



# GOVERNMENT OF UTTAR PRADESH

## Transport Department LAKHIMPUR KHERI

### FORM 23

### CERTIFICATE OF REGISTRATION

**Registration No** : UP31CF3308 **Registration Date** : 16-Jun-2024  
**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** : ASARAF **Son/wife/daughter of** : S/O RASOOL AHMAD  
**Full Address: (Permanent)** : R/O - FATTEPUR, POST - DHAURAHARA, PS - DHAURAHARA, KHERI, UTTAR PRADESH-262723  
**Full Address: (Temporary)** : R/O - FATTEPUR, POST - DHAURAHARA, PS - DHAURAHARA, KHERI-UTTAR PRADESH-262723  
**Fitness Up To** : 15-Jun-2039 **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 **Rear HSRP No** : AA2105485736  
**Front HSRP No** : AA2105744444 **Month/Year of Manuf.** : 12/2023  
**Type of Body** : SOLO WITH PILLION **Chassis No** : MBLHAW239P9M05595  
**No of Cylinders** : 1 **Fuel** : PETROL  
**Engine No** : HA11E8P9M05903 **Cubic Capacity** : 97.20  
**Horse Power(BHP)** : 7.91 **Wheel base** : 1236  
**Maker's Classification** : SPLENDOR+ (DRS) **Standing Cap** : 0  
**Seating Cap(in all)** : 2 **Unladen Wt (kgs)** : 109  
**Sleeper Cap** : 0 **Laden/GV Wt (kgs)** : 239  
**Colour** : BLACK GREY STRIPE **AC Fitted** : NO  
**Other Criteria** : Fully Built

#### Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	AS Regd.	Weight(in kgs)
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- 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** : 17-Mar-2024 **Sale Amt** : 75291/-  
**OTT Date** : 17-Mar-2024 **Amount/Rcpt No** : 7530 / UP31D24060001679  
**Vehicle is Govt./ Pvt.** : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED  
**Date of Approval** : 18-Jun-2024

**Other State/Transfer/Conversion/Reassign Details** :  
**Previous Owner** : **Previous RegNo** :  
**Old State** : **Entry Date** :  
**Transfer Date** : **Conversion Date** :

This certificate is valid from 16-Jun-2024 to 15-Jun-2039

Date : 02-Aug-2024 09:38:59

Taxation Particulars / Advance Registration Mark Fee Details

पजीयन अधिकारी  
 Signature of Registering Authority  
 Date : 02-Aug-2024

P 8120603

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.	अररफ, 9129287078
2	Vehicle No. / वाहन संख्या	UP31CF 3308
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/03/2026 6:00PM.
6	Place of Accident / दुर्घटना का स्थान	मीनफील्ड स्कूल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मौठ अहमद, 9839268416 UP31 20230001643
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मीनफील्ड स्कूल के पास राम्रो से साइ से टक्कर हो गई जिससे मेरी गाड़ी दायी ओर गिरकर सतिग्रस्त हो गयी
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, LRPR ROAD LAKHIMPUR- KHERI 9151154036

अररफ  
Signature of Insured / बीमाधारक के

Date / दिनांक : 06/03/2026  
हस्ताक्षर



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MOHD AHMAD.  
 (b) Age : 21/01/1993  
 (c) Address : RIDDHAJIAPURWA, BALUDEEH, KHERI, UP, 201506  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : Yes  
 (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 20230001643.  
 (h) Issuing Authority : 23/02/2023  
 (i) Date of Expiry : 22/02/2033  
 (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 : 04/03/2026 6:00PM.  
 (b) Place : जी-फील्ड स्कूल के पास  
 (c) Speed of vehicle at the time of accident : 30-40km/h.  
 (d) Give a short description of the accident : जी-फील्ड स्कूल के पास सामने से साइ से टक्कर हो गई  
 (e) If any third party was responsible for this accident give the name and address : जिससे भेटे जाये दंडी आर गिरकर सतिग्रस्त 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 : MOSARAM AUTO SALES, LRRROAD 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 Police 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 06/03/2016

Signature of the insured 32124

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. UP31CF3308 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/-



3121241

Witness

Name .....

Signature .....

Address .....

Signature .....

Occupation .....

Address .....

Bank Account Number .....

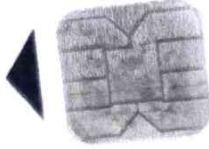
Name of the Bank .....



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

UP

**UP31 20230001643**



Issue Date: 23-02-2023  
 Validity (NT): 22-02-2033

Validity (TR)\*



Holder's Signature

(23-02-2023)

Date of First Issue

Name: **MOHD AHMAD**  
 Date of Birth: **01-01-1993** Blood Group:  
 Son/Daughter/Wife of: **RASOOL AHMAD**  
 Address:  
 Dalalapurva Balu Deeh Kheri  
 Uttar Pradesh 261506

Organ Donor: **N**

**DL No: UP31 20230001643**

UPDL000010613442



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	23-02-2023	NT			
	LMV	UP31	23-02-2023	NT			

Emergency Contact Number

Licensing Authority  
**UP31 LAKHIMPUR KHERI**

Form 7 Rule 16(2)

भारत सरकार  
Government of India

Issue Date: 25.07.2016



असराफ  
Asaraf  
जन्म तिथि/DOB: 01/01/1996  
पुरुष/ MALE

4052 0469 5414  
VID : 9164 7477 3617 0233

मेरा आधार मेरी पहचान

असराफ  
9129287078

भारतीय विधिके अनुशासन आयोग  
National Judicial Commission of India

पता  
श्री. रासूल अहमद, बंगला, धौलपुर, उत्तर प्रदेश - 262723

Address:  
C/O: Rasool Ahmad, Fatepur, Dhaurahera,  
Kheri,  
Uttar Pradesh - 262723



4052 0469 5414  
VID : 9164 7477 3617 0233

1987 | help@njudc.gov.in | www.njudc.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



ASARAF

RASULAHMAD

01/01/1996

Bank Account Number

5XNPA67798



Signature

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 227011  
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 10730-03-REST-0326-914  
 Customer Name ASRAF.  
 VIN MBLHAW239P9M05595  
 Insurance Company  
 HMCGL Card No 1073024530000204

Date 10-03-2026  
 Contact No. 9129287078  
 Model SPLENDOR +  
 Reg No. UP31CF3308  
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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	1,023.00
2	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
3	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
4	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
5	61000AAE200US -FRONT FENDER (R-195C)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
8	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	83500AAE400RS -R SIDE COVER (BLACK NH-1,TYPE -1)	87141090	Paid	659.32	1	9.00	9.00	0.00	0.00	0.00	0.00	778.00
11	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
<b>Parts Total</b>											0.00	8,380.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
<b>Jobs Total</b>											0.00	1,500.96

Parts Total	8,380.00
Labour Total	1,500.96
SGST (Parts) 9%	639.15
CGST (Parts) 9%	639.15
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
<b>Total</b>	<b>9,880.96</b>

Rupees in Words: Nine Thousand Eight Hundred Eighty and paise Ninety Six Only Authorised Signatory

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
- 10730 - Main W/S