



Indian Union Driving Licence

Issued by Uttar Pradesh



UP36 20250013086



Issue Date 06-11-2025
Validity (NT) 09-03-2042

Validity (TR)*



Holder's Signature

Name:

VINAY KUMAR VERMA

Date of Birth: 10-03-2002

Blood Group:

Organ Donor: Y

Son/Daughter/Wife of:

RAM BAKSH VERMA

Address:

BHADD AUR DADRA DADRA BHADD AUR
MUSAFIRKHANA AMETHI UTTAR PRADESH 227813

Date of First Issue 06-11-2025

DL No: UP36 20250013086

UPDL361000022013



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'
	MCCWG	UP36	06-11-2025	NT			
	LMV	UP36	06-11-2025	NT			
MVSD							

Emergency Contact Number

Cicensing Authority

UP36 ANETM



भारत सरकार
Government of India



अनुज कुमार

Anuj Kumar

जन्म तिथि/DOB: 16/12/2006

लिंग / GENDER

अधार कार्ड का उपयोग केवल पहचान के लिए है, नागरिकता या नागरिकता के प्रमाण के लिए नहीं।
अधार कार्ड का उपयोग केवल पहचान के लिए है, नागरिकता या नागरिकता के प्रमाण के लिए नहीं।
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 MVL)

3702 0192 4413

भारत सरकार, भारत सरकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

S/O: गया बक्श, टाटवरा, कोदली, मुसाफिरखाना, अमैठी,

उत्तर प्रदेश - 227813

Address:

S/O: Gaya Baksh, DADRA, Kodaili, PO:

Musafirkhana, DIST: Amethi,

Uttar Pradesh - 227813

Details as on: 16/03/2025



3702 0192 4413

VID : 9126 0233 0681 6886



1947



help@uidai.gov.in



www.uidai.gov.in

रहीमिर - UP-44
BS-5481


दिनांक
क

11/03/2026

ग्राहक का नाम - अरुण कुमार
CH. MBLHAN 2205HB62798
EM. HA11E75HBS2616

- पिडला मिडगाई - 11500 = 00
- चंकराट - 760 = 00
- डूरीगेट - 3 - 680 = 00
- वाइल - 1050 = 00
- ट्टिडिल - 640 = 00
- शाकरिपेट - 990 = 00
- शोकरिपेट - 260 = 00
- चैयारिपेट - 3200 = 00
- पिडला शाकरि - 2 1880 = 00
- पिडली केंची - 790 = 00
- टंकी रिपेट - 2800 = 00
- लेवट-याज - 1200 = 00

13908 = 00


 बलराम प्रसाद
 बलराम बलराम
 लताकपुर 22781A

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.	अनुज कुमार सगोपा वक्त्र 7068406265
2	Vehicle No. / वाहन संख्या	UP-44-B5-5481
3	Policy No. / पालिसी संख्या	252400/3/2026/21974
4	Period of Insurance / बीमा अवधि	09/06/2025 से 09/06/2030 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/03/2026 दोपहर - 2:30 लगभग
6	Place of Accident / दुर्घटना का स्थान	मुसाफिर खाना के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8528701362
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	श्रीमान जी मेरे कार्ड विनपत्रकार का घर ले मेरी गाड़ी लेकर हुल्लानपुर जा रहे थे। कि मुसाफिर खाना के पाल गाड़ी खड़ी कर बात कर रहे थे। कि अचानक एक अनिर्दिष्ट पिकप वाला ने पीछे से गाड़ी में स्मकट मार दिया जिससे गाड़ी में उकलान हो गए
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	/ No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	बान्हा आर्य सेमल बडरोवा हुल्लानपुर 7081802200

Date / दिनांक : 11/03/2026
 हस्ताक्षर

Signature of Insured / बीमाधारक के
 अनुज कुमार



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

952400/31/2026/21474

Div. Br. Office Address _____

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 : _____
(b) Address for correspondence : 31357 जगतेश/0 गायबरा
(c) Telephone : 7068 0906265

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11E75HBS2616</u> Chassis No. <u>MBEHAH 2205HB62798</u>	Registration No. <u>UP-99</u> <u>BS-5401</u>
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- (a) Was the vehicle in proper working condition?
- (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

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

अकल कुमार

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : विनाय उगाट वर्मा / रामवर्मा वर्मा
(b) Age : 29 वर्ष
(c) Address : चचेरे भाई
(d) Is the Driver :
1. Owner :
2. paid driver? :
3. Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment : UP-36 20250013086
(f) Was he under the influence of intoxication Liquor or drugs? : अमिठी
(g) Driving Licence Number : 06/11/2025 से 09/03/2042 तक
(h) Issuing Authority :
(i) Date of Expiry :
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? :
(m) Has he been charged by the policy? If so, Why? : mcwh/LML

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 10/03/2026 दोपहर 2:30 बजे
(b) Place : डेमाफिट खाना के पास
(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 : चचेरे भाई गाडी लेकर कुत्ता भुट जा रहे थे।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected :

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? :

अनुज कुमार

8. INJURY TO DRIVER/OCCUPANT

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

N/A

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.

N/A

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

N/A

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 _____ 200

Signature of the insured _____

अनिल कुमार

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

अक्षय कुमार



GOVERNMENT OF UTTAR PRADESH

Transport Department Sultanpur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No	: UP44BS5481	Registration Date	: 12-Jun-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: MAHABIR AUTOMOBILES, 166 LAKSHMAN PUR, SULTANPUR, , , 0-200801	Son/wife/daughter of	: GAYA BAKSH
Owner Name	: ANUJ KUMAR	Full Address: (Permanent)	: DADRA, KODALI, MUSAFIRKHANA, SULTANPUR, UTTAR PRADESH-227813
Full Address: (Temporary)	: DADRA, KODALI, MUSAFIRKHANA, SULTANPUR-UTTAR PRADESH-227813	Fitness UpTo	: 11-Jun-2040
Detailed Description		Owner Serial No	: 1
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA1042361131
Front HSRP No	: AA2130296670	Month/Year of Manuf.	: 02/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW220SHB62798
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E7SHB52616	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1236
Maker's Classification	: SPLENDOR+ BLK STRIPE S (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 111
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 241
Colour	: BLACK AND ACCENT	AC Fitted	: NO
Other Criteria	:		
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, Sultanpur, Uttar Pradesh-227813 w.e.f. 12-Jun-2025.

Purchase dt	: 09-Jun-2025	Sale Amt	: 78366/-
OTT Date	: 09-Jun-2025	Amount/Rcpt No	: 7837 / UP44D25060001436
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 28-Jun-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Jun-2025 to 11-Jun-2040

Date : 29-Jun-2025 12:49:05

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 29 Jun 2025

Q 3928077