



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

W/O ननकड, पूरे जगन्नाथ, मेघमऊ,  
मेघमऊ, अमोठी, मेघमऊ, उत्तर प्रदेश,  
227806

Address:

W/O Nankau, pure jagannath,  
meghmanu, Meghmanu, Amethi,  
Meghmanu, Uttar Pradesh, 227806

8666 7501 7211



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार

Government of India



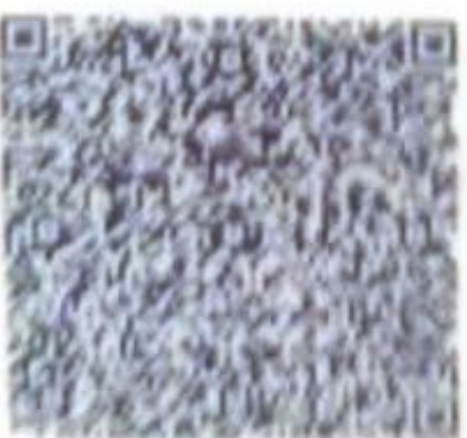
निशा

Nisha

जन्म तिथि / DOB : 01/01/1985

महिला / Female

86666 7501 7211



मेरा आधार, मेरी पहचान

रहीमिर

11/06/2026

UP-94 BS-9529

ग्राहकका नाम - निशा

CH- MBCHA 3335 HF 13534

EM- HA11FBS HF 13745

पिछला मेडगार्डि -	1550=00
पिछला 2-इन्जीन -	640=00
आगला मेडगार्डि -	1450=00
शाकट रिफेक्ट -	260=00
डी-रिफेक्ट -	290=00
वाइपर -	1640=00
चेयिगर रिफेक्ट -	3090=00
विक्लीवट -	120=00
हैडिल -	480=00
लेवट यार्ज -	1250=00

9670=00

K  
कान्हा ऑटो सेल्स  
पुस्तक कार्यालय  
भुवनेश्वर 227814

रहीम र

11/06/2026

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कान्हा ऑटो सेल्स  
पुस्तक कारखाना  
भुवनेश्वर 227814

DL No: UP42 20120001988

UPDL 00000598 1839



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*
Auto	MCURG	UP42	21-02-2012	MI			
Auto	LMV	UP42	21-02-2012	NT			
Auto	TRAMS	UP42	12-09-2014	TR			
MVSD							

Emergency Contact Number

Licensing Authority  
UP42 AYODHYA



# Indian Union Driving Licence

Issued by **Uttar Pradesh**



**UP42 20120001988**



Issue Date    Validity (NT)    Validity (TR)\*  
27-07-2021    20-02-2032    26-07-2026



Holder's Signature

Name: **AJAY KUMAR**

Date of Birth: **15-05-1991**    Blood Group:    Organ Donor: **N**

Son/Daughter/Wife of: **ARJUN KUMAR**

Address:

**ABHARI BHAWAN KE SAMNEY CHITHRIYAN  
JAMAUWA FAIZABAD 224001**

Date of First Issue **(21-02-2012)**

11/06/2026

रहीमेट

UP 94 BS- 9529

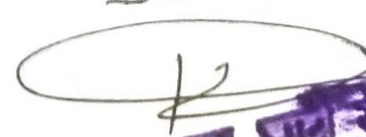
ग्राहक का नाम - निशा

CH- MBCHA 3335 HF 13534

EM- HA 11 FBS HF 13745

पिछला मेडगाई -	1550=00
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टी-रिफेक्ट -	290=00
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वेक्लीवट -	120=00
हैडिल -	480=00
लेफ्ट चार्ज -	1255=00

9670=00

  
कान्हा ऑटो सेल्स  
पुस्तक बरौदा  
मलतानपुर 227814

GOVERNMENT OF UTTAR PRADESH

Transport Department Sultanpur  
FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP44BS9529 Registration Date : 10-Aug-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : MAHABIR AUTOMOBILES, 166 LAKSHMAN PUR, SULTANPUR, , , 0-200801  
 Owner Name : NISHA Son/wife/daughter of : NANKAU  
 Full Address: (Permanent) : PURE JAGAN NATH MEGHMAU, , , SULTANPUR, UTTAR PRADESH-227806  
 Full Address: (Temporary) : PURE JAGAN NATH MEGHMAU, , , SULTANPUR-UTTAR PRADESH-227806  
 Fitness UpTo : 09-Aug-2040 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 : AA1043385908 Rear HSRP No : AA1043813776  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLHAW333SHF13534  
 Engine No : HA11FBSHF13745 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
 S)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242  
 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 HERO FINCORP LTD, , , , Sultanpur, Uttar Pradesh-227806 w.e.f. 06-Aug-2025.

Purchase dt : 05-Aug-2025 Sale Amt : 86100/-  
 OTT Date : 05-Aug-2025 Amount/Rcpt No : 8610 / UP44D25080000580  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 30-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 10-Aug-2025 to 09-Aug-2040

Date : 06-Sep-2025 15:23:47

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 मोटर वाहन  
 Signature of Registering Authority  
 Date : 06-Sep-2025  
 सुल्तानपुर जिल्हा

Q 4204564

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.	निगा ५१०११६३० ९०० ९१ ८१२२९
2	Vehicle No. / वाहन संख्या	UP-49BS-9529
3	Policy No. / पालिसी संख्या	252400/31/2026/3/27/
4	Period of Insurance / बीमा अवधि	०९/०९/२०२५ से ०५/०९/२०३० तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	०९/०८/२०२६
6	Place of Accident / दुर्घटना का स्थान	देहरादून - पौराणिक कूपान
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अजय कुमार सिंह अजय ९७९२ १३२४८३
8	Estimated Loss / अनुमानित हानि	९६२०००
09.	Cause of Accident / दुर्घटना का कारण:	श्रीमान जी ने रिश्तदार अजय कुमार को शी गरी लोक देहरादून जा रहे थे कि पीछे एक मोटर साइकिल वाला अचानक मार दिया जिससे गरीब को उकसान हो गया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	कृपया आर्यु सेक्टर
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	अज्ञात / २०८१८०२२००
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	२०८१८०२२००

गीशा

Date / दिनांक : 11/06/2026  
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 \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/31271

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
- (c) Telephone

श्री 1211 ~~का~~ 210 अ-1-क-39

2. THE INSURED VEHICLE

9005161228

Make & Year <u>2025</u>	Engine No. <u>MA11 FBS HF13745</u> Chassis No. <u>MBX HA 2 3335 HF13534</u>	Registration No. <u>UP-99</u> <u>BS-9529</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

NAI

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

श्री 1211

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : अजय कुमार 5/10 अजय कुमार  
(b) Age : 32 वर्ष  
(c) Address :  
(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-92 20/2000/1980  
(f) Was he under the influence of intoxication Liquor or drugs? :  
(g) Driving Licence Number :  
(h) Issuing Authority :  
(i) Date of Expiry : 22/07/2021 to 20/04/2032 d 3  
(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?: MCH/LMB/TR1

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 09/06/2026  
(b) Place :  
(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 :  
(c) When and where can the damaged vehicle be inspected : 9620=0

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? : NA

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8. INJURY TO DRIVER/OCCUPANT

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

NA

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.

NA

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

NA

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

Signature of the insured \_\_\_\_\_

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 .....  
.....

श्रीश्री 11/06/2026

Bank Account Number .....  
Name of the Bank .....

