



Uttar Pradesh
Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CQ1679 Registration Date : 02-Jan-2026
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 : AKASH Son/wife/daughter of : SRI MUNNA LAL
Full Address: (Permanent) : R/O KALLIYA RAM PUR, AVGAWAN, ABGAWAN PS- MITAULI, KHERI, UTTAR PRADESH-262727
Full Address: (Temporary) : R/O KALLIYA RAM PUR, AVGAWAN, ABGAWAN PS- MITAULI, KHERI-UTTAR PRADESH-262727

Fitness UpTo : 01-Jan-2041 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 : AA2146360024 Rear HSRP No : AA2145074611
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2025
No of Cylinders : 1 Chassis No : MBLHAW479SHM05935
Engine No : HA11F6SHM07059 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235 RS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : MATT GREY Laden/GV Wt (kgs) : 243
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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 01-Jan-2026.

Purchase dt : 01-Jan-2026 Sale Amt : 74999/-
OTT Date : 01-Jan-2026 Amount/Rcpt No : 7500 / UP31D26010000553
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 07-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Jan-2026 to 01-Jan-2041

पंजीयन अधिकार
मोटर वाहन विभाग


Signature of Registering Authority
Date : 29-Jan-2026

Date : 29-Jan-2026 09:04:58

Taxation Particulars / Advance Registration Mark Fee Details

Q 7813267

123456789 '1011121314151617181920

		Policy No. 2369/1299232/00/000		Issued at Universal Sampo General Insurance Company Ltd. Office, No 402, Shalimar Logix, 4 Rana Pratap Marg, Lucknow - 226001, UP Tel: 1800-22-4030 customerexperience@universalsampo.com		HERO INSURANCE BROKING INDIA PVT LTD. IRDA Registration No.: 648 Toll-Free No.: 1800 192 4378 264, Okhla Ind. Estate, Phase-III, Delhi-110028			
Insured Mr AKASH		Business/Profession Self Employed		Address of The Insured S/O SRI MUNNA LAL R/O KALLIYA RAM PUR, AVGAW AN ABGAWAN KHERI PS- MITAULI Lakhimpur Kheri U TTAR PRADESH 262727		OD Policy Period 01-01-2026 TO 31-12-2026		TP Policy Period 01-01-2026 TO 31-12-2030	
Vehicle Regn No. New		Engine No. HA11F6SHM07059		Chassis No. MBLHAW479SHM05935		Make & Model Hero MotoCorp SPLENDOR PLUS I3S OBD2		Year of Mfg 2025	
Declared Value (IDV) of Vehicle 71487.00		Side Car IDV NA		Non-Electrical Accessories IDV 0.00		Electrical Accessories IDV 0.00		CNG/LPG/Bi-Fuel IDV 0.00	
Place of Regn. LAKHIMPUR KHERI		Body Type Solo		HP/Lease/Hire-Purchase Agreement With SHRIRAM FINANCE LIMITED, HPA		Branch Office of HP/Lease/Hire-Purchase LAKHIMPUR		Seating Capacity 2	
Section A				B. Liability Premium Computation (Section II) in Rs.					
Basic OD Premium Non-Electrical-Fitting Premium Electronic & Electrical Accessories Geographical Extension ND Cover Less Handicapped Discount For Anti-Theft Discount NCB Total Own Damage Premium(A)				599.00 0.00 0.00 0.00 357.00 0.00 0.00 0.00 956.00		Basic Third Party Liability TPPD Discount Total CNG/LPG/Bi-Fuel Kit Geographical Extension Add Compulsory PA Cover (Owner Driver) Optional PA Cover(Un Named Passenger) Optional PA Cover(Un Named Driver) Legal Liability Cover (Paid Drivers, Cleaners) Legal Liability Cover (Per Licensed Passenger) Total Liability Premium (B) Total Premium (A + B) For any other extra CGST @ 9.00% SGST @ 9.00% Gross Premium		3851.00 250.00 3601.00 0.00 0.00 225.00 0.00 0.00 0.00 0.00 3826.00 4782.00 0.00 430.00 430.00 5642.00	

1.RegistrationNo.:108||2.CINNo.:U85110MH2000PLC128425||3.HSN/SAC.:997135|| GSTIN No.:09AAACU8917F1Z4 ||UIN No.-IRDAN134RP002V02201819||IRDAN134RP002V01201819/A0059V01201819

OD Policy Period	01-01-2026 To 31-12-2026	01-01-2027 To 31-12-2027	01-01-2028 To 31-12-2028	01-01-2029 To 31-12-2029	01-01-2030 To 31-12-2030
IDV	71487	NIL	NIL	NIL	NIL
CPA Sum Insured	Rs. 15 lakhs.	NIL	NIL	NIL	NIL

Sum Insured of Optional PA Cover:-Sum Insured of Optional PA Cover "Unnamed Passenger"-NA and "Unnamed Driver"-NA

LIMITATIONS AS TO USE:--The Policy 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 insured: Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from Holding or obtaining such a licence.Provided also that the person holding an effective Learner's Licence 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 LIABILITY: Limit of the amount of the Company's liability under the Section II-(i) in respect of any one accident as per M.V. Act 1988. Limit of the amount of the Company's liability under Section II-(ii) in respect of any one claim or series of claims arising out of one event : Upto Rs - 6000/
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 Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY'
 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 XI of the Motor Vehicles Act, 2019.

 Scan to Renew / View Policy	Broker : Hero Insurance Broking India Pvt. Ltd.			
	Premium of Rs.	5642.00	Received Vide Cash/Cheque No.	CASH
	Dated		Nominee Name	MUNNA LAL
	Drawn on		Nominee Age	55
	Acknowledgement Dt	01-01-2026	Nominee Relation	Father
FOR RENEWALS CONTACT: MOSARAM AUTO SALES PkNo- 05872-262975				
L.R.P.ROAD,LAKHIMPUR KHERE				
Dealer's Stamp & Signature				

The policy is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per policy terms & conditions*(Please turn overleaf for details)
 Consolidated Stamp Duty Paid Endorsements : IMT - 22,20.5

 On behalf of Universal Sampo General Insurance Company Limited
 Duly Constituted Attorney

: Received with Thanks Rs 5642.00 from Mr AKASH . as premium against the money receipt no 0209HY250238114 Regd. & Head Office : 8th Floor and 9th Floor (part - south side),Commerz,International Business park, Oberoi Garden City,Off Western Express Highway, Goregaon East,Mumbai- 400063 Consolidated stampduty of Rs 1.00/- paid towards insurance policy stamp vide receipt number CSD/293/2021/1190 dated 24/03/2021
 For further information about motor insurance policy please also visit www.irdai.gov.in >> Grievances >> Policyholder Handbooks

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-0526-150
 Customer Name AKASH ,,
 VIN MBLHAW479SHM05935
 Insurance Company
 HMCGL Card No 1073026560002256
 Part Details

Date 13-05-2026
 Contact No. 9306257047
 Model SPLENDOR +
 Reg No. UP31CQ1679
 HMCGL Card Category Gold
 Part Details

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	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	3	9.00	9.00	0.00	0.00	0.00	0.00	460.00
4	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
Parts Total											0.00	8,927.00

Labour Details

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	
Jobs Total											0.00	1,500.96

Parts Total	8,927.00
Labour Total	1,500.96
SGST (Parts) 9%	680.87
CGST (Parts) 9%	680.87
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	10,427.96

Rupees in Words: Ten Thousand Four Hundred Twenty Seven and paise Ninety Six 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.

MOTOR INSURANCE CLAIM FORM



Registered and Corporate Office : 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063. Email : contactus@universalsampo.com

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Important Instructions:

- a. The claim form is to be filled and signed by the Insured (Registered Owner) of the vehicle. Please do not leave any column unanswered.
 - b. All facts and statements must be factual and not concocted, false, influenced or biased in any form.
 - c. The damaged vehicle must be parked at safe place to avoid any subsequent damage/loss.
- In case the vehicle is parked at an unsafe place, the Company will not be responsible for any subsequent damage/loss.

1. POLICY DETAILS

Claim No : <u>CL 260 78640</u>	Policy No: <u>2369 / 81299232 / 00/000</u>
Estimated loss : Rs. _____	Class of Vehicle: <input type="checkbox"/> Pvt Car <input checked="" type="checkbox"/> Two Wheeler <input type="checkbox"/> Commercial
Registration No / Vehicle No: <u>UP31 CQ 1679</u>	Engine No: <u>HA11 F6 SHM07059</u>
Chasis No: <u>MBLHA 6479 SHM05935</u>	Date of first Registration: DD/MM/YYYY <u>02/Jan/2026</u>
Date of Transfer (If Applicable): DD/MM/YYYY _____	Name of Financier (if any): _____

2. INSURED DETAILS

a. Insured/Claimant Name: <u>AKASH</u>	b. Email: _____
c. Address: <u>KALIYA RAMPUR, AVGAWAN Post AVGAWAN</u>	
City: <u>Kheri</u> Pin: <u>262727</u> State: <u>UTTAR PRADESH</u> Mob: <u>8318971218</u>	
d. PAN: <u>G64YPA 2919A</u>	e. CKYC No: _____
f. Occupation / Profession: <u>Mech, LMV</u>	

3. DETAILS OF THE DRIVER AT THE TIME OF ACCIDENT

a. Name as per Govt. record/Driving license: <u>VIKASH KUMAR</u>	Age: <u>09/07/2003</u> Occupation: _____
b. Driver is: <input type="checkbox"/> Owner <input type="checkbox"/> Paid Driver <input checked="" type="checkbox"/> Relative/Friend.	Gender: <u>MALE</u>
c. Driving License No. <u>UP31 20230007614</u>	Badge no: _____
d. Address <u>KALIYA RAMPUR AVGAWAN Kheri UTTAR PRADESH</u>	Pin Code <u>262727</u>
e. Did the driver undergo a breath or blood test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.	
If yes, please state the results- <u>Mech, LMV</u>	

4. GARAGE DETAILS

a. Name of Garage reported: <u>MOSA RAM AUTO SALES</u>
b. Address of Garage: <u>C.R.P Road Lakhimpur Kheri</u>
c. Garage Contact Numbers: <u>915154036</u>

5. IN CASE OF COMMERCIAL VEHICLE SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS

a. Permit validity upto: _____	b. Fitness validity upto: _____
c. Load carried at the time of accident: <u>/N/A</u>	d. No. of passengers carried at the time of accident: <u>/N/A</u>
e. Lorry Receipt (LR)/Goods Receipt (GR): _____	f. Road Tax Receipt: _____

Please enclose self-signed copies of route permit and fitness certificate.

6. ACCIDENT DETAILS

a. Time & Date of Accident / Occurrence DD/MM/YYYY <u>10/05/2026</u>	b. Time: <u>7:20 pm</u> am / pm.
c. Place of Accident (location City and State): <u>SIHRYA कालिया # धरपुर</u>	
d. Purpose for which vehicle was being used: <u>NO</u>	
e. Kilometer of the Vehicle at the time of accident <u>10-5 kmh</u>	
(Mandatory for Covers: Pay Less to Drive Less / Drive Less to Pay less)	
Please enclose self signed copies of Registration Certificate & Driving License	
f. Type of Loss: <input checked="" type="checkbox"/> Own Damage <input type="checkbox"/> Theft <input type="checkbox"/> Third Party Bodily Injury <input type="checkbox"/> Death <input type="checkbox"/> Property Damage	
Date <u>10 / 5 / 2026</u> Time: _____ am / <u>7:20pm</u> Place: <u>SIHRYA कालिया # धरपुर</u>	
g. Purpose for which vehicle was being used at the time of accident: <input type="checkbox"/> Personal <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Hire <input type="checkbox"/> Carriage of Goods Any other <u>NO</u>	
h. Police FIR no. (if any) and Police Station Address: _____ FIR Date: <u>NO</u>	
i. Fire Brigade Location: (in case of fire): <u>/NO</u>	
(please provide copies of Police FIR and Fire Brigade Report, if available)	
j. Was there any damage to your vehicle prior to this loss/damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please provide details: <u>NO</u>	
k. Approx. speed at the Time of Loss: <u>NO</u>	l. Number of people travelling in the insured Vehicle at the Time of loss: _____

7. PLEASE INDICATE ON THE DIAGRAM BELOW, THE AREA OF DAMAGE TO YOUR VEHICLE

Paste picture (LUML FORM)

Front	Rear
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KUMAR

Bank Account Mandate for Direct Credit (This form to be used for one time Customer payment only)
Note: For legibility, please use BLOCK LETTERS in black ink.

Universal Sampo Location: _____

Beneficiary Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory

Beneficiary Name : _____ Claim No: _____ Date: _____
(Should be same as in Bank) First Name Middle Name Last Name

Address : _____
(As per the policy)

City : _____

PAN No : _____ Pin Code: _____

Service Tax Reg No: _____ Date of Birth: _____ DD MM YYYY

Phone No.(with STD code): _____ E Mail: _____ Mobile Number : _____

Bank Account Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory as per bank records

Bank Account Number : _____

Name of the Bank : _____ Account Type: _____ (Savings /Current/Other etc)

Bank Branch Name : _____

IFSC Code : _____ Bank Branch Code: _____

MICR Code: _____

(The above details are available on the face of the cheque as per CTS-2010/ 06.2013 . If not, please speak to your branch and get the details / submit the copy of bank pass book where all the above details are available)

* I /we DO NOT wish to receive direct credits, but wish to receive payment by cheque. (Please tick)

I hereby understand and confirm that:

- 1) The details given above are true and I have no objection for directly credits in the bank account mentioned above.
- 2) If the electronic credit is not effected, delayed or credited to a wrong account on account of incorrect or incomplete information provided, USGIC shall not be held liable now or in future for such losses.
- 3) In the event the credit is not effected by your Banker for any reason, USGIC reserves the right to make the payment through cheque. USGIC shall not make any payout either partially or wholly in the form of cash.
- 4) Enclosed copy of PAN OR certificate of Service Tax registration (if applicable for institutions).
- 5) Enclosed cancelled cheque as per CTS-2010 of the bank account mentioned above.

Place : Kheru
Date: 012/05/2026

अमर
Signature of Insured

Documents to be attached:

Self attested copy of PAN Card OR Service Tax Regn certificate (if applicable for Institutions)
Original cancelled Cheque (CTS- 2010) duly signed by insured

Inward Stamp
with date.

Verified by Company : YES / NO

Signature of Verifying Person: _____ Date: _____



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP31CQ1679 Registration Date : 02-Jan-2026
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, , 153-282701
Owner Name : AKASH Son/wife/daughter of : SRI MUNNA LAL
Full Address: (Permanent) : R/O KALLIYA RAM PUR, AVGAWAN, ABGAWAN PS- MITAULI, KHERI, UTTAR PRADESH-262727
Full Address: (Temporary) : R/O KALLIYA RAM PUR, AVGAWAN, ABGAWAN PS- MITAULI, KHERI-UTTAR PRADESH-262727
Fitness UpTo : 01-Jan-2041 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 : AA2146360024 Rear HSRP No : AA2145074611
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2025
No of Cylinders : 1 Chassis No : MBLHAW479SHM05935
Engine No : HA11F6SHM07059 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235
RS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : MATT GREY Laden/GV Wt (kgs) : 243
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)
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- 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. 01-Jan-2026.

Purchase dt	: 01-Jan-2026	Sale Amt	: 74999/-
OTT Date	: 01-Jan-2026	Amount/Rcpt No	: 7500 / UP31D26010000553
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 07-Jan-2026		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Jan-2026 to 01-Jan-2041

Date : 29-Jan-2026 09:04:58
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 29-Jan-2026

**Universal Sampo
General Insurance**

Surekha, Hamsha Aashu Saath

Auto Secure - Two Wheeler Package Policy

Policy No.
2369/81299232/00/000

Issued at
Universal Sampo General Insurance Company Ltd.
Office No 402, Shalimar Logix, 4 Rana Pratap Marg, Lucknow
- 226001, UP
Tel: 1800-22-4030
customerexperience@universalsampo.com

HERO INSURANCE BROKING INDIA PVT LTD.
IRDA Registration No.: 649
Toll-Free No.: 1800 102 4376
264, Okhla Ind. Estate, Phase-III, Delhi-110020

Insured	Business/Profession	Address of The Insured		OD Policy Period	TP Policy Period	
Mr AKASH	Self Employed	S/O SRI MUNNA LAL R/O KALLIYA RAM PUR, AVGAW AN ABGAWAN KHERI PS- MITAULI Lakhimpur Kheri U TTAR PRADESH 262727		01-01-2026 TO 31-12-2026	01-01-2026 TO 31-12-2030	
Vehicle Regn No.	Engine No.	Chassis No.	Make & Model	Year of Mfg	Cubic Capacity	GSTIN No. (Customer)
New	HA11F6SHM07059	MBLHAW479SHM05935	Hero MotoCorp SPLENDOR PLUS I3S OBD2	2025	100	
Declared Value (IDV) of Vehicle	Side Car IDV	Non-Electrical Accessories IDV	Electrical Accessories IDV	CNG/LPG/Bi-Fuel IDV	Total IDV	
71487.00	NA	0.00	0.00	0.00	71487	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement With	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Premium	
LAKHIMPUR KHERI	Solo	SHRIRAM FINANCE LIMITED, HPA	LAKHIMPUR	2	5642.00	

Section A		B. Liability Premium Computation (Section II) In Rs.	
Basic OD Premium	599.00	Basic Third Party Liability	3851.00
Non-Electrical-Fitting Premium	0.00	TPPD Discount	250.00
Electronic & Electrical Accessories	0.00	Total	3601.00
Geographical Extension	0.00	CNG/LPG/Bi-Fuel Kit	0.00
ND Cover	0.00	Geographical Extension	0.00
Less	357.00	Add	
Handicapped Discount	0.00	Compulsory PA Cover (Owner Driver)	225.00
For Anti-Theft Discount	0.00	Optional PA Cover(Un Named Passenger)	0.00
NCB	0.00	Optional PA Cover(Un Named Driver)	0.00
Total Own Damage Premium(A)	956.00	Legal Liability Cover (Paid Drivers, Cleaners)	0.00
		Legal Liability Cover (Per Licensed Passenger)	0.00
		Total Liability Premium (B)	3826.00
		Total Premium (A + B)	4782.00
		For any other extra	0.00
		CGST @ 9.00%	430.00
		SGST @ 9.00%	430.00
		Gross Premium	5642.00

1.RegistrationNo.:108||2.CINNo.:U85110MH2000PLC128425||3.HSN/SAC.:997135|| GSTIN No.:09AAACU8917F1Z4 ||UIN No.-IRDAN134RP0002V02201819||IRDAN134RP0002V01201819/A0059V01201819

OD Policy Period	01-01-2026 To 31-12-2026	01-01-2027 To 31-12-2027	01-01-2028 To 31-12-2028	01-01-2029 To 31-12-2029	01-01-2030 To 31-12-2030
IDV	71487	NIL	NIL	NIL	NIL
CPA Sum Insured	Rs. 15 lakhs.	NIL	NIL	NIL	NIL


Sum Insured of Optional PA Cover:-Sum Insured of Optional PA Cover "Unnamed Passenger"-NA and "Unnamed Driver"-NA

LIMITATIONS AS TO USE:-The Policy 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 insured: Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from Holding or obtaining such a licence. Provided also that the person holding an effective Learner's Licence may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989. 0.00 Total

LIMIT OF LIABILITY: Limit of the amount of the Company's liability under the Section II-I(i) in respect of any one accident as per M.V. Act 1988. Limit of the amount of the Company's liability under Section II-I(ii) in respect of any one claim or series of claims arising out of one event : Upto Rs - 6000/

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 Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY'

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 XI of the Motor Vehicles Act, 2019.

	Broker : Hero Insurance Broking India Pvt. Ltd.			
	Premium of Rs.	5642.00	Received Vide Cash/Cheque No.	CASH
	Dated		Nominee Name	MUNNA LAL
	Drawn on		Nominee Age	55
	Acknowledgement Dt	01-01-2026	Nominee Relation	Father

The policy is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per policy terms & conditions*(Please turn overleaf for details)
Consolidated Stamp Duty Paid Endorsements : IMT - 22.20.5

FOR RENEWALS CONTACT: MOSARAM AUTO SALES Ph.No- 05872-262975 On behalf of Universal Sampo General Insurance Company Limited

01-Jan-2026
Date & Signature of proposer
L.R.P.ROAD,LAKHIMPUR KHERE
Dealer's Stamp & Signature
Duly Constituted Attorney

: Received with Thanks Rs 5642.00 from Mr AKASH . as premium against the money receipt no 0209HY250238114
Regd. & Head Office : 8th Floor and 9th Floor (part - south side),Commerz,International Business park, Oberoi Garden City,Off Western Express Highway, Goregaon East,Mumbai- 400063 Consolidated stampduty of Rs 1.00/- paid towards insurance policy stamp vide receipt number CSD/293/2021/1190 dated 24/03/2021

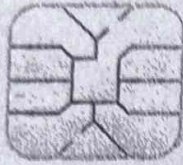
For further information about motor insurance policy please also visit www.irda.gov.in >> Grievances >> Policyholder Handbooks



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



UP31 20230007614



Issue Date	Validity (NT)	Validity(TR)*
09-04-2026	08-07-2043	



Holder's Signature

Name: **VIKASH KUMAR**

Date of Birth: 09-07-2003 Blood Group: Organ Donor: N

Son/Daughter/Wife of: **MUNNA LAL**

Address:
kalliya ram pur Avgawan Kheri Uttar Pradesh 262727

Date of First Issue 19-08-2023

DL No: UP31 20230007614

DLUP0000325274

DL No: UP31 20230007614

DLUP0000325274



Invalid Carriages (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	19-08-2023	NI			
	LMV	UP31	19-08-2023	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 - Lakhimpur

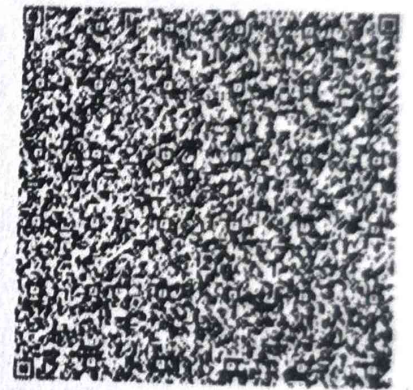
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GGYPA2919A



नाम / Name
AKASH

पिता का नाम / Father's Name
MUNNA LAL

जन्म तिथि / Date of Birth
01/01/2004

Akash
हस्ताक्षर / Signature

09388



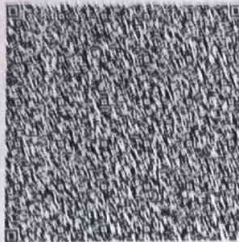
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2906/44873/00612

To
ज्योत
Akash
S/O: Munna Lal,
kaliya ram pur,
VTC: Avgawan,
PO: Avgawan,
Sub District: Mohammdi,
District: Kheri,
State: Uttar Pradesh,
PIN Code: 262727,
Mobile: 8318971218

Signature Not Verified
Digitally signed by Akash
Kaliya Ram Pur, DN: cn=
Akash, o=UIDAI, ou=U
Aadhaar No. Issued: 26/10/2017



आपका आधार क्रमांक / Your Aadhaar No. :
9099 0727 6107
VID : 9183 3606 7609 7223

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आकाश
Akash
जन्म तिथि/DOB: 01/01/2004
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या सफुआर कोड/
ऑफलाइन स्कानिंग) 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).

9099 0727 6107

मेरा आधार, मेरी पहचान



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विभिन्नों में विभिन्न जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के ज़रिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए समर्थन की शर्तों से प्रत्येक 10 वर्षों में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी लाभ/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अलॉक सुविधा का उपयोग करें।
- आधार की भांग करने वाले सहमति लेने के लिए लक्ष्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

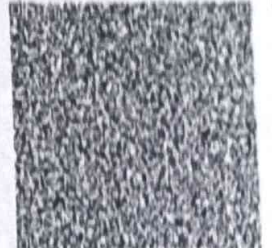


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



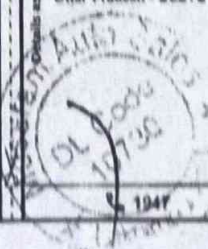
पता:
आमनज: मुना लाल, कलिया राम पुर, अवागॉव, अवागॉव, खीरी,
उत्तर प्रदेश - 262727

Address:
S/O: Munna Lal, kaliya ram pur, Avgawan, PO:
Avgawan, DIST: Kheri,
Uttar Pradesh - 262727



9099 0727 6107

VID : 9183 3606 7609 7223



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help@uidai.gov.in

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