



GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31BP8830 Registration Date : 02-Mar-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R ROAD, LAKHIMPUR KHERI, ...
 Owner Name : ANOOP VERMA Son/wife/daughter of : SRI RAM JIVAN
 Full Address: (Permanent) : R/O CHHAUCHH, R/O CHHAUCHH, PS-KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O CHHAUCHH, R/O CHHAUCHH, PS-KOTWALI, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 01-Mar-2036 Tax UpTo : One Time
 Owner Serial No : 1
 Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER. Link Vehicle No : BHARAT STAGE VI
 Ownership : INDIVIDUAL Norms
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2030313362 Rear HSRP No : AA2030893612
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2021
 No of Cylinders : 1 Chassis No : MBLHAW109MHA00946
 Engine No : HA11EXMHA01081 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (13S-SELF-DRU Wheel base : 1235
 M-CAST)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Grey Black Laden/GV Wt (kgs) : 242
 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 : 24-Feb-2021 Sale Amt : 61125/-
 OTI Date : 24-Feb-2021 Amount/Rcpt No : 6113 / UP31D21020003757
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 02-Mar-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 02-Mar-2021 to 01-Mar-2036

Date : 24-Mar-2021 12:52:21

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 24-Mar-2021

पञ्जायति अधिकारी
 मोटर वाहन विभाग
 लखीमपुर खीरी

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/413390

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
ANOOP VERMA	1988-01-01	8052710763	SRI RAM JIVAN	Hero Motocorp	HERO DELUXE
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
SELF - E20 CAST	UP31BP8830	HA11EXMHA01081	MBLHAW109MHA00946	2021-03-02	100 110
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
34500.00	NA	0.00	0.00	0.00	34500.00
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	1607.86
Address			City / District	Pin Code	State
R O CHHAUCHH, R O CHHAUCHH, PS-KOTWALI, Kheri, Uttar Pradesh, 262701			262701		Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
RAM JEEVAN	Male	69 Years	FATHER	2025-03-06 14:33	Midnight of 2026-03-05

Section A, VRC: 531.13 TCR: 407.10 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 938.23

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: 192.91 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 34.72 Total with GST(D): 227.63

Total(Section A+B+C+D) Offered Price After Discount: 1608

Package Period Covered	2025-03-06 To 2026-03-05	2026-03-06 To 2027-03-05	2027-03-06 To 2028-03-05	2028-03-06 To 2029-03-05	2029-03-06 To 2030-03-05
ADV	34500	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 2026-02-23 (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 10 of 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/- 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 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 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 1607.86 ON 2025-03-05 from Mr./Ms. ANOOP VERMA against the VRC No. INC P00413390

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

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-0226-852	Date	07-02-2026
Customer Name	ANOOP VERMA	Contact No.	8052710763
VIN	MBLHAW109MHA00946	Model	HF DELUXE
Insurance Company		Reg No.	UP31BP8830
HMCGL Card No	1073020830011827	HMCGL Card Category	Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
2	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42
3	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
4	83402KST950HS -PANEL INNER	87141090	Paid	49.15	1	9.00	9.00	0.00	0.00	0.00	0.00	58.00
5	64311KST950S -BRACKET COMPLETE FRONT NO PLATE	87141090	Paid	69.49	1	9.00	9.00	0.00	0.00	0.00	0.00	82.00
6	33400KST950S -WINKER ASSY.R FR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
7	37100AAFH00S -METER ASSY COMB	87141090	Paid	1,233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,456.00
8	35010ACK00099S -KIT, LOCKS & KEYS	83012000	Paid	783.90	1	9.00	9.00	0.00	0.00	0.00	0.00	925.00
9	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
10	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
11	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
12	51500KSTA11S -FORK ASSY L FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
13	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
14	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
Parts Total											0.00	11,942.42

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	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	11,942.42
Labour Total	2,000.10
SGST (Parts) 9%	910.86
CGST (Parts) 9%	910.86
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	13,942.52

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./ बीमाधारक का नाम & मोबाइल नं.	अनूप कुमार. 8052710763
2	Vehicle No. / वाहन संख्या	UP31 BP 8830
3	Policy No. / पालिसी संख्या	MS/2025/7001/0146575/413390
4	Period of Insurance / बीमा अवधि	06/03/2025 से 05/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/02/2026 9:30PM.
6	Place of Accident / दुर्घटना का स्थान	छाऊछ ओवरब्रिज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अनूप. 8052710763 UP31 20190008115
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : छाऊछ ओवरब्रिज के पास सामने से कार ने टक्कर मार दी जिससे मेरी गाड़ी बाँधी 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.	MOSARAM AUTO SALES, LRP ROAD LAKHTIMPUR KHERI, 9151154036

Date / दिनांक : 07/02/2026
हस्ताक्षर

अनूप
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 MEERUT

Certificate/Policy No. MS/7001/0/46575/413390

Tel. No.

Period of Insurance 06/03/2025 से 05/03/2028

Claim No. _____

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 : ANOO VERMA
 (b) Address for correspondence : RIOCHHNUCH, RIOCHHNUCH, PS-KOTWALI, KHERI, UTTAR PRADESH, 262701
 (c) Telephone : 8052710763

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HA11EXMHA01081</u> Chassis No. <u>MBLHAWJ09MHA00946</u>	Registration No. <u>UP31BP</u> <u>8830</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 : ANOOP
- (b) Age : 01/01/1988
- (c) Address : VILL- CHHAUCHH PS. KOTWALI SADAR,
LAKHIMPUR KHERI, UP, 262701
- (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 : UP3120190008175
- (h) Issuing Authority : 11/07/2019
- (i) Date of Expiry : 31/12/2031
- (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 respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 06/02/2026 9:30PM
- (b) Place : लाऊँध ओवरब्रिज के पास
- (c) Speed of vehicle at the time of accident : 30-40km/h
- (d) Give a short description of the accident : लाऊँध ओवरब्रिज के पास सामने से कार ने टक्कर मार दी
- (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी दायी ओर गिरकर क्षतिग्रस्त हो गई

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 : MANSURAM AUTO SALES, LRP
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? : 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? : N/A
- (f) Has theft been reported to Police? : _____
- (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 07/02/ 2006

Signature of the insured 3124

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. UP31BP8830 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 3-124
Occupation
Address

Bank Account Number
Name of the Bank



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



UP31 20190008175



Issue Date **11-07-2019** Validity (NT) **31-12-2037**

Validity (TR)* _____



Licence holder's Signature

Name: **ANOOP**
 Date of Birth: **01-01-1988** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **RAM JIVAN**
 Address:
VILL - CHHAUCHH PS KOTWALI SADAR
Lakhimpur, Kheri, UP 262701

Date of First Issue (11-07-2019)

DL No: UP31 20190008175

UPDL000000839534



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	11-07-2019	NT			
	LMV	UP31	11-07-2019	NT			
	MVSD						

Emergency Contact Number _____

Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No 1178/71262/59019

To

अनूप

Anoop

S/O: Ram Jivan

Chhauchh

Kheri

Lakhimpur Kheri

Uttar Pradesh 262701

7348627546

28/03/2017

308 1444



MD308714448FH



आपका आधार क्रमांक / Your Aadhaar No. :

6201 8067 4530

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



अनूप

Anoop

जन्म तिथि / DOB 01/01/1988

पुरुष / Male



6201 8067 4530

मेरा आधार, मेरी पहचान

आयकर विभाग
INCOME TAX DEPARTMENT

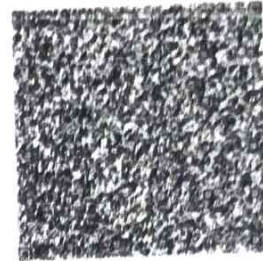


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GDVPA4856C



नाम / Name
ANOOP

पिता का नाम / Father's Name
RAM JIVAN

जन्म की तिथि / Date of Birth
01/01/1988

अनूप
हस्ताक्षर / Signature

13151



In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.
Helpline Number : 933-40802999

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :
आयकर पैन सेवा यूनिट, UTITSL,
प्लॉट नं. 3, सेक्टर 11, सी.बी.डी. बेलपुर,
नवी मुंबई-400 614.
हॉटलाइन नंबर : 933-40802999

For Income Tax Related
Queries

E-Mail :
pangrievance@incometax.gov.in
ito.systems1.1@incometax.gov.in