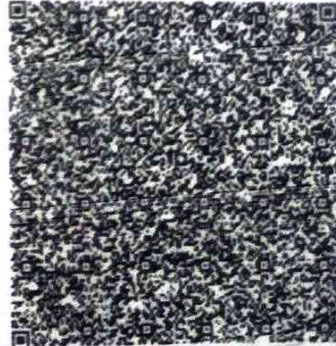
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आत्मज: राजाराम, अचाकापुर, ततारपुर, खीरी,  
उत्तर प्रदेश - 261506

Address:  
S/O: Rajaram, achakapur, Tatarpur, PO  
Tetarpur, DIST: Kheri,  
Uttar Pradesh - 261506

Details as on: 30/11/2023



7025 2717 7648

VID : 9143 2050 9988 2335



1947



help@uidai.gov.in



www.uidai.gov.in

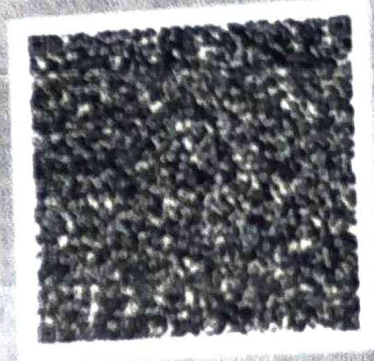
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
PTOPK3311J



नाम / Name  
SAROJ KUMAR

पिता का नाम / Father's Name  
RAJARAM

जन्म की तारीख /  
Date of Birth  
07/06/2003

22/05/202