

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 7704004711, 7704800558

ESTIMATE

Owner's Name..... **SURAJ YADAV**
Address..... **DEORIA**

Phone..... **8840416722**

Job No.
Date..... **15/06/2026**
Chassis No.
Engine No.
Key No. **UPS2CH6029**
Regn. No.
Speedometer Redg.
Insurance No.
Model..... **SPLT**

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	Vib exp	15	1100	11000	
2	MIL	15	580	5800	
3	F- Fender	15	1500	15000	
4	F- Wheelers - (2)	15	250	2500	
5	Fyed. Tank.	15	5200	52000	
6	Mittae. Innu.	15	300	3000	
7	Grease - Lival	15	150	1500	
8	Lag. Conod.	15	675	6750	
9	G.F. Fork. LSIR.	15	580	5800	
10	Hamall	15	500	5000	
11	R.R. Wheelers - L	15	280	2800	
12	350AT - 4000 for			1250	
13					
14					
15					
16					
17					
18					
19	1 grand			800	
20					
21					
22					
23					
24					
25					
TOTAL					
				17250	

- 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.....

Authorised Signatory

Ganpati Automobiles
Opp. D.C. Market
DEORIA
7704004711

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./ बीमाधारक का नाम & मोबाइल नं.	SYRAJ. YADAV 8840410722
2	Vehicle No. / वाहन संख्या	UP52CH.6029
3	Policy No. / पालिसी संख्या	252400/31/2026/33483
4	Period of Insurance / बीमा अवधि	19/08/2025 - 18/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/06/2026. Time 7:00 pm.
6	Place of Accident / दुर्घटना का स्थान	घोशी केवाड़
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SYRAJ. YADAV UP5220230010956, 8840410722
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	देवीपट से गड्डा लाने व्हे जो रास्ते में घोशी केवाड़ से जो पीह्या वाहन ड्राइव था। जिसको न्याय के चक्र में मेरी गाड़ी दुर्घटनाग्रस्त हो कर बाधा सड़िड गीर कर खरिअस्त हो गई।
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 / फोन नं.	GANPPTI. MCDI. MOBI. (E)

Date / दिनांक :

हस्ताक्षर

सुरज भास्व

सुरज भास्व

Signature of Insured / बीमाधारक के

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./ बीमाधारक का नाम & मोबाइल नं.	SCRAJ. YADAV 88404107922
2	Vehicle No. / वाहन संख्या	UP522CH.6029
3	Policy No. / पालिसी संख्या	252400/31/2026/33483
4	Period of Insurance / बीमा अवधि	19/08/2025 - 30-18/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/06/2026. Time 7:00 PM.
6	Place of Accident / दुर्घटना का स्थान	छोशी के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SCRAJ. YADAV UP5220230010956, 88404107922
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण :	दोषी के गड़बड़ वा स्टेजो शॉर्टे में छोशी के पास खाने से दोषी की गाड़ी वाहन टकराया था। दोषी को बचाने के चक्कर में मोरी गाड़ी दुर्घटनाग्रस्त होकर बाधा सृष्टि गीट कर छोड़कर चला गया।
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 / फोन नं.	GANAPATI. MECH. MORALI CH

Date / दिनांक : 12/6/26

हस्ताक्षर
सुरज पारिज

Signature of Insured / बीमाधारक के
सुरज पारिज

(a) Name
(b) Ad
(c) A

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 _____
Certificate/Policy No. 252400/31/2026/33483
Tel. No. _____
Period of Insurance 31/08/2025-31-10-2025
Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

(a) Name : INSURED
(b) Address for correspondence : SURAB. YADAV
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>MARCO</u> <u>2025</u>	Engine No. <u>547124</u> Chassis No. <u>E65673</u>	Registration No. <u>UP52CH</u> <u>6029</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
- (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 NA
 - (g) If Lorry/Tractor, was trailer attached? _____
 - (h) Number of passengers carried _____
 - (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name SURAJ VADAN
 (b) Age 51/07/2002
 (c) Address Ryotwar PERRIA (4-P)
 (d) Is the Driver
 1. Owner YES
 2. paid driver?
 3. Owner's relative or friend? OTHER

(c) 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 UP5220230010956

(h) Issuing Authority UPHSD/2012

(i) Date of Expiry PERMANENT

(j) Was the licence temporary/permanent

(k) Details of endorsement/suspension, if any N/A

(l) Has he been involved in any accident before? N/A

(m) Has he been charged by the policy? If so, Why? N/A

4. OTHER INSURANCE

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

Time 7:00 PM.
दुर्घटना के पश्चात ही सुरक्षा एजेंसी के पास जाया गया और पुलिस स्टेशन पर रिपोर्ट दर्ज कराया गया।

5. DETAILS OF ACCIDENT

(a) Date and Time 29/06/2026
 (b) Place UPHSD/2012
 (c) Speed of vehicle at the time of accident
 (d) Give a short description of the accident
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage
 (b) Estimated cost of repairs AS PER ESTIMATE
 (c) When and where can the damaged vehicle be inspected STAMPATI AUTO MOBILE DEERGA

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?

8. INJURY TO DRIVER/OCCUPANT

N/A

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

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? :
(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 12/1/24 200

Signature of the insured [Signature]



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 *SRINIVAS*

Occupation

Address

.....

Bank Account Number

Name of the Bank





The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: POL0923

Page No: 1

TAX INVOICE/CERTIFICATE/CUM POLICY SCHEDULE
(FORM 61 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIAR NAGAR, OFF. FILMISTAN CINEMA, NEERUT, PIN 11483579, (GSTIN: 09AAA463186240)
BUNDLED POLICY (MOTORIZED TWO WHEELERS-43 Years) (9-AUG-23)

Policy Issued On: 25/08/2023 (2023/08/25) & 19-AUG-2025
FROM 11:26 PM 19/08/2023 TO MIDNIGHT OF 18/08/2024
FROM 11:26 AM 19/08/2023 TO MIDNIGHT OF 18/08/2024

Proposal No. & Date: LONNNNN0660
Policy Period (OWN DAMAGE): 19-AUG-23 TO 18-AUG-25
Policy Period (LIABILITY): 19-AUG-23 TO 18-AUG-25

Insured Name: SUBRAJ YADAV (GSTIN:)
Insured Address: CO KRISHN YADAV, RAGHWA PUR, DEORIA, DEORIA, N.A.

Insured Address: HERO MOTOCORP
Model & Variant: HERO SPLENDOR PLUS E20
Registration No: NEW
Year Of Manufacture: 2023
Engine-Chassis No: 11A11F75TEA1124-MBL11AW435TE66573
Cubic Capacity: 100
Seating Capacity: 1 + 1
Type Of Body: SOLO
Type Of Fuel: PETROL

RTO Location: SCHEDULE OF PREMIUM (Amount in Rs.)

OWN DAMAGE SECTION(A)	LIABILITY SECTION (B)
Vehicle: 1362.23	Basic Third Party Liability: 3651
Fire Accessories: 0	Compulsory PA Cover Premium: 0
New-Old Accessories: 0	PA Cover for 3 Person of Rs. (0) each (DMT-16): 0
Basic Premium: 1362.23	Legal Liability (Vehicular driver) (DMT-28): 0
Geographical Area Even (NMT-1): 0	Legal Liability to Employees (DMT-29): 0
Driver's Tuition Loading On OD Premium (60%): 0	Legal Liability to Passenger (DMT-46): NA
Sub-Total Additions: 0	Legal Liability to Passenger (DMT-46): NA
Voluntary Deductible (DMT-25A): 0	PA Paid Driver, Combustor, Cleaner-CRS6883: 3831
Accidental Death Benefit (DMT-40): 0	Net Liability Premium (B): 4040
Key Replacement (DMT-41): 0	Total Premium (A+B): 728
Stolen or damaged for handcarried (DMT-42): 1073	GST: 0
Self-Insured Retention (DMT-43): 1073	SERVICE TAX: 0.00
NTL Depreciation: 0	STAMP DUTY: 0
Return to Insurer: 0	Smash Bharat Coverage: 0
Key Replacement: 0	Krishn Mahan Coverage: 0
Consentables: 0	Gross Premium Paid: 4768
Self-Insured Retention: 189	

Notes:
1. Policy Issuance is subject to the conditions of charge.
2. This Policy is subject to a compulsory Deductible of Rs. 0 (DMT-23)
3. Voluntary excess (Rs.0)
4. Subject to Endorsement (DMT, (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UV, UW, UX, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UV, UW, UX, UY, UZ, VA, VB, VC, VD, 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Printed On: 19-AUG-23

The Oriental Insurance Company Limited
Authorized Signature

भारत सरकार
Government of India

सुरज यादव
Suraj Yadav
जन्म तिथि/DOB: 05/07/2002
पुल्ल/ MALE

5333 6837 7410
VID : 9171 3327 8495 1896
मेरा आधार, मेरी पहचान

Issue Date: 04.11.2011

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Common Identification Authority of India

पता:
S/O कृष्ण यादव, 1, राघवपुर, देरिया, देरिया,
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Deoria,
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**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP52 20230010956



Issue Date: 10-07-2023
Validity (NT): 04-07-2042
Validity (TR): _____



Holder's Signature

(10-07-2023)

Date of First Issue

Name: SURAJ YADAV
Date of Birth: 05-07-2002 Blood Group: _____
Son/Daughter/Wife of: KISHUN YADAV

Organ Donor: N

Address:
1 Raghawapur Deoria Deoria
Uttar Pradesh 274001

UPDL00001128917

DL No: UP52 20230010956



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	10-07-2023	NT				
LMV	UP52	10-07-2023	NT				
MVSD							

Emergency Contact Number

Licensing Authority
UP52 DEORIA

आयकर विभाग

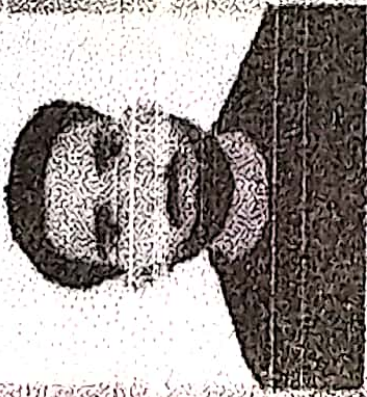
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भारत सरकार



GOVT. OF INDIA



आयकर विभाग

SURAJ YADAV

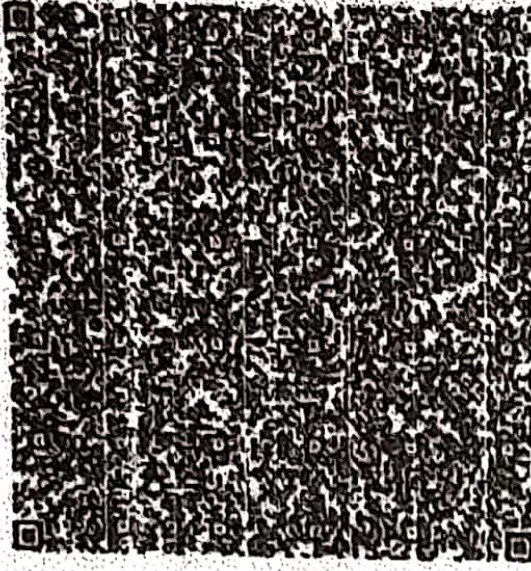
आयकर विभाग / Taxpayer's Name

KISHUN YADAV

आयकर विभाग / आयकर विभाग

Permanent Account Number Card

AWEPY8734F



05/07/2002

आयकर विभाग

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