

Joyride No
S 12000

73167

Paid FOC Minor Accidental

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-0326-957
 Customer Name ZAID KHAN
 VIN MBLHAW224SHBA5449
 Insurance Company HMCGL Card No 1073025540002084
 Part Details

Date 28-03-2026
 Contact No. 9793200686
 Model SPLENDOR +
 Reg.No. UP31CK9750
 HMCGL Card Category Gold

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|--------------------|--|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|------------|
| 1 | 53100AAE110S -PIPE STRG HANDLE | 87141090 | Paid | 389.83 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 460.00 |
| 2 | 53200AAE200S -STEM COMP STRG | 87141090 | Paid | 738.14 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 871.00 |
| 3 | 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 |
| 4 | 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 |
| 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 | 210.00 |
| 6 | 53175AAFH00S -LEVER COMP.R STRG.HNDL. | 87141090 | Paid | 77.97 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 92.00 |
| 7 | 18355AAE940S -COVER MUFFLER ASSEMBLY | 87141090 | Paid | 374.58 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 442.00 |
| 8 | K44446AAMB000S -"KIT, WHEEL COMP. FRONT" | 87141090 | Paid | 3,968.64 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,683.00 |
| Parts Total | | | | | | | | | | | 0.00 | 9,088.00 |

| S No | Job Code | SAC No. | Billing Type | Rate | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount | |
|-------------------|---------------------------------------|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------|----------|
| 1 | 102032 - ACCIDENTAL LABOUR-SPLENDOR + | 998729 | Paid | 1,695.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,000.10 | |
| Jobs Total | | | | | | | | | | | 0.00 | 2,000.10 |

| | |
|------------------|------------------|
| Parts Total | 9,088.00 |
| Labour Total | 2,000.10 |
| SGST (Parts) 9% | 693.15 |
| CGST (Parts) 9% | 693.15 |
| SGST (Labour) 9% | 152.55 |
| CGST (Labour) 9% | 152.55 |
| Total | 11,088.10 |

Rupees in Words: Eleven Thousand Eighty Eight and paise Ten Only

Authorised Signatory

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.

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. | ज़ैद खान. 6386179547 |
| 2 | Vehicle No. / वाहन संख्या | UP31CK9750 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2025/98746 |
| 4 | Period of Insurance / बीमा अवधि | 30/03/2025 से 29/03/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 24/03/2026 1:00PM |
| 6 | Place of Accident / दुर्घटना का स्थान | फरदहन स्टेशन के पास |
| 7 | Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | मो० रेहान खान, UP3120250002745 9696403092 |
| 8 | Estimated Loss / अनुमानित हानि | |
| 09. Cause of Accident / दुर्घटना का कारण : फरदहन स्टेशन के पास सामने से मोटर साइकिल से टक्कर हो गई जिससे मेरी बाँधी ओर 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, LAKHIMPUR-KHERI, 9151154036 |

Date / दिनांक : 26/03/2026
हस्ताक्षर

Zaid Khan
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. 252400/31/2025/98746

Tel. No.

Period of Insurance 30/03/2025 से 29/03/2026
 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 : ZAID KHAN
 (b) Address for correspondence : RIO MURTIHA KHERI, PS-GOLAGOKARANWATH,
 (c) Telephone : 6386 1795 47 LAKHTIMPUR-KHERI

2. THE INSURED VEHICLE

| | | |
|---|---|--|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No. <u>HAIJE7S HB5J454</u> Chassis No. <u>MBLHAW224SHBA5449</u> | Registration No. <u>UP3JCK</u> <u>9750</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

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 trailor attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MOHD REHAN KHAN
 (b) Age : 27/05/2001
 (c) Address : RIO MURTHA, LAKHIMPUR-KHERI, UP, 262701
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : NO 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 : UP31 20250002745
 (h) Issuing Authority : 01/03/2025
 (i) Date of Expiry : 26/05/2041
 (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 : 24/03/2026 1:00 PM
 (b) Place : फरदहन स्टेशन के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident : फरदहन स्टेशन के पास सामने से मोटा साइकिल से टकरा
 (e) If any third party was responsible for this accident give the name and address : हो गई जिससे मेरी गाड़ी टूटी और गिरकर क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs : MOSARRAM AUTO SALES LRP
 (c) When and where can the damaged vehicle be inspected : 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? : _____
- (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 26/03/20 26

Signature of the insured Zaid Khan

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. UP31CK9750 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 Zaid Khan
Occupation
Address

Bank Account Number
Name of the Bank

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. UP31CK9750 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 Zaid Khan
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIB0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MFERUIT, GOLA GOKARANNATHILAKHIMPUR, PIN-252400 (MOTORISED TWO WHEELERS (5 Years))

| | | | |
|-------------------|--|----------------------------|--|
| Policy Type | DUNDED POLICY (MOTORISED TWO WHEELERS (5 Years)) | Policy Issued On | 30-MAR-25 |
| Policy No | 252400-31/2025-98746 | Proposal No & Date | 252400/31/2025-98746/25/11 & 30-MAR-2025 |
| Agent/Broker Code | BA0000155144 | Policy Period (OWN DAMAGE) | FROM 13-27 ON 30/03/2025 TO MIDNIGHT OF 29/03/2026 |
| Agent/Broker Name | ABHINAV BHATI | Policy Period (LIABILITY) | FROM 13-27 ON 30/03/2025 TO MIDNIGHT OF 29/03/2026 |
| Insured Name | ZAID KHAN (GSTIN) | | |
| Insured Address | C/O SRI ISTIYAK AHMAD KHAN, R/O MURTIHA KHERLIPS- GOLA GOKARANNATHILAKHIMPUR, KHERLI, NA,0 | | |

INSURED MOTOR VEHICLE DETAILS

| | |
|---------------------|------------------------------------|
| Make | HERO MOTOCORP |
| Model & Variant | HERO SPLENDOR PLUS 135 BLA E20 |
| Registration No | NEW |
| Year Of Manufacture | 2025 |
| Engine -Chassis No | HA11E7SHB51454 - MBLHAW224SHBA5449 |
| Cubic Capacity | 100 |
| Seating Capacity | 1 + 1 |
| Type Of Body | SOLO |
| Type Of Fuel | PETROL |
| RTO Location | |

| | |
|---------------------------------------|------------------------|
| Lead / Breakin No | |
| Insured State | UTTAR PRADESH |
| INSURED DECLARED VALUE (IDV) (in Rs.) | 7444 |
| Electrical Accessories | 0 |
| Non Electrical Accessories | 0 |
| Total IDV | 7444 |
| TMF CONTRACT NO | |
| Policy Type | Zone B - Rest of India |
| Geographical Area | |

Schedule Of Premium (Amount in Rs.)

| OWN DAMAGE SECTION(A) | | LIABILITY SECTION (B) | |
|---|---------|---|------|
| Vehicle | 1247.75 | Basic Third Party Liability | 3851 |
| Elec Accessories | 0 | Compulsory PA Cover Premium | 0 |
| Non-Elec Accessories | 0 | PA Cover for 0 Person Of Rs (0) each (IMT-16) | 0 |
| Basic Premium | 186.75 | Legal Liability (WC)to driver (IMT-28) | 0 |
| Geographical Area Extn (IMT -1) | 0 | Legal Liability to Employees (IMT-29) | 0 |
| Driving Tuition Loading On OD Premium (60%) | 0 | Legal Liability to Passenger (IMT-46) | NA |
| Sub-Total Additions | 0 | Driving Tuition Loading On TP Premium (60%) | NA |
| Deductibles | | PA Paid Driver, Conductor, Cleaner-GR36B3 | 0 |
| Voluntary Deductibles (IMT 22A) | 0 | Net Liability Premium (B) | 3851 |
| Anti- Theft Device (IMT-10) | 0 | Total Premium (A+B) | 4038 |
| AAJ Membership (IMT-8) | 0 | GST | 726 |
| No Claim Bonus | 0 | SERVICE TAX | 0 |
| Discount for vehicle designed for handicapped | 0 | STAMPDUTY | 0.00 |
| SIP Discount | 0 | Swachh Bharat Cess@0.50% | 0 |
| Sub -Total Deductibles | 0 | Krishi Kalyan Cess@0.50% | 0 |
| Add-On Coverages | | Gross Premium Paid | 4764 |
| NIL Depreciation | 0 | Note: | |
| Return to Invoice | 0 | 1. Policy Issuance is the subject to the realisation of cheque | |
| Key Replacement | 0 | 2. Consolidated Stamp Duty paid via Challan No | |
| Consumables | 0 | 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) | |
| Sub Total Add-on Coverages | 0 | 4. Voluntary excess Rs(0) | |
| Net own Damage Premium(A) | 187 | 5. Subject to Endorsements IMT,7,10,28, | |

| | | | | | |
|-------------------|----------------|----------------------------|----------------------|-----------|------|
| Nominee Details : | Nominee Name | Age | 1 | Relation | |
| Payment Details : | Payment Method | Cheque No./Transaction No. | Bank Name | Amount | 4764 |
| Financer Type | Financer Name | SHIRAM FINANCE LIMITED | Financer Branch | LAKHIMPUR | |
| POS Name | POS ID | NA | POS PAN No/Aadhar No | NA | |

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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.

Warranty that in case of discontinuance of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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 to set his/their hands at 252400 on 30-MAR-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 license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limit of Liability Clause: Under section II-1 (1) 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 (1) of the policy - Damage to third party property is Rs.7.5 lacs. P.A. Cover under section III for driver - 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 following table: Preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding four consecutive years/45% 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: UHIV@252400
Approved On: 30-MAR-25
Place: MBT
Printed On: 30-MAR-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

realme 11 Pro 5G
Zaka



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK9750 Registration Date : 31-Mar-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 : ZAID KHAN Son/wife/daughter of : S/O SRI ISTIYAK AHMAD KHAN

Full Address: (Permanent) : R/O MURTIHA KHERI, R/O MURTIHA KHERI, PS- GOLA GOKARANNATH, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O MURTIHA KHERI, R/O MURTIHA KHERI, PS- GOLA GOKARANNATH, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 30-Mar-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 : AA1040417906 Rear HSRP No : AA2122430745
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLHAW224SHBA5449
Engine No : HA11E7SHB51454 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
S (DRS)

Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Buitt

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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 30-Mar-2025.

Purchase dt : 30-Mar-2025 Sale Amt : 78366/-
OTT Date : 30-Mar-2025 Amount/Rcpt No : 7837 / UP31D25030004941
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 03-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-Mar-2025 to 30-Mar-2040

Date : 18-Apr-2025 10:40:47

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
Signature of Registering Authority
Date : 18-Apr-2025

Q 2812926

Zaid Khan



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20250002745

Issue Date: 01-03-2025 Validity (NT): 26-05-2041 Validity (TR)*



Holder's Signature



MOHD REHAN KHAN

Organ Donor: **N**

Name:
 Date of Birth: 27-05-2001
 Son/Daughter/Wife of:

Blood Group:
KAMAL KHAN

Address:
MURTIHA MURTIHA LAKHIMPUR KHERI UTTAR PRADESH 262701

Date of First Issue: 01-03-2025

DL No: UP31 20250002745

UPDL311000004410



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 | 01-03-2025 | NT | | | |
| | LMV | UP31 | 01-03-2025 | NT | | | |
| | MVSD | | | | | | |
| | | | | | | | |


Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
 Licensing Authority
UP31 LAKHIMPUR KHERI

 भारत सरकार
Government of India 

Download Date: 09/11/2021





जैद खां
Zaid Khan
जन्म तिथि/DOB: 03/05/2000
पुरुष/ MALE

Issue Date: 21/02/2021

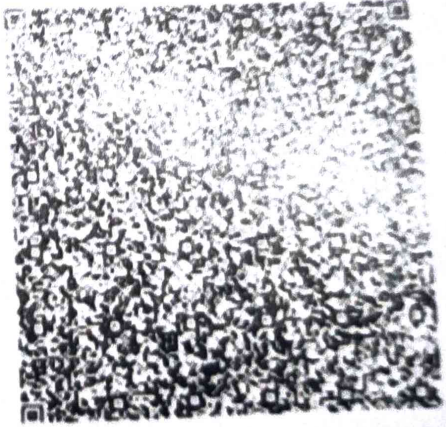
9483 3582 9080
VID : 9167 4503 6712 6518

मेरा आधार, मेरी पहचान



 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India 

पता
S/O Istiyak Ahmad Khan, Murtiha, Kheri,
उत्तर प्रदेश - 262701

Address:
S/O Istiyak Ahmad Khan, Murtiha, Kheri,
Uttar Pradesh - 262701



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भारत सरकार
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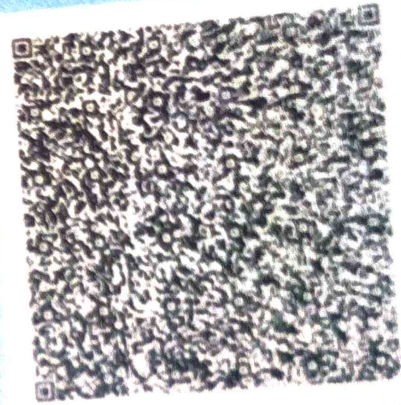
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
LHRPK3606D



नाम/ Name
ZAID KHAN

पिता का नाम/ Father's Name
ISTIYAK AHMAD KHAN

जन्म की तारीख/
Date of Birth
03/05/2000



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