

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, ,LAKHIMPUR, KHERI, 262701, UP, INDIA. LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701
 State Code: 9 Contact: 7800009643, 7408404715 , 7408404714 , 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

MOSARAM AUTO SALES
 LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701
 Contact: 7800009643, 7408404715 , 7408404714
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-0226-855	Date	07-02-2026
Customer Name	AMIT KUMAR	Contact No.	7275499289
VIN	MBLJA06AXHHA12722	Model	SPLENDOR ISMART 110
Insurance Company		Reg No.	UP31AQ2031
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	6130BABA000TS -COWL FRONT SUB ASSEMBLY(R-321 TYPE-1)	87141090	Paid	612.71	1	9.00	9.00	0.00	0.00	0.00	0.00	723.00
2	88110ABA000RS -MIRROR ASSEMBLY RIGHT BACK(BL-002M)	70091090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
3	88120ABA000RS -MIRROR ASSEMBLY LEFT BACK(BL-002M)	70091090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
4	53100ABA000S -PIPE STRG HANDLE	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
5	53200ABA000S -STEM COMP. STRG	87141090	Paid	659.32	1	9.00	9.00	0.00	0.00	0.00	0.00	778.00
6	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
7	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
8	24701ABA000S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
9	3365AABA00099S -WINKER ASSY L RR W/O BULB	85122010	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
10	3310AABA001S -LIGHT ASSY HEAD W/O BULB	85122010	Paid	659.32	1	9.00	9.00	0.00	0.00	0.00	0.00	778.00
11	64100ABA000S -WIND SCREEN	87141090	Paid	187.29	1	9.00	9.00	0.00	0.00	0.00	0.00	221.00
Parts Total											0.00	6,294.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR ISMART 110	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	6,294.00
Labour Total	2,000.10
SGST (Parts) 9%	480.05
CGST (Parts) 9%	480.05
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	8,294.10

TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ३८)

FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत

ASSISTANT REGIONAL TRANSPORT OFFICE, ARIE LAKHIMPUR

Registration Number
(पंजीकरण संख्या)

UP31AQ2031

Registration Date

(पंजी.तिथि) 19 Feb 2017

Owner's Name & Address
(वाहन स्वामी का नाम एवं पता)

AMIT KUMAR VERMA

Owner's Serial

(वाहन स्वामी क्रमांक)

Son/wife/daughter of
Full Address
(Permanent)

SRI LAXMI NARAYAN VERMA
VILL & PO-BHEERAGHASI
PS-KHERI

Manufacturing Year

(निर्माण का वर्ष) 01/2017

Full Address
(Current)

LAKHIMPUR KHERI - 262701

No. of Cylinders

(सिलिंडर की संख्या) 1

Dealer's Name & Address
(विक्रेता का नाम)

VILL & PO-BHEERAGHASI
PS-KHERI
LAKHIMPUR KHERI - 262701

Unladen Weight

(खाली भार) 115 kg

Vehicle Class
(श्रेणी)

MUSA RAM AUTO SALES
LR P ROAD
LAKHIMPUR KHERI

Laden Weight

(भरा हुआ भार) 245 kg

Chassis Number
(चेसिस संख्या)

MOTOR CYCLE

Seating Capacity

(सीट क्षमता) 2 (including driver)

Engine Number
(इंजन संख्या)

MBLJA06AXHHA12722

Colour

(रंग) TEAL

Type of Body
(काठी का प्रकार)

JAQ8EPHHA13008

Horse Power

(अश्व शक्ति) 9 HP / 110 CC

Maker's Name
(निर्माता का नाम)

SOLO

Fuel Used

(इंधन) PETROL

HP / Lease Agreement with
(हाइपोथिकेट/लीज समझौता किससे)

SPLENDOR ISMART
HERO MOTOR CORP LTD

Tax paid upto

(कर भुगतान) Life Time

Tax Rate

(कर-दर) Life Time (RT-Rs. 5351/-)

Description and Size of Tyres
(टायरों का विवरण एवं आकार)

(a) Front Axle

(फ्रंट एक्सल)

(b) Rear Axle

(रियर एक्सल)

(c) Any other Axle

(अन्य कोई एक्सल)

(d) Tandem Axle

(टेन्डम एक्सल)

Fitness Valid upto

(फिटीयन की वैधता) 05 Feb 2032

Wheel Base

(व्हील बेस) 1245

Registered Axle Weight

(पंजीकृत एक्सल भार)

(a) Front Axle

(फ्रंट एक्सल)

(b) Rear Axle

(रियर एक्सल)

(c) Any other Axle

(अन्य कोई एक्सल)

(d) Tandem Axle

(टेन्डम एक्सल)

Vehicle Registered Against NEW VEHICLE Case
Air Conditioner (A.C.) Fitted-No
Standing Capacity - 0 Sleeper Capacity - 0

Entered By: MASOOD 22-Feb-2017

Sr. No.
(क्र.सं.)

RC. Z 0288911

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

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/423618

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
AMIT KUMAR VERMA	1997-03-06	7275499239	SRI LAXMI NARAYAN VERMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ISMART	UP31AQ2031	JA06EPHHA13006	MBLJA06AXHHA12722	2017-02-09	110	TV
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
18000.00	NA	0.00	0.00	0.00	18000.00	
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	1780.91	
Address			City / District	Pin Code	State	
VILL & PO BHEERAGHASI PS-KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SANGITA VERMA	Female	28 Years	WIFE	2025-04-10 15:09	Midnight of 2026-04-09	

Section A, VRC: 385.55 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (35%): 120.48 Total with GST(A) 265.07

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: 140.03 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 25.21 Total with GST(D): 165.24

Total(Section A+B+C+D) Offered Price After Discount: 1781

Package Period Covered	2025-04-10 To 2026-04-09	2026-04-10 To 2027-04-09	2027-04-10 To 2028-04-09	2028-04-10 To 2029-04-09	2029-04-10 To 2030-04-09
ADV	18000	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 2025-04-10 until 2026-04-09.

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 or MotorSathi App.

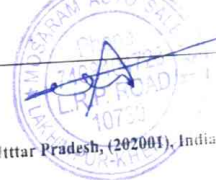
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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 Aligarh.



#: Received with Thanks Rs 1780.89 ON 2025-04-05 from Mr./Ms. AMIT KUMAR VERMA against the ARN No. INCP00423618
 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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Package Contract No.: MS/2025/7001/O/46575/423618



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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
AMIT KUMAR VERMA	1997-03-06	7275499289	SRI LAXMI NARAYAN VERMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ISMART	UP31AQ2031	JA06EPHHA13006	MBLJA06AXHHA12722	2017-02-09	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
18000.00	NA	0.00	0.00	0.00	18000.00	
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	1780.91	
Address			City / District	Pin Code	State	
VILL & PO BHEERAGHASI PS-KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SANGITA VERMA	Female	28 Years	WIFE	2025-04-10 15:09	Midnight of 2026-04-09	

Section A, VRC: 385.55 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (35%): 120.48 Total with GST(A) 265.07

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: 140.03 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 25.21 Total with GST(D): 165.24

Total(Section A+B+C+D) Offered Price After Discount: 1781

Package Period Covered	2025-04-10 To 2026-04-09	2026-04-10 To 2027-04-09	2027-04-10 To 2028-04-09	2028-04-10 To 2029-04-09	2029-04-10 To 2030-04-09
ADV	18000	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 2025-04-10 until 2026-04-09.

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 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.: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. 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 1780.89 ON 2025-04-05 from Mr./Ms. AMIT KUMAR VERMA against the ARN No. INCP00423618
 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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

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.	अमित कुमार वर्मा, 7275499289
2	Vehicle No. / वाहन संख्या	UP31 AQ 2031
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/423618
4	Period of Insurance / बीमा अवधि	10/04/2025 से 09/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/02/2026 11:00am.
6	Place of Accident / दुर्घटना का स्थान	लगुचा चौराहा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सदीप कुमार, 7800254919 UP31 20200010650
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : लगुचा चौराहे के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी बायी ओर गिरकर सातियस्त 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.	MOSARRAM AUTO SALES, LRPRAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 06/02/2026
हस्ताक्षर

अमित कुमार वर्मा
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

Certificate/Policy No. MS/2025/7001/0146575/

Tel. No.

Period of Insurance 10/04/2025 से 09/04/2026
 Claim No. 3618

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 : AMIT KUMAR VERMA
 (b) Address for correspondence : VII SPO - BHEERA GHASI PS - KHERI.
 (c) Telephone : 7275 499289

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2017</u>	Engine No. <u>JA06EPHHA13006</u> Chassis No. <u>MBLJA06AXHHA12722</u>	Registration No. <u>UP31AQ</u> <u>2031</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

H. 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 : SANDEEP KUMAR
(b) Age : 27/06/1992
(c) Address : VILL- BHIRA GHASHI KHERI, LAKHIMPUR-KHERI
(d) Is the Driver : 262721
1. Owner : No
2. paid driver? : No
3. Owner's relative or friend? : BHAT
(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 : UP3120200010650
(h) Issuing Authority : 27/08/2020
(i) Date of Expiry : 26/06/2032
(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 other insurance Policies indemnifying you in

5. DETAILS OF ACCIDENT

- (a) Date and Time : 04/02/2026 11:00 AM
(b) Place : मगुचा चौराहे के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : मगुचा चौराहे के पास सामने से साइड से टक्कर होगी
(e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी बाधी और डिरक्टर बलिगस्त होगी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
(b) Estimated cost of repairs : MOSARAM AUTO SALES, LPP ROAD
(c) When and where can the damaged vehicle be inspected : 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? : N/A

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 06/02/ 2020

अमित कुमार वर्मा
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. UP31AQ2031 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 अमित कुमार वर्मा
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 or 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 AMIT KUMAR VERMA S/O LAXMI
NARAYAN, BHIRRA GHANSHI LAKAHA KHERI UTTAR
PRADESH 261501

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

Date 06/02/2026

Place KHERI

अमित कुमार वर्मा
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.

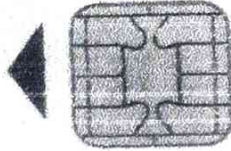
Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company; para (f) opening an account with a Banking Company.



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20200010650



Issue Date 27-08-2020 Validity (NT) 26-06-2032 Validity (TR)* _____



Holder's Signature

(27-06-2020)

Date of First Issue

Name: **SANDEEP KUMAR**
 Date of Birth: **27-06-1992** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **UTTAM KUMAR**
 Address: **VILL BHIRA GHASHI KHERI
 Lakhimpur, Kheri, UP 262721**

DL No: UP31 20200010650

UPDL 000003580839



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	27-08-2020	NT			
	LMV	UP31	27-08-2020	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(7)



भारत सरकार
Government of India



अमित कुमार वर्मा
Amit Kumar Verma
जन्म तिथि / DOB : 08/03/1997
पुरुष / Male



7942 8478 0804

आधार - आम आदमी का अधिकार

Unique Identification Authority of India

पता:
संबोधित: लक्ष्मी नारायण वर्मा, भीरा
घाशी, लखहा, खीरी, लखह, उत्तर
प्रदेश, 261501

Address:
S/O: Laxmi Narayan Verma, bhira
ghashi, Lakhaha, Kheri, Lakhaha,
Uttar Pradesh, 261501

7942 8478 0804

1947
1800 360 1947

help@uidai.gov.in

www.uidai.gov.in