

**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-0126-811	Date	22-01-2026
Customer Name	PAVAN SINGH	Contact No.	9532455554
VIN	MBLJAW403R9L11848	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CK2546
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
2	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
4	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
5	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
6	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
7	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
8	18355AAGA02S -COVER MUFFLER	87141090	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
9	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
10	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
11	3340BAAF40099S - WINKERS FR R(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
12	50803AANB00S -GUARD ENGINE RH	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
13	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,161.00
14	K44446AACNB10S -KIT WHEEL COMP FRONT (DISC)	87141090	Paid	4,257.63	1	9.00	9.00	0.00	0.00	0.00	0.00	5,024.00
<b>Parts Total</b>											0.00	<b>15,472.00</b>

**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	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

<b>Parts Total</b>	<b>15,472.00</b>
<b>Labour Total</b>	<b>2,000.10</b>
<b>SGST (Parts) 9%</b>	<b>1,180.07</b>
<b>CGST (Parts) 9%</b>	<b>1,180.07</b>
<b>SGST (Labour) 9%</b>	<b>152.55</b>
<b>CGST (Labour) 9%</b>	<b>152.55</b>
<b>Total</b>	<b>17,472.10</b>

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड  
MEEROT

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.	Pavun Singh, 9532455554
2	Vehicle No. / वाहन संख्या	UP31CK2546
3	Policy No. / पालिसी संख्या	252400/31/2025/8531
4	Period of Insurance / बीमा अवधि	12/02/2025 से 11/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/01/2026, 1:00 PM
6	Place of Accident / दुर्घटना का स्थान	केवल पुर्वी ल्बूल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RITESH KUMAR SINGH 8922973113, UP3120200005832
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण :	सदुल्लाह गांव से बकहा जा रहे थे तभी अचानक केवल पुर्वी ल्बूल के पास सामने से झुलता से टक्कर हो गई, जिससे डेरी गाड़ी क्षति और 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 / फ़ोन नं.	MASARAM AUTO SALES LRP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 15/01/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

पवन सिंह



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. 252400/31/2025/85212

Tel. No.

Period of Insurance 12/02/2025 to 11/02/2025  
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 : PAVAN SINGH  
(b) Address for correspondence : R/O SADULHAPUR SIKRIDIPUR, HARRADYA, KHERI,  
(c) Telephone : 9532 455554 PS KHERI LAKHIMPUR-  
KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMR9L15132</u> Chassis No. <u>MBLJAWH03R9L11848</u>	Registration No. <u>UP31CK</u> <u>2546</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 : RITESH KUMAR SINGH  
 (b) Age : 20/07/2000  
 (c) Address : Vill SAD  
 (d) Is the Driver  
 1. Owner : No  
 2. paid driver? : No  
 3. Owner's relative or friend? : BHAI  
 (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 2020 000583 2  
 (h) Issuing Authority : 20/06/2020  
 (i) Date of Expiry : 19/07/2040  
 (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 : 14/01/2026 1:00 PM  
 (b) Place : कौतल पूर्वा स्कूल के पास  
 (c) Speed of vehicle at the time of accident : 30-40 km/h  
 (d) Give a short description of the accident : कौतल पूर्वा स्कूल के पास सामने से कुल्ले से टक्कर हो गई  
 (e) If any third party was responsible for this accident give the name and address : जिससे भरो गाड़ी दायी ओर गिरकर सामने स्कूल के पास

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, LRP ROAD  
 : LAKHIMPUR KHERA

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 15/01/2006

Signature of the insured जवन सिंह

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. UP31CK 2546 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 पवन सिंह .....  
Occupation .....  
Address .....  
.....  
.....

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



**The Oriental Insurance Company Ltd.**  
**Policy Schedule**

Report ID : PGIR0928

Page No: 1

Supersede this present insurance policy with effect from 16/01/2025. Reason: Surrendered by OICL.

**TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE**

**(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)**

**DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)**

<b>Policy Type</b>	RUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	<b>Policy Issued On</b>	12-FEB-25
<b>Policy No</b>	252400/31/2025/85306	<b>Proposal No.&amp; Date</b>	R/252400/31/2025/966301/14/11 & 12-FEB-2025
<b>Agent/Broker Code</b>	BA0000155144	<b>Policy Period (OWN DAMAGE)</b>	FROM 17:21 ON 12/02/2025 TO MIDNIGHT OF 11/02/2026
<b>Agent/Broker Name</b>	ABHINAV BHATT	<b>Policy Period (LIABILITY)</b>	FROM 17:21 ON 12/02/2025 TO MIDNIGHT OF 11/02/2026
<b>Insured Name</b>	PAVAN SINGH (GSTIN: )	<b>Lead /Breakdn No</b>	/
<b>Insured Address</b>	C/O SRI SUBHASH SINGH, R/O SADULHAI PUR SAIDIPUR HARRAIYA KHERI, P.S. KHERILAKHIMPUR, KHERI, NA,0	<b>Insured State</b>	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
<b>Make</b>	HERO MOTOCORP			<b>Vehicle</b>	78338
<b>Model &amp; Variant</b>	HERO SUPER SPLENDOR DRS XTCH			<b>Electrical Accessories</b>	0
<b>Registration No</b>	NEW			<b>Non Electrical Accessories</b>	0
<b>Year Of Manufacture</b>	2025			<b>Total IDV</b>	78338
<b>Engine -Chassis No</b>	JA07AMR9L15132 - MBLJAW403R9L11848			<b>TMF CONTRACT NO</b>	
<b>Cubic Capacity</b>	125			<b>Policy Type</b>	Zone B - Rest of India
<b>Seating Capacity</b>	1 + 1			<b>Geographical Area</b>	
<b>Type Of Body</b>	SOLO	<b>Type Of Fuel</b>	PETROL		
<b>RTO Location</b>					

**Schedule Of Premium (Amount in Rs.)**

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
<b>Vehicle</b>	1312.95	<b>Basic Third Party Liability</b>	3851
<b>Elec Accessories</b>	0	<b>Compulsory PA Cover Premium</b>	0
<b>Non-Elec Accessories</b>	0	<b>PA Cover for 0 Person Of Rs (0) each (IMT-16)</b>	0
<b>Basic Premium</b>	196.95	<b>Legal Liability (WC) to driver (IMT-28)</b>	0
<b>Geographical Area Extn (IMT -1)</b>	0	<b>Legal Liability to Employees (IMT-29)</b>	0
<b>Driving Tuition Loading On OD Premium (60%)</b>	0	<b>Legal Liability to Passenger (IMT-46)</b>	NA
<b>Sub-Total Additions</b>	0	<b>Driving Tuition Loading On TP Premium (60%)</b>	NA
<b>Deductibles</b>		<b>PA Paid Driver, Conductor, Cleaner-GR36B3</b>	0
<b>Voluntary Deductibles (IMT 22A)</b>	0	<b>Net Liability Premium (B)</b>	3851
<b>Anti-Theft Device (IMT-10)</b>	0	<b>Total Premium (A+B)</b>	4048
<b>AAI Membership (IMT-8)</b>	0	<b>GST</b>	728
<b>No Claim Bonus</b>	0	<b>SERVICE TAX</b>	0
<b>Discount for vehicle designed for handicapped</b>	0	<b>STAMP DUTY</b>	0.00
<b>SIP Discount</b>	0	<b>Swachh Bharat Cess@0.50%</b>	0
<b>Sub-Total Deductibles</b>	0	<b>Krishi Kalyan Cess@1.50%</b>	0
<b>Add-On Coverages</b>		<b>Gross Premium Paid</b>	4776
<b>NIL Depreciation</b>	0		
<b>Return to Invoice</b>	0	<b>Note:</b>	
<b>Key Replacement</b>	0	1. Policy Issuance is the subject to the realisation of cheque	
<b>Consumables</b>	0	2. Consolidated Stamp Duty paid via Challan No	
<b>Sub-Total Add-on Coverages</b>	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
<b>Net own Damage Premium(A)</b>	197	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IM1,7,10,28,	

<b>Nominee Details :</b>	<b>Nominee Name</b>	<b>Age</b>	<b>I</b>	<b>Relation</b>
<b>Payment Details :</b>	<b>Payment Method</b>	<b>Cheque No./Transaction No.</b>	<b>Bank Name</b>	<b>Amount</b>
<b>Financer Type</b>		<b>Financer Name</b>	HDFC BANK LIMITED	<b>Financer Branch</b>
<b>POS Name</b>	NA	<b>POS ID</b>	NA	<b>POS PAN NO/Aadhar No</b>

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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.co.in](http://www.orientalinsurance.co.in) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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.

I/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 to his/their hands at 252400 on 12-FEB-25

**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 MV 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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) 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 3 of the Central Motor Vehicles Rules, 1989

**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lacs/5 P.A. Cover under section III for owner-Driver is RS 0

**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

I/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 : UNIV@252400  
Approved On : 12-FEB-25  
Place : MRT  
Printed On : 16-JAN-26

**For and on behalf of**  
**The Oriental Insurance Company Limited**

General Manager  
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31CK2545 Registration Date : 15-Feb-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 : PAVAN SINGH Son/wife/daughter of : S/O SRI SUBHASH SINGH  
 Full Address: (Permanent) : R/O SADULHAPUR SAIDIPUR BARRAIYA, KHERI, PS- KHERI, KHERI, UTTAR PRADESH 262728  
 Full Address: (Temporary) : R/O SADULHAPUR SAIDIPUR BARRAIYA, KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262728

Fitness Up To : 14-Feb-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 : AA2120938736 Rear HSRP No : AA2120645024  
 Type of Body : SCLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLJAW403R9L11848  
 Engine No : JA07AMR0L15132 Fuel : PETROL  
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267  
 R :  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 122  
 Colour : MATT GREY Laden/GV Wt (kgs) : 252  
 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 w.e.f. .

Purchase dt : 12-Feb-2025 Sale Amt : 82461/-  
 OTT Date : 12-Feb-2025 Amount/Rcpt No : 8247 / UP31D25020002394  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 03-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Feb-2025 to 14-Feb-2040

Date : 08-Mar-2025 10:40:16

Taxation Particulars / Advance Registration Mark Fee Details


Signature of Registering Authority  
 08-Mar-2025  
 लखीमपुर-खेरी

Q 1643848


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

**UP31 20200005832**


 Issue Date: **20-06-2020**    Validity (NT): **19-07-2040**    Validity (TR)\*: -----

  
 Holder's Signature: \_\_\_\_\_

**Name:** RITESH KUL...AR SINGH  
**Date of Birth:** 20-07-2000    **Blood Group:** \_\_\_\_\_    **Organ Donor:** **N**  
**Son/Daughter/Wife of:** VEERPAL SINGH  
**Address:**  
 VILL SADULHAPUR POST SAIDIPUR HARRAIYA  
 PS KHERI LAKHIMPUR, KHERI, UP 262728

Date of First Issue: (20-06-2020)

DL No: **UP31 20200005832** UPDL 000002975439


 Invalid Carriage (Regn Numbers)\*  
 -----  
 Hazardous Validity\*    Hill Validity\*  
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Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	CWG	UP31	10-06-2020	R			
	LMV	UP31	20-06-2020	N			
							
							
							

Emergency Contact Number: \_\_\_\_\_

Licensing Authority  
**UP31 LAKHIMPUR KHERI**

Form 7 Rule 16(2)



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता  
शुभश सिंह सदुल्हापुर, सैदीपुर हरैया, खीरी उत्तर  
प्रदेश - 262728



Address:  
S/O Subhash Singh, sadulhapur, Saidipur  
Harraiya Kheri, Uttar Pradesh - 262728

9717 3113 4063



1047



help@uidai.gov.in



www.uidai.gov.in



उत्तर प्रदेश  
Paras Singh  
जन्म तिथि / DOB: 10/05/1981  
पुरुष / GENDER: MALE



UIDAI Code: A 1234567

9717 3113 4063

मेरा आधार, मेरी पहचान

आयकर विभाग  
INCOME TAX DEPARTMENT

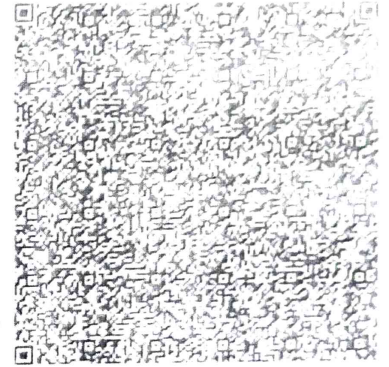


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

QSCPS5790D



नाम / Name

PAVAN SINGH

पिता का नाम / Father's Name

SUBHASH SINGH

जन्म की तारीख / Date of Birth

01/01/1981

पवन सिंह

हस्ताक्षर / Signature

02774