

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

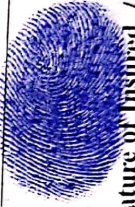
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	SCIBMA
2	Vehicle No. / वाहन संख्या	UP-85-CS-4319
3	Policy No. / पालिसी संख्या	MS/2025/200/0/46585/496215
4	Period of Insurance / बीमा अवधि	19/11/2025 To 18-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/6/2026 Time - 11:30 PM
6	Place of Accident / दुर्घटना का स्थान	दिल्ली का अजमेर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	हजार-एकता गाँव - 0852022003085
8	Estimated Loss / अनुमानित हानि	24000, 2668 05 4533
09.	Cause of Accident / दुर्घटना का कारण:	गिरा लडकी 211डी लॉकर 2 गाँव गाँव 211 3 गाँव 211 माल दफ्तर हो 211 माल 211 माल
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.	C.R. Shanote/Level 12/202 BWL, Mangr, Mangr 8888808885

Date / दिनांक : 06/06/2026
हस्ताक्षर : [Signature]



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 _____

MS/2025/2001/041525/491208

Tel. No. _____

Certificate/Policy No. 19/11/2025 7018/11/2026
 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 Shahah
 (a) Name _____
 (b) Address for correspondence Syria Farlam; Syria; madhya
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>1980</u> <u>BMW</u>	Engine No. <u>1088167R418582</u>	Registration No. <u>UP-25-ES</u> <u>4819</u>
	Chassis No. <u>M310AW M8K41C021772</u>	

(a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? forward work
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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. NA
- (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 : Aggrendey Shingy
 (b) Age : 18-11-1996
 (c) Address : Sankarlam, Mat, Mughum
 (d) Is the Driver
 1. Owner No
 2. paid driver? No
 3. Owner's relative or friend? Yes
 (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 : UP 852022000308
 (h) Issuing Authority : DMH/2036 MM
 (i) Date of Expiry : 12-11-2036
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : No
 (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 : 8/10/2026 Time - 11:30 PM,
 Tech'lgan Mad'lon
 Speed of vehicle at the time of accident : 80
 Give a short description of the accident : Same as above
 If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : No per Gohinze
 (b) Estimated cost of repairs : 24000
 (c) When and where can the damaged vehicle be inspected : S.B. Chonolewal Nagar

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? : No

8. INJURY TO DRIVER/OCCUPANT

- (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 8/06/2026 200



Signature of the Insured

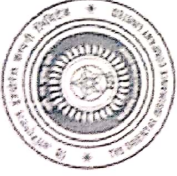
R. J. [Signature]

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/-

[Handwritten signature]



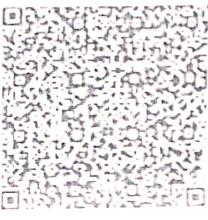
Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
 Transport Department MATHURA
 FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP85CS4319 Registration Date : 07-Nov-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA U.P. 281004 145-281004
 Owner Name : SHATISH Son/wife/daughter of : DULI PAL
 Full Address: (Permanent) : SURIR KALAN, SURIR, MATHURA, UTTAR PRADESH-281205
 Full Address: (Temporary) : SURIR KALAN, SURIR, MATHURA-UTTAR PRADESH-281205
 Fitness Up To : 06-Nov-2039 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 **Rear HSRP No** : AA1038321359
 Front HSRP No : AA1037435205 **Month/Year of Manuf.** : 10/2024
 Type of Body : SOLO WITH PILLION **Chassis No** : MBLHAW218R4K02177
 No of Cylinders : 1 **Fuel** : PETROL
 Engine No : HA11E7RHK17372 **Cubic Capacity** : 97.20
 Horse Power(BHP) : 7.91 **Wheel base** : 1235
 Maker's Classification : SPLENDOR+ XTEC (DRS) **Standing Cap** : 0
 Seating Cap(in all) : 2 **Unladen Wt (kgs)** : 112
 Sleeper Cap : 0 **Laden/GV Wt (kgs)** : 242
 Colour : BLACK TORNADO GREY **AC Fitted** : NO
 Other Criteria :
 Vehicle Purchase As : Fully Suit

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	As Regd.	Description	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 : 01-Nov-2024 Sale Amt : 80761/-
 OTT Date : 01-Nov-2024 Amount/Rcpt No : 8077/UP85D2410004454
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 21-Dec-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Nov-2024 to 06-Nov-2039

Date : 05-Feb-2025 11:28:50
 Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Date : 05-Feb-2025
 MATHURA

2021027

Group Package No: 2062/9022353/4168

Signer: Falshat Bhargava
 Date: Wednesday, Nov 19, 2025
 01:28:23 IST
 Location: Meerut
 Reason: Signing

For the Vehicle	For the Side Car	Non Electrical Accessories	Electrical Accessories	Value of LPG/CNG	Total Value
75000	0	0	0	0	75000

SCHEDULE OF PAYMENT	
A. VEHICLE DAMAGE	B. EXTERNAL
VEHICLE RISK COVER	BASIC EC COVER
VEHICLE RISK BASIC - NEW	LESS :ECPD COVER-GR39A
TCR	BASIC EC TOTAL
BASIC RISK TOTAL	EC TOTAL
VEHICLE RISK TOTAL	TOTAL PAYMENT
MOTOR TOTAL VEHICLE RISK	TOTAL AMOUNT
	1231.37
	1231.37

* All prices are inclusive of applicable GST*

Deductibles under Section-I : COMPULSORY DEDUCTIBLE Rs.100

Subject to IMT Endorsement Printed herein/attached to :

Hypothecation Agreement with: -
 Hire Purchase/Lessor Agreement with:

In the event of a claim under the Package exceeding Rs. 1lac or a claim for refund of payment exceeding Rs. 1lac the covered will comply with the provisions of the AML Package of the Company. The AML Package is available in all our operating Offices as well as company website.
 Warranted that in case of dishonour of payment cheque(s) the Company shall not be liable under the Package and the Package shall be void ab initio (from inception).
 Claim is not admissible if Driving Licence is found fake or is not valid whether or not in the knowledge of the covered. L/W hereby certify that the Package to which the certificate relates as well as this certificate of coverage are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.
 In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at on 15-OCT-23
IMPORTANT NOTICE

The covered 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 MV Act, 1988 is recoverable from the covered. See the Clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY".

Package Printed By : MSCPL
 Package Printed On : 2023-07-31 22:35:18



Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/0/46575/496295

Motorsathi Care Private Limited
 27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Home: +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
SHATISH		1969-01-01	8954911557	DULLIPAL	Hero Motocorp	SPLENDOR PLUS
Sub Model		Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
SPL - NTEC E20		UPNSCS24319	HA11ER4K17372	MBLHAW218R4K02177	2024	100
Asset Declared Value (ADV)		Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
75000.00		NA	0.00	0.00	0.00	75000.00
Place of Regn.		Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
MATHURA		Solo	HP/Lease/Hire-Purchase	---	2	1960.66
Address						
SURIR KALAN						
Nominee Name		Nominee Gender	Nominee Age	City / District	Pin Code	State
SUSHIL		Male		MATHURA	281205	Uttar Pradesh
Registration A.V.C.: 1004.02 TCR; 442.50 Less Handicapped Discount; 0.00 For Anti-Theft Discount; 0.00 P.A. BONUS (15%); 215.15 Total with GST(A) 1251.37		Package Start Date		Package End Date		
Registration B, EC: 0.00 EC Service; 0.00 ECPD; 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 (C) 1251.37		2025-11-19 To 2026-11-18		2025-11-19 To 2026-11-18		
Registration C, MS Services(O): 253.39 MS Services(D); 0.00 MS Services(P); 0.00 GST (CGST @9% + SGST @9%); 45.61 Total MS Services with GST(C); 299.00		Nominee Relation		Midnight of 2025-11-18		
Registration D, Drive Assure: 364.65 AHDC, DOC & Additional External Tyre Cover(AFTC); Other Discount: 0.00 GST (CGST @9% + SGST @9%); 65.64 Total with GST(D); 430.29		SON		Midnight of 2025-11-18		
Section A-B-C-D) Offered Price After Discount: 1961						
Insurance Period Covered		2025-11-19 To 2026-11-18	2026-11-19 To 2027-11-18	2027-11-19 To 2028-11-18	2028-11-19 To 2029-11-18	2029-11-19 To 2030-11-18
Services Period Covered (NODL)		75000	NIL	NIL	NIL	NIL
		1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY. VALID UPTO 2029-10-31 (DEFAULTS ARE AVOIDED BY THE CUSTOMER).

CONDITIONS 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) Licensed Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

VERE: 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 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 Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. No 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 Scanis App.

CLAIMER: 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 or misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

REFUND POLICY: In the event of a request under the package exceeding Rs. 1 Lakh or a request for refund of payment exceeding Rs. 1 Lakh, the accountability will be with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD. AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643




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 Meerut.


Received with Thanks Rs 1960.66 ON 2025-11-19 from Mr./Ms. SHATISH against the ARN No. INCP00496295
 Acknowledgement is subject to a compulsory excess of Rs. 100 - & Depreciation is applicable as per terms & conditions*
 Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

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

UP85 20220003085



Issue Date
07.03.2022



Validity (DT)
17.11.2016

Date of First Issue: 17-11-2016

Name: **HARESH SINGH** Holder's Signature: _____

Date of Birth: **10.11.1996** Blood Group: _____


Sex: **Daughter/Wife of** Organ Donor: **H**

Address: **RISHAB SINGH**

SURIKALAN SURIKALAN BAGAR

RAJ. MATRIDA, UP 201205

DL No: **UP85 20220003085** UPRD 0060027 80070




Invalid Cartilage (Organ Numbers):

Hazardous Validity: **Nil**

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
AMV	UP85	UP85	07.03.2022	NI			
LMV	UP85	UP85	07.03.2022	NI			
AMVSD							

Form 7 Rule 16(2)

Emergency Contact Number: _____


 Lic. Issuing Authority
UP85 MATRIDA



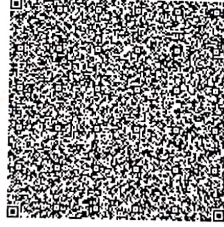
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2906/40880/00290

To
सतिश
Shatish
S/O: Duli Pal,
surti, kalans,
surti,
VTC: Surinkalan Bagar,
PO: Surti,
Sub District: Mat,
District: Mathura,
State: Uttar Pradesh,
PIN Code: 281205
Mobile: 8954911557

Signature Not Verified
Download Aadhaar from
Unique Identification Authority of India
Date: 2023-03-12 12:37:05



आपका आधार क्रमांक / Your Aadhaar No. :
7784 4430 0706
VID : 9190 2263 7771 0038

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



सतिश
Shatish
जन्म तिथि/DOB: 01/03/1969
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सरचालन (ऑनलाइन प्रमाणिकरण, या एमआर कोड/आपडेट) प्रक्रियाओं के दौरान 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).

7784 4430 0706

मेरा आधार, मेरी पहचान



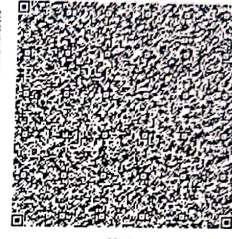
सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीआई द्वारा नियुक्त प्रमाणिकरण एजेंसी के जरिए ऑनलाइन प्रमाणिकरण के द्वारा सत्यापित किया जाना चाहिए या एम स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड की 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 नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करवाना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट करें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बीयोमेट्रिक्स का उपयोग न करने के समय, सुरक्षा सुनिश्चिता करने के लिए आधारबीयोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मारा करने वाले सहमति लेने के लिए बाध्य 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:
S/O: Duli Pal, suri kalans, surti,
सुरती,
उत्तर प्रदेश - 281205



Address:
S/O: Duli Pal, suri kalans, surti, Surinkalan Bagar, PO:
Surti, DIST: Mathura,
Uttar Pradesh - 281205

7784 4430 0706
VID : 9190 2263 7771 0038



1947

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



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

- 1. Full name and address of the declarant _____
- 2. Particulars of transaction _____
- 3. Amount of the transaction _____
- 4. Are you assessed to tax? _____ Yes / No
- 5. If yes,
(i) Details of Ward/ Circle/ Range where the last return of income was filed? _____
- (ii) Reasons for not having permanent account number? _____
- 6. Details of the document being produced in support of address in column (1) _____

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Right hand



Signature of the declarant

Date : _____
Place : _____

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.