

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CA2954 Registration Date : 17-May-2023
 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, ...
 Owner Name : ILIYAS AHAMAD Son/wife/daughter of : S/O SRI SHARFUDDIN
 Full Address: (Permanent) : R/O CHHAUCHH, PO - KALA AM, KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O CHHAUCHH, PO - KALA AM, KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness Up To : 16-May-2038

Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2073337325
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8PHC70650
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ 13S (DRS)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : BLACK-SILVER STR
 Other Criteria : Fully Built
 Vehicle Purchase As : Fully Built

Rear HSRP No : AA2077318023
 Month/Year of Manuf. : 03/2023
 Chassis No : MBLHAW224PHCA9978
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Uniaden Wt (kgs) : 111
 Lacer/GV Wt (kgs) : 241
 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 : 10-May-2023 Sale Amt : 74741/-
 OTT Date : 10-May-2023 Amount/Rcpt No : 7475 / UP31D23050003039
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-May-2023

Other State/Transfer/Conversion Details :
 Previous RegNo :
 Previous Owner :
 Entry Date :
 Old State :
 Conversion Date :
 Transfer Date :
 This certificate is valid from 17-May-2023 to 16-May-2038

Date : 24-May-2023 10:49:00

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 मोहम्मद अली
 2023

P 3254519

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.	इलियास अहमद, UP31CA2954. 8726019076.
2	Vehicle No. / वाहन संख्या	UP31CA 2954.
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/03/2026 7:00am.
6	Place of Accident / दुर्घटना का स्थान	जहर के पक्ष
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	इलियास अहमद, 8726019076 UP3120140009218
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	जहर के पास पीछे से पिकअप वाले ने टक्कर मार दी जिससे मेरी गाड़ी सामने नहर की धालेवा से टकराकर बर्तौ 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.	MOSKRAM AUTO SALES, LRP ROAD, LAKHIMPUR KHERI, 9151154036.

Date / दिनांक : 06/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

इलियास अहमद



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. _____

Tel. No. _____

Period of Insurance _____
 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 : ILTIYAS AHAMAD
 (b) Address for correspondence : RIDCHAUCHY PO - KAJA RAM, KHERI, PS-KOTWALI
 (c) Telephone : 8726019076 KHERI, UP, 262701.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HAJ1 E8PHC70650</u> Chassis No. <u>MBLHAN224PHCA9978</u>	Registration No. <u>UP31CA</u> <u>2954</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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : ILTIYAS AHMAD.
- (b) Age : 02/07/1994
- (c) Address : R/O VILL- GOLHAPUR, P.S. KALAKAM, LAKHIMPUR- KHERI, 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 : UP3120140009218
- (h) Issuing Authority : 19/02/2022
- (i) Date of Expiry : 28/08/2034
- (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 : 04/03/2026 7:00AM.
- (b) Place : नहर के पास
- (c) Speed of vehicle at the time of accident : 36-40km/h
- (d) Give a short description of the accident : नहर के पास पीछे से फिजियन वाले ने टक्कर मारी
- (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी सामने से नहर की पुलिया से टकराई और पीछे से नहर के पास से टकराई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND FRONT AND LEFT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LRDRoad
- (c) When and where can the damaged vehicle be inspected : LAKHIMPUR-KHERI, 9151154036

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? : _____
- (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 06/03/2026

Signature of the insured इतिपति 31/3/26

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. UP31CA2954 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 श्रीगुरुराम
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 of 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 ILTIYAS AHAMAD S/O
SHARFUDDIN R/O Vill-GOLHAPUR Ps-KALA AAM,
LAKHIMPUR KHERI, 262701

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, ILTIYAS AHAMAD do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 06/03/2026

Place KHERI

ILTIYAS AHAMAD
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.

1008 as per Income Tax Act, 1962 Rule 114 B: para (c), A time account with a Banking Company.

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CA2954 Registration Date : 17-May-2023
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,
Owner Name : ILIYAS AHAMAD Son/wife/daughter of : S/O SRI SHARFUDDIN
Full Address: (Permanent) : R/O CHHAUCHH, PO - KALA AAM, KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-
262701
Full Address: (Temporary) : R/O CHHAUCHH, PO - KALA AAM, KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-
262701
Fitness Up To : 16-May-2038 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 : AA2073337325 Rear HSRP No : AA2077318023
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2023
No of Cylinders : 1 Chassis No : MBLHAW224PHCA9978
Engine No : HA11E8PHC70650 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK-SILVER STR Laden/GV Wt (kgs) : 241
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 : 10-May-2023 Sale Amt : 74741/-
OTT Date : 10-May-2023 Amount/Rcpt No : 7475 / UP31D23050003039
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 17-May-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 17-May-2023 to 16-May-2038

Date : 24-May-2023 10:49:00

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
Signature of Registering Authority
मोटर वाहन विभाग
लखीमपुर-कैरी
2023

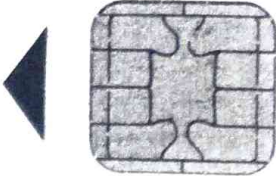
P 3254519



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



UP31 20140009218



Issue Date **19-02-2022** Validity (NT) **28-08-2034** Validity (TR)* _____



(29-08-2014)

Name: **ILYAS AHMAD** Holder's Signature _____
 Date of Birth: **02-07-1994** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **SHARFUDDIN**
 Address:
**VILL GOLHAPUR POST KALA AAM LAKHIMPUR
 KHERI LAKHIMPUR, LAKHIMPUR KHERI 262701**

Date of First Issue

DL No: UP31 20140009218

UPDL000007814930



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	29-08-2014	NT			
	LMV	UP31	29-08-2014	NT			
	MVSD						

Emergency Contact Number

(Signature)
 Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



Aadhaar no. issued: 03/05/2015



इलियास अहमद
Iliyas Ahmad
जन्म तिथि/DOB: 01/07/1994
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

2282 9235 3639

मेरा आधार, मेरी पहचान



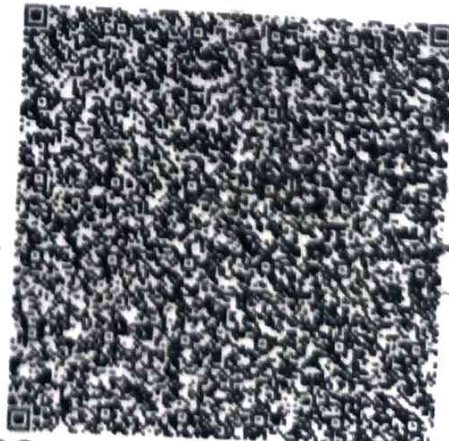
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज, शरफुद्दीन, छाउछ, काला आम, कलाम, खीरी,
उत्तर प्रदेश - 262701

Address:
S/O: Sharfuddin, Chhauchh, Kala Aam, PO: Kalaam,
DIST: Khori,
Uttar Pradesh - 262701

Details as on: 23/11/2025



2282 9235 3639

VID : 9128 9410 8750 8227

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.

MOSARAM AUTO SALES
LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
7800009643, 7408404715, 7408404714, 7800009644
GSTIN No: 09AAJFM3951B1ZD

ESTIMATE

Estimate No. 10730-03-REST-0326-905
Customer Name ILIYAS AHAMAD ..
VIN MBLHAW224PHCA9978
Insurance Company
HMCGL Card No 1073023830000492

Date 08-03-2026
Contact No. 8726019076
Model SPLENDOR +
Reg No. UP31CA2954
HMCGL Card Category Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
									0.00	0.00	0.00	530.00
1	77300AAE400RS -R SIDE COWL (BLACK NH-1,TYPE -1)	87141090	Paid	449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
2	77400AAE400RS -L SIDE COWL (BLACK NH-1,TYPE -1)	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
3	77235AAE400RS -"CENTER REAR COWL (BLACK NH-1, TYPE -1)"	87141090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
4	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
5	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
6	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
7	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
8	88120AAFH31ZAS - MIRROR ASSEMBLY LEFT BACK NH-1 TYPE-1)	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
9	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
10	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
11	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
12	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	565.00
13	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	1,820.00
14	61100AAE200GS -FENDER COMP FRONT INDUSTRIAL DARK GREY	87141090	Paid	1,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
15	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
16	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	10,562.00
Parts Total											0.00	10,562.00

Labour Details		SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
S No	Job Code	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +									0.00	1,500.96	
Jobs Total											10,562.00	1,500.96
Parts Total												
Labour Total												

CGST (Parts) 9%	805.58
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	12,062.96

Rupees in Words: Twelve Thousand Sixty Two and paise Ninety Six Only 10730 - Main W/S

1. Terms Cash
 2. Prices & statutory levies prevailing at the time of delivery shall be charged
 3. Vehicles in this workshop are handled/driven and kept at owner's risk
 4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
 5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
 6. Actual amount may vary from estimate
 7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 8. All disputes subject to jurisdiction of CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.