

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... Amitabh Gond
Address..... Deoria
Phone..... 8757685263

Job No.
Date..... 23/04/2016
Chasis No.
Engine No.
Key No.
Regn. No. UPS 2 BK 9463
Speedmeter Redg.
Insurance No.
Model..... Spf

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Visor	1R	1100	1100	
2	H/L	1R	525	525	
3	f. fender	1R	1300	1300	
4	f. Winker (R)	1R	250	250	
5	Handle	1R	500	500	
6	f. Fork - 1 of R	-	-	550	
7	Fuel Tank	1R	5550	5550	
8					
9					
10					
11					
12					
13					
14					
15				6000	
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				12375	

- Note : 1. If required, labour for above material shall be charged extra.
2. Price of parts are subject to change without notice.
3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
4. All Disputes Subject to Deoria Jurisdiction only.

I We agree with the conditions and approve the estimate.

Customer's Signature.....

For - Ganpati Automobiles
OPP. ...
DEORIA
Mob. 7798000000

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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./ वीमाधारक का नाम & मोबाइल नं.	AMITABH GOND & 8757685263
2	Vehicle No. / वाहन संख्या	UP52BK9463
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/448810
4	Period of Insurance / वीमा अवधि	13/06/2026 to 12/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/03/2026 & 02:00PM
6	Place of Accident / दुर्घटना का स्थान	धुसवा चौक
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAMJIT BAITHA & UP5220250018925-8757685263
8	Estimated Loss / अनुमानित हानि	10275
09.	Cause of Accident / दुर्घटना का कारण :	पथटिका से खड़ी गाजर जा रहे थे रात में धुसवा चौक पर सामने से दो पुलिस वाहन आ रहा था जिसमें त्रेनि गाड़ी एक रया 11ई आगे मेरी गाड़ी पास हाई से एक गाड़ी को मचोटा
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Granpanti Automobiles Puneri Deorai & 7704800558

Date / दिनांक :
हस्ताक्षर

03/04/26

Amikha Gond

Signature of Insured / वीमाधारक के

Amikha Gond



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAMJIT BAITHA
 (b) Age : 01/07/2003
 (c) Address : KAILASHPURE
 (d) Is the Driver
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : Relative
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NA
 (g) Driving Licence Number : UP5220250018925
 (h) Issuing Authority : 14/10/2025
 (i) Date of Expiry : 30/06/2043
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (l) Has he been involved in any accident before? : NA
 (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 30/03/2026 at 02:00pm
 (b) Place : राजपुरा
 (c) Speed of vehicle at the time of accident : 40KM/H
 (d) Give a short description of the accident : पुल पर सेक्स ड्राइव कर रहे थे रास्ते में बुराया-बोली में
 (e) If any third party was responsible for this accident give the name and address : नामने से दो पाँचवा वाराणसी पुलिस स्टेशन के पास था

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated
 (b) Estimated cost of repairs : 103000
 (c) When and where can the damaged vehicle be inspected : ग्रामपंचायत पुलिस स्टेशन पुरवा 26/03/2026

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? : NA



The Central Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No. 7011, A-25-25, Anand Ash Road, New Delhi-110 002

MOTOR CLAIM FORM

To: In Office Address _____

Certificate/Policy No. MS/2025/2001/0/46595/A4024

By: No. _____

Period of Insurance 13/06/2025 to 12/06/2026
 Class No. _____

THE SIGNER OF THIS FORM IS NOT TO BE TAKEN AS AN ADMITTER OF LIABILITY
 Please answer all relevant questions fully

I THE INSURED

(a) Name SHRUTI KUMAR GUPTA
 (b) Address for correspondence 27/28/25/68
 (c) Telephone _____

II THE INSURED VEHICLE

Make & Year <u>Maruti - 2021</u>	Engine No Chassis No <u>04444</u> <u>26883</u>	Registration No. <u>UP52EK0463</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? Personal Use
- (c) Was trailer attached? NO
- (d) If a trailer was attached:
 - Was a load on attached? NO
 - What nature of load? NO

III (APPLICABLE ONLY TO COMMERCIAL VEHICLES)

- The following questions need to be answered in commercial vehicles only
- (a) Registered laden weight _____
- (b) Gross Weight _____
- (c) Weight of goods carried (and Chassis No) _____
- (d) Nature of goods _____
- (e) Nature of goods carried _____
- (f) Was the vehicle fitted for tow _____
- (g) If a towing tractor was fitted attached? _____
- (h) Number of passengers carried _____
- (i) Number of passengers permitted _____
- NA

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. _____ 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 .. *Amirul Ghani*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

8 INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NA

9 WITNESS

- (a) Give names and addresses of passengers/other Witnesses, if any
- (b) Did a Police Constable take particulars of The accident?
- (c) Was accident reported to Police? If not, Why?
- (d) If yes, to which Police Station?
- (e) Date and Diary No

NA

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 Police Station?
- (i) C.R. diary Number

NA

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 03/04/26 200

Signature of the insured

Amitabh Goind



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BK9463 Registration Date : 06-May-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : HPT
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . .
 Owner Name : AMITABH GOND Son/wife/daughter of : RAMESH GOND
 Full Address: (Permanent) : VILL-KHARHI PAKRI, PO-BAIRIYA, PS-KATEYA HATHUA, GOPALGANJ, BIHAR-841508
 Full Address: (Temporary) : VIKASH BHAWAN, DEORIA, DEORIA-UTTAR PRADESH-274001
 Fitness UpTo : 05-May-2036 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 : AA2038371990 Rear HSRP No : AA2038070587
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2021
 No of Cylinders : 1 Chassis No : MBLHAW122MHC868883
 Engine No : HA11EYMHC84444 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR +(I3S-SELF-DR Wheel base : 1236
 UM-CAST)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK-SILVER STR 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 : 30-Apr-2021 Sale Amt : 64310/-
 OTT Date : 30-Apr-2021 Amount/Rcpt No : 6431 / UP52D21050000387
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-May-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 06-May-2021 to 05-May-2036

Date 24-Nov-2022 12:38:12

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 24-Nov-2022

637672





Package Offer

2025-06-13

Mr./Ms. AMITABH GOND

VILL-KHARHI PAKRI PO-BAIRIYA PS-KATEYA HATHUA Gopalganj Bihar 841508
, Bihar, 841508

Dear Mr./Ms. AMITABH GOND,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your offer details of the program are attached, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. AMITABH GOND, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643

Email: info@motorsathi.com

Website: www.motorsathi.org

GSTIN: 09AAPCM5877M1ZD



Please scan the QR for details.



Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/448810

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	
AMITABH GOND	2000-04-10	8757685263	RAMESH GOND	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regu. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BK9463	HAIIEYMHC8444	MBLHAW122MHC86883	2021-05-06	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
30500.00	NA	0.00	0.00	0.00	30500.00	
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	1359.43	
Address			City / District	Pin Code	State	
VILL-KHARHI PAKRI PO-BAIRIYA PS-KATEYA HATHUA Gopalganj Bihar 841508				841508	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RAJPATI DEVI	Female	45 Years	MOTHER	2025-06-13 11:39	Midnight of 2026-06-12	

Section A, VRC: 500.17 TCR: 359.90 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 860.07
 Section B, EC: 0.09 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): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00
 Section D, Drive Assure: 181.66 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 32.70 Total with GST(D): 214.36
Total(Section A+B+C+D) Offered Price After Discount: 1359

Package Period Covered	2025-06-13 To 2026-06-12	2026-06-13 To 2027-06-12	2027-06-13 To 2028-06-12	2028-06-13 To 2029-06-12	2029-06-13 To 2030-06-12
ADV	30500	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 2026-04-29 (DETAILS ARE AS 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 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.: 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 1359.43 ON 2025-06-13 from Mr./Ms. AMITABH GOND against the ARN No. INCP00448810
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please see 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

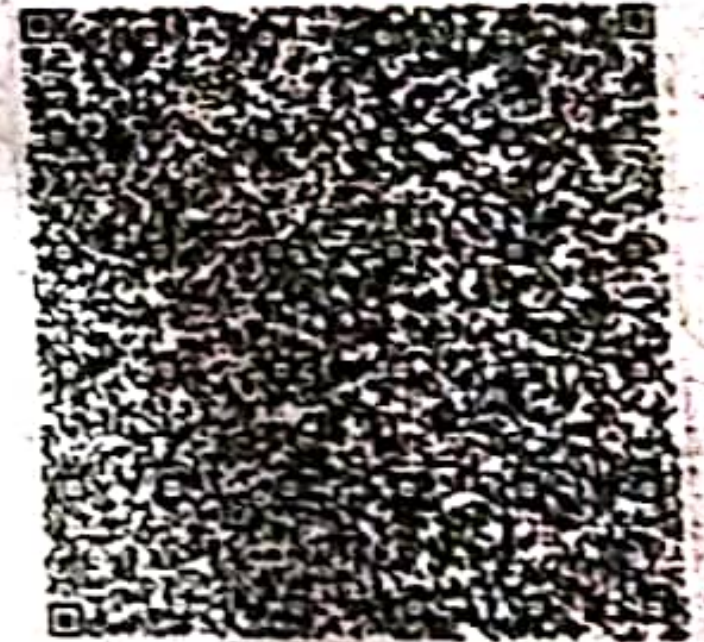
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CQWPG0667B



नाम / Name

AMITABH GOND

पिता का नाम / Father's Name

RAMESH GOND

जन्म की तारीख /
Date of Birth

10/04/2000

Amitabh Gond

हस्ताक्षर / Signature





भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0169/12049/22058

Download Date: 04/08/2021

To
अमितभ गोड
Amitabh Gond
S/O Ramesh Gond
village - kharhi
Pakri
Bairya
Gopalganj Bihar - 841508
8757685263

Signature Not Verified
Download Date: 04/08/2021

Issue Date: 30/07/2021



आपका आधार क्रमांक / Your Aadhaar No. :

3451 5174 4951
VID : 9181 5186 2565 6418

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



अमितभ गोड
Amitabh Gond
जन्म तिथि/DOB: 10/04/2000
पुरुष/ MALE

Issue Date: 30/07/2021

3451 5174 4951
VID : 9181 5186 2565 6418

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आम्बर: राम गोड, गांव - खडही, पकरी, गोपालगंज,
बिहार - 841508

Address:
S/O. Ramesh Gond, village - kharhi, Pakri,
Gopalganj,
Bihar - 841508



3451 5174 4951
VID : 9181 5186 2565 6418

1947 | help@uidai.gov.in | www.uidai.gov.in





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

UP52 20250018925



Issue Date Validity (NT) Validity (TR)
14-10-2025 30-06-2043

Holder's Signature

Name: **RAMJIT BAITHA**
Date of Birth: **01-07-2003** Blood Group:
Son/Daughter/Wife of **MUNMILAL BAITHA**
Address:
**KAILASPURI LANE NO 5 C C ROAD DEORIA
UTTAR PRADESH 274001**

Organ Donor:

DL No: UP52 20250018925

UPDL521000034098



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	UP52	14-10-2025	NT			
	LMV	UP52	14-10-2025	NT			
	MVSD						

Emergency Contact Number

[Signature]
Issuing Authority

Form 7 (Part 1A)





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 _____
 Tel. No. _____

Certificate/Policy No. MS/2025/7001/O/46575/448810
 Period of Insurance 13/06/2025 to 12/06/2026
 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 : AMITABH GOND
 (b) Address for correspondence : KHARHI PARKS
 (c) Telephone : 8757685263

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2021</u>	Engine No. * <u>24444</u>	Registration No. <u>4PS2BK9463</u>
	Chassis No. * <u>26283</u>	

- (a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? Personal Used
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NA
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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 : _____
- NA

