

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.  
Customer Name  
VIN  
Insurance Company  
HMCGL Card No  
Part Details

10730-03-REST-0126-768  
SANJAY SINGH  
MBLJAW409P9C42146

Date  
Contact No.  
Model  
Reg No.  
HMCGL Card Category

08-01-2026  
9616338155  
SUPER SPLENDOR XTEC  
UP31BZ5944

| S No | Part Number                                   | HSN No.  | Billing Type | Rate     | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|------|---|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|------------|
| 1    | K44446AACNB10S -KIT                           | 87141090 | Paid         | 4,257.63 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 5,024.00   |
| 2    | WHEEL COMP FRONT (DISC)                       | 87141090 | Paid         | 702.54   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 829.00     |
| 3    | 61300ADG000US -COWL FRONT BL(BR)-021M(F)      | 87141090 | Paid         | 304.24   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 359.00     |
| 4    | 6410AADG010S -SCREEN WIND SUB ASSEMBLY        | 87141090 | Paid         | 148.31   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 175.00     |
| 5    | 61303ADG000S -FRONT COWL CHROME               | 87141090 | Paid         | 2,974.58 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 3,510.00   |
| 6    | 33100ADG001S -LIGHT ASSEMBLY HEAD             | 85122010 | Paid         | 97.46    | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 115.00     |
| 7    | 53175KSP900S -LEVER R STRG.HNDL.              | 87141090 | Paid         | 93.22    | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 110.00     |
| 8    | 3340BAAF401S -WINKER ASSY R FR                | 85122010 | Paid         | 198.31   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 234.00     |
| 9    | 88110AANH01S -MIRROR ASSEMBLY RIGHT BACK      | 70091090 | Paid         | 288.98   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 341.00     |
| 10   | K50508AANNB00S -KIT ENGINE GUARD              | 87149100 | Paid         | 292.37   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 345.00     |
| 11   | 18355AAGA02S -COVER MUFFLER                   | 87141090 | Paid         | 585.59   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 691.00     |
| 12   | 77240ADG000US -COWL REAR RIGHT BL(BR)-021M(F) | 87141090 | Paid         | 687.29   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 811.00     |
| 13   | 80100AAGA00S -FENDER COMPLETE REAR            | 87141090 | Paid         | 432.20   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 510.00     |
| 14   | 3370BAAGA0099S -UNIT TAIL LIGHT               | 85122010 | Paid         | 5,859.32 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 6,914.00   |
|      | 17520ADG000US -FUEL TANK BL(BR)-021M(F)       | 87141090 | Paid         |          |     |        |        |         |        |            |          |            |
|      | <b>Parts Total</b>                            |          |              |          |     |        |        |         |        |            | 0.00     | 19,968.00  |
|      |   |          |              |          |     |        |        |         |        |            |          | 0          |

| Labour Details |  |         |              |          |        |        |         |        |            |          |            |  |
|----------------|--|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------|--|
| S No           | Job Code                                       | SAC No. | Billing Type | Rate     | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |  |
| 1              | 102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC | 998729  | Paid         | 2,000.00 | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 2,360.00   |  |
|                | <b>Jobs Total</b>                              |         |              |          |        |        |         |        |            | 0.00     | 2,360.00   |  |

|                  |                  |
|------------------|------------------|
| Parts Total      | 19,968.00        |
| Labour Total     | 2,360.00         |
| SGST (Parts) 9%  | 1,522.98         |
| CGST (Parts) 9%  | 1,522.98         |
| SGST (Labour) 9% | 180.00           |
| CGST (Labour) 9% | 180.00           |
| <b>Total</b>     | <b>22,328.00</b> |

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./<br>बीमाधारक का नाम & मोबाइल नं.                        | संजय सिंह, 9616338155  |
| 2   | Vehicle No. / वाहन संख्या  | UP31 BZ 5944   |
| 3   | Policy No. / पालिसी संख्या   | MS/2025/7001/0/46575/502534  |
| 4   | Period of Insurance / बीमा अवधि  | 10/12/2025 से 09/12/2026   |
| 5   | Date of loss & Time / दुर्घटना का दिनांक &<br>समय  | 05/01/2026 7:00 PM.  |
| 6   | Place of Accident / दुर्घटना का स्थान  | जंजली के पास   |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं       | संजय सिंह, 9616 338155<br>UP31 20130005055   |
| 8   | Estimated Loss / अनुमानित हानि   |  |
| 09. | Cause of Accident / दुर्घटना का कारण   | जंजली के पास पीछे से मोटरसाइकिल वाली<br>ने टोकरदार टक्कर मार दी जिससे मेरी गाड़ी सामने पेड़ से टकराकर दायी ओर<br>गिरकर भांगे गस्त 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<br>No./ वर्कशॉप का नाम, पता & मोबाइल फ़ोन<br>नं. | MOSARAM AUTO SALES, LRP ROAD<br>LAKHIMPUR-KHERI, 9151154036  |

संजय सिंह

Signature of Insured / बीमाधारक के

Date / दिनांक : 07/01/2026  
हस्ताक्षर



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. MS/2025/7001/01/46575/502534

Tel. No.

Period of Insurance 10/12/2025 से 09/12/2026

Claim No. \_\_\_\_\_

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

I. INSURED

- (a) Name : SANTAY SINGH  
 (b) Address for correspondence : VILL SPO-SHIVPURI, VILL SPO-SHIVPUR, KOTWALI-KHERI.  
 (c) Telephone : 9616338155

2. THE INSURED VEHICLE

|   |   |   |
|---|---|---|
| Make & Year<br><u>HERO</u><br><u>2023</u> | Engine No. <u>JA07AMP9C21979</u><br>Chassis No. <u>MBLTJAW409P9C42146</u> | Registration No.<br><u>UP31 BZ</u><br><u>5944</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 : SANJAY SINGH  
 (b) Age : 20/11/1989  
 (c) Address : MO-403 SHIVPURTIKATARARWAL SERVICE,  
POST, STHANA LAKHIMPUR-KHERI  
 (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 20130005055  
 (h) Issuing Authority : 16/05/2013  
 (i) Date of Expiry : 15/05/2033  
 (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 : 05/01/2026 7:00PM.  
 (b) Place : मज्हा के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : मज्हा के पास पीछे से मोटर साइकिल वाले ने जोरदार  
 (e) If any third party was responsible for this accident give the name and address : ज्याकर मार दी जिससे मेरी गाड़ी सामने से से पेड़ से टकराकर बरगी और बिस्किट मालिक को मार दी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND FRONT AND RIGHT  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : MOSAKRAM AUTO SALES, LTD  
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 : \_\_\_\_\_  
 (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

: NO  
: 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?  
(g) When?  
(h) Which Policy 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 07/01/2016

Signature of the insured संजयसिंह

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. UP31B25944 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 ..... शिवराम शर्मा .....  
Occupation .....  
Address .....

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



GOVERNMENT OF UTTAR PRADESH  
Transport Department LAKHIMPUR KHERI  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BZ5944  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , -  
Owner Name : SANJAY SINGH  
Full Address: (Permanent) : VILL&PO-SHIVPURI, VILL&PO-SHIVPURI, KOTWALI, KHERI, UTTAR PRADESH-262701  
Full Address: (Temporary) : VILL&PO-SHIVPURI, VILL&PO-SHIVPURI, KOTWALI, KHERI-UTTAR PRADESH-262701  
Fitness UpTo : 29-Mar-2038  
Registration Date : 30-Mar-2023  
Purpose For Printing RC : NEW  
Son/wife/daughter of : SRI SHANKAR PRASAD  
Owner Serial No : 1  
Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2074636364  
Type of Body : SOLO WITH PILLION  
No of Cylinders : 1  
Engine No : JA07AMP9C21979  
Horse Power(BHP) : 10.72  
Maker's Classification : SUPER SPLENDOR XTEC D  
Link Vehicle No :  
Norms : BHARAT STAGE VI  
Rear HSRP No : AA2072354562  
Month/Year of Manuf. : 03/2023  
Chassis No : MBLJAW409P9C42146  
Fuel : PETROL  
Cubic Capacity : 124.70  
Wheel base : 1267  
Seating Cap(in all) : 2  
Sleepar Cap : 0  
Colour : GREY  
Other Criteria :  
Vehicle Purchase As : Fully Built  
Standing Cap : 0  
Unladen Wt (kgs) : 122  
Laden/GV Wt (kgs) : 252  
AC Fitted : NO

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 w.e.f. .

Purchase dt : 28-Mar-2023  
OTT Date : 28-Mar-2023  
Vehicle is Govt./ Pvt. : PRIVATE  
Date of Approval : 31-Mar-2023  
Sale Amt : 82768/-  
Amount/Rcpt No : 8277 / UP31D23030004138  
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion Details

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

This certificate is valid from 30-Mar-2023 to 29-Mar-2038

Date : 11-Apr-2023 10:36:04

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
Signature of Registering Authority  
Date 11-Apr-2023

P 2486655

**Program Proposal Two-Wheeler Package Contract - Bundled**



Package Contract No.: MS/2025/7001/O/46575/502534

**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](http://www.motorsathi.com)

| Name of Certificate Holder                          | Date of Birth     | Mobile No.                       | Father/Husband Name                     | Make                | Model                       |              |
|---|-------------------|----------------------------------|---|---------------------|-----------------------------|--------------|
| SANJAY SINGH  | 1994-07-01        | 9616338155                       | SRI SHANKAR PRASAD                      | Hero Motocorp       | SUPER SPLENDOR              |              |
| Sub Model   | Vehicle Regn. No. | Engine No.                       | Chassis No.                             | Year of Mfg         | Cubic Capacity              | Vehicle Type |
| XTEC DRUM SELF                                      | UP31BZ5944        | JA07AMP9C21979                   | MB1JAW409P9C42146                       | 2023                | 125                         | 1W           |
| Asset Declared Value (ADV)                          | Side Car ADV      | Non-Electrical Accessories ADV   | Electrical Accessories ADV              | CNG/LPG/Bi-Fuel ADV | Total ADV                   |              |
| 55000.00  | NA                | 0.00                             | 0.00                                    | 0.00                | 55000.00                    |              |
| Place of Regn.                                      | Body Type         | HP/Lease/Hire-Purchase Agreement | Branch Office of HP/Lease/Hire-Purchase | Seating Capacity    | Offered Payment (incl. GST) |              |
| LAKHIMPUR KHERI                                     | Solo              |                                  | ---                                     | 2                   | 2170.81                     |              |
| Address   |                   |                                  | City / District                         | Pin Code            | State                       |              |
| VILL&PO- SHIVPURI, VILL&PO- SHIVPURI, KOTWALI KHERI |                   |                                  | LAKHIMPUR KHERI                         | 262701              | Uttar Pradesh               |              |
| Nominee Name  | Nominee Gender    | Nominee Age                      | Nominee Relation                        | Package Start Date  | Package End Date            |              |
| RENU SINGH  | Female            | 40                               | WIFE                                    | 2025-12-10 15:08    | Midnight of 2026-12-09      |              |

Section A, VRC: 846.73 TCR: 519.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1365.93  
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 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): 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: 307.52 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%): 55.36 Total with GST(D): 362.88**

**Total(Section A+B+C+D) Offered Price After Discount: 2171**

| Package Period Covered            | 2025-12-10 To 2026-12-09 | 2026-12-10 To 2027-12-09 | 2027-12-10 To 2028-12-09 | 2028-12-10 To 2029-12-09 | 2029-12-10 To 2030-12-09 |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ADV                               | 55000                    | 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 TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-03-27 (DETAILS ARE 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 amount of the Companys 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. 794105064. 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 of the courts at Meerut. Any payment made by the customer shall be subject to the terms and conditions of the policy.



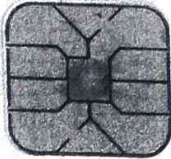
#: Received with Thanks Rs 2170.81 ON 2025-12-10 from Mr./Ms. SANJAY SINGH against the ARN No. INCP00502534  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



# UNION OF INDIA Driving Licence



UP31 20130005055



जारी करने की तिथि  
Date of Issue  
**16/05/2013**

वैधता / Validity  
**15/05/2033**

जन्म तिथि  
Date of Birth  
**20/01/1989**

Blood Group  
**Unknown**



नाम / Name

**SANJAY SINGH**

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

**SHANKAR PRASAD**

UP31 20130005055

UP00088805MT



Address

**NO 403 SHIVPURI NIKAT ARARWAL SERVICE S  
POST & TOLA NA LAKHIMPUR KHERI**

*Sanjay Singh*  
Holder's Signature

*[Signature]*  
जारीकर्ता / Issuing Authority Sign  
**ARTO LAKHIMPUR KHERI**



Form 7 Rule 16(2)



भारत सरकार  
GOVERNMENT OF INDIA



संजय सिंह  
Sanjay Singh  
जन्म तिथि/ DOB: 01/07/1994  
पुरुष / MALE



8584 7160 0572

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
S/O: शंकर प्रसाद, शिवपुरी,  
लखीमपुर, खीरी,  
उत्तर प्रदेश - 262701

Address:  
S/O: Shanker Prasad, shivpuri,  
Lakhimpur, Kheri,  
Uttar Pradesh - 262701

8584 7160 0572

Aadhaar-Aam Admi ka Adhikar

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SANJAY SINGH

SHANKAR PRASAD

01/07/1994

Permanent Account Number

FVOPS7676N

संजय सिंह

Signature



2011/2014