

GOVERNMENT OF UTTAR PRADESH
 Transport Department Lakhimpur Kheri
 FORM 23
 CERTIFICATE OF REGISTRATION



Registration No : UP31AZ2365 Registration Date : 22-Jun-2018
 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 : ANOOP KUMAR Son/wife/daughter of : SRI DARBARI LAL
 Full Address: (Permanent) : R/O DUGHARA DHAURAHRA KHURD, R/O DUGHARA DHAURAHRA KHURD, PS-
 PHARDHAN, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O DUGHARA DHAURAHRA KHURD, R/O DUGHARA DHAURAHRA KHURD, PS-
 PHARDHAN, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 21-Jun-2033 Tax UpTo : One Time
 Owner Serial No : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE IV
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	:
Front HSRP No	:	Month/Year of Manuf.	: 05 2018
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLJAR032J9E29026
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: JA05EGJ9E48152	Cubic Capacity	: 124.70
Horse Power(BHP)	: 9.00	Wheel base	: 1265
Maker's Classification	: SUPER SPLENDOR(DRUM-S ELF-CAST)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 121
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 251
Colour	: EGY	AC Fitted	: NO
Other Criteria	:		

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 CITY UNION FINANCE LTD, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 13-Jun-2018.

Purchase dt : 13-Jun-2018 Sale Amt : 56700/-
 OTT Date : 13-Jun-2018 Amount/Rcpt No : 5670 / UP31D18060002475
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 22-Jun-2018

Other State/Transfer/Conversion Details

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

This certificate is valid from 22-Jun-2018 to 21-Jun-2033

Date : 22-Jun-2018 12:54:31

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 22-Jun-2018

C 132546

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

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./ बीमाधारक का नाम & मोबाइल नं.	अरुण कुमार, 9838617101
2	Vehicle No. / वाहन संख्या	UP31 AZ 2365
3	Policy No. / पालिसी संख्या	3. Policy No. पालिसी संख्या
4	Period of Insurance / बीमा अवधि	4. Period of Insurance / बीमा अवधि
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/04/2026 10:00 AM.
6	Place of Accident / दुर्घटना का स्थान	फर्रुखाबाद को जाने वाली लिंक मार्ग पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अरुण कुमार वर्मा, 9838617101 UP31 20070033550
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	फर्रुखाबाद को जाने वाली लिंक मार्ग पर सामने से अचानक एक सॉड आ गया जिससे मेरी गाड़ी आभियान्त्रिक होकर रोड पर गिरकर कुछ दूर तक रोड पर रगड़ती हुई बाइक में निम्न प्रकार को इल्फ्ट 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, LRPRAD LAKHIMPUR-KHERA, 9151154036.

Date / दिनांक: 23/04/2026
हस्ताक्षर

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 MEEHUT

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 : Mr. ANOOP KUMAR
 (b) Address for correspondence : R/O DUGHARA, DHARAHRA-KHURD, KHERI, UP, 262701.
 (c) Telephone : 9838611101

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2018</u>	Engine No. <u>TA05 EGT 9E4 8152.</u> Chassis No. <u>MBLJAR032J9E29026</u>	Registration No. <u>UP31AZ</u> <u>2365</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 _____

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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ANOOP KUMAR VERMA
 (b) Age : 42 Years
 (c) Address : VILL - DUGHARA DS - BARKHERWA THANA - PHARDHAN, LAKHIMPUR - KHERI.
 (d) Is the Driver
 1. Owner :
 2. paid driver? : YES
 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 : UP31 20070033550.
 (h) Issuing Authority :
 (i) Date of Expiry : 29/09/2007
 (j) Was the licence temporary/permanent : 28/09/2027
 (k) Details of endorsement/suspension, if any : Permanent
 (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 : 21/04/2026 10:00 am
 (b) Place : फरदाह को जाने वाली लिंक मार्ग पर
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident : दुधारा से फरदाह को जाने वाली लिंक मार्ग पर सामने से
 (e) If any third party was responsible for this accident give the name and address : अधिका एक साई आ गया जिससे हमारे गाडी आनिवृत्त हो
 और हमारी बाईक को रोल ओवर कर के तब तक रोड पर रखा गया,
 और हमारी बाईक में मित्र प्रकार को इल फल हो गयी ।

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 : MOSA RAM AUTO SALES, LRRROAD LAKHIMPUR - KHERI, 9151154038

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 : N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

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 23/04/2006

Signature of the insured Amal P.

Discharge Voucher

ACCIDENT DEPARTMENT Discharge Voucher

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. UP31AZ2365 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 Amerp
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



UNION OF INDIA Driving Licence UP INT

UP31 20070033550

	जारी करने की तिथि Date of Issue 29/09/2007	वैधता / Validity 28/09/2027	
नाम / Name	जन्म तिथि Date of Birth 01/09/1984	Blood Group Unknown	

ANOOP KUMAR VERMA
पिता/पति का नाम / Son/Daughter/Wife of
DARBARI LAL VERMA

UP31 20070033550 UP02965394MT

 LMV 29/09/2007	 MCWG 29/09/2007
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पता / Address
VILL DUGHARA POST BARKHERWA
THANA PHARDHAN
AKHIMPUR KHERI

Holder's Signature UP

जारीकर्ता / Issuing Authority Sign

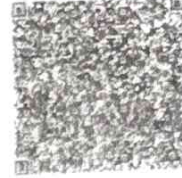
Form 7 Rule 16(2)



भारत सरकार
Government of India



अनूप कुमार
Anoop Kumar
जन्म तिथि/DOB: 10/09/1984
पुरुष/ MALE



2513 6308 1423

VID : 9179 8720 5009 0745

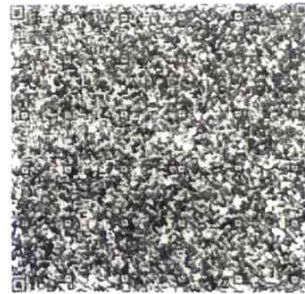
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
संबन्धित: दरबारी लाल, दुधरा, धौरहरा खुर्द, खीरी,
उत्तर प्रदेश - 262701

Address:
S/O: Darbari Lal, dughara, Dhaurahra
Khurd, Kheri,
Uttar Pradesh - 262701



QR Code with Photograph

2513 6308 1423

VID : 9179 8720 5009 0745

1947



help@uidai.gov.in

www

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ATHPV7914J



नाम / Name

ANOOP KUMAR

पिता का नाम / Father's Name

DARBARI LAL

जन्म की तारीख /
Date of Birth

10/09/1991

हस्ताक्षर / Signature